

Religious Identity and Cultural Diversity: Exploring the Relationships Between Religious Identity, Sexism, Homophobia, and Multicultural Competence

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In this article, the authors present the results from a national study investigating the relationships between religious identity, sexism, homophobia, and multicultural competence. Participants were 111 randomly sampled counseling professionals and graduate students. The results indicated a relationship between religious identity and various aspects of valuing cultural diversity, including sexism, homophobia, and multicultural competence. Implications of the role of religion and religious identity in counseling are discussed, and suggestions for future research are provided.

Much of the extant research on relationships between counseling and religion has addressed how counselors provide services to religious clients (e.g., Belaire & Young, 2002; Guinee & Tracey, 1997; Hannon & Howie, 1994; Myers & Williard, 2003; Schaffner & Dixon, 2003; Zinnbauer & Pargament, 2000) or on strategies for working with people from specific religious traditions (Richards & Bergin, 2000). This has been needed because empirical research has demonstrated that mental health professionals tend to be less religious than the general population (Bergin & Jensen, 1990). Furthermore, research has indicated that religious clients expect religious attitudes, values, and behaviors to be a focus in counseling, regardless of whether the counselor is identified as religious or secular (Allport, 1950; Belaire & Young, 2002). Although extensive research has identified the need for counselors to be aware of the religious and spiritual needs of clients (e.g., Allport, 1950; Belaire & Young, 2002; Hannon & Howie, 1994; Zinnbauer & Pargament, 2000), very little research has been focused on the role of the religious identity of counseling professionals. The authors attempt to address this gap in the literature by examining the relationships between the religious identity of counseling professionals and several variables reflecting attitudes toward cultural diversity, specifically, sexism, homophobia, and multicultural competence. For the purposes of this research, *religious identity* is defined as a process in which individuals explore and commit to a set of religious beliefs and/or practices (Griffith & Griggs, 2001). Religious identity is different from *religiosity*, which refers to the manner in which religion is expressed (Berkel, Armstrong, & Cokley, 2004).

Understanding the role of religion in a multicultural context is pertinent for the counseling profession. The standards of the Council for Accreditation of Counseling and Related

Educational Programs (CACREP; 2009) clearly identify the role of religion in understanding cultural diversity. Thus, it is not only important to focus on the manner in which spirituality and religion affect clients (Constantine, Lewis, Conner, & Sanchez, 2000), it is equally crucial to explore how religion and spirituality are integrated into the theory and practice of delivering counseling services (Knox, Catlin, Casper, & Schlosser, 2005). If clients are likely to assume values similar to those they attribute to the counselor, as suggested by Kelly (1990), then extra monitoring on the clinician's part would be necessary to make certain that his or her values were not improperly inflicted on the client. The pioneering work of Allport (1950) demonstrated the importance of religion in personality development and identity and, thereby, in human interactions. Hunter (2001) suggested that there is a tendency among highly religious people to perceive themselves as having stronger moral attributes than nonreligious people have. Such bias by a highly religious counselor could complicate the counseling relationship (Richards & Davison, 1992) with respect to gender bias, homophobia, and racism.

Religiosity and Gender Bias

The fact that counseling has embraced traditional developmental models such as those of Erikson and Kohlberg, which focus on the development of White men, indicates a propensity toward gender bias (Gilligan, 1993; Richards & Davison, 1992). For example, Danzinger and Welfel (2000) reported that professional counselors evaluated female clients as being less competent than male clients. Highly religious counselors, who may hold more traditional beliefs about gender roles and

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behavior, may be vulnerable to exacerbating the type of gender bias Danzinger and Welfel reported. Furthermore, individuals and groups who adhere to religious fundamentalism, which typically places women in roles that are more traditional than those chosen by most contemporary women, are more likely to exhibit sexist behavior (Peek, Lowe, & Williams, 1991). Hence, one purpose of the present study was to examine the relationship between counseling professionals' religious identity and sexist attitudes.

Religiosity and Homophobia

Counselors' religious beliefs may also complicate their clinical practice with gay, lesbian, bisexual, or transgender (GLBT) clients. Religious fundamentalism has been identified as a significant predictor of prejudice against gay men and lesbians (Laythe, Finkel, Bringle, & Kirkpatrick, 2002). Regarding this, Wilkinson (2004) reported a strong relationship between religiosity and homophobia among undergraduate students. Homosexuality is often regarded as a sin among more conservative and orthodox sects of many religions, despite the similarities of spiritual experiences between gay men and lesbians and heterosexuals (Barret & Barzan, 1996). Moreover, extant professional counseling literature has established the perspective that the counseling profession should embrace a tolerant attitude toward professional counselors who express an opposing view of homosexuality and, because of religious beliefs, view homosexuality as a sin. Donaldson (1998) attempted to legitimize the bias regarding homosexuality on religious grounds, indicating that professional counselors who are strongly religious and reject homosexuality in practice should not be viewed as overtly biased, but rather should be respected for their cultural viewpoint. To be multiculturally competent, however, counselors must deal with how their religious beliefs affect their ability as professionals to treat GLBT clients with dignity and respect. This brings us to the second purpose of the present study, that is, to examine the relationship between counseling professionals' religious identity and their attitudes toward homosexuality.

Religiosity and Racism

Duriez and Hutsebaut (2000) indicated that there may be a positive relationship between religiosity and racism. However, these authors noted that this conclusion might be premature. When religious attitudes were broken down into areas of (a) inclusion versus exclusion and (b) literal versus symbolic interpretation, individuals who were identified as highly religious, but focused on symbolic interpretation, were negatively related to racist attitudes. Perkins (1992) had similar findings, that is, religious commitment was related to increased humanitarian ideals and decreased prejudice. Although religious fundamentalism appears to be positively related to prejudice, when aggression-submission attributes are controlled for, there is a negative relationship between fundamentalism and

racism (Laythe et al., 2002). Thus, religious fundamentalism alone may not be a predictor of racism. Hence, our final purpose was to examine the relationship between counselors' religious identity and racist attitudes. However, we chose to assess multicultural competence instead of racism because of the difficulty in objectively assessing racist attitudes without obtaining a socially desirable response set.

Method

Participants

Participants in this study were 114 counseling professionals and graduate students and professionals. Because of incomplete responses, 3 of the returned surveys were not usable for the analyses. Thus, there was a sample of 111 usable responses. Of this sample, 89 (80.0%) respondents were women and 21 (19.0%) were men, with 1 (0.9%) participant not responding regarding gender. Of the 107 participants who indicated their race, 94 (85.0%) reported being Caucasian, 3 (3.0%) reported being of Asian descent, 6 (5%) reported being African American, 1 (0.9%) reported being Hispanic/Latino(a), 1 (0.9%) reported being Native American, and 2 (2%) reported being biracial or multiracial. The average age of participants was 44.41 years ($SD = 12.53$). Of the 105 participants who indicated their religion, 80 (72%) reported being Christian, 7 (6%) reported being Jewish, and 18 (16%) reported either another religion (e.g., Wiccan) or no religion (e.g., atheists). No representation of Islam, Buddhism, or Hinduism was reported in this sample.

Regarding area of specialization, 19 of the 111 participants were graduate students and reported that they were working toward the following degrees: master's ($n = 8$, 7%), specialist ($n = 1$, 1%), and doctorate ($n = 10$, 9%). Of the participants who were practicing professionals, 5 (4.5%) were bachelor's-level practitioners, 90 (81%) were master's-level practitioners, 2 (2%) were specialist's-level practitioners, and 14 (13%) were doctoral-level practitioners.

Ninety-two participants (83%) had successfully completed at least one course on multicultural counseling, whereas 16 (14%) had not taken a multicultural counseling course, and 3 (2.6%) participants did not indicate whether they had taken a course. Participants reported that multicultural issues in counseling had been a part of an average of 4.61 courses during their training. Finally, 70 (63%) participants reported having successfully completed a course that included religious/spiritual issues in counseling.

Measures

Religious Identity Development Scale (RIDS). The RIDS (Veerassamy, 2003) is a 28-item self-report instrument measuring an individual's developmental status regarding religious identity. There are six subscales (i.e., Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance) that correspond to the author's model of religious

identity development. The first status, concrete, is characterized by a passive adherence to and rigid thinking about one's religion. People at this status are typically unaware that they are strict conformists to authority regarding religion. The second status is the relational status, which is characterized by the person who experiences religion in a more conscious and active way than at the concrete status. People at this status work hard to keep their beliefs about religion in sync with significant others (e.g., friends, family) in their life. The third status, confusion, is characterized by people who may feel anxious, angry, and/or frustrated in their thinking about religion. These individuals may question their understanding of the religion and work toward a more logical, rational perspective rather than an experiential, emotive perspective. The fourth status, cognitive-rationalization, is governed by intellectualized and rationalized thinking about religion. Thought processes regarding religion are rigid, and anything illogical regarding religion is dismissed or discarded. Exploration is the fifth status, which is identified by a reengagement in the experiential processes. A search for the personal meaning of religion is conducted, and these individuals may also be curious about other religions. The sixth and final status, acceptance, is descriptive of the person who engages in both the experiential and the rational systems and has integrated both qualities. Although the model is developmental, it should not be considered hierarchical, as is the case with other identity development models (e.g., Marcia, 1966). Individuals over the course of time may develop toward any of the statuses, and individual statuses in succession should not be construed as indicating a higher level of maturity or development.

A 5-point Likert-type response rating, ranging from *strongly disagree* (1) to *strongly agree* (5), is used with each subscale. Higher scores are representative of higher degrees of the subscale attribute. For a more extensive discussion of the RIDS and its subscales, please see Veerasamy (2003). Reliability of the RIDS was assessed using coefficient alpha and test-retest. Alpha coefficients for the subscales ranged from .72 to .88. Test-retest reliability for the subscales ranged from .61 to .81. Construct validity evidence of the RIDS was established through factor analysis. Factor loading for the subscales ranged from .42 to .88, suggesting strong factor loadings for each of the subscales. Beginning evidence for concurrent validity was demonstrated through theoretically expected relationships between RIDS subscales and intrinsic and extrinsic religious orientation; convergent and discriminant validity was demonstrated through theoretically consistent correlations between the RIDS subscales and anxiety and dogmatism (Veerasamy, 2003). For the present study, the internal consistency coefficient alphas of the RIDS subscales ranged from .70 to .87.

Ambivalent Sexism Inventory (ASI). The ASI (Glick & Fiske, 1996) is a 22-item inventory designed to assess sexist attitudes toward women. The scale measures two types of sexism (i.e., hostile and benevolent) with two 11-item subscales: Hostile Sexism and Benevolent Sexism. *Hostile sexism* refers

to the more traditional and negative definition of prejudice against women. *Benevolent sexism* also represents negative attitudes toward women, although such attitudes are presented in a more positive light. A 6-point Likert-type response rating ranging from *disagree strongly* (0) to *agree strongly* (5) is used with each subscale. Higher scores are representative of higher degrees of the subscale attribute. The ASI has demonstrated sound psychometric properties. Reliability coefficients across six distinct studies yielded alpha coefficients ranging from .83 to .92 for the ASI as a whole, .80 to .92 for the Hostile Sexism subscale, and .73 to .85 for the Benevolent Sexism subscale (Glick & Fiske, 1996). The construct validity of the ASI was supported by correlations with other measures of sexism; the correlations of the ASI with these other measures ranged from $r = .42$ to $r = .63$ ($p < .01$). For the present study, the internal consistency coefficient alphas of the ASI subscales were .60 for the Hostile Sexism subscale and .61 for the Benevolent Sexism subscale.

Attitudes Toward Lesbians and Gay Men-Revised-Short Form (ATLG-R-S). The ATLG-R-S (Herek, 1998) is a 10-item measure designed to assess individual attitudes about homosexuality in general and, more specifically, about lesbians and gay men. The ATLG-R-S is composed of two subscales (i.e., Attitudes Toward Lesbians and Attitudes Toward Gay Men), which have been shown to have very good internal consistency (Herek, 1988). A 5-point Likert-type response rating, ranging from *strongly disagree* (1) to *strongly agree* (5), is used with each subscale. Higher scores are representative of higher degrees of hostility toward gay men and/or lesbians. Previous research (Herek, 1988, 1994) has demonstrated the validity of the earlier ATLG (Herek, 1994) based on correlations with theoretically relevant constructs, such as contact with gay men and lesbians, adherence to traditional sex role attitudes, and dogmatism. For the present study, the internal consistency coefficient alpha of the Attitudes Toward Lesbians subscale was .82, and for the Attitudes Toward Gay Men subscale, it was .87.

Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R). The MAKSS-CE-R (Kim, Cartwright, Asay, & D'Andrea, 2003) is a 33-item measure designed to assess multicultural counseling competence, using Sue et al.'s (1982) model of cross-cultural counseling competence as a theoretical foundation. The MAKSS-CE-R is comprised of three subscales (i.e., Awareness, Knowledge, and Skills). Each of the subscales is scored with a 4-point Likert-type response rating using a different range of criteria for each subscale. Higher scores are representative of higher degrees of the subscale attribute. The subscales have been shown to have very good internal consistency (Kim et al., 2003). Construct validity of the MAKSS-CE-R was supported by a positive correlation ($r = .51$, $p < .001$) with another measure of multicultural counseling competence (i.e., the Multicultural Counseling Inventory; Sodowsky, Taffe, Gutkin, & Wise, 1994). In addition, a lack of significant cor-

relations between the MAKSS-CE-R and a measure of social desirability provides support for the discriminant validity of the measure (Kim et al., 2003). The internal consistency coefficient alphas of the MAKSS-CE-R subscales ranged from .44 to .88 for the present study.

Procedure

The present study involved a mail and Internet survey. A membership database from the American Counseling Association (ACA) was used for random sampling of potential participants. Five hundred names were randomly selected from the ACA database. Solicitation for the Internet survey was made through the Counselor Education and Supervision Network sponsored by the Association of Counselor Education and Supervision, as well as the electronic mailing lists for Divisions 17 and 45 of the American Psychological Association (APA). Selection criteria for the current study were that the person be either a counseling professional or a counseling graduate student in any of the following areas: counseling, counselor education, school counseling, and counseling psychology. Participants were mailed a packet of materials containing a cover letter with detailed instructions; the measures; and a self-addressed, stamped envelope for returning the measures. The cover letter informed participants that the purpose of the study was to gain a better understanding of the relationships between religious identity and aspects of cultural diversity. Postcard reminders were mailed approximately 10 days after the initial mailing. In addition, a second mailing occurred 1 month after the initial mailing to nonrespondents. Again, a reminder postcard was sent out 10 days after that mailing. All mailings were addressed to their specific recipients and were personally signed by the researchers (all of the authors of this study).

During the fall 2004 academic term, 500 counselors and counselor educators were mailed the materials, and e-mail solicitations were made through the Counselor Education and Supervision Network as well as the electronic mailing lists for Division 17 and 45 of APA. One hundred fourteen surveys were returned. Because of incomplete responses, 3 of the 114 surveys were not usable for the analyses. Thus, the overall return rate was 23% (114/500), and the total usable return rate was 22% (111/500).

Results

A canonical correlation analysis was performed between a set of religious identity subscales (from the RIDS) and sets of (a) multicultural competence subscales (from the MAKSS-CE-R), (b) sexism subscales (from the ASI), and (c) homophobia subscales (from the ATLG-R-S). An alpha level of .05 was applied. Cutoff correlations of .30 were used for interpretation of the canonical variate (Tabachnick & Fidell, 2001).

The religious identity subscales used were (a) Concrete, (b) Relational, (c) Confusion, (d) Cognitive-Rationalization, (e) Exploration, and (f) Acceptance, all from the RIDS. Higher scores

on each of the subscales indicate stronger attitudes related to the individual qualities of religious identity assessed by each subscale. The multicultural competence subscales used were (a) Awareness; (b) Knowledge; and (c) Skills, all from the MAKSS-CE-R. Higher scores are indicative of attitudes consistent with being a multiculturally competent counseling professional. The ASI sexism subscales used were (a) Hostile Sexism and (b) Benevolent Sexism. Higher scores are indicative of elevated sexist beliefs and/or practices. The homophobia subscales used were (a) Attitudes Toward Lesbians and (b) Attitudes Toward Gay Men, from the ATLG-R-S. Higher scores are indicative of less tolerance toward lesbians and gay men.

Assumptions for normality, linearity, and homoscedasticity were evaluated through distributions and scatter plots; assumptions were met, and no multivariate outliers were detected. Three cases were found to be missing data and were deleted, leaving 111 participants.

The first two canonical roots were found to be significant. The first canonical root, Wilks's lambda = .23, $F(42, 463.11) = 4.10$, $p < .001$, accounted for 64% ($r_c = .80$) of the overlapping variance. The variables in the religious identity subscales that were correlated with the first canonical variate were scores on the Concrete (.94), Relational (.48), Confusion (-.31), and Acceptance (-.36) subscales and scores on the subscales from the ATLG-R-S, Attitudes Toward Gay Men (.92) and Attitudes Toward Lesbians (.96). Counselors who had rigid beliefs about their faith, who were more easily influenced by others regarding their faith, who questioned their religious beliefs less frequently, and who were less accepting of others outside their religion were more likely to demonstrate less tolerance toward gay men and lesbians (as indicated by scores on the respective subscales measuring these variables).

The second canonical root, Wilks's lambda = .63, $F(30, 398) = 1.63$, $p = .022$, accounted for 23% ($r_c = .48$) of the overlapping variance. The variables in the religious identity subscales that were correlated with the second canonical variate were scores on the Relational (.70), Confusion (.48), and Acceptance (.32) subscales. Only scores on one subscale from the MAKSS-CE-R, Knowledge (.50), and on both subscales from the ASI, Benevolent Sexism (.54) and Hostile Sexism (.36), were correlated with the second canonical variate. Counselors who were more easily influenced by others regarding their faith, who questioned their religious beliefs more frequently, and who were more accepting of others outside their religion were more knowledgeable about multicultural issues and competencies but were also more likely to endorse stereotypical gender roles and sexist behaviors (as indicated by scores on the respective subscales measuring these variables).

The remaining four canonical variates were not significant, Wilks's lambda = .81, $F(20, 332.61) = 1.07$, $p = .382$ ($r_c = .32$); Wilks's lambda = .91, $F(12, 267.51) = .84$, $p = .603$ ($r_c = .24$); Wilks's lambda = .96, $F(6, 204) = 0.65$, $p = .689$ ($r_c = .18$); and Wilks's lambda = .99, $F(2, 103) = 0.30$, $p = .744$ ($r_c = .08$); respectively. Overall, the results were indicative of

a significant model, with two canonical variates accounting for significant relationships between religious identity and multicultural awareness, homophobia, and sexism.

Table 1 shows descriptive statistics for the instruments used for this sample, which appear to be consistent with the normative samples of previous research using these instruments (Glick & Fiske, 1996; Herek, 1994; Kim et al., 2003; Veerasamy, 2003). Data on the canonical variates for all three tests appear in Table 2. Shown in the Table 2 are correlations between the variables and the canonical variates and standardized canonical variate coefficients.

The challenge of conducting survey research with a national sample, in addition to the use of a newer instrument that has had limited use among counselors, were limitations in estimating effect sizes and conducting an a priori power analysis. Onwuegbuzie and Leech (2004) recommended conducting post hoc power analysis when restrictions in a priori power analysis are identified. Given the sample size of 111 in this study, $1 - \beta > .99$ when Wilks's lambda equaled or exceeded the current value of .63, the second canonical variate. Statistically significant relationships when $1 - \beta = .80$ would not be detected when Wilks's lambda values reach or exceed .78. Thus, only large effect sizes in which 22% or more of the variance is accounted for would be identified as statistically significant. A larger sample size would be necessary to identify more moderate or smaller effect sizes as statistically significant.

Discussion

The results of the study indicated relationships between religious identity and various aspects of multicultural compe-

TABLE 1
Descriptive Statistics for Religious Identity Development Scale; Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised; Ambivalent Sexism Inventory; and Attitudes Toward Lesbians and Gay Men Scale

Measure	<i>M</i>	<i>SD</i>
Religious Identity Development Scale		
Concrete	10.46	4.42
Relational	9.79	3.38
Confusion	5.96	2.57
Cognitive-Rationalization	8.41	4.03
Exploration	17.26	4.11
Acceptance	13.59	4.34
Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised		
Awareness	2.74	0.29
Knowledge	3.00	0.43
Skills	3.01	0.42
Ambivalent Sexism Inventory		
Benevolent Sexism	1.82	0.61
Hostile Sexism	1.70	0.56
Attitudes Toward Lesbians and Gay Men-Revised-Short Form		
Attitudes Toward Lesbians	5.26	0.96
Attitudes Toward Gay Men	3.94	1.10

TABLE 2

Correlations and Standardized Canonical Coefficients Between Religious Identity and Multicultural Counseling Competence, Sexism, and Homophobia and Their Canonical Variates

Variable	First Canonical Variate		Second Canonical Variate	
	COR	COE	COR	COE
RIDS				
Concrete	0.94 ^a	0.90	-0.03	-0.17
Relational	0.48 ^a	0.05	0.70 ^a	0.77
Confusion	-0.31 ^a	-0.21	0.48 ^a	0.52
Cognitive-Rationalization	-0.22	-0.01	0.15	-0.27
Exploration	-0.28	-0.37	-0.18	-0.36
Acceptance	-0.36 ^a	0.10	0.32 ^a	0.57
MAKSS-CE-R				
Awareness	0.14	0.11	0.50 ^a	0.42
Knowledge	-0.10	-0.18	-0.08	-0.35
Skills	-0.09	-0.01	0.03	0.27
ASI				
Benevolent Sexism	0.27	-0.04	0.54 ^a	0.53
Hostile Sexism	0.11	-0.03	0.36 ^a	0.09
ATLG-R-S				
Attitudes Toward Lesbians	0.92 ^a	-0.38	-0.18	-1.13
Attitudes Toward Gay Men	0.96 ^a	-0.66	0.17	1.31

Note. COR = correlation; COE = coefficient; RIDS = Religious Identity Development Scale; MAKSS-CE-R = Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised; ASI = Ambivalent Sexism Inventory; ATLG-R-S = Attitudes Toward Lesbians and Gay Men-Revised-Short Form.

^aCorrelations of .30 and above were used for interpretation of the canonical variate (Tabachnick & Fidell, 2001).

tence, sexism, and homophobia. Counselors who were more rigid and authoritarian in their religious identity tended to exhibit more homophobic attitudes; this is consistent with previous research that linked rigidity in religious beliefs and the authoritarianism of religion to the perpetuation of sexism and homophobia (Lease & Shulman, 2003; Peek et al., 1991; Rosik, Griffith, & Cruz, 2007). When the focus of the counselors' religious identity was in conforming with others who held similar beliefs, counselors reported higher levels of multicultural knowledge but also exhibited an increase in tendencies toward sexism. Sexist attitudes were also linked to counselors who reported some questioning of their faith or even attitudes toward acceptance of different faiths. An awareness of multicultural issues by counseling professionals did not translate to alleviating biases toward rigid gender roles. Hence, it could be interpreted that counseling professionals may view biases toward ethnic minorities as less acceptable than biases toward women.

Implications for Counselors

There is a need for counselors to be aware of the potential for their own religious identity to engender attitudes of

sexism and homophobia. Counselors who adhere to more rigid thinking about their faith or reconcile their beliefs in accordance with others of their faith may be more likely to exhibit sexist or homophobic behaviors. Counselors may be more facilitative when they have an awareness of their own beliefs and biases. Sexton and Whiston (1994) indicated that the therapeutic alliance is strengthened by an open and accepting counselor attitude. Counselor educators and supervisors should strive to focus on all aspects of multiculturalism, including religion and spirituality (Levitt & Balkin, 2003; Schlosser, 2003) in training counseling professionals. Counselors at all levels of expertise and training should strive toward self-awareness regarding religion and how their views are carried into the counseling relationship. In terms of religious identity, self-awareness, as a component of multiculturally competent practice, appears to be an important component for counselors in anticipation of serving culturally diverse populations.

At times, religious values may dictate how one views mental health, gender roles, gender identity, and ethnic diversity (Duriez & Hutsebaut, 2000; Peek et al., 1991; Wilkinson, 2004). A counselor's religious values could influence unconditional positive regard or the ability to be genuine with a client (Laythe et al., 2002). Counselor trainees with highly religious orientations may face significant challenges in their development of openness to a variety of viewpoints and respect for cultural diversity. Furthermore, one might speculate that religious counselors might be more effective with highly religious clients because of the rigidity with which some issues may be viewed. In this respect, matching highly religious clients with counselors having similar orientations may enhance rapport, yet such a partnership may not sufficiently challenge clients' perspectives to effect change.

There may be an undercurrent of resistance in the counseling profession for self-reflection regarding one's religious identity and its effect on professional functioning. The counseling profession is one with a rich history of attending to the values and presentations of clients. As noted in this research, a counselor's religious identity has implications for the counseling process. Self-awareness activities notwithstanding, counselor religion is just as valuable as client religion, and the professional should not be challenged to compromise personal belief systems. Rather, as identified in this study, counselors need opportunities to explore how their religious values may influence their responses to multicultural differences and cultural diversity, particularly in the areas of sexism and homophobia.

Limitations

The present study was based on a 22% response rate from a national sample. Although the design of the study fits within the confines of the analyses used, a larger sample size would have increased statistical power and contributed

to more generalizability. It might also be concluded that the respondents represented participants who had a vested interest in the topic. A larger response rate might produce a more varied response set, and therefore the results of this study should be applied with caution. This study was limited to participants who were members of ACA, ACES, or Divisions 17 and 45 of APA at the time the study was conducted. The self-report nature of this research is another limitation to be considered. It might be of interest to gain the perspectives of clients receiving these counselors' services to better ascertain the degree to which the counselors' religious identity might affect multicultural competence. Finally, social desirability is a factor in most research on cultural issues, and this study is no exception. The measures used in this study do not correlate with social desirability. The inclusion of an additional measure for social desirability may have further attenuated the return rate.

Suggestions for Further Research

Although this study represents a step forward in understanding the influence of religious identity on counseling professionals, more research is needed. Future research can use the RIDS to evaluate the relationships between religious identity and other aspects of identity (e.g., racial identity, gender identity). It would be important to understand how multiple aspects of identity relate to one another, as well as how they relate to multiculturally competent practice. It is interesting that higher levels of multicultural competence did not necessarily translate to decreases in sexism and homophobia. Further research in the area of how biases may be perceived as socially acceptable or unacceptable is warranted. In addition, research is needed to examine the role of religion in the lives of counseling professionals, including how religious identity and affiliation affect clinical work and counselor-client relationship development. Qualitative research may be needed to illuminate the religious experiences of counselors that influence the approaches they use in counseling and the effect on components of the counseling process, such as relationship development, intervention selection, and openness to different values and belief systems.

Counselors should have an awareness of how their religious beliefs may influence their delivery of counseling services. Counselor educators and supervisors should be aware of potential implications for counseling students and counselors-in-training who have rigid belief systems. Candid discussion of these issues is pertinent because counselors continue to work in a climate of growing cultural diversity.

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