

CHAPTER 2

American Clergy's Responses to People with AIDS: 1987-1991

THE FIRST PHASE OF INTERVIEWS AND QUESTIONNAIRES

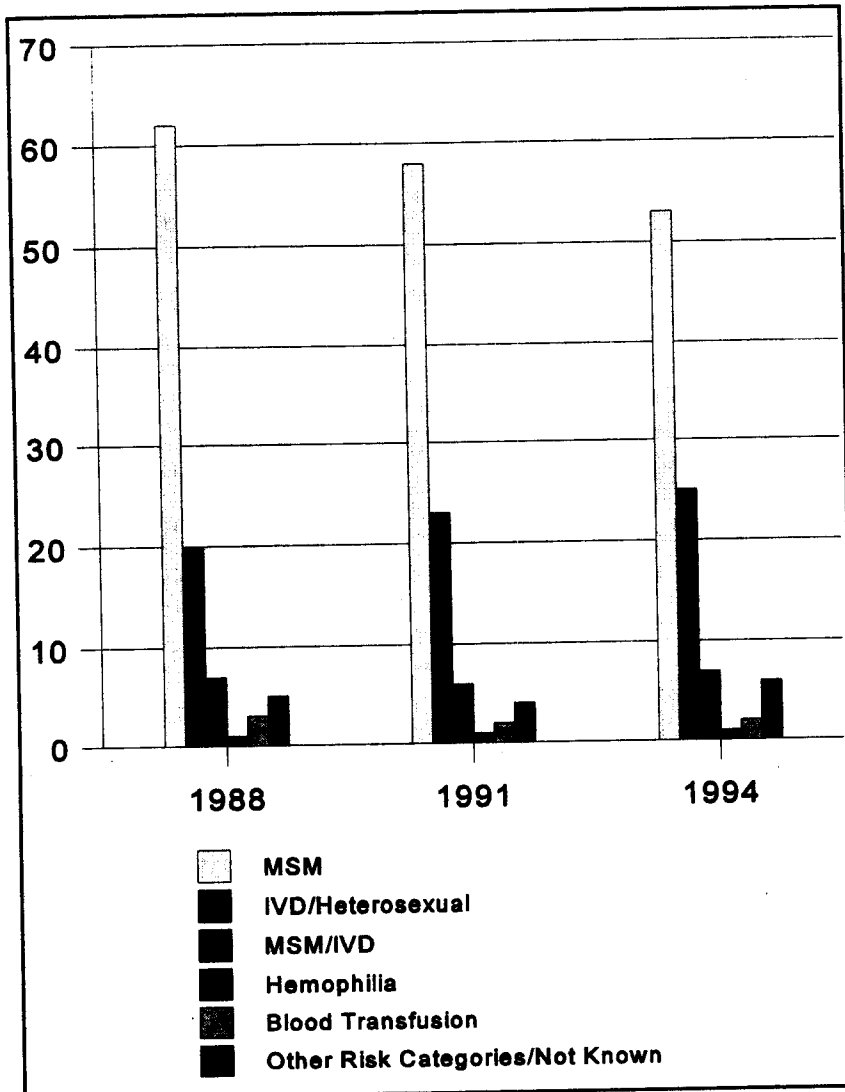
As Chapter 1 indicates, this book is about some of the responses by clergy in the United States and the United Kingdom to the real and hypothetical situations that many AIDS patients and HIV-positive individuals found themselves in during the last fifteen years. However, certain aspects of the social contagion effect of HIV help to explain the overall reaction by the public, the news media, politicians and governmental workers, and Protestant, Roman Catholic, and Jewish clergy in both the United States and the United Kingdom.

In addition to the deadly nature of HIV, AIDS and AIDS-related illnesses caused a deeply rooted homophobia to surface in American and British societies. At the same time, protests by the parents of fellow students concerning Ryan White, a young hemophiliac in Indiana who had contracted AIDS from contaminated blood products, against his attempts to attend public school were newsworthy.

In 1988, as Figure 2.1 shows, a large majority of the known cases of AIDS-related illnesses and HIV-positive diagnoses, as well as an overwhelming proportion of deaths from AIDS, were from the ranks of gay and bisexual men. The second largest high risk category consisted of IV drug users. A much smaller proportion of heterosexual men, women, and children were reported to be infected. Even as the rates for other infected groups began to climb, gay and bisexual men still comprised 58 percent of all known cases of AIDS/HIV in 1991 and 53 percent in 1994.

The number of deaths from AIDS-related illnesses continued to increase, as Figure 2.2 indicates. By 1988, the cumulative number of deaths was 45,602. This number climbed to 131,383 in 1991, and reached 267,479 in 1994. The largest proportions of deaths were made up of gay and bisexual men and in IV drug users (Centers for Disease Control, 1989, 1993, 1995).

Figure 2.1
Percentage of AIDS Cases by Risk Categories: 1988, 1991, 1994



Source: Centers for Disease Control, 2001c.

It is not surprising, then, that the stigma of AIDS as a disease affecting stigmatized groups (gay and bisexual men or individuals at the margins of society such as IV drug users and prostitutes) overshadowed the medical and scientific aspects of the diseases related to HIV. Although more sympathy was demonstrated toward the so-called *innocent victims of AIDS*, such as hemophiliacs and others who received blood transfusions contaminated with HIV, their proportion of the total AIDS cases was small, never exceeding 5 percent in the three different years shown in Figure 2.1. Even children aged 13 years or younger represented a small proportion of all AIDS cases reported through 1994: 2 percent or less. However, many of these victims experienced discrimination and ostracism as well. Even as it became known that a majority of the deaths from AIDS worldwide involved heterosexual individuals, the original stigma of AIDS as a *gay plague* remained. Organized religion's response to those suffering from AIDS-related illnesses was influenced by the lifestyles of those most likely to be vulnerable to the illnesses. Church teachings about the "sin of homosexuality" and a general aversion toward IV drug users created an antipathy toward the largest categories of victims. This was particularly true concerning gay lifestyles.

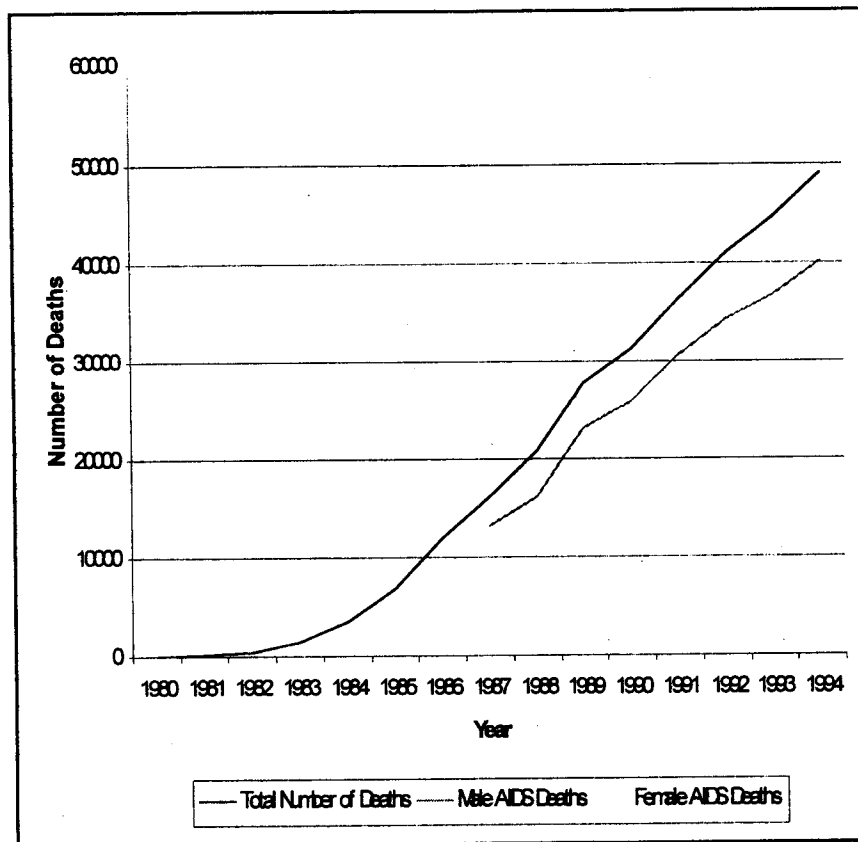
Adding to this religiously oriented antipathy was an investigative journalistic report concerning a retired bishop of the United Methodist Church in Texas. In 1987, retired Bishop Finis Crutchfield died from an AIDS-related illness in Houston, Texas. After retiring as a bishop, he ministered to AIDS patients. Following his death, his widow and his son (who was also a United Methodist minister) issued a statement that suggested that Crutchfield had, perhaps, contracted the disease through casual contact with AIDS patients. This was a belief that many, including healthcare workers, embraced at that time. Within a few weeks, closeted gay clergy within the United Methodist Church and other gay acquaintances of Crutchfield leaked information about the retired bishop's ongoing secret homosexual lifestyle. In October, 1987, an article about his forty-year double life and his contracting of AIDS was the cover story of *Texas Monthly* (Yoffe, 1987: 102-106; 188-200).

RESPONSES FROM THE INITIAL INTERVIEWS

This study began in the context of religiously oriented antipathy. At the beginning, only Presbyterian ministers were interviewed. A few months later, other mainline Protestant clergy and Southern Baptist pastors whose congregations were identified with the "moderate wing" of the Southern Baptist Convention were added. Later, a few Roman Catholic priests and Jewish rabbis were included. The original interview schedule contained two vignettes concerning gay and bisexual men with AIDS and contained one vignette concerning hemophiliacs. Those were the *aspects of AIDS* most familiar to members of the clergy that we interviewed in the first phase of this project.

In each of the 102 interviews, the pastor, priest, rabbi, or pastoral counselor was questioned about his or her experiences or encounters with AIDS sufferers or HIV-positive individuals. We also asked each whether or not he or she believed

Figure 2.2
AIDS Deaths in the United States 1980-1999



Source: Centers for Disease Control, 2001c.

that AIDS represented the "wrath of God" visited on gay and bisexual men as a reprisal for their sexual lifestyles. Those clergy were asked whether or not any of their parishioners or members believed this to be true.

The original 92 Protestant clergy interviewed in 1987 and 1988 were involved in either parish ministry or hospital chaplaincy. The additional ten Roman Catholic priests and Jewish rabbis interviewed in 1989 and 1990 were parish priests in parishes and rabbis in synagogues and temples. Table 2.1 shows their denominational affiliations.

The responses by these 102 clergy in the United States, 90 percent of whom were Protestant, were insightful in terms of their consistency of answers, regardless of denominational affiliation. Some differences in responses of mainline Protestant

Table 2.1
Denominational Affiliation

Denomination	Percentage	Number
Presbyterian Church (U.S.A.)	31%	33
Southern Baptist Convention	24 %	24
United Methodist Church	21 %	21
Episcopal Church	7 %	7
Roman Catholic Church	6 %	6
Disciples of Christ	5 %	5
United American Hebrew Congregations Reform Judaism	4 %	4
Evangelical Lutheran Church in America	2 %	2
	100 %	N = 102

pastors and Southern Baptist pastors were apparent. Mainline Protestant pastors were more open to people who had AIDS, without being judgmental about lifestyles. Southern Baptist pastors were more likely to refer to the consequences of lifestyle choices associated with the transmission of AIDS. A few differences in responses between Protestant ministers and Roman Catholic priests and between Roman Catholic priests and Jewish rabbis were noticeable as well. In addition, the size of the congregation or parish did have some effects on the responses.

The length of a pastor's tenure was somewhat of a factor in his or her perception as to whether or not a person with AIDS would seek out the minister for counseling. The longer the minister's tenure, the more likely was the pastor's perception that he would be approached for counseling. Data regarding counseling perceptions and strategies are presented in chapter 3.

All of the clergy who were interviewed stated that they had a reasonably good knowledge about HIV and AIDS-related illnesses, that they knew which groups of people were high risk, and that generally they believed that the church should exhibit compassion toward those with AIDS-related diseases. Only three ministers stated that their church could not suffer the risks of some members' anger by becoming involved with a person with AIDS who was homosexual. These three stated, however, that drug users and "innocent" victims of AIDS should be treated with compassion, as opposed to homosexuals whose lifestyles contributed to their

having AIDS.

The clergy were also asked about their counseling, pastoral care, or general experience with people in groups that were high-risk for AIDS and HIV. Many of these ministers had such experience with gay and bisexual men. Several had experience counseling hemophiliacs and people who had received contaminated blood products and transfusions that were HIV-contaminated.

Clergy's Experiences With People With AIDS And The Presence of Gay and Bisexual Parishioners

Table 2.2 shows responses to the question concerning whether or not the pastor had dealt with either AIDS sufferers or HIV-positive individuals. In 1988, 1989 and 1990, slightly more than one-third had. However, more had dealt with people who had a family member infected with AIDS than with people with AIDS. This was particularly true with ministers and priests in suburban congregations and parishes.

The ministers were asked about gay and bisexual men and lesbians within their parish. In addition, these clergy were also queried as to whether or not closeted gay and bisexual men and lesbians belonged to their congregations or attended their services. Table 2.3 provides information concerning this. Seven of the Protestant ministers and three of the Roman Catholic priests were pastors within geographical regions of their cities that were known as "gay socializing areas," "gay residential areas," or both. Three had sizable minorities of gays and lesbians who were either members of their congregations or were participants in the life of the congregation. Of these ten clergy, only seven had dealt with AIDS patients in situations of pastoral counseling. However, all ten had been involved in bereavement counseling, and all ten had conducted memorial services for individuals who had died from AIDS-related illnesses.

Their comments concerning AIDS and how the disease related to other gay issues set them apart, to some extent, from the other ministers. Since they had gay men and lesbians in their congregations, these clergy demonstrated more sensitivity. A response from one United Methodist pastor whose congregation had over seventy-five gay individuals attending on a regular basis demonstrated this:

Before they began to attend in visible numbers, my contacts with homosexuals were in pastoral counseling situations trying to help them sort out guilt feelings about relationships with parents or their lovers. Of course, the reason that they came to me for counseling was that they wanted to maintain their ties with regular church. I can remember two or three just last year who had tried the Metropolitan Community Church, but didn't care for the evangelical and informal approach. Now, I'm dealing with several who have found out that they have AIDS. One is in and out of the hospital. He's afraid he'll lose his job as a teacher. I think that AIDS has put a brake on full acceptance of gays by the rest of us. Now they're being blamed, unfairly, for AIDS spreading so fast.

Another pastor talked about the presence of PWAs in his congregation and how this had energized some, but not all, members in his congregation to move in

Table 2.2
Clergy Who Have Dealt with PWAs

Yes	No
36 (35 %)	66 (65 %)

N = 102

becoming a "Reconciling Congregation" with the United Methodist Church. In 1988, this movement of encouraging congregations to become "inclusive congregations" regarding race, ethnicity, lifestyle, and sexual preference was in its early period. His answer provided additional insight concerning gay and lesbian individuals active in the life of the congregation and what effect this had on the congregation:

We decided to be the host parish for the reconciling group and their seminar. It's going to take place in two weeks. The Administrative Board is behind it, but not everyone is. I'm anxious to see how some of our members will react when we have an additional seventy-five to ninety gays here for worship. There will be a litany for AIDS victims, prayers for gay ordination . . . all sorts of things. A lot of people here talk a good line. They do want to minister to people with AIDS, but I'm not sure they want to be around gays in all church activities. Overall, I think it's a good move. This church has always been known for its liberalism and openness. We've already begun to organize care teams for AIDS patients, but so far this involves only about ten people.

The antipathy that he spoke about was even more likely to occur in congregations that were in suburban areas. Several pastors who spoke of gay members within their parishes and congregations mentioned that many members would feel uncomfortable if sizable numbers of openly gay people were visible in their churches.

This sentiment was also echoed by several pastors whose parishes were in downtown areas of cities. One response, from a United Methodist pastor, was typical of this:

This church draws its members from all parts of the city including the suburbs. We have a good youth program, so good that parents are willing to get their kids back down here on Sunday evenings. I'm just afraid that gays who are open would scare off a number of those parents, who unfairly, I think, believe that gays would try to seduce their children.

Clergy's Perceptions of AIDS As the Wrath of God

As early as 1985, conservative and fundamentalist clergy had publically stated that somehow AIDS was the "wrath of God" visited on male homosexuals because of their sinful lifestyles. While many clergy denounced such statements as wrong or irresponsible, most remained silent. In interviewing the original nine-two pastors and the additional ten priests and rabbis, we asked whether or not they

Table 2.3
Presence of Openly Gay or Closeted Gay Members in Parish

Parish has openly gay and bisexual men and lesbians	Yes - 31 (30 %)	No - 71 (70 %)
Parish has closeted gay and bisexual men and lesbians	Yes - 98 (96 %)	No - 4 (4 %)

N = 102

believed that AIDS represented the "wrath of God" visited on gay and bisexual men as a reprisal for their "sinful lifestyles." While an overwhelming majority of those interviewed disagreed with that viewpoint, 16 percent viewed AIDS as the consequence of a promiscuous sexual lifestyle. They also reported that some of their parishioners believed that to be true. Table 2.4 illustrates these responses.

Several of the ministers' responses to the question of whether or not AIDS represents the "wrath of God" toward gay and bisexual men provided insight into their perceptions concerning this. One pastor said:

No, definitely not! My theology prevents me from believing in a God who reaches down and singles out individuals because of their immorality, if that's what same-sex practices are. I get sick and tired of hearing about this from the fundamentalists. They just don't understand scripture in the way that I do.

Since these clergy were mainline Protestant pastors, their responses were expected. Southern Baptist ministers, on the other hand, were part of a denomination known for its antipathy toward homosexuality. Some Southern Baptist clergy said that gay and bisexual men should refrain from gay sexual practices or should try to "change their sexual orientation." Still, one of the responses from the twenty-four Baptist pastors was typical of most of the Southern Baptist responses:

No, I don't view God that way, although that's what I heard when I was a seminary student. I've known some gay folks who are good Christians, committed church members. One of them has AIDS, and neither he nor I believe that this is God's punishment.

One comment from a Roman Catholic priest summed up a typical Catholic response to the question concerning "AIDS as the wrath of God":

My church teaches that the practice of homosexuality is the sin, not homosexuality itself. But there's where logic breaks down. God's not going to murder an errant homosexual, is he? If that's true, then God's going to severely punish the philanderer as well.

The five clergy who did respond that AIDS represents "the wrath of God as

Table 2.4
AIDS As the "Wrath of God" Visited on Gay and Bisexual Men
as Responses by Ministers

Response	Percentage	Number
Believe that AIDS is the "wrath of God" visited on gay and bisexual men	5 %	5
Do not believe that AIDS is the "wrath of God" visited on gay and bisexual men	76 %	77
Believe that although AIDS is not the "wrath of God," gay and bisexual men must accept responsibility for promiscuous sexual behavior and its impact on the spread of AIDS	19 %	19
Perceive that some members of the parish believe that AIDS is the "wrath of God" visited on gay and bisexual men	96 %	98

N = 102

punishment for gay and bisexual men" believed that the practice of homosexuality was sinful and against biblical teaching. Three of these were Southern Baptist pastors, one was a Presbyterian pastor, and one was a United Methodist pastor.

One Southern Baptist minister said emphatically and dramatically:

The Bible says that the wages of sin is death. When someone defies the Lord's commandment, God can and often does punish the sinner. But the Lord tells us to love the sinner, to lead him to accept Jesus as Savior. That's what I've done in one instance where I counseled a young man dying from AIDS. He did take his final breath as a Christian.

Because all of the ministers who were among the ninety-two original interviewees were in either mainline Protestant denominations or congregations identified as "moderate" within the Southern Baptist Convention, their responses concerning AIDS as the "wrath of God" was of little surprise. Likewise, the responses of the additional ten Roman Catholic priests and rabbis were not surprising, since the belief systems of Reform Judaism and Roman Catholicism

endorse this explanation. What was of interest were the responses that suggested a version of "blaming the victim" for his illness and likely death. One response from the interviews gave insight into this viewpoint:

Well, while I don't believe that AIDS is God's wrath, I do believe that gay sexual practices, particularly multiple-partners in one night, helped spread the virus. Their sexual indulgence did contribute to the epidemic among homosexuals. I think that the bath houses with their casual sexual environments did contribute. It's not God's wrath. No, it's the promiscuity of male homosexuals. Monogamous relationships would have prevented this.

As Table 2.4 also indicates, 96 percent of the clergy who were interviewed said some of their parishioners believed that AIDS represented the "wrath of God" directed toward gay and bisexual men because of their sexual practices. One of the clergy responses spoke to this:

I know that quite a few of our members feel that way, although they don't say so publically. What many did [when several obviously gay men began regularly attending this church] was to ask whether we were going to start seeing seriously ill AIDS people in the service, and would this run off other members. A few stopped attending the luncheons following morning worship on the first Sunday each month because there were one or two gay men with the beginning of AIDS illnesses who came. But they never directly said that this was God's punishment, but I think that's what they really believe. Chalk it up to fear and ignorance.

Clergy Responses to the First Vignette—Part One

Each member of the clergy was then presented a scenario involving a young single male in the congregation or parish.¹ The scenario was presented in two consecutive stages.

The answers to the questions following the first part of the vignette, which concerned whether the gay sexual orientation of the young man would impact on a minister's allowing the young man to continue in his leadership role, indicated some diversity among the clergy respondents. Their responses are given in Table 2.5.

As Table 2.5 indicates, an overwhelming majority of these clergy said that they would allow the young man to continue as either a church school teacher or as a youth-group sponsor. In other words, being gay was not in itself a sufficient reason for asking him to resign his position. One Presbyterian pastor gave the following response:

We've always had gay members, and many have taught Sunday School classes. If he leaves his sexuality at home, I see nothing wrong with this, but if I ever got word that he was talking about being gay, I would push for his removal.

Nine ministers stated that would seek advice and counsel from an appropriate committee or from a trusted lay leader before allowing the young man to continue. Two said that the AIDS crisis and its link to a "gay male lifestyle" would influence

Table 2.5
Responses Concerning Gay Teacher of Adolescent Church
School Class or Gay Sponsor of Youth Group

Response	Percentage	Number
Would allow him to continue and would honor his request for confidentiality after determining his sincerity	74 %	75
Would seek advice or counsel from appropriate committee or from trusted lay leaders in the parish or congregation	9 %	9
Would ask him to resign his post as teacher or sponsor of the church school class or youth group	16 %	16
Would ask him to resign his post as teacher or sponsor and encourage him to seek a different parish to attend	2 %	2

N = 102

their decision, rather than the young man's homosexuality. One was a Lutheran pastor, and the other was a United Methodist pastor. The Methodist minister's comments illustrated that concern:

I might call in our lay leader or the chair of the Pastor-Parish Relations Committee. [That's the committee that either recommends that I stay or leave each year.] Or I could talk to the District Superintendent about it. If they all felt comfortable with the young man's role in the church, then I would feel better. Personally, I think that he should be allowed to continue.

Sixteen of the ministers stated that they would ask the young man to resign his post immediately. Of these, eight were Southern Baptist clergy, one was a Roman Catholic priest, three were United Methodist clergy, one was a Disciples of Christ minister, and three were Presbyterian pastors. None of the rabbis stated that they would ask for the young man's resignation.

The response of one Southern Baptist minister indicated his feelings concerning this:

I was an associate pastor in a medium-sized congregation before I accepted the call to this church. During my work there, we had a youth minister, a full time staff member, who seduced a teen-aged boy. The boy told someone, and the news got back to his parents in less than a day. One day later, the pastor, with the support of the deacons, ordered the youth minister to resign. A day after that he had left the city. I wouldn't risk having something like that to happen. We just don't approve of homosexuality.

The Roman Catholic priest's comment reflected the church's concern with publicity of pedophile priests that had recently surfaced, as well as other reports of gay priests in the Roman Catholic Church:

No, I would not allow him to keep meeting with our youth. After all, we've had priests accused of molesting boys. Some of this, unfortunately, is true. I'd just tell him that the risk is too large, for him, for the parish, and for me.

The two ministers who said that they would ask the youth leader to resign and would also encourage him to seek a different congregation simply said that "a homosexual lifestyle was not compatible with "New Testament Christianity." Both were Southern Baptists.

Clergy Responses to the First Vignette—Part Two

The second part of the scenario followed the responses to the first part. Only the eighty-four ministers, priests, and rabbis who said that they would allow the young man to continue in his post were presented this second part. The second part dealt with a breach of trust on the part of the youth leader.²

Table 2.6 shows the responses to some of the questions regarding the second part of the vignette.

As we stated earlier, the beginning of this study was concerned with the pastoral counselor-client role. One aspect of this role includes the issue of confidentiality. In essence, all 102 of the clergy would, in some way, violate the confidentiality of the counselor-client relationship if this were the only means by which the teenager and his parents could be informed about the potentially negative consequences of exposure to HIV. Responses of ministers, priests, and rabbis to each question following the second part of the scenario indicated some striking differences in reactions by clergy engaged in a counselor role.

A large majority of these clergy indicated that they would try to persuade the youth leader to inform the teenager and his parents. One of their responses indicated their feelings about what he should do and their strategies for persuading him to do this:

I would do everything that I could to make him realize that this was his responsibility, that he in confidence lied to me. I would also let him know that I would support him in this terrible task, and that God would support him as well.

One Presbyterian minister, who had dealt with a similar situation, expressed

Table 2.6
Responses Concerning Confidentiality of AIDS Diagnosis of Gay Teacher of Adolescent Church School Class or Gay Sponsor of Youth Group

Response	Percentage	Number
Would try to persuade the young man to inform the boy and his parents about the AIDS diagnosis*	85 %	71
Would inform the boy and his parents about the AIDS diagnosis if the young man could not be persuaded to this, in spite of the issue of confidentiality*	83 %	70
Would inform the boy and his parents immediately, ignoring the issue of confidentiality	8 %	7

N = 84

*Respondents could respond to both of these choices.

concern, not only for the teenager and his family, but also for the young man:

We had a situation here that was similar to your scenario. Although the man in question wasn't a Sunday School teacher, he had developed a close relationship to several youth, particularly two or three boys. He took them to basketball games and on camping trips. He did have a sexual relationship with one of the boys who was a junior in high school, which he told me about. When he found out he had AIDS, he did tell the boy, who by then was in his first year in college. A day after he revealed this, he [the young man, not the teenager] committed suicide. His suicide note revealed extreme guilt about what he had done. I wondered whether or not I did the right thing by insisting that he reveal this to the teenager.

Among those seven clergy who would immediately inform the boy and his parents, ignoring the issues of pastoral counselor-client confidentiality, five were Southern Baptists and two were United Methodists. One response from a Southern Baptist pastor reflected his concerns about the teenager and his concerns about his own needs:

This could mean death for the teenager, either way. I would feel so bad about letting the young man continue that I would have to tell the boy immediately. It would be my worst pastoral nightmare, no question about it.

With regard to the question concerning what the response of the parents and their son would be, particularly since the minister had allowed the young man to continue in his leadership role after he revealed that he was gay, 89 percent believed that the reaction would be adverse or extremely negative. An Episcopal priest made the following comment:

Even though this parish has openly gay men as communicants, the straight members have exhibited a high degree of acceptance. If this happened, even with our tolerance level, the parents would be extremely angry. I suspect that there would be a lawsuit against me and against the vestry.

For several other ministers, this scenario posed devastating consequences, not only for the boy and his parents, but also for them and their congregations. One United Methodist pastor's response revealed the following:

I think that they would be extremely angry and would feel that I betrayed the trust of the entire congregation by allowing the young man to continue. I believe that I would become the plaintiff in a lawsuit. People do sue preachers these days. I also believe that my effectiveness as a pastor would be forever damaged.

Eighty-five percent responded that they believed that their ministry in that parish or congregation would be adversely affected or ruined. A Southern Baptist pastor responded with candor to the question, "What impact would all of this have on your ministry in this parish?":

In a Baptist church, the pastor would have to resign, no question about that. I'm not sure that I would be able to get another pastorate right away. Baptists can engage in some pretty effective whispering campaigns, you know. Pulpit committees have a way of finding out negative information about potential candidates.

The response from a United Methodist pastor indicated that in the United Methodist hierarchical system the minister would be transferred:

The bishop of this Conference would move anyone who was in any way connected to a sexual scandal. That's what this is, you know. He's reacting to what happened at [name deleted] church. At least I would be protected and not thrown to the wolves. I must admit, that even though this is a hypothetical situation, if this happened, I would feel ultimately responsible for the boy's fate, which could well be a death sentence, so to speak.

The responses from clergy to the second part of the first scenario indicated that whatever risks that they would be willing to take would carry potentially severe consequences, which could result in loss of effectiveness in ministry, lawsuits, dismissal, transfer to another parish, or a combination of several of these outcomes.

Although clergy from all Protestant denominations and from the Roman Catholic Church stated that they would ignore the confidentiality of a pastoral counseling situation, Southern Baptist, United Methodist, and Presbyterian ministers were the most likely to take this action. None of the Jewish rabbis said that they would take that action.

Responses to the Second Vignette—Part One

Ministers, priests, pastoral counselors, priests, and rabbis were presented with a second vignette that involved a young child of elementary school age.³ This vignette was also presented in two consecutive parts.

When questioned about the first part of the second vignette involving an innocent child who has contracted AIDS through contaminated blood products taken for hemophilia, all of the 102 clergy indicated that they would exhibit compassion toward the child and the child's parents. Table 2.7 provides a display of their responses:

In explicit and subtle statements, all of these clergy suggested that a child in this situation was somehow different than the young man in the first vignette. A pastor of a Presbyterian congregation of more than 2,000 members said:

While I might worry that some members of my congregation would react adversely to my decision to allow the young man to continue in his position, fewer would be opposed to this child's attendance. I would, however, take medical and health precautions so that none of the other children [or their parents] would feel threatened. I'm sure that key lay leaders and others would be supportive of my actions.

Pastors' responses to the question concerning opposition within their congregations did indicate that although they would not be opposed, some of their members would be.

One Baptist pastor commented on the fear that surrounded AIDS at that time:

I think that we would have a few people who would not want the child attending Sunday School or the worship service probably forty or fifty, maybe a few more. My gut feeling is that this is based on fear of catching a disease that kills you. It's similar to the way people during New Testament times felt about leprosy.

When the ministers were questioned about parental opposition to the child's being in the same Sunday School class with their children, only a small minority (22 percent) believed that there would be parental opposition. The comments from a Disciples of Christ minister offered insight concerning the underlying fear of parents:

The church is no different from the school. Just because Christians are supposed to be tolerant doesn't mean that they always are. We definitely would have a few parents who not only would take their children out of the class, but they would leave this church as well.

Table 2.7
Responses Concerning Child with Hemophilia
Who Is in Congregation or Parish

Response	Percentage	Number
Would encourage the child to continue to attend church activities, including Sunday school	100 %	102
Would take precautions in terms of health guidelines to alleviate fears concerning the spread of AIDS/HIV	75 %	76
Have people within the congregation or parish who would object to the child's presence	95 %	97
Have parents within the congregation or parish who would remove their child from the same Sunday school class	22 %	22

N = 102

Responses to the Second Vignette—Part Two

The second part of the scenario dealt with a situation external to the parish or congregation that could involve a minister. It was reminiscent of what many clergy did during the civil rights movement of the 1950s and 1960s. It also allowed the ministers' comments to be measured in the context of another one of the clergy roles, the community problem solving role (or social activist).

Table 2.8 shows the aggregate responses that ministers gave to the questions concerning the second part of the vignette. These clergy's responses to this scenario indicated more ambivalence regarding their clergy role in this situation.

Comments from some of ministers indicated that they did see the predicament of the child with hemophilia as an issue of civil rights similar to the plight of African-American schoolchildren during the American Civil Rights Movement. In a similar fashion, children with the legal right to attend all-white schools were met with hostility, threats, and abuse when they tried to enter the "schoolhouse door." Although only one of the clergy we interviewed had actually participated in a civil rights protest or civil rights march, several said that they had endorsed this strategy

Table 2.8
Responses Concerning Child with Hemophilia in a Public School Situation and
Reactions by Concerned or Angry Parents

Response	Yes	No	Not Sure
Believe concerned or angry parents are likely to oppose child's attendance at an elementary school	89 (87 %)	3 (3 %)	10 (10 %)
Would personally try to defuse situation with parents	8 (8 %)	73 (72 %)	21 (21 %)
Would gather group of community leaders to defuse situation	67 (66 %)	11 (11 %)	24 (24 %)
Would "walk the child to the schoolhouse door" since this is a civil rights or moral issue	9 (9 %)	81 (79 %)	12 (12 %)

N = 102

in the past. They were less certain as to the effectiveness of such a strategy in this situation.

As Table 2.8 illustrates, two-thirds of the clergy responded that they would work with community leaders in trying to defuse the situation, but almost one-fourth stated that were "not sure" that they would adopt that strategy. As to becoming personally involved by either "personally trying to defuse the situation with the parents" or "walking the child to the schoolhouse door," a large majority of ministers said that they would not.

A Lutheran pastor, whose parish was in an up-scale suburb, also viewed his "community problem solving role" in this situation as a mediator rather than an activist:

In my younger years, I probably would have been with the parents at the school, but I think that putting together some sort of responsible coalition would be the best solution. I would not be surprised to see that happen in this school district, in spite of the affluence of the neighborhoods.

A United Methodist pastor who said that he would "walk the child to the schoolhouse door" explicitly equated the situation with the civil rights movement:

This is what the church needs to do. It needs to take a stand on issues like this. The Methodist Church has always been committed to social action in order to right wrongs. The treatment of such children is a violation of their civil and human rights. The church needs to stand up and say so.

Of the other eight clergy who would "walk the child to the schoolhouse door," three were Jewish rabbis, two were Presbyterian pastors, two were Roman Catholic priests, and one was an Episcopal priest.

One of the rabbis' responses reflected both of their feelings about discrimination:

Jewish people have always lived with a certain amount of discrimination, even hostility. We were involved in the Civil Rights Movement nationally and here in Texas. I see this is an issue of civil rights, so I would go with the child and his or her parents to the entrance of the school through the mob if necessary.

Clergy Responses to the Third Vignette

Finally, in this first phase of interviews, members of the clergy were presented with a third vignette involving a bisexual man who is married.⁴ This scenario also reflected what was happening to people in another of the high-risk groups for AIDS during the initial part of this study. This scenario was similar to the second part of the first vignette. It placed the clergy into a situation involving the "counselor role," faced with a dilemma similar to that involving the gay young man who had sexual relations with the teenage boy. Table 2.9 summarizes those responses.

As in the case of the youth leader and the teenaged boy, sixty-four of these clergy stated that they would try to persuade the bisexual husband to tell his wife about his condition. On the other hand, slightly more than one-third of the ministers said that they would inform the wife, but would tell the man that they planned to do this. Most of the thirty-six clergy who would adopt this strategy believed that the wife needed to know because of her need to be tested. Twelve stated that this was similar to not informing the proper authorities concerning a life-threatening situation.

Although seventy-four of the ministers, priests, and rabbis (73 percent) responded that they knew that this was within the boundaries of confidentiality, all stated that life-threatening situations provided license to violate confidentiality.

Clergy's Agreement or Disagreement with Denominational Policy on Ordination of Gay Men and Women

Because gay and bisexual men were the largest group of AIDS sufferers

Table 2.9
Responses Concerning Confidentiality of AIDS
Diagnosis of Bisexual Husband

Response	Percentage	Number
Would try to persuade the bisexual husband to inform his wife about the AIDS diagnosis*	3 %	64
Would inform the wife, but would tell husband of this decision*	35 %	36
Would inform the wife immediately, ignoring the issue of confidentiality	2 %	2

* Respondents could respond to both of these choices.

in 1987, 1988, and 1989, it seemed that one of the indicators of the clergy's empathy toward AIDS sufferers would be agreement or disagreement with their denomination's policy concerning the ordination of open or avowed gay men and lesbian women to the ministry. All of these clergy were also questioned as to whether or not their denomination had a policy concerning the ordination of open gay men and lesbians, and whether or not they agreed or disagreed with that policy. Table 2.10 displays their aggregate answers.

Although neither the Southern Baptist Convention nor its state affiliate, the Baptist General Convention of Texas, had any denominational policy governing the ordination of gay men and lesbian women to the ministry, all of the Southern Baptist clergy stated that would be against such a procedure. This was despite the fact that several demonstrated openness toward gay and bisexual men who were AIDS sufferers. Of the five Disciples of Christ ministers, two said that they were not opposed to the ordination of gays.

Several of the Presbyterian ministers pointed out that their denomination was hypocritical concerning the ordination of gay men and lesbians, since this had been done in the past. The only difference, they pointed out, was that all who had been ordained had hidden their sexual orientation at the time of ordination. One Presbyterian pastor talked about this dilemma from a different perspective:

When I held elective office at the General Assembly level, we voted on the issue. A solid majority of commissioners voted "no." I supposed that the peace and unity of the church is at stake. In other words, we would have some congregations who would leave the denomination. But it seems to me that we're ignoring the humanity of some very good people in our attempts to be traditional in terms of sexuality.

Table 2.10
Clergy Agreement or Disagreement with Denomination's Policy
Toward the Ordination of Gay and Lesbian Clergy¹

Denomination	Policy Toward Ordination of Gay and Lesbian Clergy	Agree with Policy	Disagree with Policy	Not Sure about Agreement or Disagreement with Policy
Episcopal Church	Traditional Prohibition ²	29 % (n = 2)	71 % (n = 5)	--
Evangelical Lutheran Church in America	Official Prohibition ³	100 % (n = 2)	--	--
Presbyterian Church (U.S.A.)	Official Prohibition ³	70 % (n = 23)	18 % (n = 6)	12 % (n = 4)
Roman Catholic Church	Traditional Prohibition ²	50 % (n = 3)	50 % (n = 3)	--
United American Hebrew Congregations	Traditional Prohibition	25 % (n = 1)	75 % (n = 3)	--
United Methodist Church	Official Prohibition	66 % (n = 14)	20 % (n = 4)	14 % (n = 3)

N = 73

1. The Southern Baptist Convention and the Disciples of Christ allow congregations to autonomously ordain clergy. At that time there were no denomination-wide restrictions, although most congregations within these denominations would not ordain openly gay individuals as clergy.
2. Traditional prohibition refers to a long-established policy or tradition which prevents the ordination of openly gay individuals as clergy at the time of the interviews.
3. Official prohibition refers to a more recent policy adopted by the denomination that explicitly forbids the ordination of openly gay individuals as clergy at the time of the interviews.
4. The Presbyterian Church (U.S.A.) includes the lay offices of elder and deacon in its proscription

As Table 2.10 indicates, 70 percent of the Presbyterian ministers who were interviewed agreed with the Presbyterian Church (U.S.A.) policy which prohibited the ordination of gay men and women. Comments from one Presbyterian minister

offered insight in their perceptions and beliefs concerning this:

If the Presbyterian Church began ordaining gays and lesbians the denomination would lose at least one-third of its congregations. With the decline in membership that we've already experienced, we can't afford that kind of loss. Besides, I'm not sure that ordination should extend to gays, although my feelings are rather fluid about this.

Agreement and disagreement with denominational policy on the ordination of gay men and women in the United Methodist Church was similar among Methodist ministers. Two-thirds of United Methodists agreed with the proscription against ordaining gays as ministers. Their comments seemed to echo the reasons given by Presbyterian pastors.

One Methodist pastor, whose parish was adjacent to a "gay area," stated his opposition in context of denominational politics:

The pastor that preceded me was almost pro-gay in a way that alienated many in the congregation. This is the second oldest Methodist Church in the city...with a rich history and as pedigree" of prominent people whose roots go back to the early days of [city name deleted]. The pastor-parish relations committee demanded a change. I'm not anti-gay, but the bishop expects me to follow the Book of Discipline, which means not to call for gay ordination. We've lost some of gay worshipers, but most are still here.

Twenty percent of the United Methodist clergy opposed their denomination's proscription against the ordination of gays to ministry. One Methodist minister put it into the context of previously ordained gay clergy whose sexual preferences were secret:

Because of the *Texas Monthly* article, people now know about Bishop Crutchfield and his double life. He was not the only homosexual, or bisexual that the Methodist Church ordained. Now we piously say, "Oh, we're sorry. You're homosexual. You can't become a Methodist minister, but you're welcome to join our church."

Comments from Roman Catholic priests concerning gay ordination were divided equally. Three agreed with the prohibition, and three disagreed with the church's proscription. One priest who disagreed with the traditional proscription of the Roman Catholic Church against both homosexuality and the ordination of homosexuals to the priesthood said:

According to several studies, we have at least 30 percent gay priests now. So we've done this already. Of course, none of them shouted about their sexual orientation in public. We just look silly denying the obvious. How can I seriously provide counseling to a person ill from AIDS and deny the authenticity of his sexuality, when he's bound to be aware of gay priests? This is why so many gay Catholic men dislike the church and its teachings.

In contrast to the Presbyterian and United Methodist ministers, 70 percent of the Episcopal priests disagreed with the traditional prohibition of gay ordination.

One priest responded to this question with some irony and revelations about

The Episcopal Church has always ordained gay men, but it never spoke in public about it. Seriously, we should stop pretending that this is some great moral crisis. It isn't. The priests who are most effective in dealing with gay AIDS patients are gay priests. That's why so many persons who have AIDS have gravitated to this parish.

All in all, a majority of all clergy agreed that gay men and women should not be ordained. Only among Episcopal priests and Jewish rabbis did a majority disagree with a traditional proscription against gay ordination. In the case of mainline Protestant and Roman Catholic clergy, agreement with their denomination's policy or tradition against ordaining gays did not seem to be associated with either empathy or antipathy toward gay men who had AIDS.

Among Southern Baptist clergy, however, adamant opposition toward gay ordination was another expression of antipathy toward homosexuality in general. For the nine Southern Baptist pastors who expressed such opposition, their empathy toward gay AIDS sufferers was almost nonexistent. Their responses generally indicated that gay men with AIDS had to admit the sinfulness of homosexuality before the pastor would assist them.

Clergy's Agreement or Disagreement with Denominational Position or Statements on AIDS and People with AIDS

The interviews also included questions concerning whether or not the minister's denomination had adopted a statement about AIDS and whether or not they agreed with it, disagreed with it, or were not sure or were not aware of the statement. At the time that we began the interviews with Protestant clergy, neither the Southern Baptist Convention nor its affiliate, the Baptist General Convention of Texas, had adopted any resolution or statement concerning AIDS.

Among the Protestant clergy whose denominations had passed resolutions or issued statement, a majority agreed with those pronouncements. Later when we interviewed Roman Catholic priests and Jewish rabbis, all of the rabbis agreed with the statements, but only 50 percent of the priests did. In addition, 30 percent of the Presbyterian pastors and 33 percent of the Catholic priests were either "not sure" about their agreement or disagreement or were "unaware" of statements and resolutions. Six of the ten Presbyterian clergy were simply aware that the Presbyterian Church had passed resolutions and issued statements related to AIDS. The data from the interviews indicated that a majority of Protestant clergy were not only sympathetic to people suffering from AIDS in 1987, 1988, and 1989, but also had, in some cases, led their congregations and parishes in becoming more aware of the facts surrounding AIDS by establishing workshops and conducting informational sessions. In a few cases, these clergy had been instrumental in implementing special AIDS ministries.

Since one of the original research objectives was to measure the counseling role of ministers and its confidentiality as it related to PWAs, the vignettes

concerning the young man and the bisexual husband provided indirect indicators for this. A second objective was to measure the parish leadership role and the community activist role of ministers. The vignettes concerning the AIDS child in church school and the AIDS child in public school provided indicators for this.

A majority of these clergy also said that they did not believe that AIDS represented God's wrath toward gays because of their sexual orientation and sexual practice. Their responses seemed to indicate that they were not anti-gay in their sentiments. However, those responses did not necessarily indicate whether or not they were homophobic in general. Those few who did believe that AIDS was, in some way, a sign of God's wrath visited on homosexuals because of their sexual practices and lifestyles were the ones who disapproved of gay sexuality and who agreed with proscriptive policies against full participation of gay men and women in the life of the church.

The size of the congregation or parish made some difference in responses to the vignettes dealing with the youth leader and the bisexual husband. Ministers and priests who were pastors or associate pastors of *smaller congregations* and *larger congregations* exhibited more leeway in their willingness the young man to continue and to persuade him to inform the boy and his parents when he revealed that he had contracted AIDS than were clergy who were from medium-sized congregations.

The location of the congregation or parish also provided variation. Clergy who served downtown and inner-city parishes indicated more tolerance in both of the vignettes related to homosexuality and AIDS. Suburban ministers' and priests' responses indicated less tolerance.

Neither size nor location of the congregations served by Protestant ministers and Roman Catholic priests seemed to be associated with clergy responses to the vignettes concerning the hemophiliac child. Virtually all clergy who were interviewed gave responses that demonstrated compassion and some degree of advocacy for the child.

RESPONSE FROM THE INITIAL QUESTIONNAIRES

The modal responses from the initial interviews provided fixed-response answers for the questionnaires. In the first phase of the questionnaire component of this research, we sent questionnaires only to Presbyterian pastors. The Presbyterian clergy were in three presbyteries in Texas and in presbyteries in Illinois and Indiana. All five of the presbyteries contained cities with high rates of AIDS in 1988, 1989, and 1990. A stratified random sample of clergy was utilized.

At the time that we distributed these questionnaires, gay and bisexual men were still the most plentiful high risk group for HIV and AIDS-related illnesses and deaths resulting from AIDS. As a result the same vignettes were a part of the questionnaire, along with a question concerning AIDS as the wrath of God visited upon gay and bisexual men.

The initial questionnaire did not contain all of the questions that were in the interview protocols. Questions concerning the ordination of gay men and women

and the presence of gay and bisexual men in the congregation were omitted since those were not predictors of whether or not a pastor or priest would participate in ministry to PWAs.

This questionnaire did contain questions that were refined from the questions in the interview protocols. Two questions were created to measure pastora experience with persons infected with the AIDS virus. This was a result of the responses from clergy who were interviewed. More pastors, priests, and rabbis reported experience with families of AIDS-infected persons than with persons rather directly with PWAs. One question asked about each of these experiences.

Out of the 446 questionnaires distributed, 221 questionnaires were returned. Of these, 217 contained responses that were complete enough to use. The response rate was 48.6 percent. As the data demonstrate, there were some expected similarities between those clergy who were interviewed and those who responded to the questionnaires. At the same time, there were some unexpected differences between the responses from the two groups.

The Presbyterian Church (U.S.A.) is perceived as a moderate-to-liberal mainline Protestant denomination whose presence dates from colonial times. Since 1978, there has been an ongoing debate among Presbyterians concerning the place and role of gay men and women within the denomination. Even though the denomination is moderate to liberal in its theology and in its stance on social issues and social problems, there are many conservative Presbyterian clergy. On the whole, though, its presence and its pronouncements continue to be influential in American public and social policy debates on a variety of social issues.

Both the age structure of Presbyterian respondents and the size of the congregations that they served were representative of the presbyteries in which their parishes were located and of which they were members.⁵ Pastors from urban areas were deliberately over represented, since a majority of AIDS cases occurred in urban areas of the three states in which the presbyteries were located. At that time, a large majority of reported HIV cases andPWAs were in urban areas, although HIV and AIDS cases were increasing in smaller cities, towns, and rural areas (Centers for Disease Control 1989, 1990, 1991).

Presbyterian Clergy's Experiences with People with AIDS and Families of People with AIDS

We asked Presbyterian pastors in our sample questions concerning their experiences with people with AIDS and families of PWAs. Table 2.11 summarizes those experiences.

All of the pastors reported some level of experience with both PWAs and families of PWAs. In all five presbyteries, more than one-fourth of all respondents reported that they had counseled PWAs, and more than three in ten pastors in all of the presbyteries stated that provided counseling for family members of PWAs.

Table 2.11
Experiences of Presbyterian Clergy with Parishioners with AIDS, People with AIDS, and Families of People with AIDS by Percentage, Number, and Presbytery

	Presbytery A	Presbytery B	Presbytery C	Presbytery D	Presbytery E	Total
Have parishioner with AIDS	16.6 % (n = 2)	32.9 % (n = 26)	26.3 % (n = 10)	27.2 % (n = 12)	24.4 % (n = 11)	29.3 % (n = 61)
Have counseled people with AIDS	25.0 % (n = 3)	40.5 % (n = 30)	42.1 % (n = 16)	34.0 % (n = 15)	35.5 % (n = 16)	38.4 % (n = 80)
Have parishioners with family member with AIDS	33.3 % (n = 4)	48.6 % (n = 36)	44.7 % (n = 17)	52.2 % (n = 23)	48.8 % (n = 22)	49.0 % (n = 102)
Have counseled parishioners with family member with AIDS	33.3 % (n = 4)	32.4 % (n = 24)	31.5 % (n = 12)	43.1 % (n = 19)	42.2 % (n = 19)	37.5 % (n = 78)
Other Response	16.6 % (n = 2)	12.1 % (n = 9)	7.9 % (n = 3)	15.9 % (n = 7)	22.2 % (n = 10)	14.9 % (n = 31)
Total N	12	79	38	44	45	208

Missing Responses = 9

Presbyterian Clergy's Perceptions of AIDS As the Wrath of God

Of those clergy who responded, 89 percent did not believe that AIDS represented the "wrath of God visited on homosexuals because of their sexual practices." However, five respondents did believe that this was true. In a way similar to the clergy who were interviewed, 6.5 percent believed that AIDS was a consequence of a promiscuous sexual lifestyle, but not as a punishment for sin. The five ministers who did believe that AIDS was the wrath of God were in urban area in Texas. Two were pastors of congregations of 1,000 members or more.

Questionnaire Responses to the First Vignette—Part One

We analyzed the questionnaire responses to each of the vignettes in terms of the age of the clergy respondent, the size of the respondent's congregation, and the location of the parish. Because of the small sample size, most measures of association were not useful. In reality, there were few issues in which response differed to any great extent using these three variables. On the other hand variations among responses of clergy from the different presbyteries provided interesting descriptive data. Table 2.12 presents responses concerning the young man's request to remain as a youth leader or church school teacher.

Presbyterian ministers overwhelmingly favored allowing the young man in this vignette to continue his leadership role with the youth of the congregation. A notable exception occurred in Presbytery A. This was the smallest presbytery which also had the lowest number of returned questionnaires.

Clergy who were pastors of congregations of 1,000 members or more were less likely to simply allow the young man to continue. Several of the large congregations in which these respondents were pastors were known as conservative congregations within the Presbyterian Church (U.S.A.). The responses of these clergy could have been reflective of the viewpoints of the congregation as well as their own viewpoints.

Questionnaire Responses to the First Vignette—Part Two

The second part of the first vignette provided less positive responses by the ministers who completed the questionnaire. Unlike the questions concerning this part of the vignette in the interview protocol, ministers were forced to choose between the responses. Table 2.13 shows their responses to the questions concerning that part of the scenario.

Responses were less positive and less supportive of the young man when he returned to the pastor to admit his relationship with a teenage boy in either the youth group or a church school class. A plurality would try to persuade the young man to tell the boy and his parents about the situation. Almost as many would inform the boy and his parents if he could not be persuaded to do this, and a small percentage would inform the boy and his parents immediately. A slight majority of the clergy would choose one of these two methods, violating the principles of

Table 2.12
Responses of Presbyterian Clergy to Young Man's Request to Remain
as Youth Leader by Percentage, Number, and Presbytery

	Presbytery A	Presbytery B	Presbytery C	Presbytery D	Presbytery E	Total
Allow the young man to continue	50.0 % (n = 6)	72.1 % (n = 57)	66.7 % (n = 26)	80.6 % (n = 29)	66.7 % (n = 30)	70.1 % (n = 148)
Seek advise from committee or lay leadership	25.0 % (n = 3)	11.4 % (n = 9)	23.0 % (n = 9)	11.1 % (n = 4)	22.2 % (n = 10)	16.6 % (n = 35)
Ask him to resign post as teacher or youth leader	25 % (n = 3)	12.7 % (n = 10)	5.1 % (n = 2)	8.3 % (n = 3)	8.9 % (n = 4)	10.4 % (n = 22)
Ask him to seek a different parish or congregation	0 %	0 %	5.1 % (n = 2)	0 %	0 %	1.0 % (n = 2)
Other response	0 %	3.8 % (n = 3)	0 %	0 %	2.2 % (n = 1)	1.9 % (n = 4)
Total N	12	79	39	36	45	211

Missing Responses = 6

Table 2.13
Responses of Presbyterian Clergy to Young Man's Admission of Sexual Relationship
with Teenage Boy in the Parish by Percentage, Number, and Presbytery

	Presbytery A	Presbytery B	Presbytery C	Presbytery D	Presbytery E	Total
Persuade young man to tell boy and his parents	50.0 % (n = 6)	54.4 % (n = 43)	47.4 % (n = 18)	44.1 % (n = 15)	36.4 % (n = 16)	47.3 % (n = 98)
Inform boy and parents yourself if he refuses	33.3 % (n = 4)	38.0 % (n = 30)	47.4 % (n = 18)	53.0 % (n = 18)	56.8 % (n = 25)	45.9 % (n = 95)
Inform boy and parents immediately	16.7 % (n = 2)	5.0 % (n = 4)	5.3 % (n = 2)	0 %	6.8 % (n = 3)	5.3 % (n = 11)
Other response	0 %	2.5 % (n = 2)	0 %	2.9 % (n = 1)	0 %	1.5 % (n = 3)
Total N	12	79	38	44	44	207

Missing Responses = 10

counseling confidentiality, if the young man could not be persuaded to do this on his own.

Questionnaire Responses to the Second Vignette—Part One

While 100 percent of the pastors interviewed would allow the child with hemophilia to continue to participate in church school activities, a lesser percentage of the Presbyterian clergy who responded to the questionnaire would allow this. Table 2.14 shows their responses.

The responses from the questionnaires indicated that a majority would show compassion and would encourage the child to continue participating. However, almost one-third would encourage the child, but only after taking health and medical precautions. Still, 86.6 percent would in some way encourage further participation. In response to a question concerning whether their congregations had members who would oppose the child's presence or who would remove their child from the same church school class, respondents were evenly divided.

Questionnaire Responses to the Second Vignette—Part Two

As did ministers responding to questions in the interview protocol, ministers responding to the questionnaire answered questions related to a child infected with AIDS attending a public school. Table 2.15 presents the responses of Presbyterian clergy to the second scenario of this vignette.

A large majority of ministers said that they believed that some parents in their communities would oppose the infected child's attendance. Their responses to another question concerning this scenario indicated that they would exercise the pastoral role of *community problem solver*. Over three-fourths indicated that their role in this situation should be one of defusing opposition. The only difference that was present was that Presbyterian pastors in smaller urban areas were less likely to see themselves in this role.

Questionnaire Responses to the Third Vignette

As we did in the interviewees, we also included the vignette concerning the bisexual husband in the questionnaire. Table 2.16 presents the responses to questions about the bisexual husband.

In response to the questions concerning this vignette, the pastors gave answers similar to those given by those interviewed. Three-fifths said that they would try to persuade the husband to tell his wife that he had AIDS. On the other hand, slightly more than one-third indicated that they would inform the wife if the man could not be persuaded to do this. They would do this in spite of the issue of confidentiality. A few said that they would inform the wife immediately, completely ignoring the issue of pastoral counseling confidentiality.

Table 2.14
Responses of Presbyterian Clergy to Allowing Child with AIDS to Continue to
Attend Church School by Percentage, Number, and Presbytery

Show compassion and encourage child to continue	33.3 % (n = 4)	57.5 % (n = 46)	47.5 % (n = 19)	63.9 % (n = 23)	52.0 % (n = 25)	54.2 % (n = 117)
Encourage child to continue but take precautions	58.3 % (n = 7)	25.0 % (n = 20)	37.5 % (n = 15)	22.2 % (n = 8)	41.7 % (n = 20)	32.4 % (n = 70)
Discourage child from continuing	8.3 % (n = 1)	17.5 % (n = 14)	15.0 % (n = 6)	11.1 % (n = 4)	6.3 % (n = 3)	13.0 % (n = 28)
Other response	0 %	0%	0 %	2.8 % (n = 1)	0 %	0.5 % (n = 1)
Total N	12	80	40	36	48	216

Missing Responses = 1

Table 2.15
Responses of Presbyterian Clergy Concerning Hemophilic Child with AIDS in a Public School
Situation and Reaction by Concerned or Angry Parents by Percentage, Number, and Presbytery

Response	Presbytery A	Presbytery B	Presbytery C	Presbytery D	Presbytery E	Total
Believe parents in community would not oppose child's attendance	8.3 % (n = 1)	8.0 % (n = 6)	12.5 % (n = 5)	2.8 % (n = 1)	17.0 % (n = 8)	10.0 % (n = 21)
Believe parents in community would oppose child's attendance	91.6 % (n = 3)	92.0 % (n = 69)	85.0 % (n = 34)	97.2 % (n = 35)	82.9 % (n = 39)	86.1 % (n = 180)
Believe role of pastor is to defuse situation	66.7 % (n = 8)	77.3 % (n = 58)	80.0 % (n = 32)	75.0 % (n = 27)	76.6 % (n = 36)	76.7 % (n = 161)
Other response	0 %	1.3 % (n = 1)	0 %	2.8 % (n = 1)	0 %	1.0 % (n = 1)
Total N	12	75	40	36	47	210

Missing Responses = 7

Table 2.16
Responses of Presbyterian Clergy to Bisexual Man with AIDS Who Was Unwilling
to Inform Wife about Condition by Percentage, Number, and Presbytery

Response	Presbytery A	Presbytery B	Presbytery C	Presbytery D	Presbytery E	Total
Try to persuade bisexual man to inform wife	61.5 % (n = 8)	66.2 % (n = 51)	60.0 % (n = 24)	52.5 % (n = 23)	52.5 % (n = 21)	61.7 % (n = 127)
Inform wife, ignoring issue of confidentiality*	38.5 % (n = 5)	33.8 % (n = 26)	35.0 % (n = 14)	36.1 % (n = 13)	47.5 % (n = 19)	37.4 % (n = 77)
Other response	0 %	0 %	5.0 % (n = 2)	0 %	0 %	1.0 % (n = 2)
Total N	13	77	40	36	40	206

Missing Responses = 11

* Only 2 % (n = 4) of these clergy would inform the wife immediately without telling the bisexual husband that this was their course of action. These four were combined with those who would inform the wife but would tell the husband that this was their course of action.

Presbyterian Clergy's Agreement or Disagreement with Denominational Policy and Statements on AIDS and People with AIDS

The Presbyterian clergy who participated in the initial questionnaire phase of the study were also asked about the Presbyterian Church's denominational statements concerning PWAs. We asked whether or not the Presbyterian Church (U.S.A.) had an official statement. We also asked whether or not they agreed or disagreed with this. Table 2.17 shows their responses to these questions.

Obviously, only a slight majority of the Presbyterian clergy were aware that their denomination had adopted a stance concerning PWA's. In fact, as the review of denominational statements Chapter 1 indicates, the Presbyterian Church (U.S.A.) had issued several statements and resolutions concerning PWAs. Among the 171 respondents who answered either "yes" or "don't know," one-third indicated that did not know whether or not they agreed with the statement.

SUMMARY

The data from the interviews and from the questionnaires in the first phase of this study provided several significant findings. The image of the minister as a homophobic man or woman who viewed gay and bisexual men suffering from AIDS as evil is clearly distorted. While several ministers' worldviews saw AIDS in this context, they represented a minority of both categories of respondents.

Responses to the first vignette indicated that a majority of ministers, priests, and rabbis were willing to let an admitted homosexual continue to serve in a parish leadership situation in which teenagers were involved. Only a small proportion of clergy said that they would ask him to resign. In spite of their demonstration of inclusiveness as measured by responses to the first scenario of the vignette, responses to the second scenario showed that inclusiveness toward gays had limits for many clergy.

The issue of confidentiality in pastoral counseling was the main focus of this part of the vignette. While most ministers, priests, and rabbis indicated that they would try to persuade the young man to inform the teenager and his parents about his AIDS diagnosis, a significant proportion of clergy would go to the family themselves if they could not persuade the youth leader to do this. This situation was probably seen as extremely serious, a life and death situation as several of those interviewed said, which called for breaking the confidentiality of pastoral counseling.

This also was true for the responses to questions concerning the vignette about the bisexual husband. Although most clergy would try to persuade the husband to inform his wife, more than one-third would do this if he would not do this on his own. More than one-third said that this would be their course of action.

Responses from the interviews and questionnaires demonstrated that clergy were concerned about children with AIDS. A majority would fulfill the role of community problem solver. Not only would they encourage a child with AIDS to

Table 2.17
Presbyterian Clergy's Perceptions Concerning Whether or Not the Presbyterian Church (U.S.A.) Had Denominational Policy Concerning People with AIDS and Their Agreement/Disagreement with Their Denomination's Statements Concerning AIDS

Clergy Perception	Yes	No	Don't Know	Total
Presbyterian Church has policy concerning PWAs	51.3 % (n = 97)	9.5 % (n = 18)	39.2 % (n = 74)	100 % (n = 189)
Agree with Presbyterian Church policy concerning PWAs	62.4 % (n = 107)	3.5 % (n = 6)	33.9 % (n = 58)	100 % (n = 171)*

Missing Respondents = 28

* This total n excludes the 18 Presbyterian clergy who answered "no" to the questionnaire item concerning whether or not the Presbyterian Church (U.S.A.) had a denominational policy concerning People with AIDS.

continue in their church school class, but they would also take an active role in protecting the rights of the child to attend public school.

Responses to the initial interviews and questionnaire revealed that differences exist between clergy in large metropolitan areas and in medium-sized and smaller urban areas. These responses also showed that in some situations age of the clergy and location of the parish or congregation was associated with perceptions concerning dealing with someone in the largest of the AIDS risk groups at that time and in adhering to or breaking pastoral counseling confidentiality.

In Chapter 3, we present data from both the interviews and the questionnaires concerning these clergy's use of AIDS workshops, AIDS information sessions, and AIDS ministries. In addition, Chapter 3 discusses the different strategies that clergy said they would utilize in counseling people with AIDS and families who had family members with AIDS.

It also compares the "real care" that ministers, priests, and rabbis said that they had provided or would provide PWAs and their families with the "ideal care" advocated by denominational statements, pronouncements, and religiously oriented books, pamphlets, and journal articles.

NOTES

1. This vignette is based upon a real situation that occurred in a Presbyterian Church (U.S.A.) congregation in Texas. It can be found in the interview protocol in Appendix B.

2. The second scenario of this vignette can be found in the interview protocol in Appendix B.

3. This vignette is based on incidents in 1987 involving two young brothers in Florida who were subjected to harassment when they tried to attend school after being diagnosed with AIDS because of medication made from tainted blood products that they took for hemophilia. It can be found in the interview protocol in Appendix B.

4. This vignette was based on a situation that involved a family who were members of a large downtown congregation in Texas. The third vignette can be found in the interview protocol in Appendix B.

5. In the Presbyterian Church (U.S.A.), the presbytery is the level of governance immediately above the congregation. Presbyterian ministers hold membership in the presbytery, not the local congregation. Each congregation has at least one ordained elder (layperson) who is an active member of the session (the local congregation governing board) and its minister as delegates to presbytery meetings.