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# Counseling the Homosexual In A Private Practice Setting

By Robert D. Card

It is easy in my estimation to work with the bisexual; they already have heterosexual arousal and some dating skills, or they wouldn't be bisexual. It is really a matter of eliminating the homosexual cues, and most people that I have worked with have been extremely happy to see the homosexual urges diminish. So this really hasn't been much of a problem.

When we started out working with homosexuals, the criteria for successful treatment as reported in the literature was a reduction in homosexual activity. I suppose if you can stop the homosexual activity, this is some measure of success, and I think it has been the measure that has been used in many cases. I'm afraid that the measure of success that I'm looking for is marriage. And on that basis, let's talk about success rate in terms of stopping the homosexual urges as I said earlier, if they'll stay with me through twenty sessions, I think I could get success in stopping the homosexual urges in 80% of the clients. Now, if you ask how long does this conditioning last--what's the duration of it--then I have to say that it's successful if the individual develops some new heterosexual skills and does not begin to relate his activities back to the homosexual. In other words, if they don't develop some good heterosexual relationships and they don't come back for periodic reconditioning, I'll expect them to drift back toward the homosexual again because there are countless more cues in the environment to restimulate the homosexual than to maintain the heterosexual for these individuals.

One of the things at which I am aiming at the present time is to develop a "shy guy" group to accompany the treatment process. We will hire female models to help the homosexuals in treatment to become aware of and develop dating skills.

We start out with the conditioning about three times a week so the individual can begin to notice some change quickly. Nobody is going to put up with the shock for very long if he can't see some positive results. I have a strong conviction that the shock serves a secondary purpose in that it seems to resolve a lot of guilt. Patients seem to feel a sense of relief when they feel they are being concretely punished and the same is true when they feel something concrete and directly related to their problem is being done to or for them. It is much like going to the M.D. and getting a "shot" for something.

Question: Are you a medical doctor?

Answer: No.

Question: Do you do this therapy under the auspices of medical treatment or anything like that?

Answer: No. I don't feel a need to....

About the female homosexual--up until the present time, one of the most important pieces of equipment that I have in working with these people is the penile penismograph (which directly monitors male arousal) because in order to transfer the sexual arousal I have to do so very precisely in terms of timing. Up until very recently, there hasn't been any equipment to work with females, and in doing some kind of research on this, using various measurements of physiological arousal, I had come to the conclusion that their arousal is much slower and much different than males. If some of you read Psychology Today a couple of months ago, there was an article about a piece of equipment that would measure female sexual arousal. Apparently, they are aroused in much the same way as males, but they don't know that they are because they don't have the external genitalia that tells them when they are aroused, so they don't know. As a matter of fact, they may report that they are not aroused when they in actual fact are. That's been one of the problems in working with female homosexuals. But I would see the bigger problem, especially in reference to working with females, as being the tremendous devotion that they have to one another. That's ten times harder to break up than any sexual arousal, at least from my experience in working with females.

Before I ever start, I always spend a full hour with the individuals, talking about what I am going to do and why, and encouraging them to ask any questions they want about why we are doing it. I tell them that we are going to spend probably 6, 8 or 10 sessions spaced very closely together because I want them to be able to detect any changes that occur, if they do. After that first session, there are a number of sessions where we do mostly conditioning, and then as we go along the first part of each session is spent talking about their feelings about the conditioning, about their relationships with their peers and so on. It is more of a talking kind of therapy. Now, just one comment on that: I have a suspicion that many of us in our talking therapy never get to the homosexual's basic problems personality-wise, because they are so involved in the guilt, the denial, the obsession, the hiding, etc., that homosexuality as seen in these dimensions becomes a major

portion of their life. It just occupies almost their entire time and energy. However, once they begin to feel that they have some control over the homosexual urges, then almost immediately the personality problems surface and you can deal with them.

Question: Do you make any use of the hypnotic suggestions, especially in the dream state, in your treatment with homosexuals?

Answer: A technique that I think is appropriate and can be used where you have the conditions that I have been talking about and if you wish to work directly on the problems, would be in the use of Covert Sensitization. I believe that this would work very well, where you take the individual, relax them and present the homosexual stimulus concurrently with a noxious stimulus and then have them avoid it by escaping to a positive stimulus. I think you could parallel what I have been doing rather well. I prefer to work with what I am doing because I have specific measures that I can use to determine the amount of shock and when to give it. At the present time, I haven't discovered a way to transfer homosexual arousal to heterosexual arousal using Covert Sensitization so I just don't feel as comfortable with the other method.

Question: I was thinking in terms of our understanding the problems where, when you present a homosexual stimulus or what we think is a homosexual stimulus to a homosexual and it isn't really turning them on at all; whereas in a hypnotic state suggesting that he imagine an encounter with a female he will then bring up in his own mind something that he finds arousing to him.

Answer: I don't think you can keep him in a hypnotic state very long. I have thought along those lines at times and I just don't think they would stay in a hypnotic state, especially using shock. This is not the situation, however, with Covert Sensitization where I would like a good relaxed state to hypnosis.

Question: You said that part of the problem is the inability to get at some of the basic personality problems. Would you comment on what effects you think it may have now that the APA has taken homosexuality off the deviate behavior list. Is it going to alleviate the problem or help them get a more healthy personality?

Answer: As you know, reaction to societal pressures is so much an individual reaction with these people. I think, particularly, when we are talking about the LDS Community, I don't think it has done a thing. LDS people are just filled with guilt if they are involved in this area. I had two individuals come from the local homosexual church and talk to me one day and they said to me, "Boy, you know that Catholic Church is now accepting homosexuals. They even have homosexual pastors and so on (and gave several other instances) and it won't be long before the Mormons will be accepting us too." I said kind of mildly, "Gee, I don't know. I can't believe that could happen--just on a basis

of the Mormon theology alone." Boy, were they made at me. They spread the bad word about my intolerance all over for a long time. I guess some of them out there have the hope that this thing will gradually mushroom until social pressures will force the Church to accept homosexuals in full fellowship.

Question: What kind of advice would you give to the wife when, 1) she finds out that her husband is a homosexual, or 2) the woman who is either emotionally or physically attracted to a homosexual of any stage--let's say even from the very worst part of homosexuality to eventually trying to get out of it.

Answer: If I could have a wife that is involved with a husband who has a homosexual problem and I am seeing him in treatment, I want the wife in there, too, including the wife right in the treatment. While the negative stimulus is being presented, she is there, not touching him, and when the heterosexual stimulus approaches, I have them holding hands. Any arousal to the heterosexual stimulus I want transferred to her. Now I don't know how you could do this kind of thing with Covert Sensitization. I suppose that one of the things you would really want to look at would be whether or not the wife is a castrating individual to him. And if she is, it is going to be a long time if not impossible to get this individual to relate to her in a healthy fashion. To the woman who is attracted to the homosexual male--good luck. I see all around handsome, good-looking, young males who just look like the perfect match or perfect mate. The girls are attracted to them because they are such perfect gentlemen, and never push their controls. They think it is so neat and they can't figure out why the guy doesn't want to marry them. These kind of individuals will date them and date them and if they push too hard for marriage, they will drop them. Generally, then marriage with such males does not often occur. However, when such marriages are projected, the fiancée should be counseled along with the male so she can see what they are getting into. In one instance, a male who was planning marriage verbalized that although the thought of sex relations with a female repelled him, he thought he could go through the ordeal often enough to have children because he loves children.

Question: How "church-approved" is your therapy?

Answer: It is probably not approved because of my treatment media--but such disapproval is usually sensed and communicated by innuendos rather than being directly given.

Question: Do you use pictures or movies in your therapy?

Answer: We have a very difficult time finding appropriate movies. Most of the stuff that is out in the pornographic market is just so blatantly crude that we couldn't use it and wouldn't try. We have movies with a variety of degrees of stimulation value which we use with some discrimination.

Question: As a member of the Church, would you feel comfortable in asking Bishop Latmer to send down a group of his girls to work with you in your group therapy, when you get to that point?

Answer: Yes, in the group that we are trying to put together, we are going to be talking about just being able to recognize flirting cues, being able to hold hands, being able to look one another in the eyes, being able to talk to someone and being able to say endearing kinds of things to a girl. This is the kind of thing that I expect to be doing. We have done it in the past. It is most difficult from my standpoint to get enough people together at one time to be able to make this kind of thing feasible in a private practice setting.

One last word; Bob and I spent about an hour before this meeting talking together about the various kinds of individuals that he and I work with, and I am convinced that we are seeing two very different populations. I think his population are individuals who have and are and wish to remain within the confines of the Church. The ones that I see have gone way out in left field, clear off the normal curve, and a vast number of those individuals are either not active, antagonistic to the Church, or their behavior is so far out that they are picked up by the law. I get many, many court referrals. It involves being able to work with them, being able to deal with the hostility and the anxiety of having been apprehended, working through that, and then moving on to the more positive kinds of things.

Question: You said your definition of homosexuality was a conditioned avoidance of an adult female in a domestic setting. Is that your definition of how a boy reaches the homosexual position? What is the difference then for a girl?

Answer: The female is largely a reversal of that definition. I have had females where the husband or the father has been covertly seductive, buying the girl slinky dresses and all sorts of things and at the same time the girl cannot relate to the mother. I think it is pretty well reversed. I am sure there are some basic differences, but generally I would see it as being reversed in females.

Question: One of the things that has been a question in my mind has been the pure-like almost celestial kind of love they can have for their partner. Do you have any idea of the dynamics that underly that kind of relationship?

Answer: I describe this as pedestalizing the female or making her too pure or remote to be approached physically. It is one basic homosexual defense. On the other hand, when I talked about this at one place a person probably not a homosexual came up and very strongly accosted me after the meeting saying, "Boy, what you are doing is going to ruin the caring kind of relationship that one man ought to be able to have to another man, even if he is not homosexual." This is one

of the interesting things that I have noted as conditioning progresses, the opposite of what the above individual feared often occurs. I have had individuals come and say, "Hey, you know for the first time there is this guy and he and I are real buddies, and there is nothing sexual to it. It is like finding a wholesome new Relationship for the first time." I really believe that homosexuals are in a no-man's-land. They generally can't relate to males nor to females. They can't relate to males because the other person might discover their homosexuality or homosexual urges and reject or hurt them. They can't relate to females because of the conditioned avoidance kind of thing so I think they are really in a no-man's-land and really very vulnerable in their need to find this warmth and closeness.

Question: Are you saying then that the emotional attachment of men is more of a lustful kind of thing that most of the people feel. For males, I am sure they might be both. I think that the males tend to be fairly promiscuous generally, but certainly not always.

Answer: In most situations I have observed, males generally have more short-term sexually oriented relationships while females are much more interested in caring relationships first; sex comes later.

Question: Could you give us some ideas of your personal views as to the legality of homosexuality?

Answer: I think that I take the standpoint that the homosexual is entirely free to carry out his own life style provided that he doesn't infringe on the rights of others.

Question: Do you find conflict with the Church with that statement?

Answer: No, not personally.

Question: Do you have estimates on the portion of the population either in the Church or nationwide over the past 15 years involved in homosexuality, and does there seem to be an increase in this activity or is it just more openness?

Answer: Probably both. I get the impression that there is a greater incidence of homosexuality, but it could be that there is more openness; I suspect both.

Question: You mentioned that you deal with a different population. You deal mainly with people that have gone inactive. Have you done this with people who are active in the Church and how successful have you been?

Answer: That would be my first choice of people to work with because I think they tend to be more motivated to change than some of the others. I believe my success rate with active LDS people has been excellent.

Question: How much responsibility do you feel that a homosexual should accept towards his problem?

Answer: My standpoint on that is that you can't divide responsibility. I don't care whether it is in marriage or individual counseling. So individuals come in claiming the responsibility for the problem is 50% yours and 50% mine, or 30% yours and 70% his. As soon as you do that you can't do anything with the problem. I think you have to be totally responsible for whatever problem you have. I don't care whether it is a homosexual problem or whatever--you just have to accept the total responsibility for it no matter where or how you got the problem. Then the individual has all elements for change under his control. Divide up the responsibility for the problem and you lose elements of control and cannot change. I feel that for the individuals I work with, it is really a trade off--they are trading some physical pain for some control of the obsessions that have been dominating their life. I really feel that the individuals I work with do take responsibility for their problems. I place more emphasis on responsibility for how they keep

getting into the problem rather than focusing on the actual behavior itself. I personally would like to draw as much attention as I can away from "You have to quit this masturbating--you've got to quit thinking about men," etc. I would like to draw as much attention away from that, let the conditioning do that, and let them be responsible for how they get into the problem.

Question: Does your definition of homosexuality mean that you have eliminated the physiological aspect of the problem and that sexuality is learned? You said that it is conditioned avoidance.

Answer: I said that I gave a very narrow definition of homosexuality and we have been looking at just the sexual component. There is a vast homosexual superstructure in addition to the sexual which has to be worked with too, but without dealing with the sexual part first you will probably never get to the essential parts of the superstructure.

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**Jacob 2:7 — And also it grieveth me that I must use so much boldness of speech concerning you, before your wives and your children, many of whose feelings are exceedingly tender and chaste and delicate before God, which thing is pleasing unto God;**