Male Homosexuality: Identity Seeking a Role

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I have to chuckle a bit when Allen Bergin, in his introduction, said I have the courage to do this work. I was ordered to do it. It took more courage than I had to refuse, and so I'm here today.

The other day I was talking to someone who, up to that point, had been a rather close friend, and I told him that I was pulling eight years of work together. He said, "Well, take two minutes and tell me all about it." I told him what I thought of his invitation. So I'm going to read, and I'm going to read for about an hour. We'll give breaks in between to get the circulation going again, and then according to the invitation I received, we'll have time after that for questions or discussion.

The title of this is: "Male Homosexuality: Identity Seeking a Role."

In graduate school we were advised to determine early in our careers if there were treatment situations with which we would be professionally uncomfortable. I determined two: adolescent groups and homosexuality. Thus it followed that in keeping with some inexorable law my first major therapy opportunity was with adolescent groups. From this experience I found that my intuition was right. I did not relate with adolescent groups, probably they acted so much like I did at the same age.

Thus, when I was invited a few years later by Church authorities to become professionally involved with those people who practiced homosexuality, you can appreciate my distress. Frankly, I did all I could to avoid the assignment. Prior to that time I had referred such clients to other therapists. I had not read any of the literature and had no interest in the matter. Soon I found myself extensively involved in an aspect of human behavior that at first was baffling, disturbing, and at times very discouraging. However, recently I have found that, unlike adolescent group work, working with people who have homosexual problems is one of the most rewarding, though challenging, experiences of my life. I am grateful for the assignment that drew me into this work. My report today sums up about eight years of work, the most intensive part being the last two.

May I share with you some conclusions I have reached. First, homosexuality is learned, not inherent. Second, it is preventable. Third, it is changeable. Fourth, it is a destructive, or detrimental, orientation. Fifth, the label "homosexuality" is inappropriate and misleading and tells us little about the complex human being behind it.

In this report I intend to deal with two aspects. First, the origin of male homosexuality; second, change. May I note that in the interest of time I shall not say much about documentation and references, although every essential point is referenced in the literature.

The Origin of Male Homosexuality

The evidence I have been able to glean from the literature, clinical experience and the restored Gospel leads me to conclude that predominant male homosexuality is the search for and acceptance of a psycho-sexual role which enables the person to merge--that is, enables the person to merge--with a defined, clarifying role. Turner (1978) refers to this as merging. Turner suggests that a role-person merge is promoted, among other factors, by--and he has about 21, but I'll only list 4:

1. Intense identification by significant others of the person with the role.
2. A high degree of sacrifice.
3. A high degree of unresolved role strain, and
4. Intrinsic benefit.

Predominant male homosexuality fits these and Turner's other criteria. First, the boy or man has a history of being perceived as different, as not stereotypically masculine. He doesn't play ball well, he enjoys girls or dolls, he is obedient to his mother, and so forth. He is often called fag, sissy, or other terms derogatory of his masculinity. Second, he must face all manner of social derogation to be homosexually oriented. Third, homosexuality is perhaps the most stressful and unresolved role in our society. Fourth, while there may be few extrinsic benefits there are certain significant intrinsic rewards.

Thus, rather than being a rejection of a heterosexually based culture, homosexuality may actually be a reward within that "alien" culture. What others may label as negative, the homosexual male may regard as long-sought answers to extremely troublesome questions.

These apparent answers or rewards come through a developmental process which appears to consist of four phases. The first phase is pre-homosexual role confusion in childhood and includes parent-child disturbances, gender and role distortion, relationship skill deficits, and eroticization.
The second phase, pre-homosexual role compensation, involves unilateral masturbatory fantasy—I’ll explain all these, I had to have some jargon to appear professional—fragmentation, and self-focus.

The third phase is crisis of fit, a severe realization of being different.

The final phase is homosexual role resolution, or “merging” in Turner’s terms, where the person and the role merge.

The inter and intrapersonal weight of these phases add up to a decision to adopt a predominantly homosexual role and then merge one’s self with that role. Bisexuality, situational homosexuality, transsexualism, transvestism, and female homosexuality are significantly different and are not discussed here.

I am going to go rapidly through these phases. Documentation for them can be gleaned from the bibliography which I will share with those interested.

Phase One: Pre-homosexual role confusion.

Within this phase there appear to be several factors of confusion: problematic parent-child relations, gender and role distortion, inadequate relationship skills and erotization.

Parent-child relations. Hooker (1969) concluded that troubled, even pathological parent-child and parent-to-parent relationships are more common among homosexual patients and non-patients than among comparable male heterosexuals. This includes the aloof, rejecting father, the close-binding mother, divorce, and so on. In general, these relationships are such that the boy, in childhood, never fits into a steady, rewarding role of son. Father seldom reinforces the role with approval, mother seeks to meet her own needs through the relationship, positive parental relationships are not modeled—all this during crucial formative years when the child’s dependency and modeling needs are the highest.

Gender identity. The common assumption has been that there is over-identification with the mother with a resulting feminization. This is not supported by the literature, or my clinical experience. Pre-homosexual boys clearly know they are male. That is not the issue. The issue is what version of male are they? Their gender is clear; their role is not. Indeed, the problem is rather a hyper-male identification, not effeminacy, even though the boy’s manners and interests have been criticized as sissy-ich.

This sense of difference is the seedbed of eventual homosexuality. That each of us has innate uniqueness, unexplained by genetics or environment, is perceived by researchers such as Kagan and Klein (1973) and many experts such as mothers, who see in their new-born infants clear personality traits. When these temporal observations are added to the knowledge we have of pre-mortal life, then we clearly understand the advanced development of individuality at the time of mortal birth.

In our culture, the feminist movement notwithstanding, women are granted a wider range of social-emotional role variations than are men, at least early in life. The male child who is inclined toward physical passivity, playing with dolls, avoidance of contact sports, reading and music, is excluded, often persecuted for these traits. What is remarkable is not that he is innately different but that society will not grant departures from stereotypic superficial expectations. He is given no viable role alternative. Thus, the prehomosexual boy is labeled “different,” which eventually can become the label “queer” if he does not develop talents or interests which his peers accept as masculine. Thus, the “different” boy who torments teachers is a hero to his peers while the quiet, cooperative one is a sissy.


“I clearly couldn’t be a girl, so I tried the other.” (“I have to say parenthetically that I really think we make a mistake referring to the opposite sex. Perhaps we would be much more accurate to speak of the other sex.)

I clearly couldn’t be a girl, so I tried the other. I ate carloads of Wheaties, hoping I’d turn into another Jack Armstrong... I sold enough Liberty magazines to buy all the body-building equipment Charles Atlas had to offer, but it did no good. I remained an eighty-nine pound weakling year after year.

I chased girls... and denounced queers. What a fink I was—anything to avoid being called a sissy again.

It seems to me now that I heard that word at least once five days a week for... thirteen years, until I skipped town and went to the university.

Thus, the essence of the conflict is not between feminine and masculine gender identity, but between stereotypic masculinity or cultural demands and individualistic masculinity or eternal self-hood. Again, a person seeking a role.

Relationship skills. To be sure, the pre-homosexual boy develops certain social skills, but they tend to serve temporary relationships, a pattern which is carried over into his adult relationships.

Because of his role confusion and resulting isolation from stereotypic male peers and girls who expect stereotypic male behavior, the boy seldom acquires the social and emotional skills and confidence which lead to lasting relationships within the role. This includes key words, interaction subtleties or attitudes. He begins a process which Kandel (1978) calls selective response as opposed to peer influence. Kandel suggests that so-called peer influence, at least in the research she did, is over-estimated by 100 percent. (That doesn’t leave a great deal of room for question.) She asserts that it is similarity which leads to formation of friendships; that general peer influence can be a deterring, even aversive, factor.
This describes the pre-homosexual boy's challenge. His peers, in general the objects of envy, are uncomfortable for him. So he begins a search for others who share his needs. Early in life, because they are all fighting the same battle, they are hard to find. Later, these others are rather accessible and plentiful.

Erotization. Concomitant with isolation is yearning for acceptance. With impressive frequency pre-homosexual boys engage in what I suggest are premature sexual episodes, erotic encounters which acquire far more significance than they would in another person who is less isolated and confused. Thus they are premature because the boy cannot integrate them into a larger context yet. These occur usually around 11 years of age and are considerably more common in homosexual than in heterosexual histories. Because these episodes offer relationships of a sort for a very isolated person, their impact is magnified until they become the model by which most other emotional efforts, successes and failures are measured. Erotic skills are, to risk a pun, seductive because they are easily acquired and practiced.

Almost always including fantasy and masturbation, these episodes offer the isolated and insecure boy reliable erotic and pseudo-emotional gratification because, as McGuire, Carlisle and Young (1965) observed, "even the poorest learner can acquire behavior which he practices several times per week."

Thus, erotization beguiles the pre-homosexual boy as both a retreat from depressing reality and a promise of future relationships as his person begins to acquire behaviors which, as yet, have no role with which they can merge.

These factors--parental difficulties, gender and role stress, relationship skill problems and erotization--add up to a profound and growing sense of difference, an awareness that this isolated person does not fit the role or roles which society has created for male people. Logically and demonstrably, he begins to compensate.

This is Phase Two: Pre-homosexual Role Compensation.

There appear to be four basic aspects of these compensatory efforts. They are unilateral self-expression, masturbatory fantasy and fragmentation, and self-focus.

Unilateral self-expression. Early on, the pre-homosexual boy fails at peer collaboration because he cannot congenitally collaborate but because, given his eternal uniqueness (could this be called "intelligence"?), he does not adopt stereotypic attitudes and behaviors. Rapidly he develops ways to gain approval without collaboration. Because peers usually demand a rough type of democracy--such as, you are accepted through playground football games--this boy tends to do things that appeal more to those adults who value less rambunctious behavior. Thus he practices the piano, speaks carefully to adults, avoids upsetting his parents. Eventually he is seen as an unusually mannerly and dependable young man.

In the Church he may be the bishop's delight because he seldom gets in trouble. He doesn't leave a girlfriend when it comes time to go on a mission, either. Activities which permit both uncollaborative success and clear expression of self offer him roles with which his person can merge. From this has come the misleading assumption that homosexuals are feminine and choose the arts. In fact, the arts offer solo roles of socially approved self-expression. But so do certain sports, the military, and lumberjacking, all of which attract homosexual men (Adair, 1978).

Masturbatory fantasy and fragmentation. Erotic gratification combined with fantasy offers compensating escape. The fantasy often serves the purpose of achieving a relationship which is beyond the person's skills in real life. One client made a breakthrough when he finally realized that the man in his fantasies--and he had a recurring fantasy for years--was actually himself, achieving career, church and sexual successes in his imagination.

Self-focus. The pre-homosexual person attempts to fill a social-emotional void without the realities of deep social-emotional relationships with others. By turning inward he protects himself. He acquires skills which often give the appearance of social role competence but he is almost always concerned first and foremost with himself. This ranges from relatively benign self-protection to serious manipulation and exploitation of others. Self-focus is a compensation which permits liaisons of convenience within a hostile society. It seems to go no deeper nor further than that.

Because of these limitations, the pre-homosexual boy or man eventually encounters an unavoidable reality, that is, he knows that he does not fit, his person does not merge with available roles; hence occurs what can be called Phase III, the Crisis of Role Fit.

This admission is painful in the extreme to the boy or man. Often there is a convulsive, frantic attempt to prove to himself that he is heterosexual, so he attempts to seduce a woman--or some other stereotyped activity--and thereby qualify for society's approval, which requires that a real male person perform within the macho role. He fails and cannot deny that he actually is what he has been afraid of--a homosexual. This then leads to the last phase, Resolution or Merging of Person and Role.

Resolution means that self and role appear to merge, recalling Kandel's concept of selection as opposed to peer influence. That is, we resist peer pressure and seek associates for similarity and acceptance. The pre-homosexual boy or man who is on the verge of homosexual resolution appears to merge and is attracted to people who appear to be like
him. For years peer pressure has done what Kandel found it did—it has excluded the boy from relationships. If it had worked he could have been as macho as his peers claimed they were. In fact, he has found—or believes he has—people of similar needs. And they all have found—or believe they have—what Turner spoke of: a role with which their persons or identities can merge. In the vernacular this has been called “coming out.” In writing of his own resolution or merging, Cory (1960) recalled that he felt “[like one of the elite of the world.” This sense of self merging with role was so profound that even though Cory later changed from homosexuality, he said, “[I cling [even now] to my entire personality.” He had accepted important realities about himself—differences, if you will—and in changing away from homosexuality did not, could not, and I believe should not, have given up what he had discovered about himself.

Thus, after a painful life of confusion, vain compensation and severe role-self crisis, the pre-homosexual male becomes a homosexually-oriented male. Because the merging process must be as complete as possible—seamless, if you will—there remains an essential post-resolution phase. I call it historical revision. Hooker (1965) describes it without labeling it. This is where the person reinterprets lifelong yearnings, his sense of difference and all the other pre-homosexual stuff and begins to declare with increasing conviction, “[I have always been this way. I was born this way.” With such a revision, his new role and his old self make sense—at least in theory.

You have noticed that throughout I have used qualifying phrases such as “alleged,” “so it seems” or “as he believes.” The reason is simple. I have found no evidence that the homosexual resolution is successful, if success is defined as lasting, growth, provoking, peace giving, benevolent, or most crucial of all, leading to eternal life.

Change

Cory’s own words contained the seed of the problem and also the seed of the true answer when he wrote, after his change away from homosexuality, “[I cling [even now] to my entire personality.”

You see, my conclusion is this: Perhaps all of us experience what the homosexual male experiences. We all have confusions about who we are and which roles we fit. We all compensate. We all have crises which demand terribly significant decisions. All of this is provoked by a corrupt world which is alien to the spirit of Christ which motivates every person. Those who successfully, that is righteously and eternally, negotiate their personal crises do so, I suggest, on one basic principle. They reject the world. Nearly crushed, at a personal Rubicon where worldly pressures bid them to surrender to secular values and behaviors, they say, often in pain, seldom in triumph,

for the battle has left them bruised and weary, “[I reject you. You are wrong, not I!”

I further suggest that this is the key to preventing or changing away from homosexuality. It occurs when the person finally understands the deception which has been played upon him. Seeing this, he casts off what Brother Bergin has called the “mortal overlay” and begins to discover all that is right and harmonious between himself and eternal truth. In short, there is another resolution, another role-person merger. It is not simply adopting heterosexuality which, in its socially distorted forms, has been the core of the deception. Rather, it is the merger of self with the role of a Christlike male. That is, the person begins to see that much of what society believes about normal masculinity is at best erroneous and at worst is in conflict with the Savior’s example.

The pre-homosexual man, throughout his life, has been trying to cope with stereotypic male role expectations which often conflict with deep, inner beliefs which are decent, honorable and right. To avoid homosexuality he needs to see this and to accept the Lord’s pattern of masculinity. To change away from homosexuality he need not accept worldly heterosexuality but he must accept Christianity, with its interpretation of ideal heterosexuality in social-emotional terms and, usually, he must repent of erotic misbehavior, a situation not unlike most other young men.

Change implies exercise of will, freedom to reconstruct one’s life and development of clearly different thoughts and behaviors. I prefer “change” to “cure” for change implies exercise of agency rather than being acted upon in a curative process, both in the origin of the problem and changing from it.

Is homosexuality a pathology, then? My colleague Allen Bergin has made a pertinent comment about this. He observed that pathology is not merely an individual matter but that apparently rewarding private behavior—that is, the consenting adult doctrine—may actually yield societal pathology. This is the essential flaw in the consenting adult doctrine.

Consider President Kimball’s deep concern: selfishness as the root of most, if not all, relationships problems. It may be quite logical when viewing human behavior through the lens of individual autonomy to see almost any behavior as acceptable. Thus, for example, masturbation is now taught to be normal, even necessary, for healthy psycho-sexual development. However, as Sagarin (1973) wrote in a witty article (if you don’t read anything else about homosexuality, read his article; it’s at least funny), psychology has been so focused upon the individual that it cannot see the sociologic implications of homosexual behavior. This is interestingly seen in Sarnoff and Sarnoff’s book (1979) where they extol
the intrapersonal benefits of masturbation by saying that it relieves the individual of any concern for fulfilling a partner's needs.

So it is with homosexuality. Two consenting adults may well fit society's current criteria for self-focused functionality, yet by virtually any standard--historical, sociological, ethical, or in our case, gospel--homosexuality is personally detrimental and, I believe, is socially pathological. It follows logically that when one uses other people to meet one's own needs then societal problems must ensue. Eventually this self-focus involves misuse of godly powers such as unrighteous dominion or sexual manipulation and exploitation. Thus, for the the Latter-day Saint professional, evaluative, preventative and change criteria all stem from the eternal principle in John 15:12: "This is my commandment, that ye love one another as I have loved you."

What then do I consider the most serious danger to the homosexually-oriented person and society, and what is the justification for urging change? After eight years of intensive study I have come to understand what President Kimball has been saying all along: selfishness is the symptom, the problem, the attitude, and the behavior which needs changing, a selfishness born of an erroneous role-person merging or resolution, fostered by a decadent culture's counterfeit of true masculinity.

With this conceptual preface in mind may I share some clinical experience. In my clinical work, which has extended over several years, as I mentioned, I've had many experiences. But for the past little while we've focused on specific research. There were eight clients involved. They ranged in age from 18 to 48. (Parenthetically, may I note that over the years my two youngest clients have been 6 and 9 and my oldest 58). Overt erotic history ranged from three months to 27 years. Education ranged from still in high school to Ph.D. Number of partners ranged from two to several hundred. My shortest therapeutic involvement was two weeks, the longest two months (some of that has to do with changing jobs). I felt that a pattern was shaping up of about three to four weeks of intensive work with monthly follow-up for about six months. This is the most frustrating part of this effort because my move from Provo to Sacramento has disrupted important follow-up.

Four of the clients were married. Two were single and had no dating involvement. Two were single and had dating involvement but with no physical affection with their girlfriends yet shown.

The change approach employed with the eight research clients consisted of five phases, which are listed here:

Phase I: Rapport
Phase II: Fred's Story, which I will explain
Phase III: Redefinitions

A. Erotic impulse versus emotional legitimacy
B. True masculinity
C. Extent of change

Phase IV: Identifying the Homosexual Excuse
Phase V: Nurturant Expansion

Rapport. The first visit is intentionally kept to one half hour or less. Its purpose is to establish rapport. We must remember that almost every homosexual client we encounter is, at the very least, uncomfortable. He is anxious not so much about our professional reaction, for he expects basic civility. He is anxious about our humaneness, our ability to see and respond to him as a real person and not a caricature, let alone a pervert. After perhaps 20 minutes, during which I intentionally avoid discussion of sexual or moral details, I give him Fred's Story, which is Phase Two.

Fred's Story was written after it became apparent that the client needed to have important data in his repertoire. Telling it to him was very inefficient and ineffective, so Fred's Story was written. It is a compendium in biographical form of actual experiences of many clients and several excerpts from the literature. It has been revised several times and needs another important revision due to later clinical experiences.

Fred's Story is about two clients and a therapist. It takes the reader through the origin of Fred's homosexuality and through the change in Clark's, who is a successfully changed client. The client is asked to read this copyrighted document, making written comments as he goes along. I'd like to share some of these excerpts with you. The thing is 70 pages long so I don't think I'll read them all today, but just enough to give you a feel for what Fred's Story says, realizing that I'm going to skip almost all of it. This is handed to the client with virtually no explanation except what I've given you here, and he goes home and reads it. It begins:

Fred, age 19, was a slight, quiet young man. His hair was sandy, his speech precise, and his expression solemn. He announced uncomfortably that he had come to seek help with a problem. After a few minutes of avoiding the obvious, Fred announced, "I am homosexual." He dropped his eyes and slumped in his chair as if expecting the counselor to denounce him for his confession. The counselor asked many questions which almost seemed to Fred to avoid the subject for which he had come. The counselor was trying to get acquainted as well as help Fred relax. Fred was filled with guilt and embarrassment for having strong interest in men and almost no interest in women. Indeed, his entire life lately had revolved around this guilt, because he knew what society expected of him as compared to how he really felt.

Going into the developmental history now:

As Fred's world expanded beyond the house to the neighborhood and into the school yard, he had many painful experiences. Like most little boys, he enjoyed any playmate
and any toy. He especially enjoyed girls because they were gentler than boys. He liked to play with dolls and didn't like rough and tumble play. For some reason, he did not learn 'boy's games' easily. He really did throw awkwardly. At first this did not matter too much, but by the time he was ready for school, other boys began to tease and pick on him. They called him 'sissy' and hit him. It was as if he wore a sign saying 'hurt me.' His reaction was at first to try and please them, do everything they wanted. But that did not work. They still taunted him. Eventually, he began to withdraw and avoid them. Avoiding most other children became a skill. During this time Fred began to develop a seriousness that adults noticed. Their usual response was, 'My, what a polite boy. I wish others were like him.' He soon learned that adults, including his parents, liked him to be neat, clean, and quiet. Or, if he did make noise, they liked it to be refined, such as proper speech, singing, or playing a little piano piece. Since adults were the only people who seemed to respond to him, Fred began to seek their company and approval. In doing this, however, the gap between him and his age mates widened. He was neat, they were scruffy. He was quiet, they were loud. He was confused by groups, they enjoyed lots of people. He was clumsy, they were coordinated. He recalls this period as the time when 'I was always chosen last for the team games, even after the girls. And I always did something wrong.'

Now I've selected these excerpts not because I thought they were interesting. These are the excerpts about which the clients wrote, almost to a man (we have a column here for them to write their comments in) "This describes me." In fact, one of them wrote, "How did you write my life story?" Continuing:

Approximately from this time on (and we're talking of the time after these painful experiences), Fred began to pursue solitary interests; that is, he became unilaterally involved in interests which required as little collaboration with others as possible. He practiced the piano regularly. He studied his school work every night, he collected pets of various kinds, but always those that were controllable—tropical fish, small puppies, and so forth. [One of my clients, way back, collected rocks. I had that in one of these versions and two of the other clients said they collected rocks too.] He also became very aware of his body and found unilateral ways to compensate for his clumsiness. He began to run and found great pleasure both in the exertion and the accomplishment. After a time he became good enough to compete in cross-country in the fall and track in the spring. His father was rather pleased with this, mistaking it as a development of manly interests at last. But as Fred said to the therapist, 'I found a way to beat the real boys through running. I never liked the team stuff. The thing for me was to win on my own without worrying about someone else's performance.' By 11th grade Fred's solitary devotion to music, his studies and athletics had taken him into a spotlight of sorts. He was considered to be a bright, talented and unusually well-mannered boy. Even his lack of interest in girls and social life in general was interpreted as a rather nice departure from the rowdy antics of his peers. But this acceptance, especially by adults, created another pressure for him. Fred was not actually any more gifted than his peers. His advantage was that he had worked so hard on his unilateral interests that, by the law of the harvest, he reaped more rewards than his less diligent peers.

This is the end of the first session, after, in essence, discussion of the origin of his behavior.

As he left (the first session), Fred turned and asked, 'If I decide I do not want to consider changing, what will you do?' The counselor responded as warmly and as honestly as he knew how. 'It would be dishonest of me to help you adjust to homosexuality. I do not know any homosexual people whom I consider happy and fulfilled by their activities. I cannot reinforce what I have observed to be a detrimental lifestyle. For this reason I would refer you to other counselors. I would also hope we could keep in touch, as I have with a few others who have decided not to change. In fact, a couple of these folks and I have been friends for several years now.'

And then the beginning of the next session.

Several days later Fred called to make an appointment. He came into the room looking weary (which is part of the program). After a few casual remarks he said, 'I cannot decide whether I can change or not. What do I do now?' The counselor reminded Fred that he had never said that this decision has to be made just yet, that Fred was feeling pressure from himself. The therapist suggested that they finish what they had interrupted last time and then Fred might be ready to consider the change question. This surprised Fred. He seemed to expect some kind of pressure, but the counselor had learned the hard way that behavior change is voluntary and cannot be forced or encouraged and aided. Fred indicated that he wanted to continue.

And then on into the second session a ways.

Fred interrupted a third time. He asked the counselor about change. 'I have heard and read so much that says change is virtually impossible. The New York Times had an article which said that. It really discouraged me. I need to know what the truth is.' There was no anger in his voice, but there was obvious doubt. The therapist had hoped Fred would ask this question. It was better when it was asked. To volunteer the information before Fred was ready could have sounded like salesmanship, trying to cheerlead him into change. 'Fred, change is possible and, in your situation, very probable. It was harder for Clark because his decision came after he chose to accept homosexuality. You are still struggling, so the probability for people like Clark is less optimistic than for people like you. Yet Clark did change. With both types of people lumped together, the pre-impulsed homosexual, the rate of change is about 60 percent. We once reviewed over 100 studies. In them, two out of three men were either changing measurably during the study or had changed completely. This is about the same rate of change or cure as for alcoholism and other problems of self-esteem and self-control and loneliness.' [I'll be the first one to agree that the literature upon which that statement is based is weaker than one would wish. I'll be the first one to state, however, that it's a heck of a lot better than the unsubstantiated myth that change is impossible!]

Now at the end of the third interview.

The counselor sat back in his chair as if to indicate Clark's story was complete (Clark is the individual who changed). Fred seemed lost in thought. Finally Fred said, 'If I decide to try to change, what do I do next?' You go home and think about what we've discussed and then call me for an appointment. Then we will begin the tasks we have talked about.

'Do you think I can do it,' Fred asked earnestly. 'I have no doubt you can,' the counselor responded, just as earnestly. 'What will you do if I do not come back? I will continue to respect you and pray that you will find happiness. As I told
you before, some of my friendships are with homosexual clients who have not chosen to change. But through these very friends I can see the increasing loneliness that we talked about. Please do not misunderstand me, Fred. Whenever I get to know someone as well as I do through this experience, I almost always learn to admire them. I am not their judge. That is what a bishop is for. But I also see the narrow and eventually unrewarding life they lead. I cannot in good conscience wish them well in pursuing what my information tells me will turn out to be an unhappy and detrimental way of life. Because of this I hope you will return and begin the change experience, for your own sake and for those who admire and love you." Fred stood, shook the therapist's hand and left. As always, the therapist wondered what Fred's decision would be.

So that's Fred's Story, rather condensed. Fred's Story seeks to do three things. It provides the reader with data he probably does not have, such as the sequence of developmental experiences common to homosexual men and the probability of change. It raises the question of self-responsibility and change. By the time the client returns, hopefully no more than one week later, he and the therapist have a common view of the matter, even though they may not agree as to the details.

The second session consists of going through Fred's Story page by page. May I repeat, the first session was just 20 minutes of rapport at which time Fred's Story was handed to the client, who took it home and read it. Therefore, the second session consists of going through Fred's Story page by page and discussing the client's written comments. This either resolves differences or underscores them.

Considerable action occurs during this phase. Without exception the clients have returned with increased optimism about changing and with important questions. May I emphasize that Fred's Story is not a Pollyanish pep talk. If anything, it emphasizes the pain of change. But it also offers factual hope to men who have been persuaded by the world that change is impossible.

The third session involves what I call redefining. In this phase it is important to help the client separate his social-emotional problems from his erotic impulses or habituations. It is also crucial to explore true or Christian masculinity, such as the traits spoken of in the Beatitudes or the Fourth Section of the Doctrine and Covenants. As President Kimball said two years ago at General Priesthood Meeting, the men of the Priesthood must be different from men of the world. This contrasts with the secular version with which the client has struggled so long. Finally, it is essential to define the extent of change that is needed. That is, is the client supposed to forsake all he ever has been or are there parts of his personality, circumstance and character upon which the future can and should be built?

To facilitate this discussion beyond Fred's Story when needed, I am in the process of gathering some pictures which either aid in introspection or facilitate therapeutic discussion. Essentially they are just pictures cut from magazines and they just facilitate discussion of the individual's circumstance. There are two things, though, that we are learning with impressive regularity. One is that clients select pictures which show nurturance. They reject pictures which show macho behavior. And they have not yet selected a picture showing homo-emotional or a homo-social nurturance because I can't find one, nor can my research associate Richard Anderson find anything. The fact that I cannot find such a photograph—homo-social or emotional nurturance—is a comment on our society and strikes to the heart of change. This is the critical point, for it focuses the therapy sharply on the question of "normal" masculinity. At this juncture the client is torn between rejection of past myths and acceptance of new myths. This is no small matter and I have found the discussion and explorations of this phase as challenging, yet rewarding, as any in my career.

Once this redefinition phase has been dealt with, the client faces another major challenge. Remember, please, that his homosexuality has served a purpose and provided some rewards. Redefining his need to control erotic impulses, clarifying true masculinity and accepting much of himself as not needing change do not automatically solve the problem. He has many years of learning in a certain direction. Now he must either change from or, in a rather calculated way, re-accept homosexuality. Thus we must deal with the excuses which he uses or might use to continue as before. These are not rationalizations so much as they are the symbiotic benefits of homosexuality. May I share an example. I shall call this client Brother R. Rapport came to be warm and rather deep between us. I genuinely enjoyed his quick mind yet tender emotions. Fred's Story got us around his defenses because it helped him see that his feelings and experiences were not mysterious. Redefinitions were very freeing as he was able to accept himself as a rather positive person rather than as totally perverse or bizarre.

However, he strongly resisted giving up his homoerotic fantasies and activities. I despaired until it became clear that he was clinging to the past for fear of the future. This was the first time I realized that even after the origin of the problem was understood there remained reasons to continue in it. In an intensive session Brother R. was able to identify his "excuse." He was married to a very decent, well-educated woman. However, they had married more for mutual protection than from strong attraction. The problem, as it finally came out, was that he had felt his commitment weakening. His homoerotic episodes, though wreaking havoc upon their relationship, served another purpose—they permitted
him to avoid dealing with his lack of emotional interest in his wife as a person. Now, if shorn of his homosexuality, he would be confronted by the fragility of his marriage. Once we got this point out in the open, Brother R. relaxed markedly. At that point therapy shifted from homosexuality to interpersonal and affective deficiencies, and thus to marital problems.

This brings up a factor which I have found rather important. I call it the shin splint syndrome. With the homosexual client I have found it very helpful to specify, clarify and reinforce the point at which he feels he has come to understand and reject his homosexuality. This has usually happened early in the therapeutic experience. I use the example of shin splints—I assume everyone knows what shin splints are, if you jog. It means your legs hurt. I use the example of shin splints and how they can be healed by a simple program of no running for three days and then resumption of running only on yielding surfaces with good shoes. I pointed out that this is a complete cure, that if the runner violates these simple rules and gets shin splints again he cannot claim the treatment was faulty.

This applies directly to the client's efforts to control and eliminate erotic impulses. If he will reduce fragmentation—that is, focusing on a body part instead of a whole person—by avoiding lingering looks at arousing body parts and learning to relate to the whole person, read uplifting material, enjoy positive entertainment, identify his personal impulse chain and learn to interdict it, scrupulously avoid dark or secret places and so forth—just like anyone else who seeks to bring their impulses under control—then the client will experience rapid and lasting erotic discipline. If not, then he, not the method, is at fault. Parenthetically, one young man ceased masturbation and lost his erotic impulses in two weeks because he stopped shutting the door to his bedroom. I have frequently suggested that we decide upon circumstances which would make it dramatically impossible to repeat the erotic habituation.

This is for the short range. For the long range I believe there are just as certain methods but they take longer and require more self-discipline. This is phase five, nurturant expansion.

Due to the assaults upon their sense of self over the years, these men have become very self-focused, as described in the profile section. Thus, they need to taste the sweetness of nurturing others to enable them to break away and enter a new life. Another way of saying this is that these men missed in childhood tender, reassuring, benevolent experiences. Now it is too late to receive them in that manner, yet they must taste the nectar of nurturance. Therefore, in the logic of eternal law they receive by giving. They do unto others what was not done unto them. They may well have been victims but now cannot use that as an excuse. Like everyone else—all of us—who had less than perfect upbringings, they must decide to make up the deficits by their own efforts. They must expand themselves through nurturance.

In President Kimball's words:

When we are engaged in the service of our fellowmen, not only do our deeds assist them, but we put our own problems in a fresher perspective. When we concern ourselves more with others, there is less time to be concerned with ourselves. In the midst of the miracle of serving, there is the promise of Jesus, that by losing ourselves, we find ourselves (See Matthew 10:39).

Not only do we 'find' ourselves in terms of acknowledging guidance in our lives, but the more we serve our fellowmen in appropriate ways, the more substance there is to our souls. We become more significant individuals as we serve others. We become more substantive as we serve others—indeed, it is easier to 'find' ourselves because there is so much more of us to find!

In the empirical candor, my change of jobs cut short ongoing evaluation of the nurturant phase. I have experienced it with earlier clients but only in the beginning stages with my eight research clients. Nonetheless, the initial experiences indicate much promise as the clients shifted from self-focus to nurturance.

Thus, at this point, in a rather short period of time, my clients have gone through the five phases of change. Armed with the homey shin splint syndrome and the more profound overview of origin and change, these individuals experienced marked change. For reasons already given, I cannot speak to maintenance. Obviously the next research effort is to employ these methods, with refinements, under more rigorous empirical conditions, especially with neutral observers and pre and post measures. I have begun to develop a basic instrument for these measures.

Change was determined by cessation or diminution of overt behavior and cessation or diminution of fantasies. In seven cases overt behavior ceased. In four cases, erotic fantasy ceased; in two it reduced; in two it did not reduce or cease but it was no longer exclusively thematically male, that is homosexual. Seven clients verbalized clear changes in their thought and relationship patterns. One deteriorated clearly and markedly. I kept telling him that he couldn't do that, but he did. However, his situation was complicated by loss of employment and very detrimental living arrangements. Even then, his overt behavior ceased. Although these results are not based on a standardized research design, they are promising in that the clinically observed rates of change are higher than any yet published in the treatment literature. Since the field of behavior therapy received its initial impetus from similar reports by Wolpe with phobic cases, perhaps we have reason to be optimistic.

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about future empirical results in this situation. The overall change which had begun was that these persons, in Turner's language, had begun to accept themselves as valued identities, whole and not fragmented. Their increasing sense of self had begun to merge with a role—or roles—which were true and devoid of worldly error. I am confident that when this merging of true self and true role reaches a certain point, then healing in the Savior's terms, especially as he describes it in III Nephi 9, has occurred and change is virtually irreversible.

All I claim for the present is having made rather strenuous efforts to understand and help. Much more work needs to be done. I would enjoy collaboration with those who are willing to struggle with the problem; that means also reading the literature. I believe we can deal with this important matter in ways which are professionally correct and yet harmonious with the restored Gospel of Jesus Christ.