Human Intimacy: Further Considerations

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While preparing for this presentation I inferred that AMCAP's invitation implied more than a review of my recent book Human Intimacy, Illusion and Reality. Therefore, today I intend to go beyond theory and offer some clinical suggestions as well as offer for your scrutiny some ideas which have emerged over the years.

The primary point I wish to make is that the word, the concept, the experience “intimacy” is deep and broad and ought not to be a synonym for valueless sexuality. As I have explored this subject I have been concerned by too free a use of the narrower definition.

Values

In the “state-of-the art” mentality of these times, it has become professionally and popularly chic to use technical, erotic competence as a criterion for sophisticated sexuality. Perhaps if we were analyzing social dancing, emphasis on technique would not matter much, but when we speak of how human beings share themselves intimately, the matter is of grave significance. To interpret sexuality too narrowly obscures the more expansive power and joy of intimacy by encouraging people to settle for relatively superficial emotional and physical pleasures. This is an irony of our times analogous to equating production of a K-Mart art print with the creativity which produced the original oil canvas and believing the print is a better acquisition because it costs $9.95, plastic frame included. In a world where loneliness is all too often the norm, people readily settle for inferior relationships that resemble higher quality ones only on the surface. Just as the cheap art print is worth no more than the other thousands of exact copies, so are those relationships whose values are calculated by technical, physical accomplishment and nothing more.

Lest you think this is too extreme a charge, consider the sexological litany of multiple-orgasm, calculated interpersonal pleasuring, and obsessive self-pleasuring. The theories and the diagnostic and therapeutic approaches associated with current sexology are so frequently focused upon a technical repertoire that they either have no context of attitudes and behaviors or their context is erotic pleasure for its own sake. This robs the whole matter of its glorious potential and creates the risk that if a helping person attempts to deal with human sexuality exclusive of a values context, serious error can be introduced.

Teaching sexuality without values can be like teaching someone to drive an automobile by emphasizing the mechanical, technical aspects and ignoring such values as courtesy, obedience to law, and respect for other persons and their property. Sexuality without values is reported by Masters & Johnson in their discussion of ambisexuality. This is a chilling account of unfeeling yet highly skilled manipulation of the human erotic potential.

Surely for the most part, Latter-day Saint helping professionals place sexuality within a values context. There is a richness about Mormon sexual doctrine which offers great preventative and treatment power. It can be utilized in clear, unambiguous values. It can be misused when those values are diluted. For example, when helping a person struggle with hetero-or homosexual problems, it is essential that the person sooner or later find a reason to solve the problem, a reason profound enough in certain situations to reject associates and circumstances which have provided enormous social, emotional, and physical reinforcement. The Doctrine & Covenants, Section 132, describes powerful consequences, both punishment and reward, for proper sexual behavior. For many of our clients these doctrines, these values, offer a compelling reason to struggle. In their article, “Ex-Gays: Religiously Mediated Change in Homosexuals”, Mansell and Myrna Pattison (1980) report how strongly values can assist change and maintenance in very difficult cases, even without the pristine gospel.

There are other crucial values. D&C 49 and Ephesians 5 specify certain attitudes and behaviors as crucial for decent, complete relationships. In keeping with His promulgation of absolute personal agency, the Lord has given clear value guidelines for intimate behavior. How tragic that some cannot see these guidelines because they are in more refined, enlightened language than a sex manual or SEICUS film. Yet how liberating it is that while He dictates such guidelines with solemnity and with terrible penalties for their violation, He also grants unsurpassed pleasure when those guidelines are obeyed. Values such as these can immeasurably strengthen our clinical armamentarium. Admittedly, values can range from the sublime to the ridiculous. Even values associated with certain historic Judeo-Christian periods can be warped to cruel use, such as the Spanish Inquisition or the French persecution of the Huguenots. Nevertheless, there are time-tested values whose universal validity cuts across sectarian and secular boundaries and render intimate relationships benevolent when they are applied. D&C 4 lists most of them.

With this in mind we could then consider using certain
terms so that our “diagnostic” and “treatment” efforts are less of the medical model and more like the restored gospel. Hence, as my second point, I suggest that we use terms like evaluation, education, and healing to describe the facets of our helping efforts.

**Evaluation, Education, Healing**

Conventionally clinicians are taught to suspend their personal values, or at least keep them under tight rein, in the client-professional relationship. However, in certain cases this is illogical, for it deprives the often confused client of a reference point. In one severe child-abuse case it was difficult for the mother to stir herself to initiate against her husband crucial emotional, legal and ecclesiastical steps until a key helping person (a Relief Society visiting teacher) aroused the mother’s anger at several breaches of values. It seemed that she could rationalize away his emotional and legal violations of her and the children, but when confronted with his violations of eternal principles she found herself face-to-face with certain absolutes and was thereby moved to act to begin to save her children.

Frequently there comes a time when values tip the balance toward change. In sexual matters this is more often the case than it is not. Therefore, I have found it helpful to include value-laden sexual attitudes and behaviors within the broader context of intimacy and offer help in three phases: evaluation, education and healing.

**Evaluation** is a fundamental element in our professions, for it is the assessment of the situation. I propose that we add to our evaluative criteria the values factor. Of this and DSM III, more shall be said later.

**Education** is a phase which most of us may resort to, but not always as explicitly as is merited. Some time ago my friend and colleague, Allen Bergin, said that he had concluded that the next evolution of therapy ought to be toward education. This idea has influenced me greatly ever since. It is certainly consistent with the Gospel methodology of teaching correct principles by which people, if they choose, might govern themselves.

Preventatively and clinically, education demanded its due when I was studying homosexuality. Time after time I found myself trying verbally to share essential information with clients about the development of homosexuality. Not only was it tedious, but it was also inefficient. Allen’s observation triggered *Fred’s Story* (Brown, 1981) as reported in this forum on a previous occasion. Immediately the results were encouraging. After a brief, initial interview the client would take a copy of *Fred’s Story* home to read. He would then return with a basic understanding of my data and values position. And, as requested, his notes in the extra-wide margins informed me as to his position. Recently I have found a similar utility with *Human Intimacy*.(Brown, 1981(2))

The important element here is not that the client be “converted” to the therapist’s views but that, in the beginning, there be common understanding of each other’s position to avoid fruitless or at least inefficient groping. But the education phase need not be neutral, especially when trying to discover illusions and realities of intimacy. If illusion could be defined as denial of consequences and reality as recognition of consequences, then it is a responsibility of anyone who presumes to intervene in another’s life to be aware of consequences.

For years I paid deference to the empirical humility which implied that we in the social services knew very little about cause and effect. With the passage of time and accumulation of experience I am increasingly skeptical about this pseudo-humility. It may well be an illusion, even a “cop-out.” True, there is much not known about the etiology of many problems, e.g. schizophrenia or clinical depression. But in other things there is a great deal known, e.g. that an abusing parent was probably an abused child, and the first abusing progenitor probably suffered from a severe sense of inadequacy complicated by his parents’ ignorance of effective child-rearing methods or their lack of self-control. Or in other words, intelligent, confident love begets healthy people while ignorant, fearful rejection begets unhealthy people.

Is it not time for those of us who claim the title counselor to have the courage of our convictions and educate people to the best of our ability? Given the human distress rampant around us, is there time anymore for us to temporize? Frequently the properly cautious language of research, “it appears,” “perhaps,” “it may be that,” is misused in the educational, clinical phase, especially in reference to the consequences of behavior. If we know the consequences of sexual problems include venereal disease, self-abuse, exploitation and manipulation of others, should we temporize our education of our clients?

There really are times when the consequences of certain attitudes and behaviors are not clearly understood unless the values element is considered. Consider an example which may appear contradictory but which does support the usefulness of values in behavioral education. Helping people have heard these statements made frequently by the same sexually adventurous person: “I feel guilty for what I have done,” yet “My sexual partner (extra-marital, homo or heterosexual) and I have experienced something that is very special.” These statements, or close variations of them, have come from people who have engaged in incest, male and female homosexuality, mental-emotional adultery, physical adultery, and premarital sexual behavior. On their face they tend to evoke two opposing reactions. Some people conclude this means “If it feels good, do it!” While others conclude “That is sick!”

One striking example comes from a man who had made a career of confessing his unworthiness to Mormon bishops around the world wherever his work in international banking took him. Despite the fact that he was separated by his work from his wife for long periods (two years once) he was completely faithful, and he did not even masturbate. Yet shortly after they would move into a ward or branch, he would routinely go confess his unworthiness. He finally demanded excommunication. His baffled bishop could not discover grounds for the action and sought advice.
What came out in this interview was (a) there was sinful, sexual behavior in his background for which he felt extremely guilty, and (b) this same behavior had occurred in response to a powerful emotional need which even twenty years later he could not repudiate. The behavior was incest with his sister during childhood. The need was for love at a time when he and his sister had been placed with a very uncaring (so he recalled) foster family.

In all his confessions this man had never actually confessed the reality of his distress, only the illusion. He hated the memory of the physical act but cherished the memory of the intimacy. Once he straight-forwardly dealt with reality—the consequences, if you will—the problem focused and he began to resolve it, and quite successfully.

It was necessary for this troubled man to face squarely the consequences of apparently contradictory attitudes and behaviors. On the other hand, as the gospel unfolded to his understanding, he realized he had committed a serious sin for which there were absolute consequences of morbidity of spirit and guilt. On the other hand, during a devastatingly lonely period of his life he and his sister shared affection with the consequence that years later it still warmed his heart. This apparent paradox was resolved when he was educated about the values of justice, i.e., he really did have something to confess about and repent of and mercy, i.e., that what he recalled of the tenderness of his sister's concerns, when separated from the sexual sin had been nourishment to a starving heart. With this knowledge he went back to his bishop to accurately repent and to accurately cherish and thereafter was free of his debilitating anxieties.

There is another well-documented example of the need for education, that of the “victim” of parent-child incest. Well-meaning people frequently hasten to assure the victim—usually a daughter—that she is guilty of nothing. Yet, she is frequently guilty, after a period of time, of collusion and even exploitation. This critical factor may not be understood unless values are used to evaluate the situation.

Knowing of this possibility, I have tried to help several young women face the consequences of what actually occurred. The pattern of one was frequently the pattern of all. First, she was a victim of sexual abuse by her father. A consequence was hatred of him. Second, she eventually began to collude with him, frequently to avoid threats. Occasionally she gained money, gifts, or privileges by exploiting his fears of discovery. Thus, one wound was due to assault, the other was self-inflicted. The former required a soothing balm, the latter a strong purgative. To identify this, though, the helping person must be prepared to deal with specific experiences and specific consequences. To achieve this goal clear and precise education is needed. Frequently victims of incest report unreasonable, illogical, and ultimately cruel requests made of them by well-meaning helpers. It is the anguished plea, “Why didn’t my (helping person) help me to go to my father and tell him I loved him?” Or “Why didn’t my (helping person) help me work this through with my father?”

There is a stark consequence to incest. It is the volatile mixture of hatred and longing. It is illusory to deny these consequences. They can be seen most clearly from a values perspective. The informed Latter-day Saint knows that there are laws irrevocably decreed and blessings or punishments consequent to those laws (D&C 130:20-21; 88:33-40). It should follow then that when a child is victimized by a parent the child will be emotionally, spiritually and physically violated. And that child will probably hate the parent. But it also follows that in the eternal scheme of things no child can obtain emotional peace or psychic identity while alienated from a parent, even a wicked one. (D&C 2; 110:13-15) Thus, victim and perpetrator must reconcile, either in this life or the next. The matter is complicated when the child has exploited the parent. Accordingly, the child victim of sexual abuse, if it extends long enough, needs both to despise and reconcile, to forgive and repent if healing is to occur.

To clearly and effectively educate our clients and ourselves, we must continuously remind all concerned of those values which bear upon matters of human intimacy. When we pull loose from this mooring, we drift, dangerously.

By our values criteria it is wrong, whatever the circumstances, to be sexually active outside marriage. By our values, love is the law upon which all else is based. (See Matthew 22:34-40.) Thus, in a gospel paradox, justice and mercy appear to collide until mercy makes successful claim on justice to effect healing.

Healing is a term and process I prefer over “change.” It suggests the reality that we recover from wounds due both to the ministerings of others and our own powers of recuperation. It is instructive that when He appeared in the New World, the Savior urged the survivors of the destruction at his crucifixion, “Will ye not now return unto me, and repent of your sins, and be converted, that I may heal you?” (III Nephi 9:13)

I earnestly believe that we ought to be engaged in healing the wounds that afflict our brothers and sisters, which, like intimacy itself, is a process more encompassing than mere therapeutic change.

Healing versus mere change in intimate matters forces the LDS person to confront an apparent conundrum. Sexology offers rapid, simple, therapeutic methods. Indeed its short-term intervention, specific behavioral techniques, and immediate results marked it, at least initially, as a major breakthrough. But with the accumulation of more data we find that, like the Pill, there are serious consequences to valueless sexual behavior. Among these are a malaise, a loss of sexual interest, throughout a culture that now has no serious sanctions against consenting adult sexual expression. Deadly physiological consequences such as herpes and hepatitis have become epidemic. And in what may be the most insidious process of all, as sexuality is reduced to technique and is separated from identity, role, and relationship, human affectional bonds are worn away until there is a loss of even the idea of intimacy, let alone the fact. As stark evidence one need only point to the
emotional poverty of the entertainment media, where in
song, film, or television there is a decreasing offering of
and audience for themes of emotional passion and depth
without graphic eroticism.

If this sounds like a Jeremiad, it is, for the Western
world seems to be nearing a point of no return in its
rejection of human intimacy. (See Solzhenitsyn, 1978)
Are we perilously on the brink of so completely
forsaking essential values that there is no remedy? (II
Chronicles 36:14-16) The easiest of therapeutic tasks
may be to teach or restore erotic competence. The
higher task, and a very difficult one, is to locate and heal
the true source of injured intimacy.

At this point one would expect the questions, "What is
it you propose to heal? Where is the deepest wound?"
The response is that in seeking the source of intimate pain
we need to evaluate the problem as it is seen in
identity, role, or relationship problems.

**Identity, Role and Relationship**

Identity.

Trying to trace the etiology of psychosexual problems
has led to my third premise. It is that the seeds of serious
social-emotional distress are sown when a person
sustains damage to his or her innate identity sufficient
to provoke two consequences usually seen in role
behavior and relationship skills: (a) a devastating sense
of difference from others, and (b) a devastating
loneliness. Attempting to compensate for these
consequences, the person resorts to whatever means are
at his disposal. This process usually begins very early in
life, but not always.

Evaluating each of the various clients with whom I
have worked has given evidence that there is a facet of
the total individual that is innate and so essential to one's
sense of self that to tamper with it is to open Pandora's
Box. When assaults are made upon the essential identity
of a person, the damage can be nearly total.

Let me illustrate using homosexuality. Perhaps the
phrase most frequently heard from male clients who are
homosexually involved is "I have always had these
feelings as far back as I can remember." Kent Petersen of
Gay activists translate early memory into claims that
compatible with values based upon personal agency and
choice, or it is not, if certain key values are to be valid.

This same problem worries me about anti­
homosexual campaigns. Is it less immoral to be a
heterosexual adulterer than a homosexual one? As we
implacably oppose the sin and, I believe, the deviance of
homosexuality, so should we oppose heterosexual sin
and deviance too!

What then might be a source of psychosexual sin,
misbehavior, deviance, or distress? I suggest that one of
these exists when a person's innate sense of self collides
with unyielding external forces with the consequences
of loneliness and difference powerful enough to force
the person to choose between personal integration or
disintegration. The cost of disintegration is so high, even
to the young child without introspective ability, that the
person seeks compensations which appear to solve the
problem. However, some compensations eventually
clash with realities of biology, law, culture, or values. At
that point the person is confronted with another crisis of
integration.

For some, the initial crisis of integration occurs in
early childhood. There is an innateness at birth, an inner
sense of self, which may well be unquenchable. It is
mother of more than one child knows of it. Our
knowledge of premortal development and growth
predicts its existence. Referring to male homosexuality,
the early memory type describes someone who began
from infancy to sense a dissonance between himself and
external factors—parents, peers and culture. Bell,
Weinberg and Hammersmith, in their book, *Sexual
Preference* (1981, pp. 216-220) refer to this. However,
given to dramatically dissonant sexual preference of
which it is a root, its linkage with male homosexuality
has overshadowed its linkage with other consequences.
The consequent compensations for stress of identity
include heterosexual deviance, obsessive over­
achievement, slavish dependence, and more.

In other words, it is to be expected that the human
infant is not a blank computer tape awaiting the input of
environment. Rather, each normal infant is sentient,
cognitive, volitional, and an entity unique in certain
ways from other infants. When this entity is stressed by
parental, peer and cultural forces which threaten the
child's integration of self, he reacts throughout life and
makes myriad attempts to compensate. The obsessive
scholar, frantic athlete, frenetic promoter, and martyr
mother are only a few. In sexual matters we encounter
voyeurism, machismo, or seductiveness.

Over the years I have been interested in social­
emotional genealogies. I have done a chart on one line of
my extended family. It is a very interesting exercise. In
recent months my wife, Mareen, and I have tried to do
this with our nuclear family.

We have six children, ranging from 22 to 10 years of
age. As they get older we see a solidifying of identities.
They have obvious traits, preferences, and so forth.
(Sensitized by them, we see early in our granddaughter
clear, innate traits which we believe foretell adolescent
and adult behavior.) As the six children advance in years
there are traits we cannot account for as consequences
alone of parent-child interaction. Interestingly they pair
off, each pair a boy and girl. Children A & B have the
same color hair and eye color, similar body build and
facial features. Socially-emotionally this pair is intense,
goal-oriented, and rather uncomfortable with new people or situations. Both reject any hint of competition. Their values tend to be sharply black or white with little tolerance for deviation in others. Children C & D also share the same hair and eye color, similar body builds and facial features. Socially-emotionally this pair is outgoing and intense about relationships, but not highly goal oriented, although they are achievers and good students. They handle pressure well. Their values are strong but they tolerate deviance in themselves and others. Children E & F have hair and eye color alike, similar body build and facial features. Socially-emotionally they are extremely vulnerable to unkindness from others, guileless in the extreme, have little impulse control, are focused on the here and now, affectionate, and tender-hearted. Their values tend to be situational, though not markedly deviant from their family’s.

My observation is that, even granting a different environment due to unique parent-child-peer interactions, there are traits in each child and in each pair which Mareen and I cannot explain unless they are seen as innately part of that person. This is vividly seen with children A & B. Even though both placed similar demands (from a parent’s perspective) on us, B was responded to with considerably more patience and understanding than A. Even so, B has views of life, urgent needs, and temperamental patterns very similar to A—patterns which I formerly believed were due to my faulty parenting of A. Demonstrably though, I did not make the same mistakes with B, yet A & B are so similar. I am increasingly of the opinion that there are parts to each of us that are not amenable to change. I believe they are neutral and are of little or no moral consequence. Children A & B struggle when under pressure while C & D almost blithely shrug it off. Two of the children are very coordinated, two are not, and two don’t care. Two of the children rather enjoy new faces and places; two avoid them if at all possible.

From this brief social-emotional genealogy of our children, and considering the significance of identity, I prefer to divide identity into two parts: personality and character. Personality can be defined as those facets of identity which cannot easily be given moral weight or value. By this definition it is of little moral meaning that our children are variously shy, noncompetitive, outgoing, relaxed, and emotionally tender. Character includes those facets which can be and frequently ought to be given moral weight or value. By this definition it can prove to be of grave moral meaning whether our children are honest, kind, industrious, generous, greedy, deceitful or arrogant.

The wisdom of parents; the data of Kagan (1978), Bell, Weinberg and Hammersmith (1981); and the truth of the scriptures combine to point to personality—or something like it—as a part of each of us which is so completely us that it ought to be left alone by parents, peers and therapists; at least until those who dare to tamper with it fully understand the consequences of their tampering. Personality is a handy label to use because it is a familiar word and because much of the time we use it in this manner anyway. We tolerate, enjoy, or condemn someone’s attitudes or behavior as “That’s him,” or “Oh, that’s just her personality.” I believe that this innateness, this essence, is something that cannot be changed, and change ought not be attempted. Such attempts cause severe turmoil in the person’s roles and relationships. When personality is bruised very major psychosexual consequences can result, because identity is threatened with disintegration. Symptoms are then seen in role and relationship behavior.

Roles and Relationship Skills.

If a person is challenged from birth to be something he is innately not or is coerced to assume role and relationship traits at a pace or to a degree which exceeds his capacity to assimilate, stress builds up within him that eventually demands compensation. This compensation is demonstrated in role distress or exploitive or manipulative relationship skills—hence the obsessive athletic, bullying, promoting, martyrish, voyeuristic, macho or seductive character traits.

Referring to homosexuality and the early memory type, client after client has revealed that there is something innate which, when acted upon by external forces of parental, peer, and cultural disapprobation, evokes a necessary compensation. When a person—child or adult—feels criticized for traits that are very difficult or impossible to modify, he is a most desperate person. In his desperation he must do something to reduce his anxiety before his identity is destroyed.

As discussed in a previous meeting, in the development of a homosexual orientation there are various types of role and relationship compensations which include unilateral self-expression, fantasy, fragmentation and self-focus. (Brown, 1981, p.5)

What was not specified then, but is here, is that there apparently is something that has existed from birth to which the homosexually involved person may legitimately refer to as meaning “I have always felt this way; this is me.” This something is seen in such early life experiences as the tendency of the male child not to enjoy his role in rough and tumble or cooperative play. In adolescence it involves stereotypic relationships due to an increasing sense of difference from peers. It is seen in critical late adolescence or early adulthood as a pseudo-resolution of role and relationship ambiguity, when the person concludes that he is homosexual. “Here I fit, I belong.” One client reported that after over 15 years of married life and full church activity, there was still within him a feeling of difference, uniqueness from other more conventionally straight people. This is the same thing Cory (1960) referred to when after becoming heterosexual he said he felt like “one of the elite of the world,” and “I cling (even now) to my entire personality.” (p. xv)

Homophiles pounce on this as proving there is no such thing as a cure for homosexuality. They miss the point. Another interpretation is that there is something within the heart or mind or spirit of all people which cannot and ought not to be destroyed, i.e. personality. Character, however, remains completely exposed to whatever
logical, legal, psychological, or spiritual influences the individual chooses to accept. Personality—shyness, outgoingness, enthusiasm, reticence—may be untouchable traits. Character—honesty, deceit, diligence, sloth—ought to be dealt with vigorously. Hence, the male who is homosexually involved may be educated about his very legitimate innate divergence from stereotypic machismo. He may take great comfort from discovering that his inner gentleness is good and congruent. He cannot, however, justify clinging to compensations he has made over the years of self-focus, carnality or exploitation of the human body, or manipulation of other people's needs for attention and affection. To be healed and integrate his identity, he must rediscover on the one hand his true personality while on the other he must sluff off detrimental character traits.

It is necessary to underscore this idea, because if we are to speak of healing we must know the source of the suppurating infection. If we and our clients understand in certain role and relationship behaviors that they are trying to compensate for early wounds to their identities then they can frequently reach back, through social-emotional genealogical means, for healing balm. They can acquire relationships more consonant with whom they have long yearned to be, but all this as moderated and shaped by values about character.

In one very dramatic situation, a client tape-recorded interviews with her father. Her ostensible reason was to capture oral history. Her underlying reason was to understand the origin of her pain. She had so much identity stress that at age 40 her role was of a destructive, wasteful child (nearly bankrupting her husband) and her relationship skills were decidedly manipulative. As she and her father used the tape recorder as a mechanism for communication, old wounds began to heal until she had literally integrated her identity to her satisfaction. Long years of self-doubt and agony ended. She clearly learned the role of mature wife and mother. Her relationship skills became nurturant. Had we sought mere accommodation, it is likely that she would have gone only far enough to identify her father's weaknesses and perhaps arouse a mobilizing anger about him. As it was, through evaluation and education, she went beyond that—understood him, had compassion for him, and forgave him, which integrated her identity and healed her and her marriage.

Evaluation.

Let me discuss now some specific, clinical examples which refer back to evaluation and DSM III. This phase of the helping process is an honest, useful concept meaning an attempt to understand the whole situation. Those clinicians who too readily grasp the mechanics of sexology without values risk evaluating only part of the situation and therefore educating about and helping change only a part. This is a factor in the DSM III categories of psychosexual problems. Certainly there are times when minor technical education heals small emotional bruises, but my experience suggests that most of the time the people who seek us out are suffering from far more than superficial abrasions. DSM III subdivides its psychosexual chapter into four sections: gender identity disorders, paraphilias, psychosexual dysfunctions, and other psychosexual disorders. To illustrate, let us consider a brief sample case in relation to each section.

**Gender Identity Disorder: Transsexualism.** The client, married and a father of a two-year-old boy, embarked on a literal odyssey seeking sex-change surgery. He could not convince most physicians that he was unambivalent. Eventually he found one who performed the operation, yet after that he deteriorated further. Having achieved his long-sought goal, he discovered that there was no magic in being a woman—and he was rather striking as a woman. No longer able to use his obsessive quest as a distraction, with illusion dispelled, he faced realities of identity, role, and relationship which had plagued him from birth.

Born and raised in a small Southern town, he had never achieved the macho-male role expected of him. He had developed such effective manipulative and exploitative skills that he made a large sum of money in sales. After military service, he married a beautiful woman. Unable to enjoy their sexual relationship, he sought therapy. When that failed he gave up trying to perform the stereotypic role and gave himself over to ever-expansive fantasies until he took irreversible steps.

Several months after the operation he “awoke” to the realization that his agony all along had been of identity and the role and relationship compensations he attempted. He was then doubly desperate but with no way to reverse all that had been done.

**Paraphilias: Sadism/Masochism.** A middle-aged couple sought help because neither could bring the other to climax through ordinary intercourse so they had evolved into a sadomasochistic arrangement which guaranteed orgasm. Their initial request was for erotic enhancement. However, it was clear that each was paying a high price in self-esteem in trying to keep the marriage and family from flying apart due to the centrifugal force of problems other than sex. He had a classic identity and role problem derived from a lifelong attempt to satisfy family traditions of aggressive male entrepreneurs and civic and Church leaders, while being, innately, a nurturant, noncompetitive personality. She had sustained extensive damage to her identity in childhood through successive foster homes and had developed seductive, manipulative relationship skills. They clashed, rather than meshed, because he could not straightforwardly express emotional or physical affection, relying instead on fantasy and paraphernalia. She could not express herself either and accepted humiliating treatment, treatment mixed with autoerotism. A fireside talk caused their symbiotic contract to collide with gospel values and they sought help.

The helping effort consisted of evaluation of their identity problems and education about physiology, biology, and self-respecting ways to nurture each other. Rather mundane family scheduling, budgeting, and hygiene concepts were also learned. Practice was begun.
in expressing verbal and nonsexual physical affection. After this they were able to rediscover each other without the counselor’s involvement. At termination the trend was positive and was to be closely monitored by their bishop.

**Psychosexual dysfunction: Vaginismus.** A very anxious young couple came in the morning after their wedding night. They had been unable to consummate physical relations. After eliminating factors such as guilt from unworthiness to go to the temple, regret at the marriage, and troubled backgrounds, a technical question seemed appropriate. “How long do you and your wife prepare before you attempt full intercourse?”

“Oh, quite a long time,” the husband replied. “Could you estimate the actual time in minutes?” He said, “Oh, at least five minutes.” Whereupon, some technical education was offered about female emotions and bodily processes and about male emotions and processes, with rather specific instructions about the time needed to achieve new virginal, physical intimacy.

**Other Disorders: Ego-dystonic Homo- and Heterosexuality.** Here may I refer to all the boys and men (and increasing numbers of girls and women) who are caught up in pathetic attempts to perform stereotypic macho or seductive roles, based on exploitation and manipulation. DSM III’s definition reveals the illusion by referring to ego-dystonic homosexuality. “The essential features are a desire to acquire or increase heterosexual arousal, so that heterosexual relationships can be initiated or maintained…”

So far as I can determine, the prevailing professional and popular definition of heterosexual arousal clashes almost totally with Gospel values. It is based on lust or erotic arousal—meaning a rather indiscriminate, carnal interest in females and implies that paraphilia disorders and dysfunctions are social or personal problems mainly because they are either thoughts converted into acts with unwilling people or are failures by willing people to achieve erotic competence. All manner of formerly deviant sexual practices between consenting adults have been brought under the umbrella of “normal” as long as they are performed privately by adults who mutually agree. This rationale has brought sexology to a place where restoration of erotic functioning with willing partners is the measure of success.

Yet, one fails to find in Gospel values allowance for any sexual interest in anyone except one’s spouse. We are forbidden to even think sexual thought about others besides our spouse, let alone perform physical acts. We are not justified to think about or act sexually with anyone, male or female, except our spouse. Anyone who claims there is biological or psychological data showing that we are impelled to be indiscriminately sexual collides with the doctrine and value of personal agency. To reconcile this, we must resort to a Mormon Calvinism, teaching of a treacherous deity who implants powerful, nearly overwhelming urges and then demands, upon pain of hell, that we crush those urges.

The innocent man or woman seeking intimacy can be caught between two great extremes, one propounding sexual license and one propounding sexual impoverishment. Perhaps it is these extremes which have resulted in an increasing sexual malaise among many people. (See Kaplan, 1979, p.57)

It is more consistent with LDS doctrine and values to believe that there stirs within each of us an innate urge toward intimacy—a trait, if you will, of personality. This urge, even when crippled by parental, peer, or cultural stress, cannot be extinguished. Of its own momentum it seeks expression in some way, frequently socially acceptable, but often not so.

The helping effort is enhanced by knowing whether a psychosexual problem is deeply rooted in personality, in a wounded desire for intimacy, or is instead a matter of relatively superficial character. Self-discipline and moral integrity must be learned whichever is the case, but simply learning law-abiding impulse control may not be enough. To cope with and fully enjoy intimacy each of us may also be required to comprehend our identity, personality, and character. Without this integration there exists—and we sadly see—people who are apparently morally orthodox but who actually have an illusory, unhappy, and constricted “orthodoxy.” These are those rigid, even brittle people who break after having done all that is proper because finally the separation between their un integrated self and their apparently integrated roles and relationships widens to a chasm. An apparently ideal marriage ends. A devoted youth leader is arrested on a morals charge. Incest destroys what everyone thought was a stalwart home.

No one should mistake these comments as disregarding the place of character in evaluation or education. Our values system is based upon character. Perhaps this is justice. Yet in many psychosexual cases, if healing is to be accomplished, attention must be paid to deep, innate inner pain. Perhaps this is mercy. Many clients must cease to use pornography, refrain from bizarre practices, learn technical facts about sexual activity and exercise them with tender decency. This is character. Many clients must fathom their relationships with parents, reinterpret recollections of cruel peers, or redefine their roles and relationships in regard to an erotically obsessed culture. This is personality.

How many people would be freed from severe psychosexual distress if they were permitted to view themselves and others as not hormonally or genetically obligated to be either hedonistically heterosexual or homosexual. Instead, they are obligated to be nurturant, to be kind, and to reject exploitation or manipulation of others. Then, within the values enshrouding benevolent marriage, they can develop complete social, emotional, physical and spiritual intimacy in that manner suggested by millennia of culture and prescribed by God.

This concept has proven to be a markedly effective educational tool in working with both homo- and heterosexually troubled clients. It frees both from the burden of impossible expectations. By removing the culturally fostered illusion of hyper-eroticism, it permits focus on far more tangible, measurable change tasks such as redefining role attitudes and behaviors in harmony with innate identity (a real man need not be a financial, professional or Church VIP; a woman can be
an efficient manager of money or resources), and learning and practicing nurturant relationship skills (a man may be gentle and noncompetitive; a woman may be brisk, of vigorous opinions and strong interests). But neither should manipulate or exploit each other in their relationship.

Summary

The subject of human intimacy reminds me of the galaxy of which our planet is a part. Physicists and astronomers discover certain laws which govern orbits and distances on into infinity, but they seldom comprehend the ultimate origin or purpose of the universe. Similarly, Godhood may be the only state in which a person is able to fathom the depth and breadth of intimate relationships. Professional licensure may not quite do it all. Hence our finite minds must begin with relatively primitive data. However, we are taught by our values that mankind and the human heart are modeled after Diety. This value allows no pandering to crude or carnal criteria. By giving respectful attention to secular data about human development but filtering it through Gospel screens in our interpretation of that data, we can help our brothers and sisters prevent or heal psychosexual distress. Education based upon eternal truth will free them and us of illusion. Helping methods based upon eternal truth will free them of illusion. Helping methods based upon the severe mercy of a pristine Christianity will heal them of distress. Surely these goals are worth the extraordinary effort of breaking free from secular misimpressions and exploring and embracing higher, finer understanding and methods.

REFERENCES


Discussion groups met following Brother Brown's presentation. The following are the written summaries of the oral reports presented at the convention by the three group leaders who prepared statements for the Journal:

Richard Berrett

There are three issues which we think would be appropriate to hear a response to:

The first has to do with the notion that personality should not be changed. The people in our group who were vocal on this issue tended to think personality can be altered. There are some innate personality characteristics which need to be modified. One example given was hyperactivity in children.

The second issue concerned the statement, "sexual preference and sexual arousal are learned." The vocal ones in our group suggested that before we came to this earth life, we were taught truths. If these spiritual teachings included truths about the relationships of men to women over the eternities, then it is inherently right to like members of the other sex, and in fact, that inherent predisposition may actually lead us toward the eventual sexual mating. So, rather than preference and arousal being neutral, perhaps preference and arousal are innately heterosexual.

For the third issue there seems to be, in some of our presentations at AMCAP, and to some degree in this one as well, an idea that the scientific method is not very valuable and what we've learned from it is not really that important to consider in our deliberations. Statements from our group suggested that we need to not only use the information we gain through the scientific method, but we must also use science as one vehicle in the continuing search for truth.

Val MacMurray

Vic's book, Human Intimacy, has a touch of genius in appealing to a diverse audience (e.g. client, professional, ecclesiastical, interested laypersons) much more so than any other comparable works. It is a landmark composition in this regard as well as in dealing with a challenging issue in a gospel value context. The book has extensive philosophy and conceptual specialization encompassing the whole subject matter of intimacy. The bibliography is comprehensive citing numerous well-known scientists.

The following questions were raised by individuals in our group:

1. Could a clearer differentiation be made between character and personality?
2. Should a continuum be provided as opposed to classifying all people into one group?
3. What are illusions and realities in personality?
4. What is the impact of biology on roles?

There is still much to be done on this subject. Perhaps this requires another book that Vic might consider in terms of operationalizing a treatment or preventative approach to problems discussed in this book.

completed on page 27
Several members of the group expressed the opinion that such a book was long overdue and stated the hope that its use would be widespread, and not just among Church members.

The lack of real intimacy among many couples and families was discussed, along with the observation that couples in the Church, as well as others, are often together but not “together.” Another concern was that many women continue to feel that any affection or the offer of intimacy in the way of touching and hugging has strictly sexual connotations. Although this may often be true, both men and women need real human intimacy. Perhaps this book can help people understand this more fully, thus they might exploit others less frequently.

It was noted that the future generations desperately need a concept of human “intimacy” other than the “worldly” definition of it as merely sexual gratification. Church members, as well as others, should learn that despite biological arousal the bottom line is that there is a need to govern passions and often overrule them.

One question posed for Victor Brown’s attention: “What about the personality that may not have the capacity for intimacy?” Two types mentioned were obsessive-compulsive where there is a lack of capacity to feel, and the hysteric who disregards consequences in favor of all kinds of emotions.

It seems apparent that those in the discussion group who had read the book believe that it holds promise for counselees, counselors, Church members, and all people who are seeking true human intimacy. It was suggested that some help on how to use the book to best advantage would be enthusiastically received!