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Homosexuality: Getting Beyond the Therapeutic Impasse

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Although sexual activity has occurred between individuals of the same sex in all cultures and socioeconomic strata throughout history, heterosexuality has always been the social norm. With few exceptions, homosexuality has been viewed as evil and abnormal. Exclusive homosexuality is seen negatively everywhere, and . . . when a society alleged to approve homosexuality is carefully studied, it turns out that homosexual acts are accepted only in special situations or times of life, and to the extent that they do not impair heterosexual functioning or loss of sexual identity. (Karlen, 1971, p. 483)

Negative sanctions to curb homosexuals' unnatural behavior have ranged from torture and execution to imprisonment, loss of privilege and property, and general public scorn. While contemporary views have softened, considerable stigma remains. For the most part, homosexuals have been and are still expected to change their values and behavior and to be heterosexual.

Surely, no one in our contemporary society would consciously choose to be homosexual. Most individuals who are attracted to those of their own sex recall times when they were desperate to shed their untoward inclinations and conform their lives to heterosexual standards (Cory, 1951; Hodges & Hutter, 1974; Kopay, 1977; Miller, 1971; Pearson, 1986; Reid, 1973). But while motivations for change have come from both society and the individual, there has been a major problem. Few have seemed able to modify their orientation. Clinicians commonly encounter those anguished by, but apparently unable to refrain from, their same-sex attractions. Despite major efforts to resist, homosexuals have persisted in same-sex orientation. Their interest in those of their own sex has seemed irrefutable. In many cases, their compulsive behavior has taken them beyond very significant losses, including
friends and family, a place in their religious and economic communities, and a general sense of personal dignity and human worth. Certainly, some profound need must underlie their driven behavior. Judd Marmor (1980), past president of the American Psychiatric Association, phrases it well: "The psychiatrically intriguing question is why so many millions of men and women become motivated toward such behavior despite the powerful cultural taboos against it" (p. 7).

Now, with the specter of the AIDS epidemic, homosexuals are taken even beyond the horrible perils just cited to the risk of losing their lives. Still, their impassioned interchanges continue, though they clearly recognize that their proscribed acts could result in death.

The fields of psychiatry and psychology have found homosexuality to be an enigma (Acosta, 1975; Bell, 1975; Lesse, 1973; Pattison, 1974). Although various theories have been advanced to explain the origin and purpose of homosexuality, they have been largely unproductive so far as helping homosexuals achieve a heterosexual orientation. In a critical review of the major causal theories and treatment approaches, F. X. Acosta (1975) concludes:

> It seems that neither behavior therapy nor psychoanalytic therapy has convincingly proven to be effective in the treatment of either male or female homosexuals. What is clear is that both methods have had minimal successes and an overwhelming number of failures. (p. 23)

To date, it appears that even when heroic personal efforts are combined with the best clinical aid available, few changes in sexual orientation have convincingly occurred.

Therapeutic approaches are based upon theoretical perspectives. If the theory is faulty, the intervention will likely be misdirected and the outcome less successful than it could be. Clinical experience and reviews of contemporary literature have brought a personal conviction that certain erroneous positions have supported the long-standing therapeutic impasse. There have been misperceptions, not only by theorists and therapists but also by homosexuals themselves and by society generally. In the following discussion, we will note six specific erroneous perspectives (which will constitute the major divisions of the article). We will also present a brief consideration of the following four positions which we believe to be correct perspectives and therefore more conducive to the modification of homosexual orientation and behavior:

1. Homosexuality is a problem and represents a state of pathological, social, and emotional development.
2. A considerable body of evidence points to the importance of social learning etiological factors over biological ones.

3. Homosexuality involves social role and identity issues more than problems of sexuality per se. Facilitating the occurrence of corrective, healthful same-sex emotional and relational experiences should be the major focus of therapy. Male homosexuals are legitimately needful of loving relationships with heterosexual males and only through such relationships can they mature and come to value themselves and their social role.

4. A correct understanding of the factors that underlie and support homosexuality should lessen homophobia. Such would encourage heterosexuals to more comfortably establish healing relationships with identity-impaired individuals. Personal change for homosexuals is very much needed, but responsibility for achieving it must be shared by both homosexuals and heterosexuals.

Homosexuality, in the context here considered, is obligatory. It involves a preference for others of one's own sex in environments where options for heterosexual behavior exist. Not referred to in this discussion is facultative homosexuality, that same-sex sexual behavior which occurs in prisons or in times of war or in other situations where members of the opposite sex are unavailable. Neither considered are those institutionalized, same-sex patterns of relating that are found in a few primitive cultures and transitionally practiced with the belief that they will enable boys to become potent, heterosexual men. Although issues are discussed primarily in terms of male homosexuality, the major themes presented are believed to apply also to women.

The first misleading perspective is that no problem exists, that homosexuality is a natural variant of human development and therefore there is no pathology and nothing needs to be changed.

Particularly in the latter half of this century, a trend toward viewing homosexuality in a more accepting light has emerged. The English Sexual Offences Act (1967) evolved from recommendations of the Wolfenden Report. This Act established the legality of private homosexual acts between consenting adults. In the United States, numerous states have similarly ratified laws legalizing homosexuality among consenting adults. While this softening of statutes has not been designed to affirm homosexuality as healthful and socially acceptable, frequently it has been interpreted to mean this.
Changes have occurred elsewhere as well. From 1950 to the present, a preponderance of authoritative texts and professional papers dealing with homosexuality has evidenced a pro-homosexual stance (Bell, Weinberg, & Hammersmith, 1981; Hoffman, 1968; Masters & Johnson, 1979; Saghir & Robins, 1973; Tripp, 1975; Weinberg & Williams, 1974). Many prominent theorists and clinicians have charged that a homosexual orientation does not, by itself, entail a pathological condition (Bell, Weinberg, & Hammersmith, 1981; Green, 1977; Hoffman, 1968; Hooker, 1957; Masters & Johnson, 1979; Saghir & Robins, 1973; Weinberg & Williams, 1974). In 1973, amidst a storm of controversy, the American Psychiatric Association’s Board of Trustees passed a resolution to delete from its Diagnostic and Statistical Manual of Mental Disorders the term homosexuality and to substitute in its place the term sexual orientation disturbance. This new category was to apply only to those individuals who were in conflict with their orientation.

Rather than acknowledge their inability to facilitate change in homosexuals’ same-sex orientation, many have determined that it is not a pathological condition. Others have said it is as morally unethical to attempt to change a homosexual’s orientation as it would be to try to change a heterosexual’s orientation to homosexual (Money, 1972). However, I. Bieber et al. (1962), L. Hatterer (1970), and C. W. Socarides (1968) maintain the view that homosexuality represents a departure from healthful social and emotional development.

Some, referring to many homosexuals who are outgoing, productive, and seemingly well adjusted, seem to have equated apparent social and intellectual competence with normalcy. They have questioned whether or not such high-functioning individuals could in any way be ill. Although happiness and capability in the face of adversity often underlie the marvelous adaptability of mankind, such behavior on the part of homosexuals should not be taken to mean that they are either inwardly confident in all spheres or that they have developed normally. They may be very effective individuals in spite of their deviant development. However, many factors suggest a homosexual orientation is pathological. For example—

1. The early onset of attraction and sexuality. Homosexuals commonly report recognizing intense same-sex attractions by age five and before. Most heterosexuals, while they may have been curious about those of the opposite sex as young children, did not feel compelling physical and emotional attractions.
2. Pathological family relationships. Bieber and others have noted that homosexuals often come from families where the mother is extraordinarily close, binding, overcontrolling and overprotective. The father is likely to be one or a combination of the following: absent, inadequate, hostile, emotionally cold and detached. Alienation or disregard is almost always reported to have existed between the child who became homosexual and his or her same-sex parent. The same-sex parent becomes devalued, while the opposite-sex parent becomes the preferred role model.

3. Obsessive-compulsive behavior. Feelings of being driven and of instability in social and sexual relationships are more the rule than the exception.

4. Conflictedness. Evidence of dissatisfaction with their orientation ranges from social withdrawal to suicide.

II

The second misleading perspective is that the multiple roots of homosexuality are so diverse that no clear picture of etiology can be discerned. Different degrees and forms of homosexuality exist, and no one explanation fits all the data.

Contrary to this view, one can find many common threads that have relevance to both the evolution of homosexuality and its perpetuation. Homosexuals may be different in appearance, some being more masculine and some more feminine. Their sexual behaviors may vary. Nevertheless, they are the same in that all are seeking something through the medium of social, emotional, and sexual interchanges with others of their own sex. Whether macho or effeminate or anywhere in between, whatever the combination of their physical endowment and social learning history, all have arrived at the same place and seek essentially the same thing—a continuing interest in and need for others of their own sex. Although the means to their ends may vary, the sameness of the ultimate consummate relations they seek suggests that similar avenues of experience and internal motivation have led to their homosexual orientation. Behaviors are purposeful, and lawfully ordered sequences of experience do govern their expression. While homosexual behavior may appear strange and without merit to most heterosexuals, it serves a useful purpose to the homosexual and is rational from his viewpoint.

While there are great diversities in personal life-style and behavioral expression, the following commonalities are likely to be found among most male homosexuals:
1. Early (birth to age five) emotional trauma that results in a significant disruption in the unifying affectional bond that should exist between a child and the same-sex parent.
2. Matriarchal families wherein the mother is seen as the more valued and powerful parent.
3. Long-standing disinterest in or dissatisfaction with the same-sex parent. (Role dysphoria may also be linked to dysfunctional relationships with the opposite-sex parent. This seems to be more often the case for female homosexuals.)
4. Awareness at an early age (five and before) of a strong attraction to particular members of their own sex.
5. A combination of self-devaluation and sex-role estrangement. They have feelings of being out of sync with many of the interests commonly shared by heterosexual members of their sex. Boys may negatively compare themselves with others and perceive themselves as inadequate. For example, "I can't play ball well" and "I'm not liked—I'm the last one chosen for the team."
6. Absence of close social and emotional ties with same-sex peers, and a gradual detachment from role-appropriate activities and relationships.
7. Idealization of certain early peers whom they see as vastly more attractive or competent than themselves. They are drawn to these ideal persons, but their deficiencies, perceived or actual, discourage the development of mutual appreciations and healthful social rapport. This attraction underscores their sense of difference and inferiority, rather than developing a sense of their unity, sameness, and mutual competence.
8. Precocious sexual experiences and an early awakening of sexuality.
9. Frequent masturbation with concomitant thoughts of being erotically involved with other males whom they highly value and to whom they feel inferior.
10. With increased sexual acting out, the development of a profound sense of guilt and personal inferiority. There is a continuing withdrawal from social activities with heterosexual peers. At the same time, appropriately identified males may become more specifically the subject of envy and lust.
11. Unsuccessful attempts to deny and repress their same-sex attractions and to experience feelings of sexual attraction for members of the opposite sex. This is often followed by increased homosexual activity and the conclusion that they are homosexual.
To resolve dissonance and maintain a sense of personal worth, many suppress or give up personal and cultural heterosexual values and move to internalize the homosexual subculture's self-imposed myth: "Gay is good."

III

A third misleading perspective is that homosexuality is primarily the result of biological determinants and is a natural variant of physical development such as eye color or handedness. Because of biological factors (genetic variation and intrauterine hormonal influences that determine postnatal cerebral, glandular, and general morphologic structure and function), homosexuality is a phenomenon over which individuals have no control. They have neither personal responsibility for its precipitation nor for its modification.

In 1971, in a chapter analyzing the genetic and chromosomal aspects of homosexual etiology, John Money, probably the world’s most highly respected sexologist, concluded:

> Postnatal differentiation of gender identity and role . . . is dictated not by the chromosomal sex, nor the other prenatal components of sexual differentiation, but is dependent on postnatal determinants, particularly stimuli from the social environment. . . .

> Available evidence supports a nongenetic hypothesis for the origin not only of homosexuality, but of psychosexual differences and variations of all types. Prenatal hormonal determinants probably do no more than create a predisposition on which the postnatal superstructure of psychosexual status differentiates, primarily, like native language, under the programming of social interaction. (Cited in Marmor, 1980, pp. 67, 70)

Results from studies of hermaphroditism or intersexuality, a condition in which the reproductive system fails to accurately differentiate and be either completely male or completely female, have led Money and Ehrhardt to conclude that “the evidence of human hermaphroditism makes it abundantly clear that nature has ordained a major part of human gender identity differentiation to be accomplished in the postnatal period” (1972, p. 18). If intrauterine hormonal feminization of the brain were singularly the cause of homosexuality, would it not be reasonable to expect that much of the body, not just the brain, would be feminized? While some homosexuals may be effeminate, this is certainly not true for many, or perhaps even for most. Is it reasonable to expect that intrauterine hormones would selectively feminize sex-object choice while leaving the remainder of the body alone?
A number of studies have sought to compare hormone levels and responsiveness between homosexuals and heterosexuals. When subtle differences have been found between the two groups, these differences have been based on averaged findings. Levels have not been consistent across those individuals from one particular group. Further, in several instances, the findings that have been seen as significantly different for homosexuals and heterosexuals have not been discovered by other researchers. Where differences have been found, they could be based on more than simply innate potentials. Such differences could be the result of physiological factors that had been modified postnatally. Just as biology may influence thought and behavior, thought and behavior also affect and modify biology. The entire field of psychosomatic medicine grew from the recognition of this premise. Certain homosexual acts could clearly impact physiological functioning as well as could long-standing habits of thought.

Perhaps the most insightful argument against the idea of a hormonal basis for homosexuality was made by C. A. Tripp (1975):

But even if the results of these hormonal experiments had been positive, they would not have been applicable to homosexuality in general for reasons cited by Kinsey more than thirty years ago: The idea that definite chemical substances might account for homosexuality incorrectly assumes that heterosexual and homosexual responses are discrete and that they differ in some fundamental way. From these experiments, formal and informal, it has become abundantly clear that the sex hormones play a considerable role in powering human sexuality, but they do not control the direction of it. (p. 12)

Whether it is a male homosexual or a male heterosexual, in either case, it is a male sexual response. The only difference is the sex of the person to whom the response is directed, and that is a matter of evolved choice.

Certainly, a male’s stature and energy level, along with his general personality style, may more adequately fit him for certain role behaviors than others. Undoubtedly, physiological factors impact ease and quality of social relating. R. Green (1987) notes:

We have evidence pointing to prenatal androgen (male hormone) levels influencing behaviors such as timidity, aggressivity, participation in rough-and-tumble play, and interest in newborns. Newborns with differing predispositions toward these behaviors will have differing early socialization experiences. Earliest experiences with peers, with mother, and with father will all be tempered by this temperamental distinction. (p. 379)
With regard to the nature/nurture controversy, following a 15-year longitudinal study of effeminate and noneffeminate male children, Green concludes:

I doubt that a biological factor can completely explain the development of these boys' different patterns of sexual identity... This simplistic etiological basis is at odds with what we found for our "identical" twins... Reciprocally, I doubt that socialization influences fully explain the development of "femininity" and/or homosexuality.

(p. 384)

Because of frailty, intellectual curiosity, or artistic giftedness, a child or early adolescent may be led more toward the arts or academics than toward physical endeavors that are, for the particular family or environment, traditionally viewed as more masculine. If these interests are pursued extensively in solitude and to the exclusion of ongoing interactions with male peers, the child may begin to find himself feeling different and apart. Although physical factors must contribute in important ways to the success or failure of psychosexual development, they must not be given undue emphasis.

From many directions, the importance of social and psychological issues continues to be underlined. For example, homosexual behavior appears to involve much more than simply the release of sexual tension. A heterosexual who does not marry may choose to remain celibate. While this aspect of his life remains unfulfilled, social relationships with both sexes and personal growth and development may be very fulfilling. A homosexual, on the other hand, seems to be pursuing much more than a volitional complementary relationship with another adult. He feels different and often inferior to others of his sex. He is not at peace with himself and seeks to assuage this dissonance through physical intimacies with other men whom, for one personal characteristic or another, he temporarily values.

A preponderance of evidence points to the importance of experiential factors in the genesis of a homosexual orientation. Compared to heterosexuals, much in the developmental background of homosexuals indicates that they did not fare similarly or optimally in social and emotional interaction with their parents and/or with significant others. Their disidentification occurred so early and subtly that they felt they had always been homosexual, that they were such biologically, and that they had been born that way. In most cases, the sensitization and inclination toward role alienation were set in motion in earliest childhood. Very often, far-reaching role-divergent habits and their complement of identity and relational deficits and needs are developed
long before these children reach eight years of age. These children gradually discover their orientation rather than consciously choose it.

Efforts to uncover physiological differences between homosexuals and heterosexuals have thus far seemed to amplify the significance of social and psychological variables. Future studies may further clarify the specific role of physiological, psychological, and other components in the evolution of homosexuality. To date, however, the evidence points in a major way toward the greater importance of social-learning factors. On the basis of information thus far gained, efforts to understand and modify homosexuality should focus on experiential more than physiological issues.

IV

A fourth perspective we believe to be erroneous is that the evolution of a homosexual orientation occurs so early that it is not subject to modification. Following are quotations from C. A. Tripp and John Money most substantively expressing this view:

In these few cases where the treatment succeeds in its immediate goals, why is there still no final success? Answer: for the simple and not so simple reason that the adult human being's sexual response rests at bottom on a massive, cortically organized, sexual value system which is impervious to the trivial intrusions launched against it by what amount to social concerns (concerns which can muster their support from no more than a fragment of frontal lobe authority). The effort to wage this war is what George Weinberg has described as 'an attempt to sink a battleship with a popgun.' (Tripp, 1975, pp. 257–258)

On the issue of the determinants of sexual orientation as homosexual, bisexual, or heterosexual, the only scholarly position is to allow that prenatal and postnatal determinants are not mutually exclusive. When nature and nurture interact at critical developmental periods, the residual products may persist immutably. (Money, 1987, p. 398)

This constitutes one of the most impressive arguments against the possibility of negotiating a change in sex-role orientation. Undoubtedly, early learning experiences are profound and strongly direct subsequent human learning and behavior. Still, it is believed that adults are not locked into sexual patterns because of past choices alone, but because reaffirming choices are continually being made. Behaviors that are not reinforced in one manner or another tend to diminish in strength and value. The fact that homosexuals' same-sex appreciations more often than not fail to diminish would suggest that the motivation and reinforcement factors behind them remain contemporarily operative.
Human development is a gradual process, and children require years to mature. Attitudes, values, and responsiveness continue to be modified throughout an individual's life, although early experiences may profoundly impact subsequent responsiveness to life events. Profound, positive experiences, realized in adulthood, can counter those profoundly negative experiences an individual may have had in his childhood. Although it is unrealistic to think that homosexuals will or could make a total, abrupt shift from their deeply rooted orientation to a heterosexual one, deep and lasting change in orientation and behavior is possible. There are those who have indicated this to be a fact of their lives. We believe that, to date, significant changes have not more widely occurred because efforts have not been expended in the right directions. Amplification of this point will follow.

V

A fifth misleading perspective is that homosexuality entails primarily an inability of members of one sex to function appropriately with members of the opposite sex. Evolving from a psychoanalytic theoretical base, the belief is that men are homosexual because they are afraid of or dislike women.

Freud postulated specific stages along the psychosexual developmental course. He believed in an inherent bisexuality, and thought homosexuals had failed to resolve oedipal issues with their mothers. From the analytic tradition has sprung a plethora of explanations about the cause and meaning of homosexual behavior. Fellatio was believed to evidence unresolved nursing needs. Men were thought to fear or otherwise have an aversion to female genitalia. They shunned relationships with women to avoid activating archaic fears of an engulfing mother–child unity. Men sought relationships with other men for protection and to avoid competition for women and a reprisal from other men. Men were said to choose homosexuality as a means of avoiding the stresses and demands of heterosexuality and family life. These theories that defined homosexuality in terms of an individual's problems in dealing with members of the opposite sex led logically to particular therapeutic emphases. These have prevailed through the years and underlie most clinical efforts today.

After an extensive study of male homosexuals and their families, Bieber et al. (1962) concluded:

We consider homosexuality to be a pathologic, bio-social, psycho-sexual adaptation consequent to pervasive fears surrounding the expression of heterosexual impulses. (p. 220)
Marmor (1980) summarizes the point:

> Therapeutic techniques that have been employed toward the goal of sex-orientation change have run the gamut of most of the standard approaches. . . . Despite their technical diversity, all these approaches have certain features in common. All of them tend to discourage homosexual reactions and encourage heterosexual behavior. (p. 278)

This conceptualization of the problem has led simply to an ‘‘overcome your fears, work through your hostilities, and try it with women, you’ll like it’’ approach. The counsel has been to deny and repress the homosexual feelings and to move toward heterosexual sexual responsiveness.

This misleading perspective has also had a behavioral theoretical base. For behaviorists, homosexuality is viewed primarily as an inappropriate sexual responsiveness that has been learned. Change the direction and nature of the physical relating and the problem will be solved. Behaviorists have used painful, noxious stimuli to curtail homosexual responses. They have attempted to strengthen heterosexual erotic arousal through the use of sexually explicit visual materials and surrogate sexual partners and by encouraging self-stimulation (Abel & Blanchard, 1974; Barlow, 1973; Barlow & Agras, 1973; Herman et al., 1974; Marquis, 1970; Masters & Johnson, 1979; McConaghy, 1967).

Although these efforts have been dismally unproductive in changing basic orientation, the therapeutic zeal has scarcely been dampened. Homosexuals are, unfortunately, still being encouraged to get aroused by women and marry to become straight. This emphasis on homosexuals’ deficient relationships with members of the opposite sex, logical though it appears, has done much to obscure the real factors that give rise to and sustain homosexual behavior.

*The primary and most critical problem facing homosexuals is not how to be sexually attracted to members of the opposite sex, but how to satisfy unmet, legitimate affectional needs with those of their own sex* (Moberly, 1983, 1983). The motivational factors fueling homosexual behavior do not primarily entail avoidant behaviors with regard to members of the opposite sex. The motivations, both positive and negative, are directed primarily toward those of the same sex.

Elizabeth Moberly describes homosexuality as an outgrowth of a young child’s response to emotional trauma. The child avoids particular relationships as a result of early emotional discomfort. This avoidant reaction comes to involve particularly the relationship with the same-sex parent and, subsequently, interactions with same-sex peers. The
child becomes emotionally needful as a result of not having the supportive affectional relationships required for the development of identification. Green (1987) also notes this characteristic among the boys he studied: “Throughout the childhood years there is a male-affect starvation . . .” (p. 380).

For normal psychosexual development, it is critical that healthful emotional ties exist between the child and its same-sex parent. An intact same-sex affectional bond is the primary context within which the sense of self and the sense of self as a man or woman naturally evolve. Either an abusive or neglectful relationship, or the loss of a warm, nurturant one, can be deemed hurtful by the young child. There may or may not be culpability on the part of the parent. A young child’s emotional trauma may result from such factors as parental neglect, abuse, abandonment, or unavailability. It may occur through separation losses incident to a parent’s death, divorce, illness, imprisonment, or an extended job assignment away from home. It may even result from a parent’s interests or activities that remove him from nurturant relationships. Through such separations, the parent–child affectional bond can be damaged or disrupted and the child left emotionally sensitized, vulnerable, and needful.

The pain associated with the disruption of the affectional bond discourages a reaffecting of the bond. Even if the parent tries to establish a warm, intimate relationship, the child resists and shields himself from it, as he tries to protect himself from any hint of additional hurt. At a very primal level, the child defends against further trauma and, in so doing, unwittingly insures that his attachment needs will not be met. It is not the trauma itself, but the child’s response to the trauma that sets in motion the dynamics which eventually result in estrangement from his sex-role and the later attempt to meet this relational need through sexual intimacy.

The disruption of the affectional bond with the same-sex parent renders these children sensitized to same-sex relational stress through future periods of psychosexual development. With unpleasant father-son experiences, or in the absence of happy, satisfying play experiences with their first and primary role model, their fathers, such children are, from the outset, socially at risk. Negative early social interactions with their same-sex peers can more easily be damaging and are likely to encourage further dissatisfaction with their role and a greater sense of being different. Many factors can contribute to such role alienation. Boys may be and frequently are ostracized for having aesthetic or academic interests. They may experience rejection for not being physically strong or well coordinated, for being shy or inhibited, for
being incompetent or noncompetitive, or for not enjoying ball games or other popular team sports. A child's move from one location to another could occur at a time critical for peer socialization. Difficulties in establishing new relationships could have a major bearing on a child's subsequent sex-role identification. Whatever the particular precipitating factor, gender-disaffected individuals generally report that during their childhood they had not felt competent or happy and successful in many of those sports and rough-and-tumble bonding activities that preadolescent boys commonly enjoy together. While they may not have been social isolates, most felt on the fringe of relationships that were important in their eyes.

The years preceding adulthood are a time of sexual as well as social development. As they grow toward physical maturation, children become acquainted with their bodily functions. Boys learn, in one way or another, about their sexual response. Most, at some time in their early years, experiment with self-stimulation. Boys who are emotionally secure and socially well adjusted do so anticipating a sexual engagement with their future mate. Sexual experiences, for them, thus entail fantasies of coupling heterosexually. By contrast, those who experience various forms of social and emotional trauma, those with unresolved affectional needs and/or burning hurts and hostilities may develop combinations of unusual sexual interests and values. Their unresolved needs, when paired with self-gratification, can facilitate entrance into the addictive world of sexual deviation. Although these behaviors do nothing to improve self-esteem or counter relational deficits, they do easily become habitual and lead to compulsive, ritualized interactions.

Through years of not being well related affectionally, those becoming homosexually inclined evolve various levels of impoverished identity, role dysphoria, and compensatory sexual interest. Though in adult bodies and expressing forms of adult sexuality, homosexuals are, in one facet of their personality, emotionally damaged children. Early in life they withdrew from relationships that were critical for the development of their sense of role-appropriate wholeness and worth, that is, their sex-role identification. Although the gap between gender dysphoric individuals and others of their sex widens, and the normal social channels for same-sex relating become less available, the need for intimacy, belonging, and identity persists. As their self-devaluation continues, homosexuals first admire others who ably express the desired role competencies, then envy them, and finally lust after them. Another distancing strategy is their devaluation of some males over whom they feel superior. In either case, their over- or under-evaluations of others cause them to hold themselves apart. Their inappropriate
self-comparisons fit them for alienation. At sexual maturity, individuals become more highly motivated to find the complement of themselves and their role. They seek to import, through relationships, aspects of that other sex-role which they value, aspects which had been largely outside the bounds of propriety for their role. For example, for their own person, boys are not to be greatly interested in perfume. They can, however, enjoy fragrance and other feminine things through relationships with members of the opposite sex. With maturity, a wholeness is sought, for example, hardness with softness, and assertiveness with receptivity (see Tripp, 1975). Erotic interest becomes heightened toward others perceived as possessing desirable attributes that are not intrinsically a feature of their own role. For comfortably related boys, this is females. For role-estranged boys, it is those of their own sex.

Many homosexuals attempt to repress their same-sex attractions and try to live up to role expectations by getting married. Because of getting the developmental cart before the horse, they almost invariably leave a trail of heartbreak and further family pathology. They learn firsthand that neither abstinence from overt same-sex sexual behavior nor marriage has abated their need for others of their sex. Unfortunately, unsuccessful relationships with homosexual men often leave girlfriends and wives stunned with thoughts of their own lack of worth or femininity. These women do not realize they never had a chance, that the failures in the relationship were largely unavoidable. They simply were not given more, because that which was needed for complementarity had not yet been attained by their spouse. While offering the opportunity for legitimate sexual release, they, particularly, could not have met the emotional and identity need.

Many homosexuals choose to enter a homosexual life-style. The drive to identify is relentless, and the urge to love and relate is greater than either the homosexual taboo or deep marital and religious commitments. At this critical juncture, when they determine to pursue their desires for intimacy, they realize encouragement for "the fact" of their homosexuality from two directions. First, there is the relief that comes with a difficult decision finally made. A stressful ambivalence has seemingly been resolved. Second, gratifying social and emotional closeness that was always wanted is at least partially encountered. They interpret the temporary relief finally achieved through a measure of same-sex affectional intimacy as an approbation for their sexual relating. Unfortunately, they interpret these gratifying experiences to mean that they really are homosexual and that homosexuality is good. This satisfaction, however, does not endure. Same-sex liaisons are not stable
because of each partner’s distancing mechanisms and because of the
sexual relating which, after the fact, brings further losses of self-esteem
and role dysphoria. Their unhappiness and promiscuity are fueled by
continuing estrangement and the recognition that physical intimacies
have not met their deepest needs. They generally become disillusioned
with their partners and realize they must search further for one better
or more interesting. Those with whom they related sexually were not
found to be those ideally masculine men whose attributes they sought
to incorporate. Homosexuals’ psychological entrapment thus becomes
secure as they cycle repeatedly through periods of disillusionment and
hopes for love and fulfillment. They value and continue to need a
sense of their own manhood, but through these behaviors, they remain
psychosexually as children, never able to find self-completion among
themselves, for they never had it to share.

Jerome Kagan writes of the importance of individuals’ needs to
have their behavior conform to the cultural role standards that are
ascribed to those of the sex (1964). He describes that motivation as
both powerful and pervasive. Homosexuals are terribly conflicted
because they are driven to be men and to have an internalized sense
of maleness, but at the same time, they are terrified of the same-sex
closeness required to attain it. They desperately need the same-sex
love and peer bonding they missed in their youth. Although they are com­
pulsively drawn to men who in their eyes ideally personify masculinity,
they are paralyzed by the deep fears that stem from earliest childhood,
from perceptions of their profound emotional need and vulnerability,
and from the hurtful experiences they encountered as physically and/or
socially inept children. Both consciously and subconsciously, they
defend against further pain and loss by avoiding the risk of further
embarrassment and rejection. Using habitual compensatory mechanisms,
they try to meet their overwhelming identity and relational needs
through the brief but intense intimacy of a sexual contact. Their par­
ticular forms of erotic release are, however, only distorted shadows,
deceptive promises of the real intimacy, nurturance, and validation
that are needed. Although such experiences provide a temporary reduc­
tion of emotional tension, these experiences never fully satisfy because
the basic need is not sexual. Their fleeting, intense engagements with
others of their sex are motivated by factors that go far beyond the
desire for sexual gratification. These are attempts to be as closely
associated as possible with valued characteristics of the male role. These
attempts are ways of drawing near to those qualities which homosexuals
otherwise seem unable to satisfactorily approach and incorporate
within.
Problems of sex-role orientation involve much more than sexual behavior. To focus on sexual behaviors when the underlying cause is unmet same-sex affectional need is misleading. Same-sex relating must be understood in terms of symbolic communication, condensed and compressed actions that are designed to meet particular relationship needs. As is the case with all of the paraphilias, it is a form of compulsive, symbolic interaction. It involves, foremost, an effort to become whole and to assuage the psychological pain that is associated with an impaired identity and role estrangement.

By the Greek term ‘phallus’ we express the idea that the genital, beyond its practical function in its fully erect form as a means of procreation and pleasure, has a symbolic function as representing the essence of manliness, the synthesis of every imaginable aspect of proper manhood. . . . Thus for the boy, the phallus represents the grown man’s greatness, strength, independence, courage, wisdom, knowledge . . . and everything else a boy may look up to in men and desire for himself. (Vanggaard, 1972, p. 56)

Ironically, homosexuals’ unnatural and immoral physical transactions have been the result of frustrated natural drives to obtain virtues relevant to their own sex. While homosexual sexual behavior may be thought to approximate heterosexual sexual intercourse, it does not. When healthy heterosexuals have intercourse, their behavior is an expression of an intact, internalized adult masculine identity. When homosexuals have sexual intercourse, they are seeking, albeit misdirectedly and hopelessly, their identity.

Because of their identity needs and relational deprivation, they become highly responsive to genitalia, the primary insignia of the role to which they need to relate. Their needs for those of their own sex become more confused and even less likely of ever being met when they symbolically telescope them into a genital transaction. Although the release of sexual tension is gratifying, the experience is later disheartening and alienating. What portends a closeness only adds to their feelings of unworthiness, unacceptability, and despair. Seeing no alternative, they continue their addictive spiral as they move through engagements of increasingly impersonal sex. They become more entrenched in homosexuality as they continue to distrust and devalue increasing numbers of appropriately identified heterosexual men. They grow to view these to whom they should be close only in mechanical, depersonalized ways. Their distorted perspectives justify the distance they need in order to feel safe and help sustain their stylized, symbolic relationships. The reason for homosexuals’ promiscuity
is not, as has often been alleged, the lack of societal support for the liaisons. Their succession of partners reflects their unfulfilling search for their own masculinity and identity through sexual interchanges.

VI

A sixth erroneous perspective is that homosexuals are, most often, degenerate individuals who have willfully chosen abnormal sexuality with those of their own sex rather than pursue normal heterosexual relationships. Such inadequate individuals are to be ostracized and avoided, lest they deviously impair through association.

It has long been believed that people become like those with whom they associate. Although homosexuals seek sexual relationships with men because of the drive for identification, they must be assured that they will never become whole and feel masculine within until they appropriately bond with those who are well-identified, heterosexual men. Their bonding and identity needs will never be met through sexual liaisons, no matter how many they experience. Mature heterosexuals do not consort sexually with those of their own sex, and only through healthful, nonerotic same-sex relationships can homosexuals regain the track leading to their needed inner sense of masculinity. Conversely, well-identified heterosexuals must know that their orientation is highly stabilized and that it rests securely on a strong foundation of normal same-sex socialization experiences. Therapists and any concerned heterosexual man can learn to see beyond the homosexual’s apparently mature body to the fearful child within who needs their nurturance and affirmation. They must recognize that it is only through their benevolent care that the appropriate psychological growth can occur.

The term *homophile* is misleading. Men should be lovers of men in the truest sense. It is precisely that homosexuals are not able to be homophilic, that is, appropriate lovers of men, that they feel impelled to involve themselves in intense but further alienating and identity-distorting forms of contact. Homosexuality evidences an arrest of the normal psychosexual developmental process. This arrest can be a temporary state if, and only if, the avoidant, defensive behaviors can be recognized and eliminated. In their place, reassuring relational experiences with highly valued same-sex heterosexuals must occur. These healthful, nonerotic associations will gradually facilitate the evolution of an internalized sense of role-appropriate wholeness and belonging.
Moberly (1983) has insightfully described homosexuality and this conflict between need and defensiveness as a massive approach-avoidance dilemma. Male homosexuals realize their drive to approach other men, but they are largely unaware of the role their fears and their devaluations and over-idealizations play in maintaining a safe though unfulfilling distance. Thus, through desperate lifetimes, they stay locked half-way between, unable to deny the need to relate and identify, and, at the same time, unable to fully approach, to love in healthy ways, and to become whole.

It must be realized that, to date, the homosexual drive has been misunderstood. Rather than being a voluntary expression of evil and moral depravity, it is the natural growth force operating within that is impelling the person to move toward maturity. It is the undeniable urge to achieve wholeness. That drive for self and for unity with those of their own sex will never be denied but will persist until the individual's identity is fully and appropriately internalized and capable of normal expression with members of both sexes. The very strength of the homosexual drive affirms that person's heterosexuality. Identity-impaired individuals are driven by healthful forces to bond with others of their sex. This indeed answers Marmor's question. The urge to become, to move toward that maturity which is inherently designed is a powerful expression of the need for life itself. It is unfortunate, that as wounded and vulnerable children, many equated sex with love, and that as adults, they were habituated to expressing their needs for intimacy in sexual terms. Only the sexualization of the attraction is inappropriate. Love among those of the same sex is right and good. Brotherhood and Sisterhood are of God! Through scriptural injunction, good men have been charged with the care of their fellowmen. In no wise can we lose sight of our responsibility with any needful brothers or sisters, whether their deficit be alms or association and friendship.

Elder Boyd K. Packer is correct when he states:

The cause of this disorder has remained hidden for so long because we have been looking for it in the wrong place. When the cause is discovered, it may be nothing so mysterious after all. It may be hidden because it is so obvious. (Packer, 1978, p. 10)

So it follows that love, legitimate unmet affectional needs with others of their own sex, is that inscrutable ingredient which is needed for identity completion. It has been so imbedded in inappropriate physical transactions that it has been unrecognizable. Freedom from homosexuality is truly available to men and
women as they come to recognize the underlying causes of their attractions, and as they are able to realize legitimate, healthful, identity-securing affections with valued heterosexuals of their own sex. Comfortably associated boys become well-identified heterosexual men. These principles apply similarly to role-estranged women. Same-sex affectional bonds are crucial for the internalization of a sense of wholeness. That wholeness is prerequisite for an individual's self-valuing and his being a sufficient part of the complementarity that is realized ultimately through the marital relationship.

Therapeutic Approaches

Homosexuality is the end product of a series of role divergent experiences, many of which first occur in early infancy and others which happen throughout the period of the child's development into adulthood. Degree of fixedness or strength of the compulsion depends on the mix of role divergent and role convergent experiences. Some become more impoverished and needful than others. Same-sex sexuality per se is not the core problem. Homosexuality is a symptom of underlying identity needs and of role and interpersonal estrangement.

To attempt to modify an individual's psychosexual orientation by primarily encouraging social and sexual behaviors toward members of the opposite sex is countertherapeutic. Natural evolutionary stages cannot be circumvented. No wonder homosexuals have resisted the well-intentioned efforts of clinicians. They sense the emphasis toward the opposite sex to be incorrect and more than likely unproductive. They are being urged to express a mature level of being and functioning which they have not attained. Such an expectation literally sends a boy to do a man's job.

Marriage, or heterosexual sexual activity alone, does not evidence a cure of homosexuality. It neither vindicates a particular therapeutic approach nor resolves gender identity and role-relationship problems. It should never be advocated as a means of becoming heterosexual. If homosexuality is recognized as motivated by unfulfilled same-sex affectional needs and sustained by an approach-avoidance conflict, a focus on heterosexual marital behavior is quickly recognized as inappropriate.

As amplified by Moberly (1983), both homosexuals and heterosexuals have seen same-sex love as the problem when, in reality, it is the only cure. It would be tragic for therapists to continue to encourage homosexuals to believe that their same-sex interests were biologically programmed and inappropriate for modification. Such an attitude
would cause homosexuals to remain estranged from themselves and others and in a state of arrested development. Rather, they should be offered hope for a normal, heterosexual orientation. Because of the history of failure in dealing with this problem, a great inertia has developed on the part of homosexuals and heterosexuals alike. Major efforts must now be taken to correct this and to renew efforts in proper directions to facilitate appropriate growth and maturation.

Regardless of new information, many homosexuals will passionately declare that they are unable to change. Many heterosexuals will eloquently and appropriately state the case for unconditionally loving homosexuals, particularly those suffering with the reality that their lives are being harshly abbreviated through disease. They will rightly underline the justification for being nonjudgmental and for expressing Christ-like mercy and care. There is every reason for such true charity; nevertheless, this love and acceptance must never be allowed to obviate patterns for health and life given by the Savior. Sexual behavior between those of the same sex has been clearly defined as wrong, and the impress of the entire gospel of Jesus Christ is that there is, in and through him and through obedience to his eternal law, the opportunity, ability, and responsibility for change, for growth, and for happiness. Those grand promises of dramatic improvement, of weakness being transformed into immense strength (see Ether 12:27) have never excluded homosexuals. Only our inaccurate views have caused our efforts to be limiting. Misunderstandings now need to be cleared away and the processes of healthful growth implemented.

The concept of cure needs to be redefined. Homosexuals and many therapists tend to think in either-or terms. They often become impatient for transformation. Those changes involved in psychosexual maturation are gradual and require time as well as sustained effort in right directions. Individuals may become distracted and discouraged and lose sight of meaningful growth. Three weeks after Michelangelo began sculpting his magnificent David, he was probably joyfully engaged in his work. His vision of the finished creation was indelibly stamped in his mind and heart. Neither in the beginning nor as the work neared completion were the remaining rough edges and unsmoothed curves seen as evidence of failure. He saw and built only on his previous day’s progress. Such is the craft of Christian faith, and such must be diligently expressed by those correcting an inappropriate identification. Such an exercise of belief will soon bring recognition of the miraculous. Those who have successfully dealt with all forms of “impossibles” could joyfully attest to such a reality.
Homosexuality involves a way of life. Years of pathological coping color and affect most areas of the lives of those moving toward gender dysphoria. As all of their thoughts and behaviors are involved in their "coming out" process, so their entire self will necessarily be involved in their "coming in" to their very real heterosexuality. All areas of their being will be involved as they move toward more comfortable levels of same-sex identity and role functioning.

Pathological conditions such as homosexuality are born in the context of critical relationships. Ultimately, deviant coping behaviors are practiced generally in the context of relationships. Likewise, dramatic changes will occur in critical relationships: those with a therapist, religious leader, and/or with some other especially valued friend. More wholesome and validating experiences will also occur though the context of day-to-day friendships and transient social interactions. Ultimately, the corrective patterns of emotion and response will need to be practiced in the same laboratory of life and across all relationships where the others had previously been in effect.

Role-estranging decisions were originally made in pain, and new life-changing decisions will likewise be made in the "pain" of intensely personal and deeply emotional relationships. While the mind of the adult may embrace the desire for growth and change, it is the inner heart of the child that must fathom and accept the change. Although willpower can go far to maintain a redirected course, it is profound emotional interactions, experiences of pure love with those who are well identified that will bring about the deepest healing and the new sense of self.

Moberly (1985) has addressed the value of gender-specific therapy and stressed that it is most beneficial for male homosexuals to work with male therapists and for female homosexuals to work with female therapists. For any helper, the first task will be to hear the pain. The struggle has been real, and the heartache needs to be expressed. Following the needed opportunity for emotional catharsis and history-telling, an explanation of dynamics and an assurance that there is indeed reason for hope will facilitate growth for those seeking change.

Homosexuals may become amenable to change when they recognize that their needs will never be met in same-sex sexual relationships. If they realize that their needs are legitimate and that avenues are indeed open for compassionate, validating relationships with others of their sex, then they may be motivated to put forth the effort to risk those interactions that would facilitate identification and allow them to become whole. They need to believe in the Savior's divinely decreed order for sexual relationships. As they become convinced that
they did learn and develop incorrectly during profoundly important developmental years, they will put forth prodigious efforts to effect appropriate growth.

Homosexuals must be assured that there is a way for them to meet their needs, to get unhooked, and to go forward with their lives. They must also know that, although they are responsible for implementing changes within themselves and in their responsiveness toward others, specific helps will be given them that will greatly increase the possibility of their realizing success. While an extensive discussion of ways to help homosexuals is beyond the scope of this article, a few directions which could be supportive are noted:

1. Discourage homosexuals generally against "coming out of the closet" and defining themselves to others as being or having been homosexual. That the knowledge of their past die with the birth of their new behaviors is important. Any who become aware of the deficient learning history should keep the information strictly confidential. Because of homophobia and long-held misconceptions about the nature or possibility of change, many people would see these growing men as they had thought they were, rather than what they really were and were becoming. Rather than their being seen and treated as normal persons and thereby helped to thus become, knowledge of their prior homosexual orientation would more than likely make proper same-sex emotional closeness very difficult to attain.

2. Encourage these individuals to affirm the truth about themselves, that they indeed are heterosexual and always have been. Such would not be "passing," or deceptively presenting a false front for purposes of temporarily fitting in. Rather, it would entail an exercise of faith in one's own self and a determination to make "the unseen seen." Those who were hurt and estranged need to acknowledge to themselves that they had misunderstood their attractions. They had erroneously believed they belonged to a different category of men. Help them to recognize the importance of viewing themselves not as they had thought themselves to be, but as they truly are. With their corrected view of really being heterosexual, their self-esteem can take a quantum leap forward. They become greatly motivated toward facilitating their own growth.

3. Help them look and act more like heterosexual men. While they need not lose the uniqueness of their personality or take on unwanted culturally stereotyped expressions of masculine
behavior, they should eliminate alienating dress and mannerisms that make them stand apart and appear effeminate or different. Without compromising themselves, they need to build attitudes and ways of being and doing that facilitate their being accepted by others. This will also reflect and facilitate their own general acceptance of other heterosexual men.

4. Help them learn to recognize their many and varied forms of defensive detachment, the defense mechanisms which maintain emotional distance from heterosexual men. As they begin to see the magnitude of their alienation and the distance they create between themselves and other heterosexual males, they will be able to increase their abilities and efforts to effect warm social relationships with them. They need to understand that their attraction toward men is a healthful impetus. They can use that attraction appropriately as they begin thinking and acting in ways that will help them bond and heal. In dealing with same-sex sexual attractions, they must know the benefit of more healthful social approaches. Friendship helps to neutralize inappropriate sexual attraction. One man who had recognized the strength gained from his right interactions said it tersely: "You get unhooked when you go for the heart instead of the groin."

5. Help them build communication and interaction skills.

6. Help them develop strategies for assessing their strengths and for maintaining their own healthy self-esteem. Help them see that when they get down on themselves they become motivated to sensually draw from others who appear more masculine. Conversely, when they value themselves, they are able to more appropriately appreciate others. When feeling discouraged and inadequate in their own eyes, they must know that association with respected heterosexuals can satisfy emotional needs and that the comfort of these relationships can replace the pull toward debilitating sexual intimacies. They need to continuously be up on themselves and growing.

7. Help them have corrective social and emotional experiences. The most dramatic personality changes occur through quality relationships. Profound transformation occurs when the pain and fear related to early emotional traumas are assuaged. For hearts to bond, affections must be shared. Such can occur through shared humor and through countless work and play activities. If the care is genuine, bonds of trust will gradually be formed and the individual will become able to expose vulnerabilities and work to change them to strengths.
8. Help them define a safety net—a series of alternatives to utilize when faced with an overwhelming compulsion to act homosexually. This might include visiting a heterosexual friend or family member or engaging in sports or some other distracting activity. They should know that such temptations most predictably come when they are under stress, in an unfamiliar setting, under pressure to perform or produce, or down on themselves. "To be forewarned is to be forearmed."

9. Teach concepts of human learning and behavior modification and help them see relevant personal everyday applications. For instance, they need to stay in environments where they are less likely to be inappropriately stimulated.

10. Encourage them to acquire and improve role-appropriate skills and behaviors. With careful exposure, they can gain new interests and values. They can learn from sharing in any of a number of projects. A helping hand is generally welcomed and affords opportunities for warm relationships to be built. Some might become more familiar with basketball or football activities so they will be able to participate when those games are played or talked about. Many need to understand that they do not have to value or be skilled in particular games or activities to appreciate and care for others who do value them.

11. Help them see the value of leaving all homosexual sexual relationships and environments and of mainstreaming themselves as exclusively as possible with heterosexuals. Those who have achieved maximum growth have done so in the context of exclusive heterosexual relationships.

12. Encourage them to develop an increased understanding of gospel principles, such as obedience, forgiveness, repentance, and faith in the Atonement, and an ability to implement these principles. Being able to forgive individuals or situations that have caused hurts in the past will encourage and facilitate efforts to relate with others. Faith in Christ can help individuals forgive and love themselves while they are modifying their behavior. Individuals need not return to their earliest beginnings to achieve a new self. Jesus told Nicodemus there were different ways to be transformed (see John 3:3-5). The joy of the gospel is the message of repentance and the opportunity for continual enlargement of body, mind, and soul. Homosexuals must become convinced in their hearts "the Lord giveth no commandments unto the children of men, save he shall prepare a way for them that they may accomplish the thing which he commandeth them" (1 Ne. 3:7).
13. Help them develop a warm, personal relationship with their Father in Heaven and with the Savior. The defensive detachment which maintains a safe distance from men seems in many cases to be used to maintain emotional distance from their Heavenly Father as well.

14. Help them understand the importance of personal responsibility and self-direction. Help them to recognize that ease of journey is in proportion to quality of commitment and that God will indeed grant them, by unalterable decree, whatever they desire and will (see Alma 29:4).

Well-identifed heterosexuals should have no fear of helping or befriending homosexuals. When there is an opportunity for legitimate friendship and love, however, a homosexual may express a flood of pent-up emotion. The intensity of that outpouring of affection may seem engulfing and smothering and too large for either the friend or the individual expressing it to handle. Nevertheless, this adoration is like the total love and need an infant has for the parent and comes from years of inappropriate emotional containment. This expression must not be discouraged to any degree. Full ventilation of nonerotic affection should be facilitated. As the genuine love is experienced, the intensity of the dependence will diminish and normal levels of affectional rapport will be attained. Homosexuals' dependency needs are normal in light of the extensive deprivation and alienation they have experienced. Meeting these needs allows the all-important relational bond to be effected. These extreme dependency needs should not be feared, because as they are met, they will dissipate. The inner child's hunger will be satiated, and he will grow toward more mature levels of emotional expression.

In summary, we would emphasize that there is surely reason for hope. In working with men and women, we have seen not occasion for further despair, but valid reason for encouragement, even rejoicing. As clinician and friend, we have seen those who were sad and discouraged become heartened by deep and lasting change. Unsolicited, the affirmations have come:

I came, hoping desperately for help to stay away for a time, time enough to allow testing and to feel safe going back to my wife. . . .
Before, I couldn't hope for ten months, now I have hope for a lifetime.
I don't feel gay anymore.

We have witnessed the elimination of compulsions. We have known growth in esteem and in the homosexuals' abilities to comfortably and
meaningfully relate with others of their own sex. We have seen obligatory homosexuals learn to better understand themselves and resolve issues of their unhappy past. Through overcoming their crippling fears and loving in wholesome, nonsexual ways, they have become able to develop rewarding social and emotional ties with other men. As healthful, same-sex affections have grown, these men have also come to experience new appreciations for women. They have established relationships that have deepened and endured, and they have confirmed to themselves that they truly were and are of worth. Their feelings of being different have been finally assuaged, and they have achieved feelings of completeness as men. We have known married men to realize warm, loving emotional and physical relationships with their spouses. We have heard single men tell with pleasure of their comfortable, growing appreciation and attraction for members of the opposite sex. There has been no need to artificially graft in heterosexual responsiveness. As the heterosexual child within matures, the individual will take care of his own sexual responsiveness.

While strategies will yet be defined to better help homosexuals, great degrees of comforting social and orientation change are presently possible. Their burdens can indeed be lifted. As with all clinical objectives, progress should always be assessed in terms of the new and more healthful behaviors being expressed rather than trying to prove the nonexistence of residuals of the past. Men are not boys, and those who have grown toward psychosexual maturity do not remain the same persons they were. They resent and resist thinking in terms of the past because they have moved beyond it. Conceptualizing the incompleteness and inappropriateness of those times is tantamount to returning to them. They must sense the fact of what another has written: “Thinking of an evil past and gone is the quickest way to bring it on.” Alternative means of determining progress have been given: “By this ye may know if a man repenteth of his sins—behold, he will confess them and forsake them” (D&C 58:43). To have a client return to the details of his errant behavior under the mistaken notion of proving progress is gravely countertherapeutic.

In the foregoing discussion, we have attempted to demonstrate that homosexuality is indeed a serious psychological problem and that obstacles to change may be embedded in those misconceptions that have been delineated. We believe that homosexuals have experienced adverse social and emotional experiences both in earliest infancy and throughout their childhood. Their compulsive, ritualistic behaviors evolve from a combination of naive choice and habits of physical response. More than heredity or hormonal causes, their “fixed”
orientation is a result of early emotional trauma, deviant socialization, a confusion of physical intimacy with acceptance and belonging, and the difficulty of finding ways and means to have legitimate affectional needs met. A major obstacle to change has evolved from seeing the problem in terms of inadequate relationships with members of the opposite sex. The force that impels these men is the need to grow as a man. That force to grow must be satisfied first in terms of correct relationships with members of the same sex. Then, and only then, can that urge carry the individual into relationships with members of the opposite sex. Only then will members of the opposite sex be relevant.

Facilitating growth beyond the bonds of homosexuality will require a collaborative effort. Homosexuals who desire a change in orientation and those individuals wanting to help will both have to work within the context of natural and eternal law (see D&C 130:20–21). Individuals from all walks of life, professional and nonprofessional alike, will need to use persuasion, long-suffering, gentleness, meekness, and unfeigned love as the means to help men and women who desire to learn and live right principles. Through these mutual efforts, homosexuals will be able to overcome their condition of alienation and developmental arrest. Their intact identity will then enable them to move through successive stages of life.

The gospel, above all else, is a plan of charity or righteous love that is to facilitate growth and freedom and the greatest good for all. The evolution of a healthy sex-role identification will indeed occur through the application of gospel truths. Right relationships will go far toward bringing about deep and abiding change. More than ever before, much can be done to help men and women experience legitimate affection and nurturance and attain their rightful identity. Teilhard de Chardin (1967) has framed the wisdom that has too infrequently found its way into our behavior, but which could help us make desirable personal changes profoundly real: "Someday after we have mastered the winds, the waves, the tides, and gravity, we shall harness for God the energies of love. Then, for the second time in the history of the world, man will have discovered fire" (p. 16).

As we extend genuine love, acceptance, and encouragement to each brother and sister who struggles with identity problems and assure each of a fidelity "stronger than the cords of death," we will all come closer to that unity, maturity, and joy to which we have been called.

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