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SEXUAL INTIMACY: THOUGHTS FOR LDS HELPING PROFESSIONALS
Victor Brown, Jr.,* Ph.D.

My views on human intimacy, both sexual and emotional, have been extensively outlined in a recent publication (Brown, 1981); consequently, for the purposes of this special issue of the AMCAP Journal, I have chosen to focus more narrowly on some challenges in the sex therapy movement and how we might deal with them in our own practice as LDS counselors.

Few human needs are as widely debated as much controversy as is the need for sexual intimacy. I believe a major cause of the controversy is that the debate has usually focused narrowly on sexuality instead of broadly on social, emotional and spiritual, as well as physical intimacy.

The concerned helping professional of any religious persuasion knows clients who suffer from sexual distress. The LDS helping professional may encounter even more severe distress in clients due to the virtually unparalleled sanctions by the restored gospel and The Church of Jesus Christ of Latter-Day Saints against immoral sexual thought and behavior. (Is there any other major denomination today which excommunicates for adultery or disciplines for petting, fornication or use of pornography?)

Further complicating the matter is the nature of sexual distress itself. In a secular culture which celebrates sexual prowess, less than perfect sexual performance implies personal failure or at least social inadequacy. Secular society has removed virtually all prohibitions against sexual activity between consenting adults and is moving rapidly to remove barriers to adolescent sexual activity. And, I believe there is evidence of increasing acceptance of sexual activity between adults and children (McBride & Fleischauer-Hardt, 1975).

Thus, the LDS counselor and client may be caught between pressures against and for sexual behavior. Because of the emotions generated by these fiercely contending forces, LDS professionals who are called upon to assist people with sexual problems need to be cautious and protect their professional integrity. By caution I mean wariness about what is purported to be truth; by integrity I mean honoring the finest ethics of our professions and our various covenants within the gospel and the Church.

For example, are we not obligated to repudiate techniques utilizing masturbation or exposure to visual depictions of sex acts, as well as bizarre experiments using electrode induced septal stimulation and chemotherapy which have as their therapeutic goals sexual exploitation of other people? (Moan & Heath, 1972; Money & Alexander, 1967)

The point is that LDS professionals are constrained as are no others of our colleagues to respect Church policy, gospel principles and those priesthood officers who are authorized to bring the two together. This applies, I suggest, whether we agree or disagree, understand or not. If we err should it not be on the side of an infinite gospel rather than a finite profession?

With these thoughts in mind please consider three aspects of treatment of sexual distress.
1. Problems with the literature
2. Treatment ethics
3. Gospel doctrine

PROBLEMS WITH LITERATURE
There are two facets of error that have special bearing here. One might be called "the Victorian historical scapegoat;" the other is technique versus relationship.

The Victorian Historical Scapegoat
History written by historians is often drastically different from history written by lay people in private journals and diaries. And verbal history is frequently different from written accounts. Obviously this is partly due to the fact that professional, written history is elitest, written by formally educated writers for formally educated readers.

Due to this bias, I believe, alleged Victorian era anti-sexuality has been misinterpreted by elitest historians and social scientists. There was no shortage of scatological literature or behavior among all Victorian classes. And Queen Victoria herself expressed a warm and intense sense of sexual intimacy. Yearning for her late husband Alfred, she wrote in her journal of being "clasped and held tight in the sacred hours at night when the world seemed only to be ourselves" (Marshall, 1972). A disservice produced by this misinterpretation has been that the rallying cry of sexual liberationists has ever since been to purge American society of Victorian prudery without regard to the consequences of the purge or even the accuracy of the rallying cry.

The 19th century saw the consequences of cumulative upheaval in all aspects of society. As old institutions such as religion, government and commerce crumbled or were radically altered, so did the social and emotional order of things undergo change. In the 18th century, Voltaire and Rousseau broadly challenged the theoretical bases of ancient institutions. In the Victorian Era, social activists began to challenge the specific impact on people of those institutions. Darwin's work was used as a vehicle to challenge religion's basic definition of man, implying that sexuality was not God-given but a consequence of mindless evolution. There was a phase where several earnest thinkers concerned about...

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sexuality, such as Richard von Krafft-Ebing in his *Psychopathia Sexualis--A Medico Forensic Study*, tried to synthesize the tattered remnants of religion and society with emerging scientific rationalism. This process spawned sterile ideas about sexual behavior (e.g., masturbation leads to insanity). Caught in a transition which they did not really comprehend, 19th century and early 20th century writers often wrapped their work in a cloak of scientific religion, using each other to legitimize the other.

Freud, Havelock Ellis, Margret Sanger and others rather courageously attacked this misshappen hybrid of religion and science, but they also were fighting personal demons, Ellis especially (Karlen, 1971). The confluence of religious, cultural and class variables were quite probably very different in the lives of these professionals than in the lives of most 18th and 19th century people, suggesting, I believe, that much if not most so-called Victorian anti-sexuality has been a scapegoat which has allowed many social scientists to react with liberal counter-theses while avoiding the facts about sexual behavior in relation to society and that this, to some extent, prevails today.

Unfortunately they did not (nor have their disciples) differentiated between the debates of the intelligentsia and the feelings about sexual intimacy of people who do not invest it with theoretical significance. In research terms, from Voltaire through Freud, the sample has been very biased and the data skewed with little relevance to the private lives of those people who felt and experienced rather than intellectualized about sexuality. Personal accounts of people as diverse as George Washington, Albert and Jeannie Barnitz, and my great, great grandmother Morris offer insights here (Flexner, 1965; Utley, 1977; Morris, 1901). This suggests that alleged Victorian anti-sexuality has actually been a scapegoat which has allowed many social scientists to react with liberal counter-theses while avoiding the facts about sexual behavior in relation to gospel values and the consequences of violating those values. If my thesis about Victorianism is correct, then secular accounts of sexual history and theory are suspect.

From this uneven secular-religious beginning has grown the structure of late 20th century sexology. The theories, research, and techniques have thus been based on two false premises: (1) that society required liberation from sexual inhibition, and (2) that traditional moral values were irrelevant or harmful.

**Skill versus Relationship**

Without doubt there are sexual dysfunctions. Among them are premature ejaculation, vaginismus, dyspareunia, and ejaculatory inhibition. However, to treat them as if they exist irrespective of a relationship is to remove sexuality from context. Quite simply, it is socially insidious to promote technically skillful sexual behavior to the exclusion of relationships, and it is doctrinally sinful to engage in sexual acts without due regard for values, meanings, and one's spouse. (There is, of course, no doctrinal allowance for sexual behavior other than with a spouse.)

Whether from Masters and Johnson, Kaplan, Bell and Weinberg or Frank, Anderson and Rubenstein, their own data demonstrate that virtually all sexually-related problems derive from troubled relationships and corrective treatments rely upon relationships. This includes parent-child, peer, courtship and marital relationships. Something which supports if not proves this rule is Masters and Johnson's report of ambisexuals (1979). These people achieve nearly perfect orgasmic proficiency through nearly total emotional disinterest. By severing those bonds which are the lifeblood of human society, certain individuals develop exceptional erotic skill. From attitudes and behaviors such as this stem secular ideas that there ought not to be restrictions against sexual behavior between consenting adults.

The psychological presumptions of consenting adult sexuality have now become at least de facto legal doctrine (*Hasting's Law Journal*, 1979). The theoretical presumption is that adults have both the need and the right to be genitally erotic whatever their legal or moral relationship. Among the manifestations of the legalization of this doctrine are conjugal visits for married prisoners, conjugal visits for unmarried prisoners, civil rights for "gays", no-fault divorce, victimless crime, amoral sex education curricula in schools and so forth. For the LDS professional to promote sexual immorality, sexual license or even sexual amorality because it is law is no more doctrinally right than for an LDS member to gamble in Nevada because it is legal there. Nor is it sound science to ignore the reality that seldom if ever is there equality in sexual acts. Almost always one person has a relationship need which another has the power to fulfill or possibly manipulate and exploit.

There are also dysfunctions within relationships which merit attention, but to address them as technical deficiencies is like drivers' education focused on skill alone. Indeed the terrible accident rate of teenage drivers derives from their illusion, reinforced by almost every television show, that a good driver is one who can maneuver at high speed and that poor drivers are slow and cautious.

Is this much different from sex education based on skill to the exclusion of values, kindness, good humor, self-discipline and responsibility, as well as mutual enjoyment? Could a narrow technical type of sex education be a partial cause of pervasive venereal disease, explosive rates of adolescent pregnancy and rampant abortion?

When consequences such as these are added to the Gospel explanation of the source and purpose of sexuality it seems to be that we have no justification for treating these problems except as part of a relationship. In addition to several other comments about the importance of relationship, it is interesting that even articles such as Frank, Anderson and Rubenstein report the preeminence of relationship over technical skill. Their concluding sentences read:

"It should be noted that the sexual difficulties that we refer to in this study probably reflected interpersonal problems to which both the husband and wife contributed. Dysfunctions, on the other hand, were more likely to reflect a combination of
education deficits, inhibitions, physiologic problems and interpersonal conflict. All this material leads one to the conclusion that it is not the quality of sexual performance but the affective tone of the marriage that determines how most couples perceive the quality of their sexual relations (1978, p. 115).

What then can the secular literature offer? There are some real limitations. Consider four examples: Sex Surveys; the work of Masters and Johnson; masturbation therapy; and incest.

Sex Surveys. Surveying or sampling sexual behavior by questionnaires or direct observation is a guessing game that has been projected into a major enterprise in both science and the media. To my knowledge, a truly representative and accurate account of sexual conduct does not exist because they are all based upon samples of individuals who were willing to expose their private conduct. We know nothing about the large portion of the population whose behavior has remained discrete, modest and private by not opening it to investigation. For such reasons, sexual research, theories and techniques are based upon inevitable biases which reveal a picture that must be slanted in the direction of that which is exhibitionistic, hypersexual and pathological. Kinsey and his associates did not really answer as many questions as they created. They taxonomically classified numerous sexual practices from a skewed sample. We do not yet know with statistical confidence how many people in the general population do what. Masters and Johnson have increased the distortion. Through their work we know only about subjects who can perform with physiological recorders attached to their bodies and observers present. We do not know the degree of tactile pleasure nor the extent of emotional reward derived by modest, private, married couples who venerate premarital chastity and marital fidelity. Nor is it likely we ever shall, given the sanctity suggested by a theocracy which rather zealously guards our intimate privacy both from scientific research and from ordinary ecclesiastical inquiry.

But is this apparent data gap a serious problem? Consider just two pertinent, sampled "normal" couples, people with no sexually related presenting problems (Frank, Anderson & Rubenstein, 1978). This article needs to be read carefully to be appreciated for it demonstrates the very weakness I am concerned about. In essence they obtained what I believe is a profile of normal sexual attitudes and frustrations, and extrapolated it into dysfunctions and dissatisfactions. Attempting to achieve precision, which is probably unobtainable outside a Masters and Johnson type laboratory, Frank, Anderson, and Rubenstein take ordinary, frequently temporary, and readily correctible frustrations and equate them with serious problems.

It is this type of earnest, but misguided analyses, even preoccupation with abstract paradigms, which has actually undermined enjoyment of human sexuality and led to the increasing sexual lassitude of which Helen Kaplan speaks when she notes that loss of sexual desire is apparently the most prevalent of all sexual problems (1979).

Masters and Johnson. Despite major defects in their research and in their reporting (Zilbergeld & Evans, 1980), Masters and Johnson are among the more authoritative voices speaking on human sexuality today. Without question they have studied behavior previously hidden from scrutiny both by values and by limitations of technology. But what questions does the LDS person --client or professional--ask that Masters and Johnson or their followers answer? Their methods of therapy were preceded by behavior therapists (Wolpe, 1958) and their physiological studies are of questionable significance.

Masters and Johnson study how people perform sexual acts. This has never really been a question. Does their description of the excitement, plateau, orgasm and resolution phases enlighten the LDS helper or client who is operating in harmony with gospel principles? Or do the methods by which this information was obtained violate fundamental gospel principles of modesty, chastity, and dignity? Could a Masters and Johnson research subject, or a subject in a similar program, acceptably answer the temple recommend questions, especially those about unnatural, impure or unholy sexual acts?

In their latest book, Homosexuality in Perspective, Masters and Johnson espouse values, vaguely describe therapies and evaluate date in contradiction to fundamental LDS doctrine. Various they applaud amoral bisexuality, demand moral neutrality, assert that homosexuality may be superior to heterosexuality and term as "handicapped" heterosexual couples who are influenced "theological and cultural covenant" (1979, p. 219). To follow the lead of Masters and Johnson in our quest for effective methods thus tends to enmesh us in frequent compromises with our values.

Masturbation Therapy. According to the gospel this behavior is a sin. How then could there be justification for an LDS therapist to teach or condone masturbation? There are LDS helping professionals who have adopted sensate-focused therapies as if gospel condemnation of masturbation is either modified or even overridden by professional doctrine. That masturbation, accompanied by guided fantasies or vibrators or other technical aids, enables some clients to acquire or recover heterosexual erotic competence in preference to being non-ergicastic or homosexual is irrelevant. It is a fact that an aggressive salesman can persuade many gullible people to sign a legal contract binding themselves to crushing payments. But the legality which a materialistic society confers upon such a transaction does not transcend the covenant obligations an LDS salesman has to be kind and fair to his fellowman.

There are also significant clinical and values issues to be raised apart from gospel doctrine (Brown, 1981). Common sense and social decency tell us it is not ethical to gain certain objectives by any means at our disposal. When we know that the Lord or his spokesmen have condemned certain methods, then to employ them becomes immoral and sinful. Finally, even on a technical level it is not at all obvious that the presumed positive results of hedonistic methods have lasting effects, nor that negative side-effects are avoided.

Incest. Adult-child sexuality is no longer a taboo taken
for granted but is increasingly a subject of professional speculation about its positive effects (Time, September 7, 1980; Cook & Howells, 1981; Diamond & Karlen, 1980). I believe that incest is going through the same legitimizing process applied previously to masturbation, pre-marital and extra-marital sex, and homosexuality. Clearly, advocates of incest are working to gain professional “objectivity” or at the least, public apathy. Yet, incest, no matter what social scientists may say—even if they all were united—cannot legitimately be studied by LDS professionals as if its practice would ever by anything other than a heinous crime and awful sin. Yet, as in other areas of sexuality, the literature increasingly takes an amoral approach.

Conclusion Regarding Problems in the Literature

Professional publications in this area have had an activist quality for many years. Unlike more scientific developments, this field has the quality of a social movement with strong political, philosophical and lifestyle aspects. The trends therein toward a technological, amoral, and hypersexual philosophy have earned deserved skepticism from competent professionals. Interestingly, some of the wisest and most penetrating critiques have been authored by intellectuals outside of the religious establishment. Consider, for instance, Rollo May’s erudite analysis of “Eros in conflict with sex” in his book, Love and Will (1969), or Christopher Lasch’s focus on the selfish themes of modern sexuality in the Culture of Narcissim (1978), or Thomas Szasz’ exposure of the negative value agendas and consequences of sex therapy, as documented in Sex by Prescription (1980). These commentators provide a needed critique of and balance to the plethora of misleading books in this field by prominent writers such as Kaplan, LoPiccolo, Masters and Johnson, Calderone, and McCary, not one of whom adopts an appropriately moral perspective on sexual intimacy.

Treatment Ethics

My comments up to this point should not be read as a blanket rejection of all secular knowledge or therapies. Rather, my intent is to raise serious questions about the secular literature on the subject of sexuality.

Having examined his or her professional repertoire for illusion and distortion, the LDS counselor should be in an especially sound position from which to help people prevent or solve sexual problems.

I suggest that for the LDS helping professional it may be proper to:

1. Reinforce to unmarried clients principles of chastity, self-discipline and repentance.
2. Within bounds of modesty and propriety, assist married and unmarried clients to obtain correct biological information about the human body and its functions, this without creating sexual tension between people who are not married to each other. (This means the therapist must prevent or deal with sexual tension between himself and clients also.)
3. Help unmarried couples prepare for married intimacy by general discussions of the importance of kindness, patience, respect, good humor, cleanliness, and other attitudes and behaviors which enhance emotional, spiritual and physical intimacy.
4. Diagnose and offer to married couples specific help for dysfunctions including vaginismus, premature ejaculation, dyspareunia, and ejaculatory inhibition, while respecting their privacy and modesty, never touching clients in an erogenous manner, nor eliciting unduly graphic or repeated and thus potentially invasive descriptions of private sexual behavior.
5. Give to married couples self-help tactile methods of an intimate but nongenital nature which the clients could then expand to include genital intimacies when they are ready, in privacy, not to be observed by anyone except the spouse and seldom reported even to the helping professional. For example, a pleasurable application of lotion (not oil) to the spouse’s face or arms or legs may be suggested. Tactile experience such as this within a relationship of improved communications, kindness and courtesy helps create a climate within which full sexual communion can develop without the helping person invading the intimate privacy of his clients.
6. Demonstrate dignity and reverence for the body, its pleasures and processes by use of correct though not stilted language and relaxed, candid but not crude discussion. Avoid exposing clients to pornographic movies, slides, literature or pictures that are manufactured for so-called clinical or professional use.
7. Seek to discover methods of treatment which restore or establish heterosexual functioning within marriage, in a full sense of intimacy, without lust and with methods which are in harmony with gospel principles.
8. Assist clients to appreciate that ultimately the reason for and the consequence of sexuality—both literal and symbolic—is not simply physical excitement but to communicate affectionate respect for one’s spouse and nurturance of the life created by sexual union.
9. Scrupulously honor and sustain the order and privacy of family and marital relationships and the priesthood structure of the Church, particularly the bishop’s authority.

Gospel Doctrine

The Latter-Day Saint helping professional is confronted by professional and religious doctrines which sometimes cannot be reconciled. The restored gospel, as interpreted and administered on earth by ecclesiastical officers, reveals an eternal perspective on the purpose of sexual capacity. LDS professionals in physics or engineering have an implied obligation to live personally by gospel law but nuclear experiments or bridge building are seldom linked directly to scriptures or pronouncements of latter-day prophets. Intimate human behavior is quite the opposite. It is a theme of the scriptures and prophesies. Among pertinent scriptures are: I Corinthians 3:16-17; Genesis 1:27-28; Moses 3:24; I Corinthians 7:4-5; Ephesians 5:23-33; 2 Nephi 2:5. Among pertinent statements by latter-day prophets, seers and revelators are:

“The union of the sexes, husband and wife (and only husband
and wife), was for the principal purpose of bringing children into the world."

"The Bible celebrates sex and its proper use, presenting it as God-created, God-ordained, God-blessed. It makes plain that God Himself implanted the physical magnetism between the sexes for two reasons: for the propagation of the human race, and for the expression of that kind of love between man and wife that makes for true oneness. His command to the first man and woman to be 'one flesh' was as important as His command to 'be fruitful and multiply'."

"The Bible makes plain that evil, when related to sex, means not the use of something inherently corrupt but the misuse of something pure and good. It teaches clearly that sex can be a wonderful servant but a terrible master; that it can be a creative force more powerful than any other in the fostering of love, companionship and happiness or can be the most destructive of all of life's forces" (Kimball, 1974).

"Sexual experiences were never intended by the Lord to be a mere plaything or merely to satisfy passions and lusts. We know of no directive from the Lord that proper sexual experience between husband and wife need be limited totally to the procreation of children, but we do find evidence from Adam until now that no provision was ever made by the Lord for indiscriminate sex" (Kimball, 1975).

"The normal, God-given sexual relationship is the procreative act between man and woman in honorable marriage. It was so expressed and commanded to the first man and woman on the earth as shown in Genesis 1:27-28 and Moses 3:24" (Kimball, 1969).

"First, young men throughout the Church, know that a woman should be queen of her own body. The marriage covenant does not give the man the right to enslave her, or to abuse her, or to use her merely for the gratification of his passion. Your marriage ceremony does not give you that right.

"Second, let them remember that gentleness and consideration after the ceremony is just as appropriate and necessary and beautiful as gentleness and consideration before the wedding.

"Third, let us realize that mankind is not underestimated by the practicing of continence, notwithstanding what some psychiatrists claim...Let us teach our young men to enter into matrimony with the idea that each will be just as courteous and considerate of a wife after the ceremony as during courtship." (McKay, 1952).

"If sex is as sacred to us as it should be, then it serves that status both before and after the wedding ceremony. 'Anything' does not go in marriage. Decency is as important for married people as for the unmarried. Perversions are reversions whenever indulged in, and the marriage ceremony cannot take away their stain.

"When indecency, in dignity and unnatural practices are thrust upon a good woman by a lustful man, can she be blamed for resisting? Can any woman retain her self-respect or her regard for her husband if he insists upon and she submits to unnatural practices? How many women now called 'frigid' would resist a normal relationship? It is the unnatural, the extreme, and the indecent which sickens self-respecting women" (Petersen, 1972).

Doctrinal guidance culminates in D&C 132 where it is revealed that sexual power is both a test of moral purity and a characteristic of exaltation. If we live worthily and are exalted, then procreation and by inference, some divine manner of sexuality is granted as part of ordination to Godhood.

Conclusion

This paper and my work these past few years on the subject of sexuality have created mixed emotions. Sorrow and anger have mixed with empathy as I have read the literature and worked with people who seek relief from sexual distress. It is sad that detrimental illusions have been accepted by lonely, confused people.

It provokes anger that some influential researchers, therapists and writers have fostered illusions about the intimate needs of people and, to borrow from C.S. Lewis, created or reinforced impossible ideas of sexuality.

Recognizing the significance sex therapists assign to technique-oriented therapy (sensate focus), I have on occasion carefully tried to teach or treat people on this basis. Admittedly, my efforts and my evaluation of those efforts are self-reported. Even so, my conclusion is that primarily technique-oriented sex education and therapy may be illusory at best and, at worst, violate both the letter and spirit of the divine gift of sexual capacity.

In treating clients with sado-masochistic troubles, my efforts to focus upon their erotic arrangements inexorably gave way to their pain about elements of relationship, e.g., unkind words, impatience, criticism, regrets lingering from courtship days, and concern about temple covenants.

Trying to cope with the damage caused by incest in several different cases, specific sexual behaviors became irrelevant. Rather, self-esteem, pathologic ambivalence about the aggressing parent, guilt and acceptance by other men (or women) and by the Lord have been the crucial matters whether the client was 11, 21, or 35 years of age.

Then, in almost mundane terms, I have found ordinary marital therapy calling for primary focus on technical. Whether it was premature ejaculation or vaginismus, progress and healing depended most upon trust and respect sufficient for the couple to nurture each other while appropriately applying technical knowledge.

That physical intimacy is only part of a greater intimate whole should be reassuring to Latter-day Saint professionals for it gives place and purpose to a powerful element of being human. Perhaps more than with any other human behavior, sexuality is defined, justified and circumscribed by the Gospel and by priesthood authority. Competent Latter-day Saint helping professionals surely could render superb assistance in preventing or treating sexual problems, so long as we remain in letter and spirit well within the Gospel and the Church context.

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