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Healing Problems of Intimacy by Clients’ Use of Gospel-Based Values and Role Definitions

Victor L. Brown, Jr.

INTRODUCTION

Reliable evidence shows that people are, in fact, helped to overcome social and emotional problems by professional therapies when certain conditions of change are present. It is important to specify as precisely as possible those factors that enhance change. They include the ability of the therapist, the attitude of the client or patient, and the methods used. Among the factors in change as specified in the *Handbook of Psychology and Behavior Change* are:

1. Change is multidimensional. Various aspects of the client’s life change, not just the target behavior.
2. Change is internal as well as external. Thoughts and attitudes are as important as overt behavior.
3. Change criteria ought to relate to the client’s situation. It may be more important to measure change against the client’s own situation than by comparison to a referent group.¹

Most reports about the effectiveness of psychotherapy and its related methods deal with outcome and not therapy itself. There is a dearth of information “of specific treatments with specific problems” that “result in practically useful information.”² One reason is that it is extremely difficult to explain completely the more subtle elements of therapies that depend heavily upon the quality of the human relationship between client and therapist.

Measurement of psychotherapeutic effectiveness also needs to account for the client’s contribution. It is pertinent that among recommended “useful techniques,” Bergin and Lambert list patient self-report, patient checklists, self-concept measures, and self-regulation measures.³

The clinical experiences reported in this article need to be considered with these various factors in mind. Obviously, the limits

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of journal-length articles, the usual challenges of writing, and the impossibility of conveying certain real but subtle factors all combine to render any such report incomplete. Nevertheless, the intent is to share as much as possible in reporting results of a synthesis of theory and practice that has proven efficacious in healing problems of intimacy. This clinical work was based upon four assumptions:

1. The Savior’s teachings, when acted upon correctly, promote optimal healing.
2. Effective therapy is as much a self-education effort by the client as it is clinical technique done to the client by the therapist.
3. Values so permeate life that for clinician or client to disregard them is counterproductive.
4. Role beliefs and behaviors offer client and counselor alike very tangible, reliable tools for evaluation and change.4

Christian clients with problems of intimacy can avail themselves of powerful healing methods if clinicians are willing to utilize the gospel of Jesus Christ. To aspire for less is to disregard the absolute claims made by the Savior. Teaching the Samaritan woman at the well and offering healing of her serious intimate problems, he promised: “Whosoever drinketh of this water shall thirst again: But whosoever drinketh of the water that I shall give him shall never thirst; but the water that I shall give him shall be in him a well of water springing up into everlasting life” (John 4:13–14).

Offering succor to the emotionally and physically needy is bedrock Christian doctrine. Paul counseled the Thessalonians to “warn them that are un­ruly, comfort the feebleminded, support the weak, be patient toward all men” (1 Thes. 5:14). King Benjamin was equally explicit: “I would that ye should impart of your substance to the poor, every man according to that which he hath, such as feeding the hungry, clothing the naked, visiting the sick and administering to their relief, both spiritually and temporally, according to their wants” (Mosiah 4:26).

Abiding by such articles of faith demands that the clinician either offer healing balm for wounds of intimacy or inform clients that such assistance is not within the ability of the clinician, for to paraphrase James’s question, “If a brother or sister be [lonely or devoid of self-esteem], and destitute of daily [companionship], and one of you say unto them, Depart in peace, be ye [loved] and [secure]; notwithstanding ye give them not those things which are needful to the [heart]; what doth it profit?” (James 2:15–16).

In view of the unequivocal scriptural promises of healing through living the gospel and through the redemption of Christ, those in the helping professions who claim Christian discipleship cannot temporize in the application of the Savior’s doctrines in the clinical setting. Neither
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would it do to usurp the separate and distinct authority of priesthood officers. Nor should the therapist, in an effort to help the client use gospel principles, abandon the discipline of professional training. When one's brothers and sisters seek help with problems that are destroying self-esteem and wrecking intimate relationships, they need neither an excess of pseudoreligious exhortations nor a surfeit of valueless or ineffective mental technology. The futility of some therapies has led many professionals in recent years to stop trying to help people solve certain problems of intimacy. Recognition of inadequate treatment regimens may account for erroneous but widespread beliefs such as that male homosexuality is not changeable. Counselors who see too much of family discord and abuse may, with decent intent, too often see divorce as a solution. It may be that sexology has been accepted because it offers rapid reduction of frustrations although not long-range personal growth. But abdication of values is not available to those Latter-day Saint professionals who do not choose to separate covenants from practice methods.

Neither is abdication feasible for those who respect the work of secular thinkers such as Erik Erikson who test their theories in therapy. In his "Eight Ages of Man," Erikson denotes the stages through which each of us is likely to pass with benevolent or detrimental consequences. It might be said that he dares to face the reality of consequences and expose the illusion of valueless clinical criteria. For example, discussing "generativity versus stagnation," he warns that those who choose not to seek intimacy may deteriorate as "regression to an obsessive need for pseudo-intimacy takes place, often with a pervading sense of stagnation and personal impoverishment."5

Be they moved by a sense of professional duty, the wisdom of such thinkers as Erikson, or the loving pleadings of the Redeemer, responsible clinicians must offer solutions or else risk practicing well-intended sham. Such concerns prompt us to engage in public discussion of difficult enterprises.

CLIENTS AND METHODS

Eight clients were treated for problems of intimacy (all names and certain identifying information have been changed):

1. Frank J., 42 years old, married, father of four
2. Eileen M., 45 years old, divorced, mother of three
3. Warren T., 41 years old, never married
4. George T., 20 years old, never married
5. Brad S., 42 years old, divorced, father of one
6. Marian P., 48 years old, divorced, mother of five
7. Gretchen P., 32 years old, married, mother of four
8. Myra M., 19 years old, never married
These clients’ problems of social and emotional intimacy stemmed from various causes in their childhood or adult experiences: incest by a mother with a son; incest by a father with daughters and sons; male homosexual aggression by a teacher upon an adolescent; adult male homosexuality; adult female homosexuality; homosexual activity by an adult with boys (pedophilia); transsexualism; emotional abuse in childhood; emotional and physical abuse in adulthood by spouse and loss of sexual desire. Even though each person’s life was affected by one or more of these sexual problems, they all suffered from broader problems of intimacy including lack of self-esteem, inability to maintain relationships, serious insecurity, spiritual impoverishment, depression, and fear. In fact, achievement of sexual satisfaction was one of their lesser priorities.

Clinical involvement with these cases ranged from a minimum of eight weeks to a maximum of four years, except for one which lasted, off and on, for ten years. In six cases, the treatment resulted in a cessation of problem behaviors, diminution or extinction of troubling thoughts, and achievement of satisfying intimate relationships consistent with gospel principles and self-esteem. In one case, problem behavior stopped but therapy ceased before new relationships were developed. It was later determined that ideation did not change. In fact, the client intentionally falsified reports of change to satisfy family and Church expectations. In another case, it was too soon to tell the long-range outcome of treatment because the victim of incest had not yet married. However, behaviors and thoughts indicated strong movement toward lasting healing.

Although each person suffered from a problem severe enough to suggest a pessimistic prognosis and most were older than the optimal age for change, seven have essentially overcome the problems that they sought help for. One has made some behavior changes but must be regarded as only slightly improved, and tenuous at that.

While the intimate problems of these people included specific sexual manifestations, they had broader consequences. The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM III) refers to psychosexual disorders, but even this is too narrow. As I have explained elsewhere, problems of intimacy exist when the individual cannot make those commitments or take those risks that are implicit in especially intense, highly significant relationships. Erikson defines intimacy as “the capacity to commit oneself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments, even though they may call for significant sacrifices and compromises.” From the scriptures I infer that a person suffering from problems of intimacy does not love God, neighbor, or self (Matt. 22:34–40). Thus, apart from sexual factors,
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the eight clients were troubled in their social, emotional, and spiritual relationships with parents, husbands or wives, children, selves, and God.

Clinical methods were based upon those doctrines, norms, and methods that might be considered orthodox for members of The Church of Jesus Christ of Latter-day Saints. Methods utilized within the helping professions but which appear to conflict with gospel principles were not used. Among them are masturbation therapy, painful or demeaning aversive techniques, and the erotic regimens of the Masters and Johnson type of sexology. This is not to say that the utility of some of these approaches was ignored. One does not ignore the obvious usefulness of the internal combustion engine because it pollutes the environment. Instead one seeks to develop a clean engine. No one who has felt the despair of those who suffer from problems of intimacy is inclined to ignore helping methods, even when repugnant. The more humane course is to offer viable alternatives.

Because the theoretical basis of these alternatives depends upon scriptural justification as well as support from the clinical literature, some concepts need defining. Values refers to those beliefs held strongly enough to motivate overt behavior. Role definition consists of those attitudes and behaviors that are demonstrated by the individual in various roles including son, daughter, spouse, parent, and child of God. Self refers to the client’s responsibility for his or her behavior. Personal agency is a bedrock gospel value (see D&C 29:35) and as basic a clinical principle. Clients were encouraged to assume and retain full responsibility for their lives. The clinician served as an educational resource to them. In the therapeutic transaction, the client asked, “What values do I really hold about intimate behavior?” and “What kind of person have I been and what kind do I want to become in my relationships?”

Answers to these questions were influenced by the clients’ perceptions of the Church, the gospel, and the Savior. It proved very important for the clients to differentiate between the Church and gospel of Jesus Christ on the one hand and the culture that might be termed “Mormonism” on the other. In this vein, the clinical goal became not restoration to “Mormon” cultural orthodoxy, but the obtaining of healing such as that offered by the Savior to the survivors of destruction following his crucifixion:

O all ye that are spared because ye were more righteous than they, will ye not now return unto me, and repent of your sins, and be converted, that I may heal you?

Yea, verily I say unto you, if ye will come unto me ye shall have eternal life. Behold, mine arm of mercy is extended towards you, and whosoever will come, him will I receive; and blessed are those who come unto me.

(3 Ne. 9:13–14)
CLINICAL EXPERIENCES

Deferring to the client’s agency, the clinical approach consisted of three phases: self-understanding, self-mastery, and self-definition. Self, as noted, is used to focus the responsibility for change. Self-understanding involves the gathering of historical data through which the client recalls or seeks information from others about himself or herself and then evaluates how much deviation has occurred between his or her value system and preferred behaviors. The history is not gathered to blame anyone but rather to obtain as accurate a picture as possible about past behavior of client, family members, and significant other people as it influenced the client’s current situation.

Self-mastery involves both the reduction and eventual extinction of those thoughts and behaviors that conflict with values and preferred roles and the reinforcement of existing, preferred values and role behaviors. Obviously this phase can only initiate the lifelong process of mastery of oneself.

Self-definition occurs as the person clarifies, reaffirms, and embraces the values by which she or he intends to live and specifies and practices intimate role behaviors consistent with those values.

All three of these phases can take place concurrently, with self-definition initiating most of the therapeutic activity. However, for literary purposes, they are presented in reverse order here.

The professional literature indicates that it is a valid clinical approach for clients to deal with thoughts and behaviors that conflict with their values and preferred role behaviors. And, of course, this is a basic assumption of the gospel. The eight men and women discussed here suffered, as did Paul, from a bitter sense of divergence between what they believed was right and how they actually behaved: ‘‘For I know that in me (that is, in my flesh,) dwelleth no good thing: for to will is present with me; but how to perform that which is good I find not’’ (Rom. 7:18).

SELF-UNDERSTANDING

This evolutionary and ongoing phase actually begins as the client becomes increasingly aware of a disparity between what she is and what she wants to be. Not infrequently she is trying quite earnestly to be a conforming ‘‘Mormon’’ but derives little peace from her efforts. In fact, all of the clients were very active in the Church although each had done or been victim of things that merited severe sanctions including loss of membership.

The process of acquiring self-understanding is not unlike Nephi’s introspection and appraisal as he examined his fidelity to values and role expectations:
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Behold, my soul delighteth in the things of the Lord; and my heart pondereth continually upon the things which I have seen and heard. Nevertheless, notwithstanding the great goodness of the Lord, in showing me his great and marvelous works, my heart exclaimeth: O wretched man that I am! Yea, my heart sorroweth because of my flesh; my soul grieveth because of mine iniquities. I am encompassed about because of the temptations and the sins which do so easily beset me. And when I desire to rejoice, my heart groaneth because of my sins; nevertheless, I know in whom I have trusted.

(2 Ne. 4:16–19)

It is pertinent that Nephi’s lamentation occurred as he was beset with problems of intimacy about a deceased father, alienated brothers, and his relationship with God.

Similar to Nephi’s self-scrutiny here were five parts of personal history that the eight clients examined to increase self-understanding: (1) relationships with parents, past and present; (2) gender-role experiences; (3) relationship skills; (4) early sexual episodes; (5) integrity of values and roles. Because these are also discussed under self-definition I shall just skim them here.

Parent-Child Relations

With few exceptions people with problems of intimacy have histories of difficult relations with their parents. Often these difficulties are current and unresolved between adult children and parents. The oldest person (not one of the eight) with whom I have dealt who expressed this was seventy-one. It appears that when these conflicts are unresolved, anxiety may increase with age.

The emotional mechanism that seems to trouble the child as years pass is increasing resentment at the parents’ failure (or so the child perceives) to live up to the values and roles of nurturant parenting. What makes it impossible to emancipate oneself from the parent by anger or contempt is a yearning for the lost nurturance. In trying to isolate a critical factor in this transaction, I have come to believe that the cause of such elemental pain is that the child’s innate need to behave intimately toward someone is frustrated during the very first developmental stage by rejection of the offering. As a consequence, throughout life the child is uncertain about others’ acceptance of intimate overtures. This creates, at times, an unbearable emotional insecurity.

In other words, it may not be nearly as important for the child to experience intimacy directed at him as it is to have his offering of intimacy accepted. It was useful, therefore, for the clients to recall and research not just how their parents behaved but also how they behaved toward their parents.
Eileen sought help with several failing relationships. Some of her greatest distress followed visits to her widowed mother. At first she described her mother as lonely but later began to speak angrily of her mother’s incessant criticism. Eventually she recalled or researched information that showed her mother, as a younger woman, to have been weak willed and guilty of various breaches of the family value system but also someone who had coped with considerable emotional pain as a child. As she put her mother’s values and role behavior in perspective, Eileen’s emotional distress lessened sufficiently for her to begin to interact with her mother without being devastated.

*Gender-Role Experiences*

Each of the eight felt unable to be the kind of man or woman others expected. This stemmed partly from parent and peer expectations and partly from cultural stereotypes.

Frank’s history included both parent–child and sibling abuse as well as severe gender-role stress. Conducting oral family history interviews helped him recall deeply repressed memories of parental sexual abuse. This freed him to sort out the dissonance he had felt all his life between his family’s violent reaction to any disagreement and his own desire to be quiet and conciliatory.

Warren, when asked how he felt about his manhood, wrote about a lifelong feeling that had undermined his self-esteem: ‘‘I have a very low opinion of myself in this area. . . . I feel like there are things which men are ‘supposed to do’ which I don’t feel part of; for example, I am not the least bit interested in football, hunting, even career ‘position power.’ ’’

Myra, attractive and articulate, wore male athletic clothes and played male-dominated sports. As a victim of incest, she was trying to prevent further sexual male attention.

Brad believed he was the wrong biologic gender for his spirit. He believed that he was really a female, despite stereotypic success in male roles—mission, military, marriage. He felt such a terrible inner dissonance that he eventually considered sex reassignment surgery.

Diffuse role insecurity such as feeling inadequate in employment or a church calling is probably part and parcel of living in a contentious world. But fear of being unacceptable in one’s essential gender role—as a man or a woman—is so specific an insecurity as to render life nearly intolerable.

*Relationship Skills*

Each of the eight were past victims of and present participants in problem relationships. In understanding themselves they needed to
recall and research what kinds of relationship skills they had learned over the years.

Myra was a victim of paternal incest for eight years. It ended when she became physically able to repel him. Nevertheless she had learned, quite against her will, seductive words and mannerisms.

Gretchen, to the other extreme, had been treated in her home as frail and in need of protection from herself. As a consequence, her repertoire relied upon appearing dependent and inadequate, belying considerable resilience and ability.

George was heavily involved in homosexuality. He had acquired a type of antidote to loneliness from an unscrupulous schoolteacher who seduced him. Relationships in his home were very reserved, and both parents were gone a lot because of employment and church activity. However, his interest in homosexual relations clashed with his recollection of a satisfying relationship with a high school girlfriend, one that included enjoyable physical affection.

*Early Sexual Episodes*

The histories of the eight each contained one or more episodes where they were exposed to sexual behavior before they were able to understand it. Because of their emotional isolation, these episodes had inordinate emotional impact. They occurred as early as age five with most happening around age eleven. This is consistent with other reports.11

The early sexual behavior was usually but not always genital. Brad, at age eleven, had dressed in girls’ clothing and gone for a private walk. An adult who discovered him made cruel fun and spread the story around their small town. The boy was unable to talk with someone who could help him fathom his needs. All he knew then was that he had totally clashed with his community values and normative role behaviors.

Some of the eight had witnessed upsetting sexual conduct by parents who were immodest and exhibitionistic. For each of the clients, premature exposure to violent, aggressive or inappropriate sexual behavior combined with loneliness so powerful that, later in life, erotic physical acts came to symbolize a significant method of achieving relationships or at least took on a meaning out of proportion to the actual event.12

*Integrity of Values and Role Behavior*

The previous four elements of self-understanding lead to the overall question, “What do I believe in enough to act on?” A useful way for the eight to get at this was to evaluate the integrity (or lack of it)
between how they actually behaved and how they felt they should behave. They tended to see this integrity as “goodness” and its absence as “badness.” There is, as Karl Menninger stated, a powerful clinical efficacy in understanding what values and behaviors the client believes are good or bad and whether the client has the integrity to live them.\(^{13}\)

Myra was awakening to the fact that her relationships were almost always abrasive. As she gained insight into her anger, she sought some psychological excuse either to maintain her anger or to subdue it. When she could find no sufficient excuse, she concluded that as a follower of Christ and his values she was obliged to be good, that is, patient, courteous, and kind.

Myra was representative of the others, none of whom felt he or she had acquired this integrity. At times, they adjudged themselves bad, unworthy and virtually without hope. This feeling lingered even after they eliminated behaviors that were deemed improper for “Mormons.” Eventually the reason for their despair became apparent. Each of the eight had inferred a set of criteria delineating “successful Mormon.” Deducing from LDS-oriented media and personal observation, these criteria included material acquisition, secular fame or power (preferably noted by the popular media), hierarchical status, university affiliation, and flawless family relationships. Each client’s self-esteem was eroded further by the impression that true Latter-day Saints are self-reliant, meaning they do not need anyone’s help or attention and that they overcome difficulty by sheer grit.

To deal with such culturally induced despair, it was essential, as part of the clinical process, to help the client distinguish between cultural “Mormonism” and the gospel of Jesus Christ as taught by The Church of Jesus Christ of Latter-day Saints. Thus, they each had to study the scriptures and the teachings of the living prophet. Of special comfort was the prophetic description of the Savior’s mortal struggle found in Alma 7:10–16.

These eight people seemed to yearn for that revitalizing intimacy promised by the Savior: “Come unto me, all ye that labour and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye shall find rest unto your souls. For my yoke is easy, and my burden is light” (Matt. 11:28–30).

Apart from the cultural problem, it proved quite urgent to dispel the despair each client felt because of lack of integrity of values and behavior. Each one was invited to make a list of strengths and weaknesses, virtues and vices. This was done in an active, open manner, often using a chalkboard. One of us would write the “virtues” or “vices” that sprang to mind while brainstorming. Each item was discussed to verify its belonging under the assigned heading. Then each list was candidly discussed. The clients seldom discovered anything new
on the "vice" list, for they had been obsessed with their weaknesses and perversities for years. Some relief resulted, however, from having them out in the open. The more remarkable consequence was the "virtue" or strength list, for it often reflected goodness that the client had lost sight of. Seldom had any of the clients looked at a profile of personal strengths. Through this exercise, each person discovered a positive side he or she had apparently dared not hope for.

Myra had long since concluded she was wicked and perverse for acquiescing to her father's sexual advances. When she was helped to recall that from the beginning (age five) she knew it was wrong and had resisted in every possible way and had stopped him when she became old enough, she accepted this as proof of her lifelong desire to do good things.

George viewed himself as perverse in the extreme, for he had violated the trust of the Church in his premission interviews and by his conduct on his mission. And it was true that he had deceived several people. He also felt he lacked the moral stamina to overcome homosexuality. He seemed unaware of the effort he had made over his lifetime to cope successfully with a major handicap not apparent to others because its manifestations were internal. As we listed on the board how hard it was to overcome the limitations it imposed and how thoroughly he had overcome them, George literally sat up and smiled as his self-esteem grew then and there. He had never before attempted to inventory his "virtues" but, like the others, had done an extensive and redundant appraisal of his "vices." Unfortunately, he lacked the candor to admit that his preference for erotic activities conflicted with his professed beliefs. Self-deception precludes the emotional integrity necessary to the achievement of self-understanding.

Eileen discovered that her sexual interest in another woman was a separate issue from her long-standing commitment to helping women grow in self-esteem.

Warren began therapy holding to the belief that his homosexual thoughts and activities were exclusively and thoroughly evil, and certainly his external behavior had been reprehensible. He did have, however, an unusual capacity to empathize with and nurture other lonely men and boys. This decent tenderness was the character scaffolding upon which he later erected his self-definition.

After a personal odyssey of turmoil and near self-destruction, Brad came to see that many of the emotions that provoked dislike of his biologic gender could actually be doors to becoming a more nurturant male.

Marian was drowning in a sea of troubles, not a few waves of which had been stirred up by her own unwise decisions about past actions. Nevertheless, she gained courage sufficient for the course when she
looked back carefully and saw that, despite her erratic path, her general direction or at least desire was consistently true to the values of the gospel.

Gretchen’s lack of emotional and behavioral integrity was the exception that proved the rule, for she had not accepted the extent of her weaknesses before seeking help. Initial clinical efforts were aimed at achieving an accurate self-understanding of deficits. This was necessary because she was attributing too much blame to her husband for their problems. Once she saw clearly the extent of her self-inflicted wounds, she also began to appreciate her exceptional capacity for parenting. Paradoxically, she needed to understand her bad behavior clearly before she could discover the good within her.

Self-understanding for the eight people included the five elements listed here. In the clinical enterprise, they did not occur as neatly and logically as they have been set forth here. But they did occur and apparently needed to occur. By this means, the eight clients stabilized the emotional chaos of their lives, slowed the deterioration of important intimate relationships, and began to gain reassurance from understanding why they were so troubled. Thus stabilized, they were able to move toward self-mastery, to take control of themselves.

**SELF-MASTERY**

Joseph Smith taught that our mortal challenge is to destroy our enemies, meaning those traits within us that would harm or destroy our eternal growth. Erikson’s eight stages of development trace a path of increasing discipline of emotions and behaviors. Before we can achieve intimacy with others, we must know and be in control of ourselves. At the end of his mortal ministry, the Savior declared, “I have overcome the world” (John 16:33), meaning neither worldly temptations nor inner weaknesses held any allure for him.

Each of the eight clients entered treatment struggling with habitual attitudes or behaviors that they themselves considered undesirable. Therefore, mastery over impulsive, detrimental habits was the next phase of treatment, for it led to increased self-esteem. In my experience, no one who lacks self-esteem is capable of deeply rewarding intimate relationships.

“Vice” lists were useful here, for the goal was to break a bad habit. The clients prioritized weaknesses, beginning with those they found least troubling, then divided the list into short- and long-term items. Short-term items were those habitual attitudes or behaviors that could be eliminated within seven days. The rest were long-term. No more than two long-term tasks were to be undertaken at a time. Short-term change fueled the long-term effort. Measurement of progress was
predetermined by the client’s deciding what values and role definitions to adhere to and what measurable behaviors would demonstrate attainment of the goal. Often, the initial tasks were mundane, not even directly related to relationships.

By exertion of agency, George ceased biting his nails within one week. Elimination of this habit encouraged him to attack the more complex task of conquering masturbation. Marian curbed her overeating and thereby gained momentum to curb a quick tongue and destructive family language.

Breaking bad habits permanently requires more than raw willpower. It requires a strategy that enhances sheer determination. The process may be compared to that of the weight lifter who can lift up to a certain weight by brute strength but beyond that must augment strength with leverage. By developing such a strategy, the client can avoid emotional exhaustion as he deals with successively more complex habits as his confidence and problem-solving skills expand.

In each of the eight instances, the client first identified the habits that were labeled as improper or bad, then the role behaviors he or she preferred, and finally the sequence of events that usually led to the habitual bad behavior. Much motivation came from a desire to do good and be free of enslavement. In this, they could echo Paul’s sentiments about the same struggle:

For we know that the law is spiritual: but I am carnal, sold under sin.
For that which I do I allow not: for what I would, that do I not; but what I hate, that do I.
For I delight in the law of God after the inward man:
But I see another law in my members, warring against the law of my mind, and bringing me into captivity to the law of sin which is in my members.
O wretched man that I am! who shall deliver me from the body of this death?
I thank God through Jesus Christ our Lord. So then with the mind I myself serve the law of God; but with the flesh the law of sin.

(Rom. 7:14-15, 22-25)

I found that the more tangible the task the more rapid the progress. Whatever the tasks, they invariably had consequences beyond conquering the habit or impulse itself. Warren wrote, “Since stopping masturbation I have felt freer in touching other people, men, women, boys and girls alike. . . . [I] feel much more comfortable around everyone I meet.”

Marian’s need for self-mastery stemmed from abuse as a child and her husband’s total violation of moral values and nurturant role expectations. Her despair was severe. Left emotionally and financially destitute, she entered therapy with the primary goal of being good
enough to endure for her own sake. Added to this was her realization that to fail to endure would exacerbate her children’s already serious wounds. Her urgent short-term task was to overcome a habitual response of diffuse reaction to stress. That is, when faced with several problems she got on her “horse” and tried to ride off in several directions at once. This frenetic activity gave only the illusion of progress and soon exhausted her. She had to learn to set priorities by which to expend her limited time, money, and energy each day. Another goal was to think for no less than twenty-four hours before acting on major social or emotional problems. A third was to listen more carefully before responding to others’ comments.

Marian’s long-range tasks were to make a list of priorities and fully deal with no more than two items at a time if possible. Among the first long-range tasks were to cooperate with the district attorney in his prosecution of her husband, obtain a divorce, and paint the house inside.

As practiced by seven clients, self-mastery was the beginning of an ever-expanding ability to choose when, where, and how to exercise agency according to preferred values through behaviors consistent with preferred role definitions. Eating and grooming habits improved. Physical exercise toned their bodies. Intellectual growth expanded minds. Tempers were controlled. Discouragement and depression were lessened through assertive action. Erotic habits were eliminated. Self-focus turned to self-esteem. Each began to judge himself or herself to be good as role behavior harmonized with Christlike values. As virtue garnished their thoughts, their confidence increased before God and men, and the Holy Ghost became a companion to encourage and strengthen (see D&C 121:45–46).

There was one client, as noted earlier, who chose to deceive self and therapist. Interestingly, though, even this person developed control of some seriously detrimental erotic behaviors.

With the momentum of mastery over a few habits, the client is also able to redefine himself or herself from a basis of increased self-esteem.

**SELF-DEFINITION**

This third of the three phases consists of defining and practicing role behaviors that are consistent with the client’s values. This integrity of belief and behavior is the most intense of the three because the person sloughs off as many incorrect cultural burdens as possible and learns to behave in accord with Christlike values.

In preparing for self-understanding, the clients, through recall and research, ascertained the degree of harmony or disharmony that
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existed between their values, beliefs, and behavior. Self-mastery was the experience of subduing or extinguishing problem impulses and habits. Self-definition is how the person projects himself or herself into the future.

Erikson’s ages of man helpfully specify the social, emotional, physical, and spiritual theory by which the eight clients needed to define themselves. Several pertinent experiences recorded in scripture serve to illustrate the desired qualities. The Savior, at the end of his mortal probation, could report to the Father a perfect harmony between his values and behavior:

I have glorified thee on the earth: I have finished the work which thou gavest me to do.
I have manifested thy name unto the men which thou gavest me out of the world: thine they were, and thou gavest them me; and they have kept thy word.
For I have given unto them the words which thou gavest me.

(John 17:4, 6, 8)

Paul reacted unapologetically to the struggle with evaluation, mastery, and definition required of the Corinthian Saints:

Now I rejoice, not that ye were made sorry, but that ye sorrowed to repentance: for ye were made sorry after a godly manner, that ye might receive damage by us in nothing.
For godly sorrow worketh repentance to salvation not to be repented of: but the sorrow of the world worketh death.
For behold this selfsame thing, that ye sorrowed after a godly sort, what carefulness it wrought in you, yea, what clearing of yourselves, yea, what indignation, yea, what fear, yea, what vehement desire, yea, what zeal, yea, what revenge! In all things ye have approved yourselves to be clear in this matter.

(2 Cor. 7:9–11)

Alma offers insight into integrity of values and behavior in testifying of his own change:

For, said he, I have repented of my sins, and have been redeemed of the Lord; behold I am born of the Spirit.
And the Lord said unto me: Marvel not that all mankind, yea, men and women, all nations, kindreds, tongues and people, must be born again; yea, born of God, changed from their carnal and fallen state, to a state of righteousness, being redeemed of God, becoming his sons and daughters;
And thus they become new creatures; and unless they do this, they can in nowise inherit the kingdom of God.

(Mosiah 27:24–26)

Seven of the eight people of this study experienced intense, cleansing desires to “revenge,” through their own efforts, the damage
caused to themselves by themselves. They approximated Alma and Paul in their efforts to embrace the gospel of Christ and become new creatures. Their reaction was not just guilt. It was also "vehement" desire to rid themselves of lifelong pain due to severe disparity of belief and behavior. As Erikson eloquently states, "There is a limit to a child's and an adult's endurance in the face of demands to consider himself, his body, and his wishes as evil and dirty, and to his belief in the infallibility of those who pass such judgement." It would distort the picture to allow professional disinterest to obscure the depth of the emotions or the passion of the struggle these people underwent. Seven of them sought and achieved a mighty change.

The tasks undertaken by the eight to bring about an integration of values and role behaviors included the selection of models, development of relationship skills, and achievement of gender security and sexual clarification.

**Selection of Models**

Prior to therapy, the people of this report behaved in ways they had seen significant other people behave. As children, each had made intimate overtures to parents and peers and been rejected—or so they perceived. All but two were either spectators to or victims of perversity. All had been confused by adults who did not practice role behaviors consistent with the values they preached or punished children by. Now in adulthood they needed to see the behaviors they should have seen in childhood. This is not the same as experiencing them; that comes later.

Their task was to select traits in people they could observe that were of the kind they preferred. Interaction and feedback, though useful, were not necessary. It cannot be overemphasized that only a portion of the model's life was to be observed. No one can bear up under total scrutiny. Neither was the client's purpose to become a behavioral clone. Emulation and adaptation, not imitation, were the goals.

Marian selected as one model a Relief Society visiting teacher whose housekeeping and child-rearing traits she admired. Over time, Marian observed how the other woman kept house and disciplined children, budgeted, shopped, and handled stress, and what kind of books she read. Her purpose was not to imitate but to gather data about how one effective woman functioned in certain aspects of daily coping. She also selected a male model or two. After two painful marriages and childhood abuse by her father, Marian was pessimistic about men in general. This attitude eventually gave way to moderate optimism as she daily worked with a male supervisor who was patient, considerate, and gentle.
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Warren's recollection of his childhood was that, "My parents were not very affectionate with each other and were not affectionate at all with [their children]." Warren began treatment with the assumption that he had to change his homosexuality into "macho" heterosexuality. When counseled to observe men that he really wanted to be like, men who demonstrated the values he cherished, he selected a decidedly non-macho model who was a civic, church, and professional leader but in an unassuming, almost atypical male way. What appealed to Warren was the man's gentle manner and family commitment.

One of the personality traits which had set Warren apart from his childhood peers was that he really wanted to play "family," not ball. After a certain age though, most peers, boys or girls, will be uncomfortable with such a playmate. Warren as a boy had no one with whom to play the games he enjoyed. So it was that as an adult he recorded in his journal:

I watch many men with their families and I don't see any closeness there at all. They are into their careers, hobbies, football on TV, etc. What a contrast to [the model] who is spending his . . . birthday by taking his son [on a two-day trip], just the two of them. How I admire him. I really believe that I could be that kind of husband, father.

In selecting models, these clients were careful to avoid a major cultural distortion, the flawless "Mormon." Models were selected not because they had achieved perfection but because, despite obvious imperfections, they were striving to live the roles and values that the client preferred and had a trait or two that was worthy of emulation.

Development of Relationship Skills

The people from whose lives this report is drawn each had a deficit in his or her ability to initiate and sustain relationships without resorting to erotic or manipulative techniques. I believe the most perverse element of their previous behavior was not so much the sexual acts they had performed or been victims of. Rather, it was their involvement in exploitation, their mistaking demeaning relationships for intimacy. The corrective process was straightforward and rapid. It was to divide all relationships into three categories—civil, affectionate, intimate—and practice each in an appropriate way.

Civil relationships require minimal but essential interaction: two drivers at an unmarked intersection; a customer buying a gallon of milk at the convenience store; an ordinarily uninterested student and an ordinarily disinterested teacher. These relationships are of short duration and are unlikely to be repeated once the transaction is over.

Affectionate relationships last longer and are likely to be repeated. More energy is exchanged, and the participants are likely to touch, listen,
and speak more animatedly and spend more time together than in civil relationships.

Intimate relationships are much longer in duration, even with separations interspersed. Emotions are intense with high commitment and risk. Ending such relationships is usually painful, causing grief. Maintaining them enriches life immeasurably.

Experience suggests that these three types of relationships form a continuum. An intimate relationship is a consequence of first, civil interaction; then, affectionate words, touches, shared experiences and understandings. Perverse consequences may ensue when one type is absent or the order reversed.

Eileen once spoke abruptly to me over the phone when I called to reschedule an appointment to suit her convenience. This surprised me, for I thought our relationship had become pleasantly affectionate, within the helping milieu. When we next met, I asked if I had offended her. She was surprised. When I explained, she confessed that with a man she did not know how to go from basic civilities to warm conversation. She had learned to be sexual with men and to be civil but not to be affectionate.

Warren recalled that at the going away party for some close friends, he could not express any physical affection to them. With other males he had been sexually active. With other males and females he had experienced many civil relationships. With neither gender, adult or child, was he able to be nonerotically affectionate. During therapy, the practice of civil and affectionate relationship skills led to an increase in social confidence with both genders and a diminution of erotic interest in males. As he recorded in his journal:

I find that I don't see [males] at all in any sexual way [anymore], although I could and have . . . in the past. Somehow I feel that the learning I have had over the past few weeks has helped me to be close to them, hold them, put my arm around them, talk to them . . . have a very warm relationship, and yet not have any undesirable undertones.

When the breakdown in relationship between Gretchen and her husband reached crisis proportions, of their own volition they suspended sexual activities for several months. During that time they developed the missing civil and affectionate and nonsexual elements. Eventually they resumed sexual intimacies as an extension of the others and by Gretchen's account discovered a richness that had eluded them before.

The clinical utility of this nonerotic approach is underscored by the success of a Christian lay program for changing male homosexuality. As reported in the *American Journal of Psychiatry*, complete, lasting change occurred without resorting to sex as a task. Having learned what are here called civil and affectionate skills, male subjects in that program sought to attain mature Christian masculinity.
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They began to experience and practice nonerotic relationships with Christian women in the church. . . During this time of psychological maturation there was no demand that [they] stop being homosexuals. Homosexual behavior was simply defined as immoral, and they were expected not to engage in homosexual practices.16

As it was for the eight clients reported here, change for those men "was not magical, spontaneous, or dramatic. Change was embedded in an accepting, evaluative, and loving, nonerotic social milieu that provided expectations, ideology, and actual interpersonal experiences" leading to the extinction of homosexual impulses and behaviors.17

Achievement of Gender-Role Security

Closely related to relationship skills is an ability to do the things that are expected of men or women as they perform various gender-related roles. Some current rhetoric would dismiss gender-specific values and behaviors as sexist, but the reality is that both secular and Latter-day Saint cultures prescribe very strong, and in certain instances, very useful gender-role expectations.

Each of the eight clients felt insecure and unaccepted by his or her respective gender-based "fraternity" or "sorority." Myra attempted to be a better football player than the boys her age and avoided feminine activities or mannerisms. Gretchen was convinced she in no way measured up to the expectations of "super wives and mothers." When asked how he felt about his masculinity, Warren stated, "I have a very low opinion of myself in this area." In childhood, Frank had been punished or ostracized by his father and mother when he avoided fights or showed tender emotions; as an adult he battled with anyone or anything if provoked even slightly. Eileen sought female sexual experience after fleeing from a civil but affectionless marriage. George sought male sexual experience after concluding that he could not measure up to the athletic, intellectual, and social achievements that were expected of boys in his ward. Marian considered herself an uneducated, unattractive person whose femininity was irretrievably lost after divorce, especially when compared to the other women in Relief Society. Brad did not even believe he was male.

Four of the eight were victims of outright sexual abuse in childhood that evoked anxiety about their sexual identities. Three had been exposed to gender-threatening trauma. One had had her gender adequacy chipped away steadily over the years. All had inculcated into their self-images a sense of inadequacy as a male or a female.
Frank had been raised in a Dickensian family where parents and children fought verbally and physically. He had developed extremely intimidating, even abusive, mannerisms that thoroughly squelched his wife and children. Yet, while engaging in self-understanding recall and research, he discovered a consistent childhood trait of tenderness. Forced to face consequences when his wife sought a divorce, he began to redefine himself around the value of Christlike kindliness and gospel-defined roles of nurturant husband and father. Self-understanding rekindled his childhood desires to be gently masculine. There was no question about more prosaic male behaviors, for he had well proven his ability to be tough. The greater challenge now was to govern his tongue and temper. Freed by self-understanding and self-mastery from stereotypically harsh role behavior, he relaxed into a self-definition that permitted him to demonstrate in adulthood the gentleness he had learned to hide in childhood.

Warren recorded an event that contributed significantly to his gender security. With a group of other middle-aged men, he went to a bachelor party at an amusement park. They played in ways that Warren had not as a youth. Then they all tried the batting cage. His lifelong belief was that he had no ability to throw a baseball, let alone hit one. He wrote:

I don’t know that I have ever really hit a baseball... [I] was very apprehensive, but found that I could really do it... Another mistaken opinion about myself; I had always thought that there were some fairly fundamental reasons why I probably would never be able to hit a ball. I still wouldn’t like to go up against a fast hard ball pitcher, but the other guys for the most part didn’t want much to do with that either.

This last insight was the key. Warren was discovering that he was not the odd man out he had believed all his life. And as his gender security increased, his homosexual desires decreased.

Gretchen undertook a major task directing a road show. The effort was draining but the result successful by her criterion of getting all the young people to participate in a quality production. At the end, she reported increased love for her husband and family, a goal she had sought for years. As with Warren, she had overcome a lifelong inner sense of inadequacy. Or, to be more precise, in an era when the roles of wife and mother are explicitly devalued by many, Gretchen proved to herself the existence of certain abilities admired by those who control admittance to the sorority of acceptable women. Then she was free, by self-adjudication, to immerse herself in the domestic roles she preferred.

There seems to be an irreversibly positive consequence to achieving gender-role security, as if once and for all the person has evidence of self-worth in the most basic of all roles.
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Sexual Clarification

Each of the eight had experienced childhood sexual trauma or was enmeshed in it currently. At the outset of therapy, I intended to discuss only general concepts of intimacy, leaving sexual specifics to the clients' private consideration. This did not prove sufficient, for each needed to discuss sexual matters in varying detail. To be sure, each reported that the general concept of intimacy gave a frame of reference which had been missing in their previous sexual ideation and behavior. But each also needed to clarify with some degree of specificity certain sexual values and behaviors. Please note, however, that it was never necessary to be as graphic or crude as is the case in certain types of therapy and literature.

I attribute the clients' inability to go readily from the general to the specific to three factors. First, the pervasive erotic climate in America engenders anxiety in those who fear they are not up-to-date on sexual techniques. This prevents a couple from discovering that relaxed, respectful enjoyment of each other is far more important than technical proficiency in achieving sexual satisfaction.

The second factor is a 'Mormon' folkway that narrows and reduces profound gospel values. "Morality," by this folkway, has become a synonym for "sexual rightousness," afflicting those who adopt this particular definition with moral tunnel vision. By this same folkway, an essential and intimate responsibility of exalted beings—eternal increase—is reduced to mean continuous procreation, rather than unending nurturance.

The third barrier is the problem of the sex "drive." Carelessly used by professionals and lay people alike, this belief was initially very detrimental to the eight clients. They had been taught that in puberty hormones begin to dictate sexual urges that demand expression. Therefore, every normal adolescent boy has nearly irresistible forces boiling within him. Marriage, it was hoped, would legitimize the gratification of these forces. And in the current dogma of sexology, every normal girl has similar urges and needs. This not only demeans marriage, it fosters the illusion that adolescents who are not readily aroused by erotic stimuli are not quite normal.

The human sciences themselves call into question simplistic belief in an imperative human sex drive. Anthropology does not sustain this belief. Numerous cultures dictate when, where, and how to be sexual, irrespective of puberty. Some require continence after puberty; some promote sexual behavior long before puberty. History records variations of sexual methods ranging from religious celibacy to religious promiscuity. Biology searches and finds no conclusive evidence that human beings are impelled, as are animals, to mate.
In his intriguing synthesis of innate sensuality and learned intimacy, Erikson's schema shows that beginning with nursing at mother's breast while teething, the person expands through stages of sensory exploration and learning mutual trust.\textsuperscript{19} Obviously there is a sexual appetite.\textsuperscript{20} Millions of dollars paid to purveyors of sensuality prove it. The infant has genital sensual capacity. Androgens enhance this capacity during and after puberty. Once experienced, climactic sensual arousal is not forgotten. But the specific act is not the result of an urgent and undeniable drive.

An essential point is made by Helen Singer Kaplan, a respected sex therapist and writer: "Sex can be delayed and diverted indefinitely and is highly malleable and infinitely variable in its expression."\textsuperscript{21} Indefinitely divertible sensory needs or appetites are not the same as mandatory drives. We do not learn to metabolize nutrients or respiate oxygen. We do learn to perform sex acts. Denial of water eventually destroys body cells. Denial of intercourse and orgasm does not even slightly damage our physiologic or neurologic apparatus.

What can destroy our psychic system, however, is inability to successfully express social and emotional intimacy to at least one other person. It is this insistent drive, not the sex appetite, that I have found unfulfilled among people with problems of intimacy. In fact most of these people—and certainly seven of the eight in this study—have learned that social, emotional, and spiritual enjoyments supersede sexual gratification as sources of satisfaction.

Dealing with this controversial topic proved to be a liberating factor for the clients. Warren initially sought help because he believed he was unable to control his sex drive. He had tried periods of abstinence from homosexual activity (though not from masturbation) and felt the stress it caused was more than he could bear. When first considering the possibility that his sexual interests were learned options and not chemically driven imperatives, he wrote, "Assuming that this is correct, then I can certainly see from my past that I have never learned appropriate skills in many areas."

Warren and the others eventually placed sexual expression in perspective as a learned behavior, but there was still a need to clarify sexuality in regard to their values and role preferences. Therefore, we dealt with whatever questions each person had as to what was proper for Latter-day Saints: methods of receiving emotional, nonsexual, and sexual pleasure; how to solve problems of dysfunction; proper understanding of the sexual parts and functions of the mind and body. As it would have been presumptuous to dictate absolute answers, the service here was to assist the clients to examine gospel doctrine, along with physiologic, social, and emotional data so they could form their own opinions. Interestingly, though, once they gained initial
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momentum they seemed to lose the need to discuss sexual behavior explicitly.

Gretchen, knowing I expected a status report, phoned to say that after months of sexual abstinence she and her husband had rebuilt their intimate relationship and had tenderly resumed sexual relations. "And," she said, "it was so special that I would rather not discuss it."

Frank said it somewhat differently. His marital behavior had been a continuation of his "survival of the fittest" childhood. Thus, it was significant to hear him say that he and his wife had reached such a gentle yet passionate sexual fulfillment that it was too sacred to talk about with anyone else.

What this particular task of understanding evolved into was, first, a general frame of reference for intimate values and role behaviors; second, specific sexual information as sought by the client; third, respect shown for the sanctity of the subject by honoring the client's preference not to discuss it explicitly once he or she was sufficiently confident.

CONCLUSION

When the tasks of self-understanding, mastery, and definition are at least minimally accomplished, the person has tangible evidence of change of the sort he or she intended. The clients discussed here redefined themselves from feeling unworthy and hopeless, to knowing they were good and capable of enjoying rewarding, nurturant intimate relationships. They gained sufficient self-esteem to make commitments and endure risks without their past vulnerability to emotional devastation. They were beginning to believe in themselves. Erikson speaks of this as ego integrity: "Although aware of the relativity of all the various life-styles which have given meaning to human striving, the possessor of integrity is ready to defend the dignity of his own life-style against all . . . threats."22

These clients did this by reducing social and emotional chaos through several mechanisms. Values provided internal justification for change. Role definitions offered external measures of practice and change. Given the apparently infinite number of emotional and behavioral variables in human beings, a focus on these two enabled clients and therapist to reduce change to manageable proportions.

Self-esteem developed as the client completed self-defined tasks and engendered a level of confidence sufficient to renew or enter into various types of relationships, culminating in intimate ones. Use of professionally determined clinical methods—science and art that they are—made possible a relatively orderly process that may be replicable. Respect for the clients' agency kept the responsibility for self-definition where it would lead to maximum therapeutic results.
Finally, use by clients and clinicians of the Savior's undiluted doctrines had the effect he promised. That his promises are true and his covenants binding upon him and his followers ought to be reassuring for those who presume to assist their brothers and sisters in healing grievous wounds of the heart and mind.

Frank was representative of seven of the eight. Through self-definition he resurrected a gentle, even sweet self that had been overlaid by a stern facade. When he expelled from his system the anguish of having been abused in childhood, when he explicitly embraced Christ-like values, when he carefully and, at first awkwardly, practiced the role behaviors specified in the fourth section of the Doctrine and Covenants, he began to acquire basic integrity. He was no longer at war within himself. His church service became a labor of love rather than a rigid exercise of hierarchical power. His employment was no longer an end in itself. (It must be reported that as he lost some of his competitiveness, family income declined.) As with the others, he was a far more complete human being.

The eight people accepted for counseling sought more than moderation of symptoms or minimal control of problem behavior. Because of their values, they expected to achieve thorough and lasting change. To disregard this would have been an inadequate response to their needs. By open acknowledgment of values, client and therapist committed themselves to very specific outcomes. By resorting to role definitions based on those values, subjectivity was diminished in measuring outcome.

This report would be incomplete and seriously inaccurate if a central spiritual observation were not reported. Seven of the eight were hungering and thirsting for relief of their distress. To each of them, the gospel of Christ provided justification to engage in the strenuous tasks of change. At crucial times, priesthood ordinances and covenants stiffened resolve. On occasion, the Spirit whispered encouragement as they learned to take responsibility for change. That they found the strength to persevere was due, I believe, to an ever-growing faith in their Redeemer.

NOTES

2. Ibid., 180.
3. Ibid., 176-77.
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4Erikson, *Childhood and Society*, 263.
6*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders*, 281.
13Ibid.
15Erikson, *Childhood and Society*, 348.
18Erikson, *Childhood and Society*, 268.