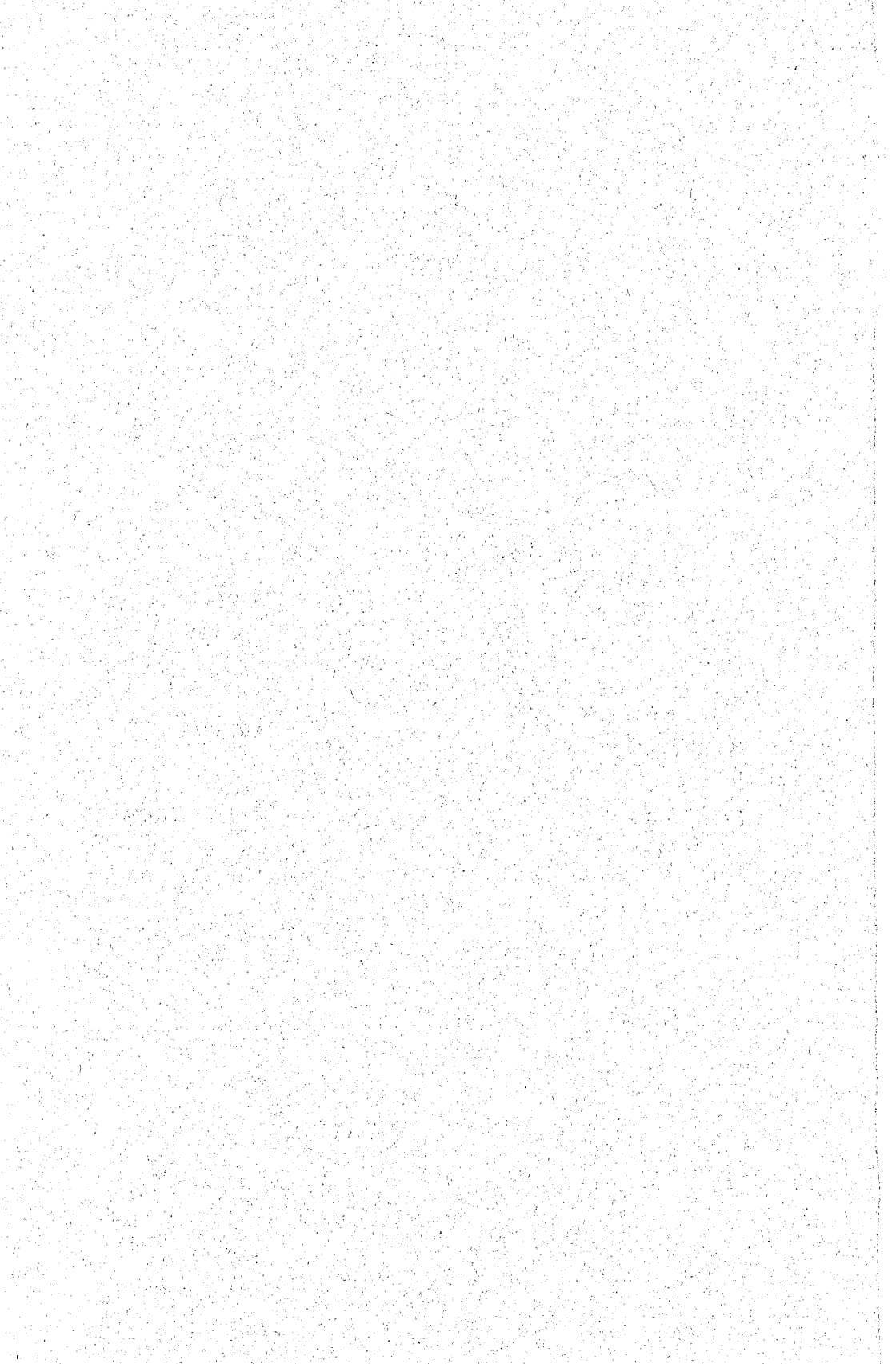




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MORMON COUNSELORS
AND PSYCHOTHERAPISTS

AMCAPS
2500 East 1700 South
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Authors should keep a copy of their manuscript to guard against loss. Send three copies of your manuscript to the editor:

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Editorial

I would like to thank those who have contributed to this special issue of the *AMCAP Journal*. The authors were forced to work with a tight publication deadline, and I greatly appreciate their willingness to take time out of their summer months to complete their articles. I express special thanks to William Byne, who, though he is not a member of AMCAP, consented to be interviewed for the *Journal*. Also, my deep appreciation and thanks to A. Dean Byrd who contributed in many significant ways to this issue of the *Journal*.

The topic of homosexuality is controversial. I am sure we will not please everyone with the contents of this issue. Some will probably say, "It isn't balanced enough. You only present one perspective." Perhaps this is true, but my response is, "The professional literature is not balanced. Only one perspective gets published right now—the gay affirmative one. Someone needs to present alternative perspectives." The gay affirmative or gay activist perspective so dominates the professional literature right now that it is very difficult for therapists to consider alternative viewpoints and treatment options for homosexual people. I believe, therefore, that this special issue of the *AMCAP Journal* on reparative therapy makes a needed and legitimate contribution to the professional literature. It provides open-minded therapists an alternative to the gay affirmative therapy model. I hope that this issue proves to be

a resource for such therapists and for their “non-gay” homosexual clients who seek assistance in controlling and overcoming their unwanted homosexual tendencies.

Readers will note that articles dealing specifically with female homosexuality are conspicuously absent from this issue. This deficiency is not unique to the *AMCAP Journal*. Much less is available in the professional literature in general regarding the reparative treatment of female homosexuality. Though I invited papers regarding female homosexuality for this issue, the authors were unable to have their manuscripts ready before we went to press. I hope to devote a future issue of the *Journal* to the topic of female homosexuality and wish to invite the AMCAP membership to contribute articles. Articles which (1) review theories of etiology of female homosexuality, (2) give insight into the psychological and spiritual challenges which female homosexuals face, and, (3) describe reparative therapy approaches with female homosexual clients and their families are all welcomed. Please submit these manuscripts to me in the regular fashion. If you wish to discuss your manuscript idea with me before you begin writing, please feel free to write or call.

Finally, I am pleased to report that the number of submissions to the *Journal* seems to be on the increase. It appears that we will have enough manuscripts that have survived our rather rigorous peer review process to go to press with a Spring, 1994, issue of the *Journal*. Please keep the manuscripts coming! I hope we will also be able to publish a Fall, 1994, issue. Again, I appreciate the opportunity to serve as the *AMCAP Journal* editor and welcome your comments and feedback.

P. Scott Richards, Editor

Homosexuality: An LDS Perspective

Ronald D. Bingham, PhD
Richard W. Potts, MEd

The purpose of this article is to review what the leaders of The Church of Jesus Christ of Latter-day Saints (LDS Church), particularly members of the First Presidency and the Quorum of Twelve Apostles, have communicated regarding homosexuality. An extensive search was conducted of references to homosexuality in the recent LDS literature. Sources include General Conference proceedings and Brigham Young University devotional and fireside speeches, along with excerpts from books written by Church leaders, and official Church publications offering guidance relevant to the topic. The prevalent themes discussed by Church leaders over the past 20 years are summarized.

It is important to recognize that these messages were given for the guidance of the general Church membership and as instructive support to ecclesiastical leaders; they were not targeted specifically for mental health professionals. Thus, counsel is focused on individual spiritual development and personal guidance rather than on specific therapeutic intervention or mental health treatment strategies.

Although many leaders have discussed the Church position on topics related to homosexuality, each providing specific perspectives and insights, space limitations for this article prevent all references from being presented. References were selected that seem to be most representative of the major homosexuality themes discussed by

Church leaders. For those desiring to read further, an extensive bibliography has been attached. A question format was used for this paper as a means of organizing themes.

What Constitutes Homosexuality?

To understand the Church's position on the practice of homosexuality, it is helpful to understand how Church leaders have defined homosexuality. In the Church manual *Understanding and Helping Those Who Have Homosexual Problems: Suggestions for Ecclesiastical Leaders* (The Church of Jesus Christ of Latter-day Saints [LDS Church], 1992), the First Presidency clarified the parameters of what the Church considers to be homosexuality: "Homosexual problems include erotic thoughts, feelings, and behavior directed toward persons of the same sex" (p. 1). The First Presidency, in an earlier document (LDS Church, 1981), specified three categories within this overall designation: (1) *Early memory homosexuality*—a condition in which an individual reports having had "persistent homosexual feelings or behaviors since his earliest memories"; (2) *Situational homosexuality*—a situation in which an individual experiences "occasional, temporary homosexual feelings or behaviors through curiosity"; and (3) *Rebellious homosexuality*—a lifestyle in which participants have "chosen to fully accept a homosexual lifestyle. They have little, if any, motivation to change . . . and are openly active, even promiscuous in their homosexual behavior" (p. 3). The Church advises that these differences should be understood by ecclesiastical leaders who are counseling with individuals experiencing homosexual problems.

To What Extent is Homosexuality a Moral Issue?

Many Church statements regarding homosexuality link it directly with other violations of moral law concerning sexual purity. Church authorities urge members to obey the commandments regarding morality as a preventive measure for resisting homosexual behavior, as well as fornication, adultery and other moral transgressions. In the Church's recent publication giving guidelines for ecclesiastical leaders (LDS Church, 1992), the First Presidency admonished:

We call upon members to renew their commitment to live the Lord's standard of moral conduct. . . . Our only real safety, physically and spiritually, lies in keeping the Lord's commandments. The Lord's law of moral conduct is abstinence outside of lawful marriage and fidelity within marriage (p. 1). (See also Hinckley, 1987, p. 47; Benson, 1988, p. 280).

In an article in the *Church News* ("Apostle Reaffirms," 1987) Elder Oaks confirmed this position, adding that this standard of morality includes *within* as well as *between* sexes. He indicated that just as Jesus admonished His followers not to look upon a woman to lust after her, "I assume that includes a man looking on a man to lust after him" (p. 10).

How serious is homosexual behavior in comparison with the sins of fornication or adultery?

General authorities have consistently classified homosexuality along with fornication and adultery in nature and severity. President Kimball (1982) grouped them under the designation *unchastity*, and stated: "Sexual life outside of marriage, whether it be heterosexual or homosexual, is . . . [futile]" (p. 270). The pamphlet *For The Strength of Youth*, published by the First Presidency (LDS Church, 1990), used even harsher terms:

Homosexual and lesbian activities are sinful and an abomination to the Lord. . . . The Lord specifically forbids . . . sex perversion (such as homosexuality, rape, and incest). (In the pamphlet, reference is made to Romans 1:26-27, 31.) (LDS Church, 1990, p. 15).

Church leaders have consistently denounced homosexuality as a *sin*. Ezra Taft Benson (1988), the current Prophet and President of the LDS Church, provided a similar expression: "We are of God. God Himself has set the boundaries of this sacred act. Sex outside of marriage is wrong. Every form of homosexuality is wrong" (p. 280). As President Benson (1988, pp. 283-284) continued his explanation, he placed homosexuality in a grouping with other serious moral sins, stating that a member of the Church should "not commit adultery 'nor do anything like unto it'" (*Doctrine and Covenants* 59:6). He interpreted *like unto it* as "fornication,

homosexual behavior, self-abuse, child molestation, or any other sexual perversion" (Benson, 1988, pp. 283-284).

President Kimball (1969/1987) went beyond groupings and lists to openly state the comparison:

Let it therefore be clearly stated that the seriousness of the sin of homosexuality is equal to or greater than that of fornication or adultery; and that the Lord's Church will as readily take action to disfellowship or excommunicate the unrepentant practicing homosexual as it will the unrepentant fornicator or adulterer (pp. 81-82).

Why is the sanctity of marriage emphasized while homosexual marriages are disapproved by the Church?

Church leaders have frequently emphasized the importance of sexual relations only within marriage. Practiced in accordance with God's law, this activity is sacred in that one of the primary purposes of sexual intercourse is to multiply and replenish the earth. President Kimball wrote extensively and forcefully regarding the sanctity of marriage and the seriousness of homosexuality. He (Kimball, 1969/1987, pp. 80-81) indicated that marriage—man with woman—is essential to God's plan, as it is necessary for creating families, the unit through which eternal life and salvation will be achieved. (He referred to Gen. 1:27-28; Moses 3:24; 1 Cor. 11:11; Doctrine and Covenants 49:15-17). In a later publication, President Kimball (1971/1978) further clarified the will of the Lord in this respect:

From the beginning, the Lord has commanded mankind to multiply and replenish the earth and subdue it. And from that day until now, the prophets have denounced and condemned any of the unnatural and improper practices that make multiplying impossible and kill that which is the basis of true civilization—the home and family (p. 18).

Elder Boyd K. Packer (1990) has similarly emphasized God's plan for men and women:

The legitimate union of the sexes is a law of God. The sacred covenants made by husband and wife with God protect the worthy expression of those feelings and impulses which are vital to the continuation of the race and essential to a happy family life (p. 85).

President Gordon B. Hinckley (1987) has indicated that “the Lord has proclaimed that marriage between a man and a woman is ordained of God and is intended to be an eternal relationship bonded by trust and fidelity” (p. 47). Explaining that this sacred relationship must be male-female, Elder Packer (1978) indicted, “One cannot procreate alone. . . . One cannot procreate with his own gender. These are absolutes” (p. 37). Speaking later at a Priesthood Commemoration Fireside, Elder Packer (1989) elaborated further:

Never can two of the same gender fulfill the commandment to multiply and replenish the earth. No two men or any number added to them, no matter how much priesthood they may think they possess, can do it. Only a woman can bestow upon man that supernal title of father (p. 73).

With respect to same-sex unions, Elder Oaks affirmed the Church’s position on homosexual marriage when he said, “The Church does not ‘recognize homosexual marriages’ because ‘there is no . . . scriptural warrant for homosexual marriages’” (“Apostle Reaffirms,” 1987, p. 10).

Thus, according to the First Presidency and the Quorum of the Twelve, the husband-wife marriage relationship is the only bond within which life can be brought forth according to God’s plan to accomplish His eternal purposes. Homosexual marriages are not in harmony with the sacred charge given to Adam to bring forth the human family. President Kimball (1969/1987) voiced the eternal consequence of widespread homosexuality:

If the abominable practice became universal it would depopulate the earth in a single generation. It would nullify God’s great program for his spirit children in that it would leave countless unembodied spirits in the heavenly world without the chance for the opportunities of mortality and would deny to all the participants in the practice the eternal life God makes available to us all (p. 81).

How valid is the claim of some who insist that homosexual behavior should not be considered a sin since individuals “are born that way and cannot change”?

President Kimball, Elder Packer, and other leaders, have vigorously denounced this claim. In speaking of those who have engaged in repeated homosexual behavior, President Kimball (1971/1978) said:

Some continue until, when the changing gets difficult, they admit their inability to cope with it and yield. They rationalize that they are of another class of people; that the Lord made them that way; that they cannot change. The powerful Lucifer has had his day. He whispers into their ears: “This is no sin. You are no transgressor. I am no devil. There is no evil one. There is no black—all is white for you” (p. 10).

Elder Packer (1976), speaking at the October General Priesthood Session, also contradicted this position, placing the situation in an eternal perspective and indicating that some say they are just “‘that way’ and can only yield to those desires. . . . While it is a convincing idea to some, it is of the devil. . . . There is no mismatching of bodies and spirits. . . . No one is predestined to a perverted use of these powers” (p. 101).

President Kimball (1971/1978) described the final downfall of such persons. “When one so far succumbs that he says, ‘This is the way I wish to live. Here I find my satisfactions. I commit no immorality. I will not change,’ then the tragic moment has come” (p. 16).

In more recent years, Church leaders seem to have been careful to distinguish between homosexual thoughts and feelings and homosexual *behavior*. They have acknowledged that some people may experience homosexual thoughts and feelings from a very early age; nevertheless, the Church leaders have warned that such people are responsible for controlling their behavior. In the guide *Understanding and Helping Those who have Homosexual Problems* (LDS Church, 1992), those who are counseling individuals with homosexual tendencies are advised that in order to help someone repent, they must help that person “overcome common rationalizations such as: ‘I am not responsible for my behavior because I was

born this way” (LDS Church, 1992, p. 3). Bishops and other helpers are instructed to guide the person in understanding that “although some struggle with unwanted homosexual thoughts and feelings, there is no conclusive evidence that anyone is born with a homosexual orientation” (LDS Church, 1992, p. 3).

Some Church leaders who have written and spoken strongly against the notion that homosexual people were simply “born that way,” do acknowledge that susceptibilities to homosexual thoughts and feelings may exist as part of the trial inherent in the plan of salvation. Elder Oaks, for example, speaking at the Third Annual Book of Mormon Symposium (1987), affirmed that some receive strong temptations, but he still placed responsibility for ultimate handling of the temptation on the individual:

Perhaps these persons, as the saying goes, were “born that way.” But what does this mean? Does it mean that persons with susceptibilities or strong tendencies have no choice, no free agency in these matters? Our doctrine teaches us otherwise. Regardless of a person’s susceptibility or tendency, his will is unfettered. His free agency is unqualified. It is his freedom that is impaired. Other persons are more free; though they unwisely sample the temptations, they seem immune to the addiction. But regardless of the extent of our freedom, we are all responsible for the exercise of our free agency (pp. 45-46).

Elder Oaks (1987) brought out purpose behind the difficulties that many experience:

We are here to be tested, and this cannot occur without opposition in all things . . . if we did not have opposition, we could not exercise our free agency by making choices. . . . Without opposition in all things we could not achieve righteousness. All things would be a compound in one, a mixture—no distinction between wickedness and holiness. In that state of innocence, mankind would be “having no joy, for they knew no misery; doing no good, for they knew no sin” (2 Nephi 2:23)” (p. 42).

Moreover, the publication, *Homosexuality* (LDS Church, 1981) indicates that, “To believe that . . . [homosexual behavior] is inborn or heredity is to deny that men have agency to choose between sin and righteousness” (p. 2).

Elder Packer (1990) has acknowledged that feelings and inclinations do not necessarily disappear immediately because one

desires to choose the right; they may continue as a temptation. "You may not be able, simply by choice, to free yourself at once from unworthy feelings." But he continued to admonish, "You *can* choose to give up the immoral expression of them" (p. 86). He further explained this position:

All of us are subject to feelings and impulses. Some are worthy and some of them are not; some of them are natural and some of them are not. We are to control them, meaning we are to direct them according to the moral law (p. 85).

Elder Oaks (1987) has stressed that susceptibility does not free us from accountability, that we have within us the power to overcome such temptations:

But whatever our susceptibilities, we have the will and the power to control our thoughts and our actions. This must be so. God has said that he holds us accountable for what we do and what we think, so these must be controllable by our agency. . . . A person who insists that he is not responsible for the exercise of his free agency because he was "born that way" is trying to ignore the outcome of the War in Heaven. . . . Individual responsibility is a law of life. . . . God holds his children responsible to control their impulses so they can keep his commandments and realize their eternal destiny (p. 46).

President Kimball (1971/1978) explained the eventual consequence of failing to assert this all-important control of our actions in face of any level of temptation we may experience:

If you have yielded long enough, you know well that you have been "hooked". . . . You do the bidding of your master. Do you revel in the thought that you are in ugly servitude? If you have given up and cannot express your will, then boost up your courage, and seek for help (p. 21).

Thus, although Church leaders have consistently demonstrated understanding for those who experience unbidden homosexual thoughts and impulses, they are uncompromising in their insistence that such occurrences can and should be subdued. Although addiction may result from repeated offenses, the Brethren hold out an assurance that help is available, pleading with those in "servitude" to seek for the assistance they need.

What factors appear to cause, or at least influence, a susceptibility toward homosexual attractions and tendencies?

The Church's earlier position statement (LDS Church, 1981, pp. 1-2) indicated Church recognition that homosexuality seems to be influenced, in part, by unhealthy emotional development. The first four "elements" below were listed in that document as possible contributing factors. The fifth and sixth elements below are added by the authors of this paper to reflect statements from Church leaders.

Dysfunctional family background

Many individuals who experience problems with homosexuality have not experienced a warm, supportive, affectionate relationship with their fathers. Other background factors in homosexuality may include overprotective or dominant behavior on the part of mothers, and strained relationships between the mother and father.

Poor relationships with peers

Many individuals with homosexual difficulties see themselves as different from their peers. They feel isolated and lonely; they fail to develop healthy social attitudes and effective social skills.

Unhealthy sexual attitudes

Such attitudes may be modeled on unhealthy attitudes or behaviors of an individual's parents. Sometimes parents' attitudes or behaviors have been misinterpreted, resulting in similar effects.

Early homosexual experience

Many of those who are involved in homosexual behavior developed a preoccupation with masturbation when they were quite young or were introduced to homosexual behavior early in life by a peer or older acquaintance.

Selfishness

In a BYU Devotional address, Elder Packer (1978) expressed a possible link between selfishness and homosexual behavior. "Have you explored the possibility that the cause, when found, will turn out to be a very typical form of selfishness—selfishness in a very subtle form?" (p. 36). President Kimball (1982) provided his

perspective regarding the relationship among homosexual urges, sinful acts, and ultimate emptiness:

This abnormal involvement with a person of one's own sex can be only barren and desolate, having for its purpose only temporary physical satisfaction. There is no future in it but only a stirring moment and a dead past. There can be no posterity, no family life, no permanent association, and, of course, nothing that can give eternal joy. It is lonely because it is wrong and because it is selfish (p. 275).

Biological and genetic influences

Some Church leaders have strongly condemned simple biological or genetic deterministic explanations for homosexuality—that biological or genetic factors completely cause, determine, or predestine homosexual behavior (Oaks, 1987, pp. 45-46; Packer, 1976, p. 101). However, these Church leaders have also indicated a recognition of the complexity of the problems associated with homosexual behavior and have not closed the door on the possibility that biological or genetic factors could predispose or make some people more susceptible than their peers to homosexual attractions which place them at a higher risk for involvement in homosexual behavior (Oaks, 1987, pp. 45-46; Packer, 1990, p. 85).

When an individual has a sincere desire to change, what steps are necessary for change and growth to take place?

Acceptance of responsibility is a necessary first step. According to Church leaders, an individual who has been practicing homosexuality must understand and accept the principles of free agency and personal responsibility before processes for cure and forgiveness can begin.

Faith in God and faith in oneself are anchor points for the repentance process. It is important for a person to believe that change can occur and homosexual behavior can be overcome. Faith in God and in oneself, accompanied by hope, leads to repentance and change.

Elder Packer (1992) has provided reassurance of the faith we can have in God's willingness to forgive: "I know of no sins connected with the moral standard for which we cannot be

forgiven" (p. 68). President Kimball (1971/1978, pp. 3, 27; cf., 1982, pp. 275-276) likewise encouraged faith, focusing on the Lord's love and on the support available through the Church: "Homosexuality and like practices are deep sins. They can be cured; they can be forgiven. Remember, the Lord loves you; the Church loves you. We are most anxious to assist you" (p. 27).

President Kimball (1972/1977) stressed also the importance of recognizing the strength within oneself: "We have within ourselves the power to rise above our circumstances, to change our lives. Man can change human nature. Man must transform his life" (p. 176). In a later publication President Kimball (1982) reaffirmed this position:

Homosexual practices are enslaving. There are those who tell you there is no cure and thus weaken your resolves and add to your frustration. They can be cured. They can be eventually forgiven. Your problem can be solved. . . . A homosexual can change himself (pp. 275-276).

Repentance and the search for forgiveness are essential aspects of overcoming the practice and effects of homosexuality. Although President Kimball (1982) was consistently reassuring on the availability of change and forgiveness, he did not diminish the seriousness of the transgression or the depth of the repentance that would be involved.

Again, contrary to the belief and statement of many people, this sin, like fornication, is overcomable and forgivable, but again, only upon a deep and abiding repentance, which means total abandonment and complete transformation of thought and act (p. 274).

President Benson (1985) explained more of the nature of the personal change involved in the process of this deep repentance; it involves more than environmental change, and the necessary transformation requires Christ's intervention.

The Lord works from the inside out. The world works from the outside in. . . . The world would mold men by changing their environment. Christ changes men, who then change their environment. The world would shape human behavior, but Christ can change human nature (p. 6).

Persisting in the face of adversity and seeking divine assistance are stressed by the Church authorities as they advise those who have homosexual problems. President Kimball (1982) helped Church members who have homosexual difficulties to understand the persistence required to overcome such problems. He compared the repentance process for homosexuality to that for comparable sins, stating that if "one has such desires and tendencies, he overcomes them the same as if he had the urge toward petting or fornication or adultery" (p. 274). For those who were finding the route to repentance difficult, President Kimball (1969/1987) gave this remonstrance:

Certainly it can be overcome, for there are numerous happy people who were once involved in its (homosexual) clutches and who have since completely transformed their lives. Therefore to those who say that this practice or any other evil is incurable, I respond: "How can you say the door cannot be opened till your knuckles are bloody, till your head is bruised, till your muscles are sore? It can be done" (p. 82). (See also, LDS Church, 1981, p. 9.)

In *Understanding and Helping Those Who Have Homosexual Problems* (LDS Church, 1992), the Church affirmed that the Lord will help those who sincerely desire to change:

Change is possible. There are those who have ceased their homosexual behavior and overcome such thoughts and feelings. God has promised to help those who earnestly strive to live his commandments: "There hath no temptation taken you but such as is common to man: but God is faithful, who will not suffer you to be tempted above that ye are able; but will with the temptation also make a way to escape, that ye may be able to bear it" (1 Corinthians 10:13) (p. 4).

President Benson voiced the same reassurance of the Lord's willingness to assist us, as quoted in *Understanding and Helping Those Who Have Homosexual Problems* (LDS Church, 1992): "God's gifts are sufficient to help us overcome every sin and weakness if we will but turn to Him for help" (p. 2).

How optimistic are the Church leaders for success in helping members to overcome a homosexuality problem?

LDS leaders consistently emphasize the importance of promoting healthy personal and spiritual development which prevents or reduces the likelihood of a person's becoming involved in homosexual activity. They counsel young members to develop worthy moral values and appropriate interpersonal and sexual habits by seeking and maintaining healthy friendships, listening to the counsel of their parents, and keeping the commandments, including those that emphasize controlling their thoughts. To give them the spiritual strength to resist temptation and to repent when they have yielded to it, members are encouraged to develop and strengthen their testimonies, and to listen to the Spirit.

Perhaps less optimism is expressed in the Church literature regarding potential success for rehabilitating those deeply engaged in homosexual behavior if they have little or no desire to change. However, leaders constantly remind us that it is never too late if the person has a desire to repent and abandon the behavior, or is willing to try to develop that desire. Individuals involved in homosexual practices are counseled to seek help from the Lord and from their local Church leaders in acquiring motivation and moving through the change and repentance process. A person who is sufficiently motivated can change, can forsake homosexual behavior, can repent, and can receive forgiveness.

The position the Church takes and encourages for others, was reaffirmed by Elder Oaks ("Apostle Reaffirms," 1987): "Love the sinner. Condemn the sin" (p. 10). President Gordon B. Hinckley (1987) added his voice: "We advocate the example of the Lord, who condemned the sin, yet loved the sinner" (p. 47).

Do Church leaders encourage members who are struggling with homosexual tendencies to seek professional counseling?

In the statement *Understanding and Helping Those Who Have Homosexual Problems* (LDS Church, 1992), members are instructed to seek the inspired guidance of Church leaders. However, they also suggest:

... members often need professional help from qualified therapists who understand and honor gospel principles. When adequate professional help is not available in the ward or stake, an LDS Social Services agency may provide consultation, therapy, or referral to therapists in the community (p. 5).

Most Church leaders seem to agree that professional counselors can play an important role in helping individuals experiencing problems with homosexuality. However, since not all therapists in the community possess personal values consistent with Gospel principles or with the Church's position regarding homosexuality, ecclesiastical leaders will likely be selective in making referrals.

The Church has supported efforts of the LDS Social Services and other consulting professionals to research the issues and to offer a reparative therapy approach which assumes that homosexual behavior can be changed. Therapists who acquire appropriate preparation can counsel individuals who struggle with homosexual problems and can serve as a useful resource to such people and ecclesiastical leaders.

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Interview: The Biological Evidence for Homosexuality Reappraised

William Byne, MD, PhD*

Abstract

Because of recent media reports and public interest in the role of biological and genetic factors in the development of homosexuality, the editor decided some information regarding this topic might be useful for AMCAP members. Dr. William Byne has recently published several professional articles in which he has criticized the biological and genetic evidence relevant to the etiology of homosexuality. Dr. Byne graciously consented to be interviewed for the *AMCAP Journal*.

Editor: Dr. Byne, recently you and Dr. Bruce Parsons published an article in the *Archives of General Psychiatry* entitled, "Human Sexual Orientation: The Biologic Theories Reappraised." In this article, you were critical of the research which has been advanced to date as "proof" that homosexuality is caused by biological or genetic factors. Could you briefly summarize for us the major conclusions of your article?

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Dr. Byne: The current appeal of biological explanations for sexual orientation results more from dissatisfaction with the present status of psychosocial explanations than from the strength of the biological evidence itself. In our review we subject to critical appraisal the recent genetic, hormonal and neuroanatomical evidence pertaining to sexual orientation and conclude that it is far from compelling. For example, until Dean Hamer's recent linkage analysis studies, the genetic evidence consisted only of reports that homosexuality tends to run in families and that identical twins are more likely to share the same sexual orientation than are fraternal twins. Such studies are absolutely useless in distinguishing between biological and environmental influences because related individuals share environmental variables as well as genes. Protestantism runs in families too, but no one would suggest it is genetic. In the case of the twin studies, it is plausible that identical twins, by virtue of their identical appearance, are treated more similarly and are more similar in their early developmental experiences than are fraternal twins. If so, that alone could account for the increased concordance for homosexuality in the identical twins. In any case, the fact that about 50% of the identical twins in the recent studies were discordant for homosexuality underscores our ignorance of the factors that influence sexual orientation. Those unknown factors could be biological or psychosocial, or both.

The other recent studies—those looking at hormonal responses or brain structure—are, with one exception, premised on the assumption that the brains of homosexuals should exhibit features typical of the opposite biological sex. The problem here is that most of the relevant sex differences have been demonstrated in laboratory rats, not humans. In fact, some of the sex differences alleged to be relevant to sexual orientation in humans are not found in any primate—including humans. If a particular feature of the brain does not differ between men and women, then it is illogical to suggest that the feature should be typical of the opposite sex in homosexuals. It is perplexing that even some of the high profile studies published in prestigious journals, most notably *Science*, failed to cite any studies pertaining to sex differences in the primate brain, but implicitly assumed that rats and humans display

the same sex differences. While some of these studies did report differences between homosexual and heterosexual men, more carefully executed studies have been unable to reproduce their results.

Unfortunately, these negative replication studies tend to go unheeded. For example, 25 studies were required to dispel the notion that homosexuality in men results from insufficient testosterone levels: While 3 studies did find homosexuals to have lower levels than heterosexuals, 2 found homosexuals to have higher levels and 20 found no differences. Similarly, 21 failures of replication have not laid to rest a single study that reported the splenial portion of the brain to be larger in women than in men. And at least 2 groups of highly esteemed researchers have recently predicted that the size of the splenium will be “sex-reversed” in homosexuals. The tenacity with which these researchers hold to their hypothesis in the face of overwhelming evidence against it suggests that it is something more than science that is operating here.

Editor: Dr. Byne, you have been critical of the highly publicized study published by S. LeVay in the prestigious journal, *Science*. Please briefly summarize what you believe are the major flaws in LeVay’s study?

Dr. Byne: My major criticism is actually directed more toward the sensationalistic editorial policies of *Science* than toward LeVay. A major shortcoming of his study is that he did everything single-handedly from collecting the brains and making the measurements to statistically analyzing the results. In this area of research, the traditional standard has been that all measurements be made by more than one investigator prior to publication. Surely, *Science* should have required that a co-investigator verify LeVay’s findings before publishing such a provocative and politically charged study. While LeVay has argued that no one was available to verify his measurements prior to publication, there is no shortage of qualified anatomists who would have been more than willing to have done so. More troubling, however, is that since the publication of his paper, LeVay has refused to allow me or a panel of anatomists to examine his material so that a consensus opinion could be reached

regarding the replicability of his findings. This is in violation of the stated editorial policy of *Science*: "When a paper is accepted for publication in *Science*, it is understood that any materials and methods necessary to verify the conclusion of the experiments reported will be made available to other investigators under appropriate conditions." On November 12, 1992, I wrote to *Science* asking what those "appropriate conditions" would be. To date there has been no response.

Before discussing my major technical criticism of LeVay's study, it is important to know that in some mammals the size of the brain structure comparable to INAH3 in humans (i.e., the structure examined by LeVay) varies with the amount of testosterone in the animal's blood. If a male is castrated, the structure shrinks but if testosterone is given after castration, the shrinkage does not occur. This is crucial to the interpretation of LeVay's study which relied heavily on the brains of men who had died with AIDS. Testosterone levels decrease dramatically as a direct consequence of AIDS itself, and as a consequence of some medications used to treat particular opportunistic infections. Furthermore, there are systematic differences between gay men and intravenous drug users in certain manifestations of AIDS and in their access to and compliance with medical care. The differences in the size of the INAH3 that LeVay attributed to sexual orientation, therefore, may have actually been the result of changes in testosterone levels as a result of AIDS or its treatment. Thus, my major technical criticism of LeVay's study is that his medical histories were not adequate to address this possibility.

LeVay also uses sleight of pen to exaggerate the significance of his findings. For example, he claims that the difference he found is in the region of the brain known to regulate male sex behavior. While INAH3 occupies a tiny portion of the brain region known as the medial preoptic area, the more exact portion of the medial preoptic area involved in male sex behavior is far removed from the INAH3. Thus, LeVay's claim would be analogous to the claim that the Statue of Liberty is in Boston because both the statue and Boston are in northeast region of the U.S.A.

Others have faulted LeVay's study for the small number of brains he studied and for the inadequate sexual histories he had on his subjects. These problems don't particularly trouble me. First of all, the differences he reported were large enough to have been detected with even smaller numbers of brains than he employed. Moreover, inadequate sexual histories would have decreased, rather than increased, the likelihood of detecting statistically significant differences.

Editor: Dr. Byne, in your *Archives of General Psychiatry* paper, you and Dr. Parsons briefly propose an "interactional model" of homosexuality. Could you briefly explain what you mean by an interactional model and why it is more scientifically plausible than exclusively biological or psychosocial models of homosexuality?

Dr. Byne: An interactional model is one in which the effect of one factor is dependent upon other factors in the model. Vocal learning in bullfinches serves as an illustrative example. These birds can only learn their native call during a restricted period of brain development. If they are allowed to hear only the call of another species during that period, they will learn it instead. While the bird's call seems to become hard wired into its brain, it is clearly learned by experience and is not innate. That is, the bird's song is determined by experience (i.e., nurture), whereas biology (i.e., nature) defines the crucial period during which that experience must occur.

I do not mean to imply that sexual orientation in humans is learned by simple mimicry. Instead, it seems reasonable to suggest that the stage for future sexual orientation may be set by experiences during early development, perhaps the first four years of life. This is not only the period during which gender identity is established largely in response to social cues, but also a period of tremendous brain development. In fact, the human brain quadruples in size after birth and the major expansion of its synaptic network occurs during the first two years following birth. Thus, a tremendous amount of brain development occurs at a time when the individual is in constant interaction with the outside world. This maturation is highly relevant to interactional models in light

of studies in laboratory animals showing that learning and environment influence the chemistry and structure of the brain itself.

In our review, we offer a hypothetical interactional model in which biological factors influence temperament rather than sexual orientation *per se*. We then offer some examples of how one's temperament could then bias the emergence of his sexual orientation in a context-dependent manner. This model is interactional because biology influences temperament which, in turn, influences how an individual shapes and is shaped by his environment. Such an interactional model allows for multiple developmental pathways leading to homosexuality and it is consistent with the replicable research suggesting an influence of biological factors on sexual orientation. Moreover, it could explain the failures of various psychosocial theories that have focused on either the personality of the individual or on his familial milieu but not on the interaction of the two.

Editor: In a soon-to-be-published anthology regarding psychological research on homosexuality, your essay discusses some of your experiences with the peer review process and the press as you have attempted to publish your work on homosexuality in scientific journals. You characterized several recent scientific reviews of research on homosexuality as lacking in objectivity and fairness and attributed this to political and social influences. Have I understood your perceptions about this, and if so, could you briefly share with us the experiences you have had with the review process and press that have led you to feel this way?

Dr. Byne: Your perceptions are correct. Even when we strive for scientific objectivity, human nature dictates that we will be more skeptical of studies that fail to conform to our own belief systems. Thus, we will, perhaps unwittingly but nevertheless surely, hold to a higher standard of review studies that contradict our personal views. The field of sexology is small and appears to me to be dominated by a relatively few individuals who share the same biologically deterministic ideology. Because it is nearly impossible to publish in this area without having your paper reviewed by one or more of these individuals, the unfortunate result is that the

biologically deterministic ideology is sometimes protected at the expense of scientific rigor.

Perhaps my worst experience with the peer review process was a three-year delay in publishing a study with Ruth Bleier that failed to confirm an earlier report (published in *Science*) that the splenium is larger in women than in men. One can only wonder why *Science* even published that report since the finding was not even statistically significant. At the time Ruth and I submitted our paper the original report had already become entrenched in the medical literature including authoritative textbooks where it was referenced as “a clear cut sex difference in the anatomy of the human brain” and interpreted as the biological basis for a variety of presumed sex differences in abilities and social roles. The remarks of one of the reviewers of our manuscript are particularly informative: “The present paper uses magnetic resonance imaging to show that there is no significant [sex] difference in the splenium of the corpus callosum. We can assume that the earlier paper is wrong and misleading, and therefore correcting this error has some value to the scientific community. On the other hand, it is hard to argue that a negative finding contradicting a poor paper constitutes an advance in science. . . . My conclusion is that this paper is not appropriate for publication in the *Journal*.” In other words, published studies making unsubstantiated claims—even claims of potential social import—need not be challenged because of the very fact that they were “poorly conceived and poorly executed.” Such an attitude impedes the self-correcting process of the scientific method and thus undermines science at its foundation.

Editor: Since the publication of the *Archives of General Psychiatry* article, some people have accused you of having an “anti-gay” motive or agenda? Would you care to respond to this accusation?

Dr. Byne: Some gay activists believe that society will be more tolerant of homosexuality if sexual orientation can be shown to be innate. Thus, they view any criticism of the recent biological work as anti-gay. In other words, they feel that we should subjugate scientific rigor to political expediency. To support their belief these

activists cite the results of various surveys such as the *New York Times*/CBS News Poll suggesting that people who believe that homosexuality is a chosen lifestyle are less tolerant of homosexuality than are people who believe that homosexuality is immutable. But such polls don't show that belief in a biological etiology causes tolerance. Perhaps, intolerance is what leads to the belief that homosexuality is chosen. Very few who have spoken in depth with homosexuals regarding their orientation would conclude that one simply chooses to have homosexual attractions. Furthermore, it would be naive to merely assume that everything in life that is not chosen is biologically determined. We do not choose our native language. Nor do we simply choose our beliefs. Beliefs are based on our experiences, our character structure, and our cognitive style. For example, we could not simply choose to believe that the earth is flat or that the sun revolves around the earth.

For the record I support gay rights. I simply believe that we as a society must learn to be tolerant of individual differences and not make social tolerance contingent on biological immutability. Furthermore, biologically deterministic theories have been used historically to rationalize discrimination and social intolerance—not to end them. This applies to gays as well as to women and racial minorities. On the basis of presumed biological etiology, gays during this century have been subjected to forced hormone injections, castration, and brain surgery. Of course, gays have also suffered in the hands of psychoanalysts and social theorists. In the absence of social tolerance, any etiological theory is capable of being put into the service of social prejudice.

Editor: Some people seem to believe that if solid evidence is obtained showing that homosexuality is biologically or genetically determined that this would provide support for the notions that (1) human sexual preference cannot be changed, and, (2) homosexuality is a normal variation of human sexual functioning. Do you believe that if evidence were found that homosexuality is biologically or genetically determined that this finding would provide support for the notions above?

Dr. Byne: Your question seems to imply that sexual orientation could be changed if it is not biologically determined. But in the

example I gave of the bullfinch, his song is not biologically determined but once it is learned it is immutable. If sexual orientation were shown to be biologically determined, perhaps that would imply that only a biological intervention could change it. History suggests that unless society becomes tolerant of homosexuality, belief in biological causation is likely to lead to biological interventions aimed at changing it. If homosexuality were proven innate that would suggest that it is a *naturally occurring* variation, but not necessarily *normal*. *Normalcy*, has two connotations. The first simply refers to what is statistically average. The second connotation refers to the range of behaviors or states that a particular society views as desirable or acceptable. Schizophrenia, mental retardation, diabetes, and cancer are biological phenomena. While naturally occurring, they are not statistically average states, nor does society perceive them as desirable. The undisputed biological origin and immutability of skin color have not had a mitigating influence on racism. I see no reason to believe the case would be different for homosexuality.

Editor: We understand that your recent publications have generated considerable public and professional controversy and attention. Would you care to share any of your experiences in this regard?

Dr. Byne: Since I began working in this field as a neurobiologist 15 years ago, I have been periodically accused of searching for the cause of homosexuality so a “cure” could be found. So I was initially quite surprised when the very groups that had accused me of homophobia because of my biological research on animals began to accuse me of homophobia for my criticisms of attempts to apply that animal research to humans. More troubling, however, is that some of the most senior and influential figures in sex research have openly suggested that it is politically incorrect for anyone to criticize the biologically deterministic data pertaining to homosexuality.

I was also surprised that my opinion has been sought by governmental agencies regarding the issue of gays in the military and Colorado’s Amendment 2. The etiology of homosexuality is a totally separate issue from the issue of whether or not homosexual

men and women have the ability to honorably serve their country. They have been doing so for centuries. Suddenly, understanding more (or suddenly realizing that we know very little) about the origins of sexual orientation won't change history.

Editor: What are your plans for future research in this area and why do you plan to pursue these directions?

Dr. Byne: My primary research interest is in brain development and I am currently focusing on how maternal drug abuse disrupts fetal brain development. With regard to sexual orientation research, I am involved in two projects. First, I am trying to replicate the report that INAH3 is larger in the brains of men than in those of women. If I am successful in that regard, I will focus on the development of the sex difference and also attempt to replicate Simon LeVay's report that INAH3 is feminized (i.e. small) in gay men.

Editor: We greatly appreciate your time and willingness to discuss your research, thoughts, and experiences with us. Is there anything else you would like to say before we conclude.

Dr. Byne: Since the publication of our review, Dean Hamer's group at the National Cancer Institute has published their study suggesting a genetic linkage for homosexuality. Of the recent biological studies, that study is conceptually the most complicated and probably the most misunderstood.

I would like to address one of the most common misconceptions regarding its findings. That misconception is illustrated by the following from the August 1993 issue of *Clinical Psychiatry News*: "Science last month published a study that shows a particular genetic sequence on the tip of the long arm of the X chromosome. That sequence is the same in 33 of 40 pairs of gay brothers." That simply is not the case. Hamer's study did not show that 33 of the 40 pairs had anything in common other than sexual orientation. The concordance that he reported was within pairs, not across pairs. Specifically, both members of each concordant pair had received a copy of the same Xq28 region of his mother's X chromosomes. Each of the 33 mothers of the concordant pairs would have had unique genetic sequences in her Xq28 regions.

Because women have two of these regions but can pass a copy of only one on to their sons, one can calculate that the probability of two sons receiving the same Xq28 region from their mother is 50%. Hamer's study merely showed that for his pairs of gay siblings the probability that they had received the copy of the same maternal Xq28 region was significantly higher than the expected value. Thus, the study *suggests* that a particular genetic sequence predisposing to homosexuality might be located in the Xq28 region of the X chromosome—but no such sequence was actually detected in the study.

A problem that some have argued makes Hamer's study uninterpretable is that he did not analyze the Xq28 region of the heterosexual brothers of the gay siblings of the study. This is a problem because if one of a mother's two Xq28 regions contained genes that impaired fetal viability, then there would be an increased probability of all of her living sons, heterosexual and homosexual sharing the same Xq28. We should not merely assume that that is not the case in Hamer's highly selected family pedigrees. We should subject our assumptions to empirical test. Moreover, there was no pressing reason for rushing Hamer's study into print. It's not as if he were reporting a cure for cancer or AIDS. In my opinion, the editorial board at *Science* should have required Hamer to provide empirical evidence to support his assumptions prior to publishing the study.

One good thing about Hamer's study is that it is essentially atheoretical regarding the etiology of homosexuality. Even if he succeeds in finding genes associated with homosexuality, a tremendous amount of work will be required to demonstrate how those genes act. One possibility would be that they do not act on sexual orientation per se but, instead, influence temperament as in the interactional model proposed in my review with Dr. Parsons. The bottom line remains that we still know very little about the factors that influence sexual orientation.

The Treatment of Homosexuality: Some Historical, Contemporary, and Personal Perspectives

P. Scott Richards, PhD

The treatment of homosexuality has a long history in the psychiatric and psychological professions. Beginning with Sigmund Freud at the turn of the 20th century, many clinicians since then have attempted to help homosexual clients. Psychoanalysis, psychoanalytically-oriented psychotherapy, a wide variety of behavioral therapies, rational psychotherapy, exaggeration therapy, fixed-role therapy, and a variety of group psychotherapy approaches have all been used to help homosexual clients (e.g., Bancroft & Marks, 1968; Barlow & Agras, 1973; Berg & Allen, 1958; Birk, 1974; Conrad & Wincze, 1976; Eliasberg, 1954; Ellis, 1959; Feldman & MacCulloch, 1971; Freund, 1960; Gordon, 1930; Hatterer, 1970; Ince, 1973; Jacobi, 1969; London & Caprio, 1950; Maletzky & George, 1973; Mintz, 1966; Skene, 1973; Socarides, 1969; Stevenson & Wolpe, 1960; Truax & Tournay, 1971; van den Aardweg, 1972).

A variety of treatment goals for homosexual people have been pursued including: (1) decreasing the frequency and intensity of homosexual behaviors, thoughts, and feelings; (2) increasing the frequency and intensity of heterosexual behaviors, thoughts, and feelings; (3) reducing heterosexual anxiety; (4) improving heterosexual social skills; and, (5) exploring and altering cognitive and psychological aspects of homosexuality, such as self-perceptions, motivations, and gender-role identification (James, 1978). Reviews of the therapy outcome literature which have been published reveal that therapists have reported considerable success at helping

homosexual people achieve these goals (Adams & Sturgis, 1977; Clippinger, 1974; Hinrichsen & Katahn, 1975; James, 1978; Rogers, Roback, McKee, & Calhoun, 1976).

Though acknowledging the limitations of the database, Rogers et al. (1976) concluded that "Homosexuals can be successfully treated in group psychotherapy whether the treatment orientation is one of a change in sexual pattern of adjustment, or whether a reduction in concomitant problems is the primary goal" (pp. 23-24). Adams and Sturgis (1977) reported average success rates in decreasing homosexual urges and behaviors ranging from 18% to 78% and in increasing heterosexual urges and behaviors ranging from 8% to 71% for the behavior therapy studies they reviewed. They concluded that "Although the current status of sexual reorientation procedures as clinical techniques for modifying sexual preferences is not overwhelmingly positive, there are indications that, as the sophistication of the conceptualizations and treatment procedures increases, more significant results are achieved" (pp. 1185-1186). After reviewing a number of psychoanalytic, group, and behavioral studies, Clippinger (1974) concluded that "at least 40% of the homosexuals were cured, and an additional 10-30% of the homosexuals were improved" (p. 22).

For her doctoral dissertation at Brigham Young University, Elizabeth James (1978) completed perhaps the most comprehensive, rigorous review of the homosexuality-treatment literature that has been conducted to date. James meta-analyzed 101 outcome studies which had been published between the years 1930 to 1976. Based on her analysis, she drew a number of conclusions regarding the efficacy of various treatment approaches. Most importantly, she concluded that when the results of all research studies were combined, approximately 35 percent of the homosexual clients "recovered" and 27 percent "improved" (James, 1978). Based on this finding, she concluded that pessimistic attitudes about the prognosis for homosexuals changing their sexual orientation are not warranted. "Significant improvement and even complete recovery [from a homosexual orientation] are entirely possible." (James, 1978, p. 183). James acknowledged that the "recovery" and "improvement" rates during therapy for bisexuals (81%) and long-

term therapy clients (69%) were higher than those reported for exclusively homosexual clients (42%) and short-term therapy clients (53%). Nevertheless, the recovery and improvement rates for even exclusively homosexual and short-term therapy clients were encouraging and “there is certainly room for the development of new treatments and combinations of techniques that will enhance the effectiveness of those procedures already in use” (James, 1978, p. 99).

James (1978) also concluded that there appeared to be little difference in the success rates reported by the behavioral therapies and the traditional verbal psychotherapy approaches. Both of these general therapeutic orientations have principles and techniques which are of value in treating homosexuality (James, 1978). She recommended that the homosexual client should be “viewed as a complex human being with intricately balanced and interwoven thoughts, feelings, and behaviors” and that a “multifaceted” treatment approach which considers the client’s total identity (behaviors, feelings, thoughts, and values) should be used (James, 1978, pp. 182-184).

Current Attitudes Regarding the Treatment of Homosexuality

Although therapists and researchers during the 1930’s through the mid-1970’s reported considerable success in helping homosexual clients reduce and change their homosexual tendencies, by the late 1970’s to early 1980’s the treatment of homosexuality and research evaluating its efficacy came to a virtual halt (Nicolosi, 1991). Why has such a decline in treatment and research occurred? Perhaps the major reason is that public and professional perceptions of homosexuality have changed. During the 1960’s, gay activists began to more openly and vigorously fight to legitimize the homosexual lifestyle (Bayer, 1981). Gay activists fought to ensure that homosexuals would be accorded all of the civil rights heterosexuals enjoy. As gay activists grew in power, they became more radical in their efforts to shape public and professional perceptions of homosexuality. Gay activists fought not only for public tolerance of homosexuality, but battled to get the public and

professionals to value and endorse homosexuality as a desirable alternative lifestyle (Bayer, 1981).

An important landmark in the gay activist battle to reshape public and professional perceptions of homosexuality came on December 14, 1973, when the Board of Trustees of the American Psychiatric Association (APA) voted to remove homosexuality as an abnormal diagnostic category from the APA's Diagnostic and Statistical Manual (DSM). The decision to remove homosexuality from the DSM was made after APA leaders and members had endured several years of intense political pressure and disruptive lobbying efforts by militant gay activist groups (Bayer, 1981; Socarides, 1978, 1988). In discussing the APA decision, Socarides (1978), a leading researcher and theoretician on homosexuality, stated:

The removal of homosexuality from the DSM 2 was all the more remarkable when one considers that it involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports but also of a number of other serious studies by groups of psychologists, psychiatrists, and educators over the past seventy years. . . . It was a disheartening attack upon psychiatric research and a blow to many homosexuals who looked to psychiatry for more help, not less. (pp. 421-422).

Though Socarides and others have characterized the APA's decision as politically motivated, "clinically untenable and scientifically fallacious," it has not been reversed (Socarides, 1988, p. 51; Bayer, 1981; Nicolosi, 1991). In January, 1975, the governing body of the American Psychological Association voted to support the American Psychiatric Association's decision, saying that it wished to oppose discrimination against homosexuals and encourage mental health professionals to "take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations" (Conger, 1975, p. 633).

The decision to remove homosexuality from the DSM had a chilling effect on the treatment of homosexuality and on treatment outcome research because it "became common knowledge that homosexuality was in fact not a problem" (Nicolosi, 1991, p. 10). Professionals who persisted in viewing and treating homosexuality

as an abnormal condition which can be changed came to be stigmatized as un-enlightened, prejudiced, homophobic, and even unethical (Bayer, 1981; Davison, 1976; Friedman, 1988; Marmor, 1980; Martin, 1982; May, 1977; Nicolosi, 1991; Silverstein, 1977; Socarides, 1988). Some gay activists now fight to convince professionals and the public that the only legitimate and healthy choice for people who experience homosexual attractions is to “come out of the closet” and become actively involved in the gay lifestyle and culture. These gay activists work to restrict people’s access to treatments which are designed to help them resist and overcome their homosexual tendencies by arguing that therapists who provide such treatment are unethical agents of a homophobic society (Browning, Reynolds, & Dworkin, 1991; Davison, 1976; Hancock & Cerbone, 1993; Marmor, 1980; Nicolosi, 1991; Joseph Nicolosi, personal communication, October 14, 1992; Silverstein, 1977; Welch, 1990).

Gay Affirmative Therapy

The changing of professional perceptions of homosexuality during the past couple of decades has led to the development of what is known in the psychiatric and psychology professions as the *gay affirmative therapy* approach (e.g., Fassinger, 1991; Browning et al., 1991; Shannon & Woods, 1991). Gay affirmative therapists make several major assumptions about homosexuality and therapy with homosexual clients (cf., Baron, 1991; Betz, 1991; Brown, 1991; Browning et al., 1991; Buhrke & Douce, 1991; Fassinger, 1991; Hancock & Cerbone, 1993; Martin, 1982; May, 1977; Morin, 1991; Shannon & Woods, 1991; Stein & Cohen, 1986):

1. Homosexuality is a legitimate, valuable, alternative lifestyle. There is nothing abnormal, immoral, or pathological about homosexuality. Cultures or religions which disapprove of the homosexual lifestyle are oppressive, homophobic, and heterosexist (i.e., they value heterosexuality as superior to and more natural than homosexuality). Efforts need to be made to change oppressive cultural and religious views of homosexuality.

2. Homosexuality is probably caused by genetic or pre-natal hormonal influences. Thus, people are born with their homosexual

orientation and, even if they want to, cannot change it. Research which has shown that people can change their sexual orientation is methodologically flawed and invalid. There is no convincing scientific evidence to support the idea that homosexuals can change their sexual preference or orientation.

3. The most desirable and psychologically healthy choice for people with homosexual attractions and feelings is to “come out of the closet.” In other words, homosexual people will be most happy and emotionally adjusted if they accept their “true” homosexual identity and becoming actively involved in the gay lifestyle and culture.

4. Psychotherapy with homosexual clients should focus on helping the clients (1) become more accepting and affirming of their homosexual feelings and identity, (2) negotiate and cope with the often difficult and lengthy “coming out” process, and (3) become more happy and fulfilled in their homosexual lifestyle.

5. Psychotherapists should not help homosexual clients attempt to change their sexual orientation, even if clients request help in doing so. Homosexual clients who wish to change their sexual orientation have internalized society’s negative, homophobic attitudes about homosexuality, and need help in recognizing this so that they can adopt more accepting, self-affirming attitudes toward themselves and their homosexual identity. Psychotherapists who attempt to help homosexual clients change their sexual orientation are maintaining the *status quo* of a prejudiced and oppressive society. Such therapists simply reinforce clients’ internalized self-hate by perpetuating society’s negative, homophobic attitudes.

During the past decade, gay affirmative therapy has become the dominant therapy model within the psychiatric and psychological professions. Political and professional pressure is now being exerted to make gay affirmative therapy the *only* professionally acceptable therapeutic approach for homosexual clients (Hancock & Cerbone, 1993). Gay activists hope to influence the American Psychological Association to eventually adopt standards for therapy with gay and lesbian clients which will make it unethical for psychologists to help homosexual clients attempt to change their sexual orientation

(Hancock & Cerbone, 1993; Joseph Nicolosi, October 14, 1992, personal communication). Thus, homosexual people who do not value the gay lifestyle and culture, and who would like assistance in controlling and changing their homosexual attractions and behaviors may continue to find fewer and fewer sources of professional help available.

Reparative Therapy for Male Homosexuality

In response to requests for assistance from “non-gay homosexuals,” that is, from people who do not value the gay lifestyle and culture and who desire assistance in controlling and changing their homosexual attractions and behavior, several therapeutic approaches collectively referred to as *reparative therapies* have been developed in recent years (Byrd, 1990, 1993; Consiglio, 1991, 1993; Dallas, 1991; Nicolosi, 1991). The reparative therapies are multi-faceted treatment approaches which are based upon the clinical and research knowledge regarding the etiology and treatment of homosexuality which accumulated during the 20th century (Byrd, 1990; Dallas, 1991; Nicolosi, 1991). Reparative therapies attempt to help non-gay homosexual people learn to resist and overcome their homosexual behaviors, thoughts, and feelings so that they can live more happily within the mainstream heterosexual culture which they value. Organizations such as Exodus International (Dallas, 1991) and Evergreen International (Matheson, 1993) supplement the efforts of reparative therapists by providing education and support groups for non-gay homosexual people and their families. Reparative therapists make several assumptions about homosexuality and therapy with homosexual clients (e.g., Byrd, 1990, 1993; Consiglio, 1991, 1993; Dallas, 1991; Nicolosi, 1991):

1. Homosexuality is not a desirable, normal, or moral lifestyle. Ultimately, one's belief about whether or not homosexuality is desirable, normal, or moral is a value choice and cannot be resolved by scientific findings regarding etiology, prevalence, or treatment outcome. People of various cultures and religions have a right, therefore, to believe the homosexual lifestyle is not a valuable, alternative lifestyle just as gay activists have the right to believe otherwise.

2. Homosexuality is probably caused by multiple factors. Genetic and pre-natal hormonal influences may predispose or place people at greater risk for developing homosexual attractions. However, current research indicates that post-natal environmental influences must also be present in order for the homosexual attractions to be manifested (Byne, 1993; Byne & Parsons, 1993, Money, 1987). Some environmental and psychological factors that may play a causal role in the development of homosexuality include (1) cross-gender, effeminate behavior in childhood, (2) gender-identity deficits, (3) hostile, detached, or absent fathers (which leads to "defensive detachment" from the father and other males), and (4) overly close, controlling, or dominating mothers (Byrd, 1990; Nicolosi, 1991).

3. Regardless of the causes of homosexuality, while homosexual people may not initially have a choice about whether they experience same-sex attractions, they do have a choice about whether or not to behaviorally act on these attractions. Clinical and empirical evidence also provides support for the belief that homosexual people can reduce and often overcome their homosexual behaviors, thoughts, and feelings (Adams & Sturgis, 1977; Birk, 1974; Byrd, 1990; Byrd & Chamberlain, 1993; Clippinger, 1974; Hinrichsen & Katahn, 1975; James, 1978; Nicolosi, 1991; Rogers et al., 1976).

4. The most desirable, psychologically healthy, and moral choice for people with homosexual attractions is to resist acting sexually on their homosexual attractions and to make efforts to control, reduce, and overcome their homosexual behaviors, thoughts, and feelings. People with homosexual tendencies will be most happy and emotionally adjusted if they reject the gay lifestyle and culture, discover and affirm their true heterosexual identity, and remain within the mainstream heterosexual culture which they value. Despite the gay activist rhetoric, there is really little evidence to support the Gay Affirmative notion that the process of coming out and identifying with the gay lifestyle and culture leads to greater, long-term happiness, and adjustment for homosexual people (Nicolosi, 1991).

5. Psychotherapy with non-gay homosexual clients should focus on promoting clients' social and emotional well-being within the predominantly heterosexual culture. A premature focus on trying to help clients develop heterosexual interests, however, is not helpful and may be harmful (Byrd, 1990, 1993). Helping clients (1) reduce and gain control over their homosexual behavior, thoughts, and feelings, (2) set goals and achieve success in other areas of their lives (e.g., intellectual, physical, spiritual), and (3) gain insight into and work on psychological issues such as defensive detachment, loneliness and abandonment, gender-identity deficits, assertiveness, shame and guilt, and achieving non-erotic intimacy and support systems with men are all viewed as interventions that may be appropriate during the reparative therapy process.

6. Psychotherapists have the right to help non-gay homosexual people attempt to change their sexual orientation, if clients request help in doing so. Reparative therapists believe that in doing so they are affirming and protecting their clients' right to choose and define their own values, identity, and lifestyle. Reparative therapists believe that the non-gay homosexual person "has made a valid philosophical and existential choice. He is not a guilt-ridden, intimidated, fearful person. He is someone who, from the fullness of his own identity, seeks not to embrace—but to transcend—the homosexual condition" (Nicolosi, 1991, p. 6).

7. Reparative psychotherapists do not impose reparative therapy on homosexual clients. If clients indicate they have no desire to change their sexual orientation, reparative therapists respect their right to value and choose the gay lifestyle. Referral to a gay affirmative therapist would most likely be appropriate for homosexual clients who wish help in more fully accepting their homosexual feelings and identity, and in becoming more happy and fulfilled in their gay lifestyle.

During the past several years, a number of professionals have provided a theoretical and ethical defense of why reparative therapies are needed in contemporary society (e.g., Byrd, 1990, 1993; Consiglio, 1991, 1993; Dallas, 1991; Nicolosi, 1991). Theoretical rationales which articulate why reparative therapies are effective and clinical guidelines describing how to do reparative

therapy have also been provided (e.g., Byrd, 1990, 1993; Consiglio, 1991, 1993; Dallas, 1991; Nicolosi, 1991). There is also some clinical and antidotal evidence which supports the efficacy of these approaches (e.g., Byrd, 1993; Byrd & Chamberlain, 1993; Dallas, 1991; Nicolosi, 1991). There is a need, however, for well-designed therapy outcome studies to more thoroughly evaluate and document the effectiveness of these treatment approaches.

Reparative Therapy with Lesbians

To date, most reparative therapy and outcome research has been done with male homosexuals (James, 1978; Nicolosi, 1991). While some clinical work has recently been done with female homosexuals (e.g., Ahrens, 1991; Diamant, 1987; Siegel, 1988), we still know much less about the etiology and reparative treatment of female homosexuality. Adams and Sturgis (1977) reviewed 37 behavior therapy treatment studies and were surprised to find that only 4 out of 350 clients were females. James's (1978) comprehensive meta-analysis of 101 treatment outcome studies revealed that only 26 out of 896 clients were females. The reasons for this are unknown although it may be due to (1) lower prevalence rates of lesbianism compared to male homosexuality, and, (2) lesbians may be less interested in seeking treatment than male homosexuals (James, 1978). Whatever the reasons may be, carefully done studies of female homosexuality and its reparative treatment are still greatly needed.

Personal Reflections and Conclusions

As a PhD student in counseling psychology at the University of Minnesota, I was thoroughly instructed in the gay affirmative therapy model by my professors and mentors. This indoctrination led me to rather uncritically believe that scientific research provides support for the major assumptions of the gay affirmative perspective. While in Minnesota, as well as a faculty member in Washington state after graduation, I also became well acquainted with several gay and lesbian classmates and colleagues. These valued associations and friendships helped break down some of my stereotypes and prejudices towards gay and lesbian people. I began

to see gay and lesbian people as complex individuals with feelings, hopes, and disappointments, rather than as one-dimensional caricatures.

As a result of these professional and personal experiences, I became “almost a gay affirmative therapist.” While I felt that the gay affirmative approach posed some serious conflicts for my religious beliefs and values, I really did not know how else to behave ethically in my professional role. After all, the only therapy approach I had been trained in was the gay affirmative model, and I had been told that the homosexual condition is inborn and cannot be changed. I had no professional basis from which to make the claim to clients that I could help them reduce or overcome their unwanted homosexual tendencies. I avoided the conflict of having to implement the gay affirmative therapy model in my professional work, however, because until recently, I never had a client who presented sexual orientation concerns as a therapeutic issue.

During the past couple of years, as I have become more acquainted with the research literature on homosexuality, I have been rather surprised to discover that the current scientific evidence does not so clearly support the gay affirmative assumptions that homosexuality is simply inborn and cannot be changed. While biological influences may predispose, or make it more likely that a person will develop homosexual preferences, current evidence suggests that environmental, familial, and personal influences also contribute to the development of homosexual tendencies (Byne & Parsons, 1993; Byne, 1993). More importantly, while many people who experience homosexual attractions and thoughts may not have chosen to have such tendencies, they do have a choice about whether to behaviorally act on these feelings (Byrd & Chamberlain, 1993; Dallas, 1991; Nicolosi, 1991). Furthermore, while the therapy outcome research in this domain is not without methodological limitations, it does, nevertheless, provide considerable support for the notion that many people can control, reduce, and even overcome their homosexual thoughts, attractions, and behaviors (Adams & Sturgis, 1977; Birk, 1974; Byrd & Chamberlain, 1993; Clippinger, 1974; Hinrichsen & Katahn, 1975; James, 1978; Rogers et al., 1976). I have come to believe, therefore, that

the current widespread professional acceptance of the gay affirmative model is not due to solid research data which proves that this is the only viable therapy option for homosexual people, but is the result of powerful political and social gay activist forces that are at work in our society (Bayer, 1981; Byne, 1993; Nicolosi, 1991; Socarides, 1978, 1988).

I continue to value the friendships I have developed with my gay and lesbian classmates and colleagues. I believe I have developed, to some extent at least, a greater understanding of and compassion for the challenges they face and the pain they often experience. I believe homosexual people have the right to live their lives free from discrimination and violence. I believe the gospel makes it clear that expressions of hatred, persecution, or violence toward homosexual people are inappropriate and morally wrong. As Latter-day Saints, I believe our responsibility to homosexual people is to care about them, avoid judging them, and seek to help them in appropriate ways. However, this does not mean that we must give up or compromise our religious beliefs that homosexual behavior is morally wrong. Our very difficult challenge, in my opinion, is to condemn homosexual behavior while still providing caring, acceptance, and help to people with homosexual tendencies.

I now find myself unwilling to accept the notion that gay affirmative therapy is the only treatment option we should offer clients, just because this is currently the "politically correct" thing to do. I believe that Latter-day Saint (and other) therapists have a right to offer reparative therapy as a treatment option to those who request help in understanding, controlling, and/or overcoming their homosexual tendencies. In fact, if we do not inform such clients of this option, I believe we are letting them down. In saying this, I am not endorsing all "reorientation" or "sexual orientation conversion" therapeutic approaches which have been utilized over the years. For example, I agree with the gay activists that some of the reorientation approaches (particularly the surgical and the electrical and chemical aversion therapies) are dehumanizing and may be harmful (Hancock & Cerbone, 1993). I also believe that we need to further test the efficacy of the contemporary reparative therapy approaches with carefully conducted research. Although the gay activist position (Hancock & Cerbone, 1993)

that there is no valid evidence that people can change their sexual orientation seems clearly untenable to me in light of the therapy outcome research cited earlier, I do agree that this data base has methodological shortcomings and that more rigorously designed studies need to be done. Such research could help us better understand which reparative approaches are most effective and what types of changes people are most likely to experience during therapy.

I also do not believe that we should impose reparative therapy on homosexual clients who do not wish to change their sexual orientation. The American Psychological Association (APA) ethical standard 1.09 states that "In their work related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own" (APA, 1992, p. 1601). I believe that in order to avoid imposing reparative therapy upon those who do not want it, we should not only be trained in reparative therapy, but we should be well-informed about the gay affirmative therapy model and about the challenges and issues gay and lesbian people face. If we cannot empathize with their pain, how can we avoid inflicting more?

I also, of course, do not believe that gay affirmative therapists have the right to impose gay affirmative therapy on homosexual clients who wish to control and overcome their same-sex attractions. This would also be a violation of the APA ethical standard 1.09. I believe that *ethical* gay affirmative therapists will remain open-minded and become informed about reparative therapy approaches and the issues and challenges "non-gay homosexual" people face. Only by empathizing with non-gay homosexual people, and attempting to more fully understand why they have made the value choice to reject the gay or lesbian lifestyle, can gay affirmative therapists themselves avoid being oppressive, culturally insensitive, and unethical. Finally, as psychotherapists, I believe all of us need to be explicit with our clients about our values and about treatment options that are available so as to maximize their freedom of choice (Bergin, 1985, 1991). In so doing, we will show respect for our clients' right to own and follow their own cultural or religious values, regardless of how divergent these beliefs and values may be from our own.

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Dealing with Issues of Homosexuality: A Qualitative Study of Six Mormons

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Abstract

Individuals who experience feelings of homosexual attraction and yet maintain commitment to the LDS Church, with its strong prohibition against homosexual behavior, face a difficult challenge. Mormon counselors and psychotherapists are frequently sought out by such clients. In addition, such individuals may turn to family members, ecclesiastical leaders and friends. Fortunately, the availability of information for helping others understand and assist such individuals is increasing. This article is based on a study designed with the intention of adding to such resources. It is hoped that this account, based on the perspective of those personally dealing with issues of homosexuality, will assist those who seek to understand and help other such individuals.

In the present study, we interviewed six participants, four males and two females, about their experience dealing with issues of homosexuality.¹

¹Those who participated in this research were more co-researchers and co-authors than "research subjects." They are truly silent heroes: although they remain anonymous because of the socially unacceptable nature of homosexuality, they have demonstrated profound faith and persistence in the face of adversity.

Referral Sources

Five therapists, four employed by LDS Social Services and one in private practice, specializing in the treatment of individuals dealing with issues of homosexuality were approached individually and requested to refer clients for participation in this study. In addition, requests for referrals were made at a session of the April 1992 AMCAP conference, through informal announcement. A total of ten individuals were referred, the first six of whom make up the group of participants interviewed for this study. These six participants were referred by three of the therapists who were approached individually. These therapists all adhere to the general model of treatment known as "reparative therapy" (Nicolosi, 1991) which theorizes that the individuals' sexual attraction to the same gender results from emotional needs that have become sexualized. In this treatment approach, the focus is on working to compensate for deficits which have resulted from problematic early experiences—most notably a failure to bond and identify with the same-sex parent.

Research Participants (Subjects)

All six participants sought therapy in an effort to cope without acting or continuing to act on their feelings of homosexual attraction. Furthermore, all were involved in the treatment described above. Therefore, descriptions provided in this study may not apply to those who have no such desire to avoid homosexual behavior or who attempt to cope without participation in such therapy.

Four of the participants are male and two are female. The age of participants ranged from 22 to 53. In terms of demographics, aside from age and gender, the subjects comprise a relatively homogenous group. The level of education of participants was similar: each has graduated from high school and completed at least some college. At the time of the study, all participants resided within the Salt Lake/Utah County area.

The participants' length of time participating in therapy prior to involvement in the study varied from six months to four years.

In addition to individual therapy, five of the six participants have also been involved in group therapy/support groups regarding this issue. Three of the four men in the study have also been involved in a Salt Lake area Saturday Morning sports therapy program supervised by Dan Gray, MSW.

When reporting research on participants who are involved in therapy, the question of “cure-rate” inevitably comes up. It is our opinion that any attempt to label any participant as “disordered” or “cured” through objective measurement would be incidental, and perhaps counter, to our goal of understanding and describing their experience. However, the specific role of psychotherapy in the process of coping was not the sole focus of the study. Rather, our interest was in the variety of factors which played a role in the participants’ efforts to cope. Although all participants were involved in therapy at the time they were interviewed, the reader will note throughout this report that psychotherapy *per se* was not the primary focus of the interviews.

Participants varied in the extent to which they had engaged in homosexual behavior and their involvement in the gay or lesbian lifestyle. Two of the participants had never engaged in homosexual behavior with another individual, had never seen homosexual pornography, and had kept the feelings of homosexual attraction to themselves before seeking treatment. The other four had become sexually involved in homosexual relationships to various extents. At the time of the interviews, each participant reported that he or she was not currently involved in same-gender sexual relationships. Again, however, this is not interpreted as an indication of “cure,” and future homosexual involvement on the part of an individual participant would not invalidate their experience as reported for the purpose of this study.

Data Gathering and Analysis

The data was gathered using in-depth qualitative interviewing techniques (Taylor and Bogdan, 1984). Interviews followed a semi-structured format: an interview guide (see Appendix A) provided a list of topics to be covered, which were explored with open-ended questions and probes following previous responses by the partici-

pant. Each participant was interviewed on three to five separate occasions. A total of four to eight hours was spent with each participant, averaging approximately five and a half hours. Four of the six individuals were interviewed in the Sandy and Provo offices of LDS Social Services. Due to time constraints, one participant was interviewed in a number of different locations, depending on that individual's schedule for the day. Finally, out of concern for confidentiality, one individual requested that all interviews be done by phone.

All of the interviews were audio-taped and the content of the audio tapes was transcribed. The data were analyzed according to the guidelines outlined by Tesch (1990, pp. 85-92). First, the audio tapes and transcripts were repeatedly and intensively reviewed. As the content of the interviews was reviewed, the transcripts were sectioned according to topic or theme of content. When topics or themes were noted repeatedly, they were designated as "categories," and the sections or chunks of interview data which related to that topic were labeled and indexed accordingly. Finally, the chunks of interview data were separated according to category so that the content of these new groupings cut across interview and participant. The interview data was then analyzed by category (that is, the content of the categories was reviewed repeatedly and intensively) in an effort to understand the essence of the experience of participants.

In this report, we have sought to provide an account of the experience of Mormons seeking to cope with feelings of homosexual attraction. In an effort to provide the reader with a fuller understanding of the experience of research participants,² we have relied heavily upon excerpts from interviews with the participants

²The degree to which this research approach relies on and is based on the perspective of participants is hopefully evident throughout this report. Although subjective judgment of the researchers played a role in the division of the data into categories and the final outline of the article, the reader will note in the comparison of the content of the article with the outline provided in the interview guide (Appendix A) that the major themes of this article and the sections into which this article is divided were not *a priori* concepts which we as researchers brought to the study, but were guided largely by the reported experience of the participants.

themselves. Aside from editing grammatical errors and, more rarely, rewording for brevity and clarity, the content of the quotes has been left in the words of participants.

The remainder of this article is divided into two sections. The first explores participants' descriptions of the challenges and struggles they have faced throughout their lives. The second explores their perception of developments or "transitions" which have helped them in their efforts to cope.

Challenges

Conceptualizing homosexuality as only a sexual issue, or even an issue of sexual identity, is a gross oversimplification. In addition to sexual attraction, arousal and behavioral patterns, there are a myriad of other difficult issues which must be faced by such individuals and those who wish to help them. The extraordinary struggles confronting such individuals complicate typical developmental tasks, often hindering efforts toward understanding oneself, developing a positive self-esteem, understanding God, and coping effectively in relationships with others. For a detailed account of the challenges they have faced, we now turn to the descriptions of participants.

Confusion, Guilt and Discouragement

The participants in our study reported that one of the challenges they faced was being confused by initial feelings of homosexual attraction.

- No one had ever really talked about sex period, let alone the possibility of abnormal sexual feelings, so I really didn't know what I was going through.
- I didn't understand this attraction to other males. I remember wondering in my early teens, "Why am I not more attracted to the girls?" It was very confusing to me, it was a feeling of "who am I really?"
- I do have memories through my childhood of thinking, "I'm different in some way—things are different for me," but I wasn't sure how. I really didn't know what I was going

through. I figured, “Surely there’s somebody else out there who could understand me.”

- When I found myself attracted to men, I didn’t know what was going on.

Confusion related not only to “what am I going through?” but, for some, “Why?”

- I felt like I had lived a good life, I was a good church member, I had always done what I was supposed to do, why was I going through this? I thought, “What have I done to bring this upon myself?” I was confused. How could I have the “sin of all sins” and yet I hadn’t really done anything else that was really out of line of what the Church taught.

Often for years, participants could see no way out of their confusion. They perceived that there was little or no guidance available for coping with the issues of homosexuality they were experiencing.

- I didn’t even know there was help available for someone dealing with this problem. I thought I was the only one dealing with this issue and there was nobody that could help me.
- Since the issue of homosexuality just wasn’t talked about, there wasn’t much guidance—nobody told me what I was supposed to do and I didn’t ask. No one suggested solutions, I don’t think I ever heard an idea and said “this fits my problem, I’ll try it.”
- When it came to dealing with homosexual feelings, I didn’t get any advise at all. No one said, “here’s something you might try.” I didn’t hear a single word, not a single idea about how to cope with it.
- Growing up in the Church I heard all the talks about morality, and I never had a problem following those moral guidelines when I went out with guys. But when it came to relationships to other females, I didn’t know where to draw a line. My common sense told me there should be a line, but I didn’t understand where it was.

- I always felt lost. I didn't know where I was supposed to take my life. I thought, "My friends are going to grow up, they're going to get married; what am I going to do when I grow up?—I don't know what I'll do!" I was living day by day and dealing with it day by day, I didn't have anything in the future to work toward. It was so confusing, it was just hell.
- I remember hearing a lot about repentance. And I distinctly remember feeling like I'd done something I needed to repent of and feeling incredible guilt, but I didn't know how to repent of it. I wasn't giving in to it, but I couldn't make the feelings go away, and how do you repent of something that you can't make stop? I remember hearing, "the answer to everything is in the scriptures," but the answer to this sure wasn't. Where was the answer as to how to repent of this? What was I supposed to do?

Participants also reported that they had a negative view of themselves. They questioned their self worth and even God's love for them. Feelings of guilt were common, even if they had never acted out.

- When I was younger I saw myself as an innately bad person because of the feelings I was having.
- I felt an incredible amount of guilt. The Church talked about homosexuality being the "sin of all sins," and I guess I didn't really understand that they meant acting upon those feelings or having those kinds of experiences was the sin. I never could find anything I had done that I could attribute those feelings to, but I still had all the guilt all the same.
- I felt like the feelings which I had made me unworthy to even pray. When I prayed I would almost apologize for praying, for my unworthiness. I felt like I was a bad person and God had too many good people to worry about and that my prayers weren't worth listening to. I thought God looked down at me for being the way I was.

Not only did participants report feeling guilty, they could see little hope for change in the future. To some participants, the future looked bleak.

- I had ruled out the possibility of getting married and having a family. It didn't seem like a reality and it was easier to just not even hope for it. Before I came in for treatment, I just figured the day would come that I would give in and act sexually on the feelings. I didn't want that type of lifestyle, but I figured I would eventually give in.
- Up until a year ago, I had pretty well given up and figured I was lost. I knew the Gospel was true, I just figured I couldn't cut it. I knew the Second Coming of Christ was just around the corner and that my wife and family would be given to somebody else. That was not an easy time, I felt pretty lost.

Thoughts of suicide were not uncommon for participants.

- I was suicidal. I didn't want to live because I feared what the future might bring. I was afraid of what I would become. As I looked at the options I thought were available, I didn't feel like there was any possibility of a happy ending.
- I remember saying in my prayers, "if this is some kind of test, I give up. I didn't pass, I just can't do it." I thought about suicide all the time. I didn't want my life to turn out to be horrible, I didn't want to ruin somebody else's life, and I felt like if I got married I would ruin somebody's life. I thought if I killed myself, then it would be over and my secret would just die with me.

One reason the future looked bleak to participants was that they had never seen nor heard of others who had coped with feelings of homosexual attraction as they hoped to:

- All you see are the people who act out, you don't ever hear good stories. Who's going to go tell their good story?—No way, they want to keep it quiet! If they've learned to deal with it or if they're happy, they don't go around telling everybody, they just want to put it behind them. But when bad things happen—somebody gets caught or something goes

wrong—then the world knows about it. This person I knew, got sent home from his mission for homosexuality. I heard stories like that all the time. But you never see anyone stand up at their mission homecoming and say, “I had struggles with these homosexual feelings but I resisted them my entire mission.” The heroic people you don’t see, you only see the negative.

Another factor which contributed to participants’ feelings of hopelessness was perceiving that there was no hope for change.

- I was told by the first psychologist I saw that my choices were to never give in to it and live my life alone, or to just give in to it. Neither option looked very good to me; I certainly didn’t want to live my life alone, but I didn’t want to live the gay lifestyle either.
- The world really tries to make you believe that it is impossible to avoid the gay lifestyle. The world tells you that you have to give in to it because those are your true feelings and those feelings define what you are and all you ever will be.
- These desires and feelings had always been there and I had accepted that they always would be there, and there was nothing I could do about it other than not to act on them. There didn’t seem to be anything I could do to mitigate them or to make them go away, so I adopted an attitude like I have toward my vision. I am near-sighted and I will be near-sighted until I die. There’s nothing I can do other than wear glasses or contact lenses. But I do believe that in the resurrection process my vision will be restored and no longer be defective.

Perception of God

Consistent with feelings of worthlessness and guilt, participants described viewing God as harsh and unforgiving.

- When I was younger I really did not have a positive attitude toward God. I saw Him as a vengeful being. When I started feeling homosexual feelings I thought “what kind of God would have me be like this but give me a command to get married and be happy and have children?”

- As a young teenager I thought that God looked down upon me because I was this horrible person, which is what I thought I was.

They also described being angry at God.

- All I could really feel toward him was anger. “Why me? Why would I have these feelings?” When I was really young, I thought, “What could I have done to deserve these feelings and why don’t you just change my feelings?” I didn’t feel like I deserved it. Later I pulled away from the Church. I didn’t understand what kind of a man would let me be this way. I didn’t see him as a loving father.
- I was raised in the Church so I grew up just believing in God because my parents did. And then when all these issues were coming up I just wondered, “how can it all be true?” I thought “if there was a God there would be more answers.”

Participants also reported being disenchanted with the Church.

- I had heard church leaders say that the answer to everything was supposed to be in the scriptures, well the answers about how to deal with homosexuality wasn’t, so then I figured they must have been wrong.
- I felt like I wasn’t a good church member anyway because I didn’t feel very worthy, even though I’d never acted out.
- I had a long, hard struggle with the Church. I wasn’t active in the Church during the critical years of adolescence and young manhood. One of the things that fueled my detachment from the Church was that I didn’t feel like there were men in the Church that I could trust—I’m sure there were, but I didn’t feel it. Remember the theory of “defensive detachment” (Moberly, 1983): I’m of the opinion that at the root of my homosexual attraction was the lack of positive, close male relationships when I was young, so that later I “detached” or avoided masculine relationships and activities even though they appealed to me. Somehow, without role-models for becoming masculine myself, the appeal of masculinity became sexualized. Well, my defensive detachment from authority figures and from men in general included men

in the Church. When it came to love and acceptance, I guess I had written the Church off as “They’re not my kind of folks. They’re strict and judgmental and down-the-line type guys.”

- I think I did finally say, “I haven’t done anything wrong and I didn’t do anything to bring these feelings upon myself.” Once I came to that realization, I was really angry. I felt like I had been lied to and I didn’t really want to have a whole lot to do with the Church.

Some participants attributed their early perception of God to their problematic relationship with their parents.

- I’ve heard it said—and it really fits with me—that men who have not had a good relationship with their own earthly fathers often don’t have a good relationship with their Heavenly Father.
- I believe that we develop a perception of God based on the way our parents are because that’s the kind of father and mother we know. Well, although we are really close now, when I was younger my parents were distant; I don’t have a lot of memories of closeness. I didn’t really have a close relationship with anyone so I really couldn’t really imagine a close relationship with my Heavenly Father.

Relationships with Others

Another difficulty reported by participants was the perceived differences between their own experience and the experience of their peers.

- I never acted on those feelings, and never would—I never even said anything. But it was just miserable because I knew I was different.
- I hate that I feel like I’m different. Growing up, I hated the fact that I was different. I thought, “Why are all my friends normal, why am I the one that has to go through this?”
- As a kid, I knew what everybody else was thinking and I could see that my experience was just the opposite. It was not the sexual nature of my thoughts that terrified me

because I wasn't really thinking sexual thoughts at that age, it was more the difference I was beginning to recognize between me and my friends.

- My friends would talk about having a crush on this boy or that one, and while they were having crushes on guys I was having crushes on girls. I thought to myself, "Why are you feeling these things? What's wrong with you?"
- In high school when you talk with your friends, people would say things like, "I can't believe that anyone would want to have sex with a guy—that's so sick." I started feeling like, "This weirdo they are describing is me." The differences between us became more obvious—the feelings I had weren't the same feelings that they had.

Consistent with feeling unacceptable and different, participants also reported feeling that they were not a part of their peer group.

- I didn't really ever fit in with "the group" as I was growing up. I guess I always felt like I was different. Maybe everybody feels that way because of insecurities about one thing or another, and maybe people saw me as just one of the group. I don't know, but I always felt like I was kind of...just different. I really felt lonely a lot. Maybe it was something I did to myself; I've always liked to be alone. I think that even when I was with a group, sometimes I felt alone. I don't think that it was necessarily hard to be in a group, I guess I just felt like no one could touch me when I was alone. Nobody can bother me, no one can hurt me. And I don't have to prove myself to anybody.
- I had friends at school but never really a buddy. I just was not part of the team in school. I would come home from school and pretty much be on my own too—there were a few kids that I played with in the neighborhood but I don't remember any close friends. So there were no close friendships at the school or at home. Actually, I probably could have been involved. People in the ward did reach out to me and tried to include me, but I avoided it. I was never

involved much in MIA or scouting—my brothers are eagle scouts, I think I made tenderfoot.

- In the sixth grade, I remember the boys out in the field doing things and I was usually with the girls playing jacks. I was never involved in sports. Participating in sports has been a real phobia for me. Any kind of the male activities, I wasn't involved. I even remember the boys playing "squirrel," where they would try to grab each other's testicles. I was never involved in anything like that. I remember one of the girls telling me, "I'm glad you don't do things like that."
- I felt that I was deficient, defective, not part of the group. I began to try to compensate in other areas. I began to take up hobbies and do things that would make me stand out. It is interesting that I wanted to look exceptional because I was striving to become part of the group. I probably felt that there was something wrong with me, so I tried to go overboard the other way and make people think I was exceptional.
- On a mission you are automatically thrown into the group and I just didn't fit in. The other missionaries would go off and play basketball and I would have to find an excuse to just sit there and watch. I remember trying to participate and backing into somebody and breaking their nose. It was always a traumatic experience, one to be avoided.
- I suppose other people may have seen me as fitting in with my peers, but I never felt like I fit in. I never saw myself as one of the guys when I was young, or as one of the men as I got older for that matter. I would have referred to myself as a "person" or a "professional," but never as one of the "men."

Not only did participants feel different from peers and excluded from the group, most reported that they thought they were unique and completely alone in their struggle.

- The entire time I was dealing with these feelings, up to the time I came in for therapy, I had no idea how common it was. I thought it was extremely rare.
- In junior high and early in high school I felt estranged, especially from the Church. I felt estranged from the whole wide world because I thought I was just an odd person having all of these different thoughts while everybody else must be going along normally.
- I think I was a little naive, thinking that I was one of very few people trying to deal with this problem.

Understandably, feelings of estrangement, along with the sensitive nature of the topic of sexuality, create a reluctance to disclose one's struggle in an effort to seek help. Participants kept their struggle with feelings of homosexual attraction to themselves.

- Although we were close in my family, it is difficult in the Church to talk about any kind of sex education. Parents have a really tough time talking about it so they don't say anything. Instead they say, "There is a book in the third drawer if you ever have any questions." Well, if it's not safe to talk about "normal" sexuality, then to walk up to my parents and say, "By the way let's talk about these really unnatural thoughts I have been having..." Forget it! There was really nobody that I dared tell, and in fact I didn't tell anyone for years and years.
- I had to keep it to myself because I worked for the Church and I knew I would lose my job as soon as it became known. With other problems you can go to your bishop and talk about it and the bishop will help you get it resolved, but I couldn't do that because I knew I would immediately lose my job. That fear kept me from asking for help for many years. I really didn't feel that there was anyone I could talk to about it.
- I was referred for counseling by a counselor at LDS Social Services, but was told that in order to do so I would have to talk to my bishop about it. At the time I didn't know my bishop very well because I had just moved into a new ward,

and I wasn't about to go to my old bishop whom I had known from birth. I mean it was hard enough to tell a total stranger, let alone someone I knew personally. So I didn't go in for treatment at that time.

Participants remained silent out of a fear that their experiences would not be understood or accepted by others.

- I felt abandoned in the world. I thought, "Nobody knows what I'm going through, nobody could possibly understand."
- I don't think people recognize how much faith it would take to get something through this. I don't envy people with physical disabilities, but at least people rally around them and they give them support. People recognize their faith and aren't afraid to show them love. On the other hand, when you're dealing with this issue there doesn't seem to be any sympathy for any kind of suffering you may be experiencing. Some of the darkest, most absolutely horrid days of my life—times when I've truly considered suicide—there was nobody to call. I have had days where I have bawled and bawled and I have thought, "I need to tell someone, this is going to kill me" and I couldn't because I was afraid no one would understand. I was afraid they would say, "You are disgusting."
- It is a silent struggle that you go through. Rather than seeking support you try to hide your pain so people don't usually recognize that you are troubled. They don't understand what you're going through and you don't want to take five hours to explain it, so you just deal with it on your own.

Although the struggle with homosexuality is concealed in an attempt to protect oneself from ridicule and rejection, apparently concealment also has its costs. Participants reported feeling that by presenting a facade that was acceptable to others, they were living a double life.

- It's like my whole life was a lie to cover that up. It determined the way I related to everybody.
- If you would have asked my bishop or any member of my ward they would have said I was an excellent church mem-

ber, I had callings of responsibility in the ward, yet I felt like I was going to hell. All my acquaintances would have given glowing reports of what a great individual I was, and that's exactly the way people saw me. I don't think other people had any idea what I was struggling with, or that I even had a struggle. Those of us who deal with this become very good at hiding it. It's a pretty lonely struggle.

- I was lacking integrity. And by that I mean I think I really was a person split—that my desires and some of my behavior was inconsistent. I mean, here I was married and having a good sexual relationship with my wife, but I was also sometimes alone and masturbating and thinking about men.
- Trying to live both lifestyles was very difficult, your personality can't do that. It's very difficult to try to be in lesbian lifestyle, and pull out and try to act, you know, like you're straight, or to go to church. It was just *so* intensely difficult for me, my mind couldn't deal with it. I went to church because I wanted to, but I couldn't even bear to sit there because it just racked me—I *knew* the Church was true the whole time. When I sat in church I was uncomfortable because of what I was doing, and when I was involved in the lifestyle I was uncomfortable because I really believed in the Gospel.
- It was really a split personality type thing that developed. I could work and function in church and do everything in one personality, and then if I had a chance to go to where gay men were, I would just shift into a totally different personality.

This secretiveness and lack of integrity requires a tremendous amount of effort. In a struggle to find some kind of release, two participants reported using drugs and/or alcohol.

- Smoking and the drinking appealed to me because they altered my consciousness and made me feel better. They medicated my bad feelings, my need to be connected.
- Early on I started drinking as an escape. I knew it was wrong, I knew it was against the Word of Wisdom—and this

is not an excuse—but it truly was more than I could take. I just couldn't deal with continually thinking I was a bad person. So I started to do anything I could to escape thinking about it.

Even when they kept their struggle with homosexual feelings to themselves, participants often reported that the attitudes of others toward homosexuality were often taken personally as judgment and rejection.

- Feedback that I was a bad person for having these homosexual feelings seemed to be coming from everyone, whether in the Church or just society in general. When I was young I really felt like it was me against the entire world. It's like the enemy is all around you (laughs). The basic goal was just to survive everyone's negative feedback, and if you can survive then happiness or anything else is like icing on the cake.
- I remember the comments of different Church authorities and people giving talks in church about morality, and homosexuality was always viewed as the worst possible thing. Well, I felt like they were pointing the finger at me. It took away my hope—if you can't feel like a worthwhile person in the eyes of the Lord, you are in deep trouble.
- My mom felt that homosexuality was just this grotesque, horrible sin, and she talked about it like it was almost impossible to repent of. I remember her reaction to this friend of the family that was gay. She completely shunned him, never spoke to him. Maybe some of that was anger that he had done his wife wrong by going out on her, but to me it seemed like she hated him because of what he was. So here I was, saying to myself, "That's what *I* am. If anybody really knew, I would be shunned. If my friends knew, they would hate me. If my family knew, they would disown me."
- It's hard to take when people talk negatively about homosexuals. It is something that is a part of you and so it makes you feel like an idiot. You think, "I don't know how I could be this way either but I am."

- In a talk, one of the brethren said that homosexuality is the result of selfishness—he didn't say "homosexual behavior," he said "homosexuality." It really made me mad. I thought, "I have been trying to serve others my whole life, I went on a perfectly honorable mission, and the reason I'm cursed with this issue is because I'm selfish?" That was really hard for me. I was furious.

In addition, in an effort to keep others from learning about their feelings of homosexual attraction, individuals may go to the extreme of avoiding even socially acceptable expressions of physical touch and affection with members of the same sex out of fear that others might "see through" their heterosexual facade.

- Irrationally, I always thought that other men who don't have this problem can see through those of us who are trying to hide it. So I always approached other men with a little bit of caution and was hesitant to be too friendly to other men. And I was always pretty paranoid about touch. If some other guy would come up and put his arm around me, I didn't like that. I thought, "Is he teasing me? Is he doing this to rattle my chain because he knows what's going on?"
- It's funny, when you grow up with these same-sex attraction feelings you are terrified to touch someone of the same sex because for some reason you think, "the minute I even brush up against a girl everybody is going to know, so I will just avoid physical contact." And yet you have these two straight girl cheerleaders who are holding hands skipping down the hall, arms around each other and they don't think a thing about it. That's got to be emotionally fulfilling for them.

In summary, people struggling with homosexuality are faced with many challenges. Participants in our study described initially feeling confused and seeing no method for gaining increased understanding. They also experienced feelings of worthlessness, guilt, and questioned God's love for them. To some participants, the future looked bleak, and they saw little potential for change in their lives. They perceived God as harsh and unloving, and reported being angry at God and disenchanted with the Church.

The social arena presents particular challenges for those experiencing feelings of homosexual attraction. They may have perceived, often beginning at a young age, that they are different from their peers, that they fail to fit in with their peer group, and that they are alone in their attraction for members of the same sex. Understandably, those we interviewed kept their feelings to themselves, often for years rather than disclosing them to others in an effort to seek help, in part because they feared rejection.

However, concealing their feelings of homosexual attraction is not a perfect solution. Living with this secret made participants feel as though they had to live a double life. Furthermore, others often voice negative and judgmental attitudes toward homosexuality—the individual's struggle may have remained a secret, but painful and injurious feedback has been received nonetheless. Finally, the individual may forego positive, non-erotic same-sex relationships out of fear of his or her homosexuality being discovered.

Key Transitions

Participants described a number of important developments which helped them deal with the issues of homosexuality. Although conceptualized here as "transitions," we emphasize that these developments are often complex combinations of changes in relationships, shifts in perception, and engagement in new behavioral patterns, rather than single, discreet "steps" toward dealing with the issue of homosexuality more effectively. The division of the "transitions" in the lives of participants into separate subheadings is simply a tool of convenience for the purpose of making a large body of data more comprehensible; we do not presume that such separations represent separable realities in the lives of the participants. In reality, we assume that the factors which are discussed below are mutually dependent and that they intermingle to form a complex working system.

Furthermore, as Dallas (1991) points out, it is more accurate to conceptualize growth in the lives of such individuals as a process of change rather than a single transformation. In discussing previous

changes and growth, participants were quick to point out that development is ongoing in their lives.

With these caveats in mind, we now move on to explore the developments or transitions which participants in our study described as helpful in their attempts to deal with issues of homosexuality. First, we cover the difficult and risky transition of disclosing one's struggle to others and developing positive and supportive interpersonal relationships. Second, we explore the often dramatic and revolutionary transition to increased knowledge and understanding. Thirdly, we then discuss the nature and impact of participants' changing relationship with and perception of God. Finally, transitions regarding issues of sexuality and gender are explored.

Developing Intimacy Through Sharing with Others

Although initial fear of rejection made it very difficult, those we interviewed said they eventually reached a point where they opened up to someone else about this issue, perhaps a close friend, a family member, a therapist, or an ecclesiastical leader.

Participants described telling others as a great risk, which was extremely difficult to take.

- Eventually I gathered my courage and showed my face at LDS Social Services to participate in my first group therapy meeting. It was hard to get myself there. I had diarrhea all day long that day at work I was so worried, but I felt that it was something I had to do.
- The first time I went into the psychologist's office, I wouldn't even bring up the topic. Finally he started asking questions. When he came around to the topic of homosexuality I told him, "that's what I'm struggling with." That was the first I'd ever told anyone. It was hard because I was still feeling like I was this bad person.
- I was very reluctant to go to LDS Social Services and participate in group therapy. I'd never met another man who I knew was dealing with the problem and I had always been afraid that "Gee, I'll be with somebody else who has the

problem and we will not be able to control ourselves and it will end in sex.”

Before taking the step of opening up to others, participants described doing everything they could to minimize the risk involved. Disclosure is easier to those who demonstrate that their love and support is unconditional before they ever hear about the issue.

- My friend was pretty open-minded and I felt like she would accept it. Even if she couldn't, I didn't feel like it would be damaging to tell her because I knew she wouldn't tell others.
- The bishop had no idea what I was going to tell him, but he showed me love from the minute I walked in the door. We sat there for an hour while I tried to get it out, and by that time his love and patience showed me that he was going to love me no matter what I had to say.
- I knew the guy I told would never tell a soul, I knew him that well. I knew that he'd never use it against me—even if it didn't work out between us he wouldn't drag me through it after.
- It was a risk to tell my dad, but by the time I told him I saw that he had true love for me. He was a very busy man, but he took time to take me shopping and out to lunch on the spur of the moment. As we spent time together, his actions clearly showed that he would handle it very well and still love me, so he became a safe person.

Working on issues of homosexuality will always involve some social risk, however, and participants had to reach a point where they were willing to take those risks.

- To me, the problem itself was much more stressful than therapy. Feeling these feelings and feeling stuck, like there was no escape. Not dealing with it brought a cloud over things. Treatment was clearly a great alternative to what the past had been.
- Going in to therapy I had fears about my identity becoming known. I was paranoid about sitting in a lobby and having

someone walking in and say, "I know why *you're* here." But I guess as I became more sure of who I was and I became less homophobic, it was OK for me to realize that if somebody else found out it wouldn't be the end of the world.

The fears of some participants were, at least in part, realized. Some people did react negatively when told.

- My wife felt a tremendous sense of betrayal when I told her. Even though I've never been unfaithful to her, she wondered how I could have been in her life so long while keeping something so important from her. Even now, my wife views homosexuality as a repugnant subject. She doesn't want to talk about it, even though that means we can't communicate about all the discoveries and progress I see as so important.
- My relationship with my extended family is cordial, but it is not nearly as close as it was before they knew. On one hand, I feel a sense of rage because their reaction seems unjust. But on the other hand, I'm trying to see it from their perspective—it must have been an incredible shock.

In spite of the risks and difficulties, disclosing one's struggle brought numerous positive results as well. Participants were usually surprised to learn that others would still accept and love them, even after learning that they were dealing with feelings of homosexual attraction. Then they are more able to feel loved for who they truly are, rather than for the facade they had tried to present.

- The first person I told was a close friend. She didn't react at all the way I thought she would. I guess I was expecting rejection, but it didn't even phase her. She didn't think I was a bad person or anything! And we are still really close.
- The first person I told was a counselor. I expected him to be very judgmental but he was actually very accepting.
- It was really a positive experience to tell my friend because I finally saw that people—your friends at least—can see you for who you are, can know about it, and still not look down at you because of it.

- I told my wife—my fiancé at the time. It was hard for her to hear. Eventually she asked, “Well, what does it mean for us?” And I said, “It doesn’t change anything, I intend to marry you and be faithful my whole life.” In the end she said, “I can’t believe you have gone through this for years and felt like you were alone. You won’t ever have to go through this alone again. Now this is our problem and we will get through it together.” That made all the difference in the world to me.
- The bishop told me that what I had done was wrong, he made it clear what I had to do to repent, but then he went on to the importance of self-worth and the love he had to give me.

The acceptance of others may force a change in one’s self-perception. When the disclosure of the “deep, dark secret” of homosexuality doesn’t lead to the feared rejection, it’s more difficult to see oneself as abnormal or weird.

- I was surprised by the attitude my therapist had toward it. I was totally embarrassed to talk about it, but he was open about it. He acted like it wasn’t something that I should be ashamed of or embarrassed to talk about. One of the biggest surprises was that he seemed to feel that the way I had dealt with it was natural and normal. That was an eye-opener for me because I had always figured that I had dealt with it totally wrong, that I had committed some terrible sin to bring it upon myself.
- The fact that my friend knew what I was going through and accepted it changed the way I looked at it. It made me think, “I am not so different, I am not weird.”
- I guess I used to identify all these issues exclusively with homosexuality, and now I don’t. Now I think they’re just part of being a person on this planet. Now I view myself as a normal person having normal reactions.

Two participants made a direct connection between disclosing their struggle to others and a notable decrease in the intensity of sexual urges.

- I can't believe how much it has helped to open up to my friends. It's not nearly as much of a problem as it was before, I don't think about it as much.
- When I talk about it, it's not as strong. Instead of a secret I keep hidden, something I'm embarrassed about and never dare bring up, being open about it has made it less of a problem.

Once struggles have been shared with others, there is no longer a need to "pretend" or "live a double-life" around those people. One participant described opening up to others—dropping his facade—as the event which finally allowed integration of previously separate parts of himself.

- The first time I went to the support group, they had us introduce ourselves. When it came time for me to actually speak, I had a strange experience. I know this will sound a little crazy, but I had almost an out of body experience as I started talking. I had taken the book *You Don't Have to Be Gay* (Konrad, 1987) and put the cover of an electronics catalogue on it so that I would feel comfortable reading it in public. I said "I'm a lot like this book. On the outside I appear to be a very straight individual. None of my family and none of my friends know but on the inside I'm struggling with homosexuality." I remember, as I said those words, it was not like I was saying those words. It was like I was sitting next to myself and I could hear this person saying these words but it didn't feel like me. That was such a vivid experience. I think that something really good—but hard—happened there, for I had to come together and integrate by saying it out loud to this group of men I didn't know. It was like I was really admitting something and really breaking down a wall. I had compartmentalized these feelings for so many years that they really weren't a part of my conscious identity, the part of me that would speak out.

A willingness to open up and seek help also created opportunities for participants to meet others who were dealing with similar

issues. Participants now had first-hand evidence that they were not alone in their struggle.

- I remember really praying intensely at the beginning of treatment that I would be able to meet just one man in this process who would be on my level, someone who I would be able to relate to and who would be able to guide me through all this. Well, I can truly say “my cup runneth over,” because I met more than a dozen men who became my friends and helped me.
- It was such a relief to hear others say, “Oh, you felt like that too? You went through that too?” I had always assumed no one could understand what I was going through.

Not only did participants see that they were not alone, meeting others with similar struggles also helped counter the negative stereotypes about what individuals dealing with homosexuality are like.

- My first meeting with the LDS Social Services therapy group I was really quite amazed to see that the other men there didn’t have chandeliers hanging from their ears. By all outward appearances they seemed to just be normal guys like me, so I felt pretty comfortable with them right from the start.

Once others in their lives knew, they were able to provide participants with support in their struggles.

- I’ve struggled with depression—my wife picked up a tape on depression. When I was really going through some difficult times and had to go on a business trip, she bought a Church music tape for me to listen to and that made all the difference in the world.
- The group is a place where it’s safe to share what you’re struggling with. All the other members have been there so they are very supportive.
- Trying to be open with my wife is not easy, but it has helped a lot. In the past it’s been hard for me to express emotions to her—I could tell her the events of the day but I couldn’t

tell her my feelings. I'm working on that and we're really sharing in the growth I'm making now. She has had to sacrifice time together as I've worked on some of these issues, but she realizes that its for the benefit of our future and she supports me in the things I'm trying to do.

One participant described how, in addition to moral support, he unexpectedly received helpful information from a knowledgeable friend.

- The counselor I had met said I would never change and I might as well give in to it, so I had come to a dead end and had pretty much given up trying to change. But when I told this friend, he knew a lot about the subject of homosexuality. He had studied up on the issue to help other friends who were dealing with it. We talked and prayed about it a lot. He talked me into seeking help again and helped me get in touch with LDS Social Services.

To summarize, a great deal of courage is required to share such a difficult and socially unacceptable issue with others. For participants in our study, however, many benefits resulted when they took the risk. As a result of sharing their struggle with others, many of their perceptions about how they fit into their social world, discussed earlier, had to be revised. They saw that others could still love and accept them in spite of the issue, they began to feel that maybe they weren't all that different or abnormal, they were faced with evidence that they are not alone in their struggle, and they became aware of the distorted nature of popular perceptions of individuals dealing with homosexuality.

Acquiring Increased Understanding

As noted in the first section of this article, one of the challenges described by participants was the experience of confusion. Note the powerful impact learning can have, as illustrated in the following excerpts (italicized emphases are ours).

- One big turning point for me was when I read an article by Tom and Ann Pritt (1987).
- My greatest discovery has been learning the dynamics of defensive detachment (Moberly, 1983).

- I received the Moberly (1983) and Konrad (1987) books from a gentleman in Evergreen. For two or three days I read them continually until I got through them. And I had an experience reading those books like some people have when they read the Book of Mormon, where they just become totally absorbed in it and it rings true and they say, "This is the true religion!"
- Because of what I learned, I was very relieved when I walked out of the first meeting with my counselor.
- The most important thing for me was learning that there is help available for this kind of a problem.

It appears that the important thing for participants in our study was not necessarily learning indisputable "facts" about homosexuality, but learning ideas that helped them make sense of their own experience or see things in a new and different way. In fact, the ideas which were particularly meaningful differed from participant to participant.

For some participants, learning to distinguish uninvited feelings of homosexual attraction from "sinful" behavior had the greatest impact.

- It's a huge turn around to go from feeling vile and disgusting to feeling like "I'm of value and Heavenly Father has a plan for me." And a lot of that turn around came from just learning that homosexual feelings are not an innately bad thing, it's what you do with them that matters.
- The real key was when I separated the feelings from the behavior and figured out, "OK, having those feelings doesn't mean you're evil. You are a good person." Then I could give myself that *wholeness*, I could say, "I am attracted to members of the same sex *and* I'm a good person. It doesn't have to be one or the other anymore. Everybody around you who thinks you're a good person, they're right, they're not just making this up." You get a lot of your worth back because it allows you dignity.
- When I would hear, "you're wrong for being a being attracted to members of the same sex, those very desires are sinful,"

I wasn't very motivated to try to control my behavior because I felt I was already in the depths of sin before I'd ever done a thing, simply because of this attraction that seemed to come naturally. So when someone pointed out more accurately what I do have power over, it gave me back control over my life. They said, "you *don't* have control over who you're attracted to; you *can* control your thoughts and your behavior."

- I thought that I was really committing a sin simply by having those feelings. I didn't understand that having those feelings wasn't a sin, and of course no one told me it wasn't because nobody knew I was going through those things—I wasn't about to tell anyone. So even though I didn't know why I was having those feelings I felt like, "I must have done something, but if I have sinned I don't know what I've done." I found myself searching for *what that was*, because whatever it was, I wanted to undo it. I think the confusion resulted from the fact that when they talk about heterosexual immorality—fornication and adultery—they spell out that those *feelings* and *desires* are normal, it's the *behavior* that is sinful. But then when they talk about homosexuality, it's just evil in itself. There's no differentiation, they just group it all together. It's homosexuality—the entire thing—that's the sin.

For some participants, an important "truth" was a confirmation that feelings of homosexual attraction are not necessarily chosen.

- When I first went in to see a counselor, we talked about "Who is really responsible for you being this way? How did it happen?" We talked about several different possibilities. His idea was that it was all biological, he talked about it like a birth defect. But he said there was also a possibility that it was something that happens in early childhood. Either way, it reinforced something I had been feeling for years: I didn't choose to be this way, it wasn't something I brought upon myself. It was a relief to hear someone say, "we don't know exactly what causes this, but it's certainly not your fault."

A greater understanding of Gospel truths was described as important by some.

- Once I gained a greater understanding about the pre-existence, I realized that the very fact that you're on the earth with a mortal body shows your valiance. And I learned other signs of valiancy from my patriarchal blessing. When you learn about who you are and the reason we're here, you start to realize that you're a good person. The Gospel teaches you that sense of self-worth, and Heavenly Father, in his own way, has told me, "You're valuable to me."
- Throughout the proceedings of the disciplinary council, the Bishop and Stake President have done a lot to help me. I have also felt God's involvement in my life. That's new for me because as I grew up, I always thought the Church was an organization where I would find out how to serve other people—I had never thought of the Church or of God as a source of help for me.

Learning about psychological theory played a role for some. One participant described the importance of learning about theories which conceptualize homosexuality as a drive to compensate for historically inadequate same-sex relationships.

- When I read the books and realized that a desire for physical contact with members of the same sex was normal and that they aren't necessarily "homosexual," I thought, "I'm OK!" And the desires that I have felt to be with other men *aren't sexual!* They're related to my need to have this little kid in me grow up and to have appropriate fathering and appropriate male-bonding. I have a hard time explaining to you how wonderful and how liberating this was.
- The books that were most helpful to me suggest that appropriate same-sex relationships can meet the emotional needs which have previously been sexualized. And what I experienced as I read these books was, "This is exactly what has happened to me! This explains why I have these good experiences with my Elders quorum—I was doing male bonding, I was repairing something. This explains why I was

so attracted to males—I needed good relationships with men.” In the absence of appropriate positive relationships I was hurting, there was a hole in me that needed to be filled. And I mistakenly thought that I could help myself or make myself feel better by reacting to these situations sexually. And ohhhh, it was a tremendous experience to read these books and agree with them and say “Aha! This is what’s been going on!”

This participant also described how such knowledge brought power.

- That discovery relieved a tremendous amount of anxiety and freed in me a tremendous amount of energy. When I became aware that I was avoiding involvement in appropriate and normal male relationships and activities because I was afraid of them, and that to develop like I wanted to I would have to override that fear and get involved anyway, that allowed me to go through a really scary process of getting involved in group therapy and walking out on that baseball field for the first time. I realized that I had defensively detached from anything athletic because that was a way of avoiding pain. Yet I was causing more pain by avoiding it and thereby isolating myself from something that most American men use as a pretty basic part of their identity as men—just look at the number of times sports are mentioned in any given General Priesthood Meeting!

In summary, gaining increased knowledge, both of psychological theories of homosexuality and of Gospel truths, helped participants gain perspective and understanding about what they were going through. Increased understanding led to less self-blame, and a more realistic perception of what they could do to deal effectively with their struggle.

Developing a Relationship with a Loving God

Very important to many participants in the process of trying to deal with issues of homosexuality was a change in their perception of God. Rather than a harsh or distant figure, God came to be

viewed as a loving father on whom one could rely. Some also felt that their relationship with God changed.

- I had always seen God as somebody who would just let me suffer and go through all these things and never help me. But the emphasis in my patriarchal blessing was how much Heavenly Father loved and missed me. I knew he could see what I was doing, and I had done quite a few things that were wrong, so when I was told in my blessing that he loved me that meant a lot. I did a 180 degree turn at that point. I said “forget the lesbian lifestyle and everything that goes with it because God loves me. That is much more than all of this put together.”
- It has been rewarding, although difficult, to try to develop a relationship with my Father in Heaven. Prayer’s been very difficult for me in the past. Now, in addition to my morning and nightly prayers, I try to have a personal conversation with Heavenly Father on the morning hikes I take. It helps me see God as loving and close, rather than a distant authority figure.

One participant’s reliance on God helped meet the emotional needs which previously drove her toward involvement in erotic same-sex relationships.

- Ultimately, I think meeting those needs that I used to try to meet through sexual involvement has been a spiritual thing. Heavenly Father is the one who can change your heart and fill you up where you’re lacking, so I tried to keep in close touch with Him all of the time.

One participant felt that improvement in her relationship with her earthly father was a key to her changing perception of God.

- My dad took serious interest in me when I began drinking and taking drugs. I don’t know why we didn’t have that kind of closeness earlier, but all of a sudden he started showing me tremendous affection and love. Then I could see what a loving father was like, and I had something to identify God with.

Feeling love from Heavenly Father provided participants with an increased sense of self-worth.

- The biggest secret is finding out for yourself that Heavenly Father values you, that gives you more strength than anything. You can get outside sources all the time but once it comes directly from Heavenly Father, it's powerful and it becomes a real anchor.
- Since I had heard horror stories about homosexual missionaries trying things on their companions, I was really questioning whether a mission was the right thing for me. One night shortly before my mission, I had been praying for hours, and in the middle of the night I finally got an answer. I was overcome, I felt God's love for me stronger than I had ever felt anything in my life. The peace I felt is indescribable, and I knew everything would be all right if I tried to serve him. I had always thought God looked down on me, but after that prayer, I think for the first time, I didn't feel that way. I think for the first time I felt like I wasn't a horrible person and God really loved me and cared what happened to me.

Once the individual feels love from God and the deeper sense of self-worth it brings, negative feedback from others diminishes in power.

- Once you get a spiritual understanding, revelation of who you are, then all of the stupidity and the rudeness becomes less important. Now people can say derisive things and I just dismiss them.

In summary, a revolutionary change in one's perception of and relationship with God was a key factor for some participants. There appears to be a perceptual shift from viewing God as cold and uncaring, to viewing God as a loving Father who is acting in one's best interest.

Issues of Sexuality and Gender

We have made the point that homosexuality ought not to be conceptualized as a sexual issue exclusively. Within the context of the other areas we have discussed, however, issues of gender and

sexuality certainly abound. The hopelessness and desperation discussed in the first section of this article often related to participants' fear that they would never be able to rid themselves of their attraction to members of the same sex. However, throughout the process of trying to deal with this issue, participants reported gaining hope for positive development and change in their lives.

- Before coming to LDS Social Services, everything that I ever read taught that it is impossible to change. I always figured it must be possible—if Satan is trying that hard to convince me that it isn't, then it *must* be.
- I was very comforted during the disciplinary council at the time I was disfellowshipped. I had been lost, but I then knew that was no longer true. I knew that things would work out and I broke down sobbing. I now know that things will work out. That's probably the vision that's been so important in the last nine months. If I were to die today I would be in good shape.
- The counselor at LDS Social Services asked me what my plans were. I told him the most important thing to me was getting married and having a family and I asked him if that was a possibility. He said, "I think your chances of having a happy family are good." He really gave me hope. I remember getting off the phone and I'd never been so excited in my life. He made me feel like it was something I could deal with. He gave me hope that I might not turn out to be a disaster case. That was the first good thing I had ever heard about it.

Participants reported that their sexual urges have less control over their lives: they experience them less often and they have developed ways to cope with them when they do occur.

- Those feelings are weaker now, I don't feel that as strongly any more. Now when I have those feelings I understand them and know how to deal with them, they aren't overwhelming. I don't feel like this is over, but I have beat this thing in a very big way. I make decisions about what I am going to do and I'm in control of my life.

- As I began to do those things I am supposed to do and began to rely totally on my Heavenly Father and avoid the negative things, the needs just began to subside. People who are trying to pull out of the lifestyle need to know that it takes time. But you do get to the point where the need is not that strong. Time will heal.
- The feelings of sexual attraction used to be more intense. Now it's not as big a deal because I know what I'm about. If I see somebody with bulging biceps and a great beard, I can immediately process that and say, "Well gee, do I want to have thicker facial hair or do I want to have a better upper body build—am I feeling some envy there?" It's not like a chemical reaction that just overwhelms me anymore.
- Before, I experienced sexual attractions all the time, I thought about it a lot. Now, sure, I can still be attracted, but it doesn't bother me as much. I feel like I can deal with it. I know that having a physical relationship with a man is not really what I want, I would rather have a physical relationship with my wife.
- If you're always "white-knuckling," always seeking to be in tight control of things—"I'd better not even think this thought"—the paradox is that you're *not* in control. And if you can relax and just flow with things and be philosophical and laid back and see the humor, that is *real* control, that's when you're really more in charge of yourself.

Participants reported discovering that the deep and compelling needs that drove them toward sexual involvement have not been removed, nor need they be denied. Instead, they have found that positive, non-sexual relationships can meet their needs for acceptance, love and emotional intimacy.

- I have not felt an intense need for sexual involvement for a while. There are a number of things that have contributed to that. In my new ward I have friendships with "straight" females. We get together and laugh and talk. That association with them helps fill my needs. I also have a really close friend who has this tendency but who is not at all involved

in the lesbian lifestyle, and when I need to talk about this subject, I can talk to her. We are both doing what is right and it's a supportive relationship.

- There have been times when I have been “white-knuckling” it and trying to force it out of my mind. But then there have been other times when I have been trying to deal with friendships and relationships, and during those periods it is not a problem, I don't have to struggle with it. It's like, I need to get the closeness one way or another, if I don't get it the right way then the sexual desires become stronger.
- Since I have been involved with Evergreen and formed relationships there, there is no desire to act out. I sometimes notice good-looking guys, but there is no desire to get involved sexually.

This is a change for participants, who may have previously attempted to fill emotional voids through involvement in pathological, even dangerous same-sex relationships.

- There were all kinds of problems in my relationships. I think I was trying to fill some emotional needs, but it was as though they just were not fillable. It was like a bottomless pit. No relationship was enough to fill those needs. I couldn't deal with my needs in a logical way either, I would just let them take over and take control. Those needs would drive my every thought and action.
- The week I heard of my sister's death, I became involved in another sexual relationship. I was in grief, but the only way I knew to express emotion, any emotion, was through sex.
- I was a wreck. I was beat up a number of times, but I would beg her to come back because I was so desperate to have that feeling of emotional security. I was not safe physically but the needs were being filled. It makes me sick to think about now, but I would have rather been beat up every two weeks than lose someone who could meet those needs. I was so desperate I would go through anything.

Some of the males we interviewed reported increasing feelings of masculinity and a deepening identity as a man. These feelings

were linked with the development of positive, non-sexual relationships with other men.

- Since I have developed stronger appropriate relationships with men, I feel more masculine myself. And I can truthfully say that I'm finding more sexual desire for my wife. It's exciting, this is the first that the desire has been there—before it was always to perform for her benefit.
- Now I'm experiencing a drive to develop positive relationships with males, relationships that I haven't always had the benefit of in my life. It feels good to develop positive relationships, knowing that they aren't sexual, that I don't have any desire in my heart other than to have a wholesome, man-to-man relationship.

For some, involvement in sports played a profound role in the development of increased feelings of masculinity.

- My first experiences in group and playing ball were the first time in my life that I have felt a sense of total acceptance. And for the first time in my life I began to somehow see myself on an equal footing with all men. I never had a sense of being female, I'm guessing that I just never developed the degree of maturity and manhood that other boys develop normally as they grow up. I think I always kind of saw myself as a little kid walking around in a man's body. Maybe not even a man's body—I saw myself as a little kid pretending to be a man. I was always looking over my shoulder and saying "Is this act working?" When I used to drive by the high school and see guys out there playing softball, I felt alienated from them. These feelings really had changed almost overnight, just within a few weeks of playing ball and going to group therapy. I saw myself as a man and I felt good about myself. I looked at other men and somehow they didn't seem quite as intimidating or as big or unapproachable. I can remember driving by, again seeing some high school kids out playing ball, and thinking, "well I'm just like them." I may be twenty years older than them but they are just guys and I'm a guy too. All of a sudden I

didn't have to act, I just thought "I'm okay, I'm a man." I felt connectedness with the whole world of men. Suddenly I felt at home in my own skin. Then I felt more comfortable not only in the sport's group but with men in general—I felt more comfortable with the guys I work with and I felt more at home in my Elder's Quorum.

- If you don't have this deficit you probably take for granted these good experiences like being with your kids or being with other guys and talking about sports or throwing the ball around. If you've grown up where sports are just a normal part of your life, it's hard to conceive of how uncomfortable this is, as a boy and as a man, to not feel like you fit into this world. For many years I was detached from the sports scene and it was painful for me. It limited the amount of support I was able to give my kids. There was a time when just going to see my oldest boy play T-ball was extremely uncomfortable for me. I think I only went twice, and all the other times my wife had to take him. I'm grateful because Dan Gray's sports program really worked for me. It has really been like the difference between night and day, now I can feel OK about myself as a guy who knows a little bit about sports and, more than that, is comfortable with other men and their sports. I feel so much more adequate as a father. Now I'm much more comfortable going out to play basketball in the driveway or toss a football or baseball around on the lawn. Maybe it sounds trivial, but it opened up a whole new world for me that many other people might take for granted.
- In the groups and in sports there was a lot of healthy touch. There was a lot of slapping backs and high-fives and physical touching that I had always been uncomfortable with. After a few weeks my discomfort melted away and as I looked around me and I felt like I had new eyes and I began to understand that the unspoken rule of straight men is to touch all the time. I had always been blind to that and I always felt weird being touched. It was great to realize that I could be touched and it wasn't necessarily sexual; I could touch

without it being sexual. I don't know why I hadn't been able to see it before, but this was really the way straight people behaved.

Perhaps since some men felt at one time that they were "acting the part" of a man and had to cover up their inadequacies, increased feelings of masculinity may contribute to the freedom to be oneself, as described by one participant.

- I have become much more spontaneous. I kid around much more. I feel more comfortable with myself and consequently I have a newfound freedom to be myself with others. I don't quite know how to describe it but my body image changed too. I had always hated to go shopping, it had always just been an uncomfortable ordeal for me to try on clothes and stand and look in the mirror. I remember the first time I went shopping since really working on this issue, and I had fun trying on clothes. I was much more bold in colors and my wife said, "you always used to go to the most conservative thing on the rack." Before I wanted to be invisible, I wanted to blend into the crowd. Now suddenly it was okay to be me.

It is with satisfaction, even excitement, that participants and others in their lives witness these changes.

- I never thought I'd be happy. I wish then I would have known how happy I would be now, it would have made it a lot easier for me to get through the difficult times.
- In the last few years I have gone through intense spiritual progress, I have come a long way. I would not say I am completely over it but I have made 150 percent progress from five years ago.
- Although my wife was extremely uncomfortable with me being with men who had the problem, she now feels that my self-image, as far as my ability to be in sports situations and to just be a normal father, has changed in a positive way.
- It was a tremendous feeling of relief to see that my life could improve, because prior to that I had always assumed I would live with it and maybe if I was good, in the hereafter I would

be healed. Suddenly, when things were getting better, I just said “aahh, thank you.” To me it was a direct answer to prayer. My prayers for growth and development are being answered. It is wonderful.

- There have been some undeniable changes. You have experiences where you think “aha!” or your therapist says, “did you hear what you just said? Do you realize what a shift that is?”

In summary, the individuals who participated in our study moved from feeling like the future was hopeless and bleak to developing hope and optimism for change in their lives. Participants described developing fulfilling, well-rounded relationships in which emotional needs could be met in non-sexual ways. This was a change for participants who had previously attempted to deny their needs or meet them through sexual involvement. Some of the males in our study reported increased feelings of masculinity, often in conjunction with the development of relationships and involvement in sports with other men. Understandably, participants are excited about the positive changes in their lives.

Discussion

For the most part, throughout this article we have allowed the reports of participants to stand on their own. At this point, however, it may be helpful to provide a summary of the implications of this research for those seeking to help individuals struggling with issues of homosexuality.³ The following themes, which permeate this article, appear worthy of emphasis:

(1) The variety and complexity of the issues discussed by participants suggest that non-sexual issues must receive appropriate emphasis. To therapists, this means exploring the non-sexual issues identified by clients, as well as the non-sexual context and motiva-

³A comprehensive theoretical treatment of the issues raised by participants is beyond the scope of this article. For a more complete theoretical integration of many of the concepts mentioned here and their implications for treatment, see Pritt & Pritt (1987) and Nicolosi (1991).

tion for sexual behavior. Work on relationships is paramount for many. Ecclesiastical leaders must recognize that "sin" is not the individuals only problem; just as crucial as—and perhaps requisite to—avoiding sinful homosexual behavior, the individual must develop in his or her understanding, personal identity, interpersonal relationships and relationship with God.

(2) The ability to help one struggling with issues of homosexuality depends largely on that individual's perception of the potential helper's attitude. Participants only sought help when they anticipated that their disclosure would meet with acceptance. Acceptance and unconditional love appear to be much more important than the helper's knowledge concerning the topic of homosexuality.

(3) Avoidance of and secretiveness regarding issues of sexuality in general and homosexuality specifically present obstacles to individuals struggling with these issues. Perceived or actual avoidance, fear, disgust, ridicule and disparagement all perpetuate the spiraling cycle of increased secretiveness and the perception of oneself as unacceptable.

(4) Issues regarding authority play a key role, as evidenced by previous and ongoing relationship with parents, God, and other authority figures. Individuals in positions of authority, such as parents, therapists and ecclesiastical leaders may unwittingly trigger feelings of anxiety and resultant responses of avoidance and detachment. Helpers who de-emphasize authority, power, and the hierarchical nature of relationships and emphasize love, equality and reciprocity are more likely to be effective with these individuals.

(5) Because of feelings of guilt, depression and hopelessness, those in a position to help individuals struggling with homosexuality must be alert to the very real possibility of suicidal thoughts and behavior.

(6) Concerning the nature of change: for those dealing with this issue, progress and development often come in unexpected ways. Early on in the process of trying to cope, participants anticipated that they would have to rid themselves of hidden and unacceptable aspects of their nature, or at least choose between seemingly incongruous parts of themselves. Participants also felt

that they required increased will-power to continue to deny compelling needs. In actuality, participants come to see that seemingly incompatible aspects of their identity can be integrated, that the seemingly shameful parts of themselves are normal and may be accepted by others in their lives, and that strong needs can be met in unexpected, non-sexual ways, rather than denied. In sum, rather than becoming something or someone new, they are able to be themselves more completely, consistently, and comfortably.

(7) Finally, it is worthy of note that, in spite of the unsettled nature of the debate regarding homosexuality's cause, lifestyle is certainly a matter of choice. The individual struggling with feelings of homosexual attraction is faced with the developmental task of seeking to understand and integrate seemingly incongruous parts of him or herself. In facing such a task, the individual begins with various "givens" such as sexual attractions, social contexts, and religious beliefs. However, these givens determine the "final product" of the individual's life no more than given building materials determine the floor plan of a house. The participants in our study demonstrate, through the lives they live, the unique ability of humans to determine their life direction notwithstanding given circumstances and tendencies.

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Appendix A

Content of Interview Guide

1. General background information.
2. Explore the individual's history of dealing with homosexual issues.
3. Explore, more specifically, how the individual has coped with struggles and problems he or she has faced as a result of feelings of homosexual attraction.

What influences have facilitated coping?

Social

Family?

Friends, peer group?

Ecclesiastical leaders/teachers/advisors?

(e.g., Counseling, Confession)

Religious activities from a social perspective:

Church attendance/worship service?

Social activities?

Cognitive

Knowledge, learning?

Identity?

Religious beliefs and knowledge

Scriptures that made a difference

Identity (e.g., as a child of God)

Behavioral

Specific behavior/activities used to cope

Behavioral element of activities with others

Overt religious behaviors

Kneeling to pray

Laying on of Hands/blessings

Temple attendance

Service to others

Affective

Mood

Affective element of self-esteem

Religious feelings

Feeling forgiven

Feel accepted by God/feeling the love of God

What influences have impeded coping?

Social

Family?

Friends, peers?

Times felt lonely, isolated, different from group?

Ecclesiastical leaders/teachers/advisors?

Counseling? Confession?

Religious activities from a social perspective

Church attendance/worship service?

Social activities?

Cognitive

Knowledge, learning?

Identity? (e.g., belief that somehow faulty)

Religious beliefs and knowledge?

Scriptures that impacted in negative way?

Behavioral

Self defeating behaviors?

The behavioral element of activities with others?

Overt religious behaviors

Affective

Mood?

Affective element of self-esteem?

Religious feelings?

(e.g., feeling sinful, unacceptable)

Additional Questions:

- (a) What religious strategies or prescriptions played a role in dealing with issues of homosexuality?
- (b) What demands—unique from others with homosexual issues—were you forced to cope with by nature of your religion?

4. Explore the question of what influences play a role determining which of the coping methods the individual turned to.

5. Anything we've missed that you feel is important?

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Interview: An LDS Reparative Therapy Approach for Male Homosexuality

A. Dean Byrd, PhD

Editor: Do you have any preliminary comments?

Dr. Byrd: Yes. Before I begin responses to the interview questions, I would like to clarify my position regarding the treatment of those with homosexual struggles. I am convinced from both a spiritual and clinical perspective that homosexuality is not an immutable condition. While I acknowledge the right of individuals with same-sex attraction to choose a gay lifestyle, I also support the right of those individuals who are unhappy with their same-sex attraction to diminish/eliminate those attractions and to make changes in their lives.

Editor: What is your view of human nature and of homosexuality?

Dr. Byrd: Human nature involves developmental processes that are influenced by biological, environmental, and spiritual contributions. Similarly, human sexuality follows a developmental sequence. Although the familiar continuum, homosexual-heterosexual is touted in the popular literature, another continuum, asexual-heterosexual is probably a better description. Using this continuum, homosexuality (more appropriately defined as homosociality to separate out sexual activity) broadly conceptualized, would represent a part of the developmental process en route to becoming heterosexual. For example, same-sex attraction is often noted in the preadolescent boy's desires to be like and to be with other boys as a means of having his masculinity affirmed. This is characteristic

of the homosocial phase of normal sexual development. For a variety of reasons which may include early emotional detachment of boys from their fathers and/or trauma from sexual abuse, this same-sex attraction becomes sexualized, preventing a normal transition. In essence, homosexuality is a pathological adaptation resulting from being “stuck” in this process and unable to make the normal transition into the next developmental stage. Perhaps, here is a good time to make an important distinction. There is a difference between “homosexual” and “gay.” Homosexual refers to same-sex attractions which, in many cases, has become eroticized. Gay refers to a social, political identity. While some individuals may choose to respond to their same-sex attraction by adopting a gay lifestyle, others do not. Rather, because of social, religious, or personal reasons, they choose to diminish their same-sex attractions. In many ways, those with homosexual struggles are “latent” heterosexuals. Finally, in this area, it might be good to note that the biological theory of homosexual behavior holds little validity. The excellent paper by Byne and Parsons (1993) quite accurately addresses the flawed research and conclusions of the recent twin study as well as the study focusing on the hypothalamus. I certainly do not doubt that there may be biological predispositions such as those associated with alcoholism. However, as John Money (1987) would agree, biology, independent of postnatal history, is simply not sufficient to predetermine a homosexual orientation. Byne and Parsons (1993) concluded, homosexuality is a “complex mosaic of biologic, psychological, and social/cultural factors” (p. 237).

Editor: What types of changes do you believe are possible for homosexual men to make as a result of psychotherapy?

Dr. Byrd: “Change” is an interesting term. It’s better than “cure,” but still the word “change” conjures up all sorts of expectations. I have found it useful to view change as a process about becoming who you are instead of a process to make you into someone who you are not. Men with whom I have worked have been able to diminish/eliminate their homosexual attractions and many have developed heterosexual attractions. It is often the case that these men find that they can meet their same-sex needs (emotional needs) in non-sexual ways. Many have come to see that

the seemingly incompatible aspects of their identity can be integrated, that the seemingly shameful parts of themselves are normal and may be accepted by others in their lives and that strong needs can be met in unexpected, nonsexual ways rather than denied. A clear majority of these men who seek help come to view their homosexual attraction as a need to be affirmed in their own masculinity by other significant men. Once they become solid in their own masculinity, their challenges are easier to handle and transitions in their lives are easier to make.

Editor: What do you believe are the conditions necessary in order for homosexual men to experience these type of changes?

Dr. Byrd: As is the case with any emotional struggle, motivation is important. Accurate information, which is often lacking, can provide a valuable source of motivation. Individuals who struggle with homosexual attractions need to understand the origin of these attractions. They need to understand that homosexual needs are legitimate emotional needs that have become sexualized. Individuals need to understand that treatment is a process. It takes time, depending upon the needs of the individual. A question is often asked, do the attractions continue after treatment. The answer is there may be an occasional intrusive memory but how the individual responds to that memory makes all the difference. It's not so unlike treatment outcomes for other emotional struggles. Do we expect the individual to never struggle again? No, we simply expect that they will have the resources to respond to their struggles appropriately. It might be well to note that the attitude of the therapist seems to have a tremendous influence on treatment progress. Many of these men have struggles with authority figures and assertiveness issues. Consequently, they may be reluctant to express concerns. Authority figures may involuntarily trigger feelings of anxiety and resulting response of avoidance and detachment. Therapists who de-emphasize authority, power and the hierarchial nature of relationships and emphasize positive regard, equality, and reciprocity, are more likely to be effective with these individuals.

Therapy Process and Technique

Editor: What do you believe are appropriate goals for therapy when working with homosexual men?

Dr. Byrd: Goals need to be set jointly with the client and expectations clarified. Significant time is spent diminishing or eliminating homosexual attractions, gaining control over their lives, developing appropriate relationships with men and women (especially developing nonsexual relationships with heterosexual men), understanding the sources of their homosexual attractions, and making choices about how they will respond to such unwanted attractions. For many men, we spend significant time separating the sexual from the emotional and responding to their expressed needs for acceptance from other men which is a way of validating their masculinity. It is interesting to note that many of these men related experiencing a defensive detachment from their fathers or other significant men. This detachment surfaces early in treatment. It is important to resolve the defensive detachment issues. Frequently, this defensive detachment is accompanied by a reparative drive or a drive to become affirmed or validated by other men and is reflected in sexual activity. Many clients have reported therapeutic gains from resolving issues associated with this defensive detachment and in finding appropriate ways to develop intimate, nonsexual, fulfilling relationships with men.

Relationship Establishment and Assessment Stages

Editor: What do you do in the initial session?

Dr. Byrd: Much of what happens in the initial session is data collection and providing accurate information. Acceptance and empathy are important to convey. In fact, there seems to be a greater need for a demonstration of sensitivity than with many other clients. It is crucial to help these men understand that they are not innately bad and that they were not born homosexual. It is equally important to help them understand that they did not consciously choose their same sex attraction any more than others choose an emotional condition such as depression. However, how they respond to their same-sex attraction is a matter of choice. 1

will often share with them the appetitional theory of sexuality: sexual activity is an appetite not a need. The need is intimacy. Helping them reframe their homosexual attractions as indications of legitimate emotional needs is a primary task in early sessions.

Editor: How do you structure your sessions?

Dr. Byrd: Sessions are based around the needs of the client. Because many of these men have spent significant time in the gay lifestyle, there appears to be issues related to that lifestyle that need attention such as addictive behaviors, disillusionment and tremendous fears. The following tripartite therapeutic approach seems to be characteristic of the treatment of these men: early sessions focus on behavioral control as a prerequisite to behavioral change; intermediate sessions focus on a cognitive interruption of the obsessive/compulsive process; later sessions focus on affective relating via group process: that is, development of a non-erotic support system with heterosexual men, assertiveness with self and others, defensive detachment and masculinity issues, frustration with change, forgiveness, realistic expectations from self and others, feeling discrimination, and intimacy issues.

Editor: What structured or unstructured assessment techniques do you use? What information/issues do you view as essential to do an assessment on?

Dr. Byrd: Completion of an extensive social history is routine. I obtain a sexual history as a part of this social history. I have found that many of these men were either sexually abused as a preadolescent or adolescent boys and/or had early, confusing introductions to sexuality. Often this early eroticization of same-sex relationships seems typical for this population. It is interesting to note that many of these men who were abused have difficulty viewing abuse as abuse because of the physical stimulation. Instead of asking whether or not they were abused, I ask them how old they were when they had their first sexual experience. More often than not they talk about having sexual experiences at ages 11, 12, or 13, frequently with an older male. Because homosexual struggles do not occur in isolation, there are often other emotional problems reflected on Axis I and/or Axis II. Such emotional problems need

to be diagnosed and addressed in the treatment context. The MMPI and MCMI are useful instruments in this process.

Editor: Other comments about this stage?

Dr. Byrd: There is a focus on many of the issues noted in my earlier responses. In addition, I am interested in family relationships, particularly father-son relationships. Many of these men do not seem to feel solid in their masculinity. Consequently, there seems to be a tendency to develop relationships with men who possess characteristics that they lack or view as lacking in themselves. (Van den Aardwig [1986] talks about the psychology of envy when describing homosexual men.) These men view homosexual relationships as an attempt to have masculinity affirmed by taking or sharing in the masculinity of other men. (It is interesting to note that masculinity is highly valued in the gay community.) Issues of what it means to be a man as well as how to develop appropriate nonsexual relationships with heterosexual men are important therapy issues.

Intervention Stage

Editor: What are some key issues or areas in which you attempt to promote client insight or change?

Dr. Byrd: Many of the intervention issues were noted or alluded to in the previous questions and responses. These men need to understand that their homosexual attractions are symptomatic of legitimate, emotional needs that can be met appropriately. They need to develop nonsexual, fulfilling relationships with heterosexual men, to become more solid in their own masculinity, feeling secure in who they are. A very difficult task is assisting them in integrating the seemingly incongruous parts of themselves.

Editor: What "in session" strategies and techniques do you use to promote client insight and change?

Dr. Byrd: I employ many behavioral, cognitive and affective strategies. These strategies include reframing, role playing, re-experiencing and many behavioral techniques. However, the characteristics of the therapist seem to be more important. Often the therapeutic relationship represents the first genuine relationship

these men have had. A trusting, honest relationship seems to provide a needed safe setting where intimate issues and sensitive feelings can be expressed and explored. There are two very useful techniques that I have found to be of tremendous value. One is called emotional tracing. In this technique, a strong emotion is identified and the therapist asks the client to try to remember another feeling that was present before the identified feeling. More often than not, primary emotional feelings are identified prior to intense sexual feelings. Another technique that has been particularly useful I call "defragmentation." Many of these men have had a significant number of sexual experiences with men whom they do not know. These sexual partners seem to have particular characteristics (usually envied masculine traits). These sexual partners are dealt with in a fragmented way, as if they were fantasy people. In this defragmentation process, I have them make these images whole with real people. Later, I direct them to desexualize these fantasies and attractions using the process that we have practiced in an office setting.

Editor: What "homework assignments" do you use to promote client insight or change?

Dr. Byrd: Journal keeping seems to be a must with these men. It is a valuable source of information for both the client and the therapist. They submit journal entries and I provide feedback in a clarifying or questioning way. Many of these men monitor their thoughts through this journal process. They practice skills such as assertiveness in appropriate settings. Most rebuild relationships with significant men in their lives such as with their fathers. Many find (through sports programs) ways to feel more solid in their masculinity, which was often lacking in their early years.

Termination

Editor: How do you decide it is time to terminate therapy with your homosexual clients?

Dr. Byrd: The termination phase is an intriguing process. There are several indicators: the client discontinues using labels like homosexual (even after therapy, many of these men refuse labels

such as ex-homosexual or ex-gay); there are clearly defined emotional struggles; they come to understand the origin of their homosexual attractions; there is less intensity and they respond to their homosexual attractions as emotional needs and meet them appropriately. These clients feel better and function better. Termination is gradual. Many will send a note or make a call later to let me know that they are doing well or will schedule a follow-up appointment to explore other issues. A couple of classic statements might be appropriate. One client had a revealing experience in therapy where he identified his struggle. He exclaimed, "I was thirsty and simply drank from the wrong cup." Another who had strong homosexual attractions reported understanding that "pain comes but misery is optional."

Editor: When do you make referrals to other professionals when working with homosexual clients?

Dr. Byrd: I should note here that I have never worked successfully with an LDS man who has homosexual struggles without a close collaborative relationship with a bishop or stake president. For LDS men there are many spiritual issues and these priesthood leaders have had a significant impact on the healing process. I refer to other professionals when there is a presentation of symptomatology with which I do not have the expertise to address. It is typically a need for a medication evaluation, a collaborative opinion, or when there are other disorders in addition to the homosexual struggles. Some Axis II disorders cause me discomfort. I try to identify these problems and make referrals early in the process so that I do not have to address abandonment issues.

Editor: Are there any issues which often seem to come up as you prepare for termination with homosexual clients?

Dr. Byrd: The anxiety surrounding termination does not seem to be significantly different from other clients. Fears arise about facing the world. Group therapy seems to address many of these termination issues because in many ways, group therapy represents a "real world experience."

Perhaps, I could make a few concluding comments. We have not addressed the role of mothers. Often, homosexual men have an overly close, protective relationship with their mothers. Mothers of these men often seem to notice that these men, as boys, do not become close to their fathers and they try to compensate. All of the men I have treated indicate that they are closer to their mothers than their fathers and often report that they become their mother's confidant. Eli Siegal in the 1940's characterized the relationship between homosexual men and their mothers as "adoring contempt." This translates into very mixed feelings of love and anger. It is important to note that I often will have a few family sessions to help with these issues. Finally, it is important to understand that parents should not be "blamed" for their son's homosexuality. There are a multiplicity of factors involved. In fact, the parents of homosexual men often report not being able to get close to their son, viewing him as "different" and simply not knowing how to help. It is important to deal with the issues of blame with parents and to help lift that burden from them. Finally, I want to emphasize that there is a strong spiritual part of the healing process. These men have some very powerful spiritual experiences as they become affirmed in who they are. They seem to develop a greater ability to empathize and a greater ability to love.

Editor: Could you relate a case example to illustrate how you tend to work with homosexual clients and to illustrate the types of change that you tend to observe with such clients when therapy is successful?

Dr. Byrd: I have kept meticulous case notes over the years and have had many graduate students interview clients to gather information about the change process. In addition, for the last ten years or so, I have had clients write their own story towards the end of therapy. Perhaps it might be more useful to have you review the story of a very difficult case: a homosexual man who had AIDS. His story was used at a conference a few years ago. This autobiographical sketch contains a great deal of information about the change process. R. was a 39-year-old, married, Caucasian man. It was my first attempt to treat homosexual struggles in the context of AIDS.

My Story

by R.

I am not exactly sure of what I am being asked to do. I understand that you are having a conference and that sharing my story might be helpful to you in your work. I did prepare an audio tape, but because of my illness my voice is very raspy and I did not want to detract from what I want you to hear. I do have a short tape that I prepared about 6 months ago and it can be used at the end of my story.

It's hard to know where to begin, so maybe I'll start where I am now. I have the Acquired Immune Deficiency which was diagnosed in 1985. My physical condition is poor and I sense that my time is very short on this earth, but that's not what I want to talk to you about.

I came from a good family, that is, outwardly everything looked good. We were active in the Church. I served a mission, got married in the Temple, and did all the "right" things. Early in my life, I recall not being particularly close to my dad. He was a good man, but I wasn't close to him and sometimes felt that he did not approve of my interests. I wasn't particularly athletic and his lack of attendance at some of my school activities bothered me a little. Mom was always there so that helped. In fact, mom and I were more like "buddies" than mother and son. When I was a teenager, an older man became my friend—and I am sure that you know the rest. I always knew that something wasn't quite right and the sexual part of the relationship was not particularly enjoyable but the closeness was special. It is interesting to note that I never viewed this as sexual abuse because I willingly participated. Therapy helped me to see this differently. From this point, my homosexual activity began. There was already a great deal of masturbation but this increased as did fantasies of sexual relationships with different men. Even though there were periods of inactivity, mostly white-knuckling, I participated in every imaginable activity. It seemed that the more activities I participated in the easier the arousal process and the greater the urge. My life seemed consumed with homosexual concerns. It seemed that I was always looking for the ideal man to fulfill me. I completed a good mission, but shortly upon my return home, I began again. I did go to my bishop who simply told me that I should get married and that everything would be okay. Shortly after the marriage, I began my activities again. I led dual lives—actually served in a bishopric while engaging in a variety of homosexual activities. The more I engaged in homosexual activities, the more I felt driven and interestingly enough, the less satisfying the homosexual activities were.

I had heard about AIDS but maintained the adolescent-like attitude, "it will never happen to me." It began with a canker in my mouth and then the diagnosis. It was the shock of AIDS that forced me to be honest. I had to face the reality of my life. I had just been given a death sentence. I began seeing LDS counselors and saw several in a period of two to three years. Each tried to help, but frankly most of them either reminded me of my former bishop with the simplistic answer "to be good and fast and pray" or had their own agenda about what I was feeling. Sure, I was concerned about death and dying, but I knew that I would have time to work those things out. This homosexual thing, for the first time, frightened me. I wanted to talk to the Prophet to have him tell me it was okay—that I was born that way. Maybe there would be a revelation like the Blacks and the priesthood. Someone suggested that I may want to go to my bishop and see someone in LDS Social Services. First of all, I did not want to go to the bishop. I just couldn't, well my family could not withstand a Church court. It would be like an insult on top of injury. I was depressed. I thought of suicide. One of my gay friends said that he had heard about the Church developing a program for treating homosexuals. I almost laughed to myself. My parents, especially my sister, suggested that I give it a try. I called LDS Social Services and a man answered the phone. My first thought was that they even have male secretaries. Anyway, the person on the phone did not act like a bishop nor a social worker. I began with this story about a good friend of mine who was struggling. The counselor simply listened. After what I am sure must have been an hour, I asked what he thought my friend should do. His response was, "When would you like to schedule an appointment to come in?" I didn't know what to do so I scheduled an appointment. I said what about the bishop's order and his response was, "We'll take care of that later." I felt relieved and scared. I showed up an hour ahead of time and just walked outside the office complex. The first appointment was key for me. The counselor was sensitive enough to allow more than 50 minutes and for the first time, I felt hope. I don't know for what, but I just did. A lot happened in the next year-and-a-half. Let me kind of review what transpired.

The counselor provided a lot of information about homosexuality and there were times when he said "I really don't know" which was okay, too. He explained some things about the counseling process and how we would work together. I agreed to give it a year or so. He was very straightforward in his expectations. I would need to give up the homosexual activities. This was very difficult because there were so many addictions. The first part of counseling, the first few weeks simply

focused on learning behavioral techniques to deal with my thoughts and fantasies. Once I started doing the monitoring, I was astonished to see how much of my time was spent with sexual thoughts and fantasies. I also had to structure my time and manage other areas of my life better. I did not understand this until later but these assignments helped me get control of my life. Actually, I felt pretty good about being able to manage better. I began to understand the toll that participation in the gay lifestyle had taken on my life. The first part of counseling seemed to focus on these management areas. I avoided old places, learned to distract myself, and to change thought patterns. Then we began doing something differently which I learned later helped to break the addictive process. I began practicing breathing exercises, relaxation exercises and a lot of exercises had to do with what was happening inside my body and inside my brain. It's hard to explain. Let me give you an example of how I applied this information. I could walk into a shopping center and see an attractive man. Previously, I would turn away and avoid the situation. But now, I would take a deep breath, re-experience the relaxation response, acknowledge the physical attraction and look toward the person. But, I would complete the picture. I would ask questions in my mind like what was he really like, did he have a family and other nonsexual questions. I would never approach these people, but as I followed this procedure, the intensity of the urge decreased. It was almost like I was not responding to what I was seeing in the same way. Something began to happen on the inside of me. Sometimes it scared me and I became afraid that the sex drive was being taken away and I was becoming sexless. I felt confused, empty. The feelings were much like I felt years ago before my first homosexual experience. There was a vacuum on the inside of me. Now this did not happen over night but this was about the 7th or 8th month of counseling. As we talked about this in counseling, I came to learn that maybe this homosexual thing wasn't really sexual—maybe it was more emotional. I just wanted a close, intimate relationship with another man. This intimacy thing was tied into my feelings of masculinity. This intimacy thing, I think, turned out to be the cause of the whole problem. I had sexualized my need for intimacy and masculine affirmation. I did not fully understand it until the counselor suggested that I was perhaps thirsty and simply drank from the wrong glass. It made sense. I began to repair relationships, especially with my father and slowly the vacuum began to fill. The group was the most important part of counseling. I did not feel alone. I learned a lot about detachment, assertiveness, and roots of my homosexual attractions. There was comfort in knowing that there were

others with similar problems. And the group helped me practice some of the things that I had learned. And there was tremendous support.

There is a spiritual part of all of this. I finally did get a bishop's order after a year and the interview was bad. However, the stake president was a wonderful man who gave me a blessing of health and peace. In fact, he taught me about the atonement and as I was about to leave the interview, he recalled me to the room and embraced me saying, "this is how the Savior will greet you on the other side and He will understand." For the first time in many years, I not only knew that the Savior loved me but actually felt the Savior's love.

The last part of counseling was like a healing process. We had a few family counseling sessions which were very helpful. As a side light, my health has actually been pretty good up until recently. One interesting thing is that, contrary to my expectations, there was never a focus in counseling to make me heterosexual but rather a focus on wholeness and healing. I was helped to more fully be myself. This may sound strange but as I developed appropriate relationships with men and women, I actually had some heterosexual, sexual feelings. Almost like I was an adolescent again. I had a few "wet" dreams, except this time there were heterosexual images.

What do I want you to know. First of all my experience tells me that homosexuals are treatable. It is not easy but as I face the inevitable state of death, I have a sense of peace. With death, I will no longer suffer the physical distress of AIDS and what is wonderful is that I will not have to struggle with homosexuality in the next life. In fact, I recently had a dream where I had died. I was doing missionary work on the other side. I was teaching the Gospel to those who had homosexual problems and I was speaking from my own conversion. My heart is full and I am grateful for the many blessings that I have received. This tape will tell you where I am now. Thank you. (The tape provided by R. was a personal a capella rendition of "I Know that My Redeemer Lives.")

The information contained in this interview is reflective of my work for twenty plus years with more than 200 men with homosexual struggles. Although some of the information may apply to lesbians, some will not. I have had limited experience in working with lesbians.

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The Transition from Homosexuality: The Role of Evergreen International

David Matheson

Evergreen International is a fellowship of individuals who sustain the doctrines, scriptures, and standards of The Church of Jesus Christ of Latter-day Saints (LDS), and who are in the process of overcoming same-sex attraction and homosexual behavior. Our work is founded on the belief that the atonement of Jesus Christ enables every soul the opportunity to turn away from *all* sins or conditions which obstruct their temporal and eternal happiness and potential. Evergreen is organized as a non-profit, tax exempt corporation and is not affiliated with or endorsed by the LDS Church.

Evergreen began with a group of 12 participants in the summer of 1989 in Salt Lake City, Utah. The basic concept of this new group was that homosexuality is a changeable condition. They drew on information from Christian ministries in other parts of the country which had been doing such work successfully for nearly 30 years. The next spring, this small group sponsored a conference to publicly attest to the truths they had found. The conference received national attention and participants were invited to appear on the Phil Donahue Show and various local television and radio programs.

Today, Evergreen has eleven chapters for men in the United States, Canada, and Australia. Evergreen also sponsors a chapter for family and friends, and is in the process of organizing a chapter for women dealing with homosexuality.

Over the past four years many men who have aggressively and consistently pursued the principles Evergreen teaches, have experienced changes in their lives ranging from improved self-esteem and freedom from addictions to the spontaneous development of a heterosexual self-identity. These men testify that they are better off and far happier now than they were a few years ago.

Evergreen's Programs

Evergreen's purpose is to provide support and direction to those who are making a transition from homosexuality, and to families and friends of homosexual individuals. Evergreen is also available as a resource to professional counselors, religious leaders, and all others involved in assisting those who desire to change. To fulfill its mission, the organization carries out or sponsors the following activities:

Transition group meetings

Meetings are held weekly for men who are committed to the process of transition. The evening consists of a brief opening, including a hymn and prayer, followed by a 30 minute lesson given by a participant or guest, and then an hour and fifteen minutes of micro-group discussion with 4 to 8 participants. Lessons focus on aspects of the transition process, such as overcoming addictions and compulsive behavior or learning to be totally honest with self and others. The meetings close with prayer, refreshments, and an informal mingling period of about 20 minutes.

The purpose of these meetings is to allow these men an opportunity to discuss their feelings with other like-minded individuals, to experience beneficial relationships with other men, and to learn about the transition process. For many, these meetings are the first time they have ever received unconditional acceptance and love from other men. They also learn to trust, to be honest in communication, and confront one another constructively. The intimacy of the micro-group discussions facilitates the development of strong bonds among the men, and enables them to encourage one another to progress.

To participate in a Chapter, men must first show a commitment to making a transition. They must also commit to having no sexual interaction with other members of the group, and to hold information shared among their group confidential, including the identity of group members.

Sports groups

Some Chapters may organize, or be part of, a sports group where they participate in games like softball, basketball, and football. These activities help some men to face very real fears in a safe environment, and to at least partially resolve a sense of inadequacy. Their self-image can change as they accomplish something which may have previously been ruled out. It can also help them develop a sense of belonging and identification with other men in a new and non-sexual setting.

Support meetings

Evergreen sponsors monthly support meetings for families and friends of homosexual individuals who need support and information to cope with their own and their loved one's issues. These meetings are open to any who are interested, whether or not their loved one participates in Evergreen or wants to change.

Although these individuals are not dealing personally with same-sex attraction they do face the dissonance associated with it in a very personal way. They often experience recrimination and feelings of guilt, mistrust, betrayal, frustration, and great uncertainty. They too struggle as they attempt to "love the sinner, but hate the sin." In Evergreen support meetings they receive an opportunity to share their pain and experiences with others who understand, and to explore and learn ways to understand and give love and support without compromising their belief system.

Conferences, Seminars, and In-service

Evergreen holds an annual conference in Salt Lake City, Utah for all individuals interested in understanding how the issues and addictions related to homosexuality can be overcome. Past keynote speakers have included Dr. Joseph Nicolosi and Joe Dallas. The conferences include workshop sessions taught by professionals and participants which are designed for men and women dealing with

same-sex attraction, their families and friends, ecclesiastical leaders, and therapists. Seminars and in-service presentations are held as needs arise or requests are made.

Publication development and sales

Evergreen currently distributes books nationwide on issues related to homosexuality which are published by other organizations and individuals. We are also working toward the development of Evergreen publications including a quarterly journal, internal educational materials, and brochures and booklets for various groups with interests in this subject.

Testimonials

I will conclude by presenting six testimonials. These testimonials demonstrate the progress individuals have made by participating in Evergreen programs. An asterisk (*) indicates that a pseudonym was used to protect the participant's privacy.

In early 1989, I was in serious trouble. I was married with children, active in church, and yet very involved in homosexual activity. I was literally in the depths of hell trying to deal with the issue by myself. I couldn't deal with the tremendous conflict going on inside me. I had decided to either take my life or leave my family. Although I was not close to the Lord, and avoided prayer, He heard the cries of my heart, and literally lifted me out of the mire. I knew I could not succeed without some kind of support system. In addition to some good therapy, Evergreen came into my life. I was then able to experience the beautiful principle of repentance, and develop a personal relationship with my Savior. I now have peace of mind that I have never had before; plus a good relationship with my family, church, and the Lord. I could not have done it without the love and support of my wife, the Lord and His church, and Evergreen.

Ken, Provo, Utah

For most of my life I struggled with homosexuality. I was molested by my Grandfather at age four, introduced to masturbation by older neighborhood boys at age five, and first exposed to pornography at seven. By ten I was acting out homosexually with neighborhood boys. At eleven, I had my first homosexual experience with an adult, my Grandfather's male nurse. I enjoyed the contact and attention these

activities gave me and was soon addicted, looking forward to the next experience. The scouting program at the church I attended offered quite a bit of opportunity for this. At 15, I had two homosexual experiences with the organist at the same church and he introduced me to alcohol. I was soon smoking pot and began to use these drugs to escape the reality that what the kids were saying was true: that I was a sissy, a fag, a queer, a homosexual.

Despite the perversion in my life, I was a good kid with a big heart. My teachers liked me and I was an honor student. The pull between bad and good was ripping me apart. I could not continue going this way. I did not ask for or want to be the sexual freak I had become. As I graduated from high school, I hated my condition, myself, my life. At this all-time low in my life the Lord began to work a miracle and prepare me for accepting the Gospel. I was introduced to the L.D.S. Church by friends, and soon was baptized a member of the Church.

It was a great blessing to have a second chance in life and have all of the sins of the past washed away. I soon found though, that the homosexual attractions were not washed away with all of the other filth. At first this was very hard on me but I decided that it did not matter what temptations I had, just as long as I did not act on them.

I later married and began a family. I again fell to the temptation to masturbate as well as the homosexual fantasizing. I had a strong testimony and loved the Church and so the inner conflict between good and bad was tearing me apart. If I did not get help I was going to lose the three things I loved the most: my wife, my children, and my membership in the Church. That is when the commitment to change took place deep within. I was led by the spirit to people who desired and had experienced change in their lives or who were dedicated to helping others change.

It has been about six years since I started the process. The attractions and desires which were constant and life dominating are now gone. I am finally free and in control of my life.

David Carlson, Salt Lake City*

I have struggled with homosexual tendencies since my earliest sexual feelings emerged. Like many people with similar struggles, however, I have never accepted the homosexual lifestyle as a viable option. I found myself in a battle between emotional and physical longing to love and be loved; and the spiritual knowledge that the "love" I envisioned was not love in the true sense, nor could it ever provide lasting happiness. In the midst of this quandary, I found solace in my knowledge that God

would not forsake me, nor would He ever ask me to live in a way which was inconsistent with my capabilities.

Over the years, I have been involved with numerous therapists and support groups to try to understand and alter both my thoughts and my behavior. This process, though somewhat slow and deliberate, has helped me begin to see that just as God is there for us, we are here for each other. Since our sexual identities are formed from early childhood, it is difficult for us to view such things objectively. And so it was for me—I was lost in a torrent of turmoil from which, it seemed, there was no escape; and I had neither the knowledge nor perspective to provide balanced answers to my own questions.

My involvement with Evergreen was critical in helping me identify the sources of my difficulties and the specific steps that I needed to take to change my life as I desired. This organization has the benefit of knowledgeable people who have shared my problems and who are my friends—helping me with their advice and supporting me when I need them. To anyone who wishes to be free from homosexuality, I would recommend three things: (1) Evergreen, (2) a therapist who shares your values and who has expertise with homosexuality, and, most of all, (3) trust in God. Without these factors, my upcoming temple marriage would never have been feasible—not in my wildest dreams. I wish success to those engaged in the same battle.

Barry, Salt Lake City

The wrong choices that I have made in my life were not the result of a lack or loss of faith. I have always known that I wanted the blessings and happiness available to those who keep God's commandments. I just did not know which path would encompass following God *and* removing the compulsions to do things contrary to that which I knew to be right.

Evergreen advocates the path for which I was searching. It has helped me see myself in a different light. I am not the first person to have felt a tremendous lack of self-worth because my behavior often did not reflect the testimony that often burned inside me. Evergreen has played a vital role in helping me learn what my deficits were and how to meet those needs appropriately. I have had the privilege of developing some of my most treasured relationships.

I know that God lives and that I am His son. I testify that Jesus Christ atoned for the sins of the world. Most importantly, I know that because He atoned for *my* sins, and through faith in Him, there is nothing I can not overcome, even same-sex attraction. I am so grateful for my Heavenly Father's love. Though the pain and struggling has

been intense and often overwhelming, the joys have been likewise, only a hundred times more. I would remind all who are searching for such happiness of the thirty-seventh verse in the first chapter of Luke, "For with God nothing shall be impossible."

K. J. H., Salt Lake City, Utah*

I, as a mother, would like to offer my testimony of appreciation for Evergreen International, Inc.

A year ago, I learned, via a letter, that my son was dealing with homosexuality. Naturally, I was very sad and distressed. Besides the shock of this information, I was further disadvantaged because I had no one I could turn to, to discuss this situation and I knew not how to deal with it (of myself and of my son).

Finally, I inquired of a doctor friend, who referred me to a professional counselor (who deals with sexual compulsive behavior) who suggested I call Evergreen. I found the number in the phone directory and called for help. I received immediate response, a listening ear, a resource of answers for my questions, and referrals for literature and other helpful resources and people.

I am so very grateful that Evergreen, not only the organization, but especially the wonderful men, was (and is) readily available to provide me with timely help. I listened, read, and learned as fast as I could to bring me to the level of understanding, peace, and empowerment in order to deal with my son's self-acclaimed homosexuality and my own personal disruption.

I have since participated in many activities (conferences, firesides, etc.) provided by Evergreen, which help has been beyond measure. Though I have been benefitted more than my son (to this moment), we both have been greatly helped by this wonderful organization. Additionally, my family and select others have been helped through my association with Evergreen.

I have found my interaction with those of Evergreen to be warm and accepting, helpful and non-judgmental. The information and intervention I have received have been "user-friendly," both in content and delivery.

I whole-heartedly concur with the mission and objectives of Evergreen, and not only desire, but am exercising my influence to further the mission and the dissemination of the gospel-focused information. Because Evergreen is based on the love of Jesus Christ and His plan of salvation, the organization needs to be made available to

many thousands of individuals (and extended individuals) who need help and direction in dealing with homosexuality and related issues.

Unsigned, Salt Lake City

As a teenager growing up in the early 1970s I struggled between hating my feelings of same-sex attraction and trying to accept a gay identity.

I sought help through therapy and after five years of counseling I felt no further ahead than when I started. My feelings of same-sex attraction were as intense as they had always been.

I again attempted to accept a gay identity. Years of wandering in the 1980s led to more confusion and disappointment. My heart's desire was to overcome same-sex attraction. In 1990 I came in contact with Evergreen. There are no words to adequately express my gratitude for this organization.

I know there is a way out of same-sex attraction. To work with others who have overcome same-sex attraction has in itself, been a great strength to me. Through the testimonies, support, understanding and insight provided through Evergreen, I have progressed far beyond what I once thought possible. I did not know the way out. Evergreen is standing at the crossroad to show myself and others a better way. I look forward to marriage and a family, grateful to finally be on the road to recovery.

Evergreen and the mission it proclaims is for me the light on the hill to those of us who seek release from same-sex attraction. I wholeheartedly support Evergreen in its growth and development to help others who have struggled alone for years, discouraged and longing to hear the voice of deliverance. For me, it is as though the prison doors have been opened, and I, a captive, have been set free.

Brad, Ann Arbor, Michigan*

David Matheson is Executive Director, Evergreen International, Inc. Evergreen welcomes input, inquiries, and the sharing of experiences from professionals and other interested persons. Send correspondence to Evergreen International, P.O. Box 3, Salt Lake City, Utah 84110-0003, or call (801) 535-1658.

BOOK REVIEWS

Joseph Nicolosi, *Reparative therapy of male homosexuality: A new clinical approach*, North Vale, New Jersey: Jason Aronson Inc., 1991, 355 pages.

Reviewed by I. Reed Payne, PhD, Brigham Young University

Early one morning, several years ago, I found a plain brown envelope which had been slipped under my office door at the clinic before I arrived. In the envelope was a fifty-two page, perfectly typed, single-spaced paper from an anonymous donor, a tirade accusing me of insensitivity, gross error, cruelty and injustice—in reference to comments made in a college course. The topic was homosexuality. Selected research in the paper focused on two conclusions regarding homosexuality: (1) “we are born homosexual;” and, (2) “homosexuality cannot be changed.” I disagreed then and I disagree now. One thing I like about Nicolosi’s book—*Reparative Therapy of Male Homosexuality* (1991)—is that it also disagrees with these two major premises promoted by the homosexual community. From Nicolosi’s book one might frame two counter-assumptions: (1) the homosexual condition often has developmental and dynamic underpinnings involving male-identity failure; and, (2) clinical evidence clearly demonstrates optimism by confirming the change process.

While most people might view this book as a signal of hope or a banner of encouragement, one must realize a significant segment of our society will automatically assume an opposite stance. Conversation with Nicolosi revealed instances of persecution and a flood of hellacious opposition from those who would promote the biological basis and no change premises. As homosexuality becomes more politicized, there is less and less inclination to consider data or facts that questions the gay lifestyle as a natural state of affairs. Research has virtually been stopped and completely thwarted over the last several years although recent renewed efforts are being seen, of which this account by Nicolosi is one example.

A brief note regarding Nicolosi can characterize him as a personable and accommodating scholar. He has made himself available not only for formal presentations but for more searching examinations of the problems attendant to treatment of homosexuality. He received his training in the California School of Professional Psychology and is Clinical Director of the Thomas Aquinas Psychological Clinic. As a lecturer and author he is in demand. In this volume he brings a wealth of direct experience in both individual and group psychotherapy. Therefore, his accounts are sparkling with examples of clinical expertise making the book a tutorial adventure. While written from a professional perspective, both those inside and outside the profession can appreciate the clear presentation of diagnosis and treatment.

Nicolosi's approach is geared toward the ego dystonic homosexual male who desires help in moving towards a normal heterosexual lifestyle. He makes no appeal to the homosexual who is exclusively identified and satisfied with the gay lifestyle. There is no crusade here, only an honest, forthright offering of hope to individuals who are desirous of making adjustments involving their identity, sexual feelings, and personal and social growth. He addresses issues of alienation. This is seen in documented difficulties where males have problems with non-erotic male friendships resulting from defensive detachment from other males. Assertiveness deficits and sexualization of dependency and aggression are focal points in the therapeutic arena. These elements of conflict are at the root of gender-identity issues. The author does not ignore opposition to his position and lays out the arguments pro and con.

Mental health professionals are taken to task in this book for neglecting the non-gay homosexual. This reviewer can readily confirm that the professional attempts to support the liberation of gays has simultaneously pushed the non-gay homosexual underground and, as Nicolosi states, "it has cast doubt on the validity of this group's struggle" (p. 6). Because of their conservative counter-struggle, this group of non-gay homosexuals, desiring change, proceed in a quiet and discrete manner without the hoopla, parades, and demonstrations characteristic of the gay community. It is ironic that those who are most vocal about gay rights would be so suppressive and hostile towards homosexuals who would desire treatment and even more so towards those who would offer the needed help.

As one tracks Nicolosi through the developmental labyrinth, blame is set aside in favor of appreciating the critical turns where deficits occur and relationships fail in their outcomes. Nicolosi does much to demystify the developmental sequence. Not only is the relationship between a boy and his father a telling one, a person's relationship with himself is of equal moment. The theory is buttressed with a plethora of quotes, comments, and observations of clients and professionals that are convincing and clarifying.

Critics will stab at the short shrift given physiological factors in homosexuality. Even so, Nicolosi does not dismiss the biological predisposition. He acknowledges, "There could possibly be some physiological factor that predisposes a man toward gender deficit and consequent homosexuality, but not one that predetermines homosexuality" (p. 91). An analogy with alcoholism is drawn. Major research on the biological theories of homosexuality reappraised is supportive of these conclusions. For example, Byne and Parsons (1993) state, "Critical review shows evidence favoring a biologic theory to be lacking" (p. 228). The biologic appeal seems to emanate from dissatisfaction of psychosocial explanations rather than from convincing data.

One comes away from Reparative Therapy understanding gay sexuality as well. There is no sidestepping of the assumptions of the gay liberation arguments. These are confronted and criticized point by point. Issue is taken with the gay affirmative philosophy. Terms like homophobia are examined and questioned. Nicolosi is not shy about presenting his own philosophy. He states, "I do not believe that any man can ever be truly at peace in living out a homosexual orientation" (p. 149).

The positive thrust here details treatment and movement towards developing healthy male relationships. With this in mind the involvement of female therapists may be useful but ultimately a male therapist is needed to complete the therapeutic effort. The logic of this is consistent with the understanding of homosexual needs. This developmental and dynamic approach is in the mainstream therapeutic usage. The insight-growth aspects of therapy are found in the statement, "Full humanity is not acquired by distilling, compromising, or denying characteristics of our original gender" (p. 156). Therapy addresses deep seated antipathy towards the father that blocks acceptance. The power of transformation lies within the individual. Empowerment must come from the therapeutic encounter. Patience and acceptance of the ongoing struggle is a necessity. While some men may ultimately choose a celibate life, others have gone on to become fathers, husbands, and successful heterosexual people.

As would be expected, issues of transference and resistance are highlighted. The therapist is characterized as mentor, leader, and coach being both supportive and confrontive, "like a salient father." The reader is quickly divested of any magical cures, shortcuts, or other easy answers. Heterosexual romantic relationships are regarded as having little or no value in therapy until the latter stages.

The cautious, fearful, and avoidant experiences of the non-gay homosexual desiring change are best addressed in a group setting. Accepting responsibility is more readily understood and experienced. The natural support of sharing common problems and experiences is hard to duplicate in individual sessions. The object relations backdrop anticipates the inevitable splitting that occurs. Ambivalence of despair and hope are not unusual. A walk through the steps of individual and group therapy brings a sense of familiarity and comfort even though one might be relatively uninitiated in the treatment of homosexuality. Nicolosi is not Polyannish in his depiction of the therapeutic struggle. He seems wise in pointing out that clients with borderline features and narcissistic tendencies tend to do poorly.

If there is a major flaw in the story of reparative therapy it is that it is too brief and much is left unsaid. All questions are not raised and all answers are not given. However, the attempt at thoroughness is encouraging

and the account is manageable. For therapists who have been persuaded away from being available to the homosexual person who desires help, this courageous effort offers a viable justification for extending human rights to a neglected group of individuals who are found in a different closet.

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Reviewed by Kevin M. Marett, PhD, Brigham Young University School of Social Work

One of Hans Christian Andersen's fairy tales, *The Emperor's New Clothes*, is about a couple of fashion experts who sell an emperor a suit of magical cloth. These experts inform the emperor and his court that only those who are intelligent and competent will be able to see the grandeur and beauty of the clothes, while those who are stupid or incompetent will see nothing. The emperor and his subjects, all believing in their superior intelligence—and fearing the ridicule of the experts—claim to see the clothes when in fact there are no clothes to see. The emperor changes the affairs of the kingdom to fit the advice of these fashion experts, even though this advice is contrary to his experience and common sense. The entire kingdom is subsequently invited to a procession to view the emperor's new clothes with everyone claiming to see what the experts said they should see, until the procession passes a young child who had not been exposed to the experts. He verbalizes the obvious when he states quite simply, "The emperor is naked." At that point the emperor and his distinguished subjects realize they have been deceived and reject the experts and their advice.

The message of the book, *Kinsey, Sex and Fraud*, is essentially the same as that in *The Emperor's New Clothes*. The work of some experts isn't necessarily reality-based, what these experts tell the public isn't necessarily so, and people will do amazing things to keep from being scorned by the experts. The authors of *Kinsey, Sex and Fraud* take on the role of the little boy from the *Emperor's New Clothes* and say simply, "Kinsey was a fraud."

The research of Alfred Kinsey and associates on the sexual attitudes and practices of American society is scrutinized in this book, with the major

premise being that Kinsey and company, even though supposed experts in their field, deceived the public with information from faulty research. This information was presented to the public with the bind that only a “repressed and prudish society” would not accept these “facts.” This information was subsequently used in the establishment of norms and policies that have had and will most likely continue to impact American social and sexual values.

The authors include a warning early in their book that the reader must be willing to “suspend disbelief” in order to accept what is offered because the statistics generated by Kinsey and refuted by this book are so deceitful and erroneous. It is difficult to believe that the research conducted by Alfred Kinsey and his associates contained in *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953) continues to be accepted and taught by sex educators 40 years later rather than being rejected for the misrepresentation that it is.

The authors summarize the research of Kinsey, Pomeroy, Martin, and Gebhard (1948, 1953) pointing out the inherent flaws. Briefly stated, Kinsey and his associates used a national sample to gather statistical data which was then used as the basis for their books on male and female sexuality. This research produced norms for sexual behavior in terms of frequency and practices. This research also led to the development of the Kinsey sexuality scale, which hypothesizes that sexuality falls along a continuum from exclusively heterosexual to exclusively homosexual with bisexuality as the balanced position in the middle. According to this scale, only a small percentage of the population are either exclusively homosexual or heterosexual, with the greater majority of the population having both heterosexual and homosexual tendencies. Kinsey’s research concluded that 10% of the population were primarily homosexuals. Kinsey further advocated premarital sex as well as sexual relations between children and adults (and even between humans and animals) claiming that all sex was good, that “an orgasm is an orgasm,” and that any trauma or adverse effects experienced from these sexual encounters were the result of the irrational reactions of a repressed society.

From a purely scientific standpoint, there were several flaws in Kinsey’s research methodology that invalidate the results. Perhaps the biggest problem was sampling error, which Kinsey did little to address or even acknowledge. If Kinsey and associates wanted to make statements applicable to the general public, then they needed to draw from samples that would be representative of the larger population. Instead, their samples included prison inmates, homosexuals and sex offenders in numbers substantially greater than are found in the larger population. Consequently it is questionable as to how applicable the results from their samples are to the public.

There is also the issue of experimenter bias, or keeping the experimenter's preconceptions and biases out of the research. The authors present a sound case to suggest that Kinsey had predetermined what he would find before he started the research and consequently selected his associates and the samples in such a way as to enhance the likelihood of finding the results he wanted.

Part of this experimenter bias came through in the interviews where it was assumed that volunteers had experienced the different sexual practices under investigation unless they aggressively maintained otherwise.

Another problem with using volunteers is that of social desirability, of volunteers giving answers they think will please the interviewers. The authors provide evidence to suggest that the issue of social desirability along with the biased nature of the interview format produced a pronounced volunteer bias. Kinsey was warned of this problem by Abraham Maslow before the sample was conducted but chose to ignore it.

The techniques and processes Kinsey et al. used to study the orgasmic potential of children, from infancy to adolescence, is another issue that requires suspension of disbelief. Even making allowances for the different social mores and conditions of the time, it is inconceivable that this research was ever permitted, much less published. Kinsey and associates attempted to bring children to orgasm through very questionable and unethical/illegal means to support his contention that humans are basically sexual from birth and should be allowed to express that sexuality without inhibition.

The authors address other problems with the research, but the above mentioned flaws are sufficient to render the findings questionable at best, meaningless at worst. How the conclusions gained acceptance as readily and as widely as they did remains one of the great mysteries of our time.

Along with a critical examination of Kinsey's research, this book examines some of the ramifications of that research. For example, based on skewed samples, Kinsey used statistics to define "normal," with Kinsey's definition radically different from society's, purporting that all sex was good, whether it was heterosexual, homosexual, cross-generational (between children and adults), or cross-species (between humans and animals). If the statistics resulted from proper sampling technique, then it would be representative of the larger population and the inferences could be drawn. But Kinsey's samples were not drawn using sound sampling techniques and therefore were not representative of society. In spite of this discrepancy, Kinsey's statistics are still used to forward the cause of two major groups: homosexuals and pedophiles. Whether Kinsey's research is to blame or not, the book demonstrates the gradual eroding of social mores since the male and female reports were published. This is particularly evident in the transformation of homosexuality from a "sexual deviancy" when *Sexual Behavior in the Human Male* was published in 1948 to its current status as an "alternative lifestyle."

The book also points to a trend by certain groups to achieve a similar transformation with adult-child sex. Although the efforts of these pedophile groups seem inconsequential now, the handwriting is on the wall.

As informative and interesting as *Kinsey, Sex and Fraud* is, it has its limitations. Perhaps the biggest drawback is the way the authors use the same facts and sources over and over and over to make the same arguments, from chapter to chapter and even within the same chapter to the point of becoming wearisome and laborious. Better organization of the material would have eliminated the need for the majority of the repetitions and a damper on the didactic thrust of the book would eliminate the rest.

One of the strengths of the book is that the authors draw numerous conclusions based on a wide variety of well-researched documentation. Most of the conclusions flow logically and are well supported. There are times, however, when these conclusions seem to get carried away, suggesting conspiracies and plots that rival those found in supermarket tabloids.

Overall, this book is recommended for those who do not accept the current sexual mores that run counter to traditional values. It provides facts and information to counter the prevailing arguments for sexual license. The authors appear to be serious and ardent in their mission to make the public aware of a grave injustice that is seriously eroding the moral fiber of this country. Although the book tends to be moralistic in tone, its scholarly content still dominates. For those who have strong Judeo-Christian or conservative values, this book is a welcome resource. The authors take a stand against a social-moral outrage and do so in a responsible and professional manner. They provide logic and support for others also interested in resisting this aspect of our national moral decline.

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Ron Schow, Wayne Schow, and Marybeth Raynes, eds. *Peculiar People: Mormons and Same-Sex Orientation*. Salt Lake City: Signature Books, 1991. 373 pp.

Reviewed by Scott R. Peterson

But we observe that they cannot yield anything clearer than a dream-like vision of the real so long as they leave the assumptions they employ unquestioned and can give no account of them. If your premise is something you do not really know and your conclusion and the intermediate steps are a tissue of things you do not really know, your reasoning may be consistent with itself, but how can it ever amount to knowledge?—Plato

The book, *Peculiar People*, is both phenomenological and phenomenal in its attempt to provide insight into the homosexual experience within the peculiar Mormon context. Largely a collection of thoughts, articles, speeches, and other excerpts from previously published works, *Peculiar People* purports to offer the reader an opportunity to "sift out" elements of a very complex subject in hopes of finding those that appear mutually consistent. To the editors' credit, early in the book they acknowledge that "there is not at this time a generally accepted, wholly consistent set of explanations," (p. xv) from which "the certain truth" of homosexuality can be ascertained. They continue: "The best one can do is to consider thoughtfully the experiential assessments made by homosexuals and others, the scientific data, incomplete as they are, and the theological evaluations, evolving as they are" (ibid). Regrettably, the editors do not remain true to their own formula for carefully considering an issue that demands great care both professionally and theologically. Their deviation from a reasonably sound method of inquiry is more a function of omission than commission. Herein lies the book's greatest flaw: the selections are grossly disproportionate in their overrepresentation of those who have embraced their homosexuality versus those that have chosen to make the transition out of gay lifestyles and behaviors. Consequently, the book may be an accurate commentary on practicing gays and lesbians who either are or were members of the Church, but due to the glaring absence of alternate viewpoints, it is in nowise a complete depiction of the homosexual phenomenon within the Mormon community.

Phenomenological Fare

The greatest difficulty in reviewing a book such as *Peculiar People*, lies in its phenomenological presentation. An individual expression of personal experience can neither be labeled right nor wrong, true nor false. Were this a book consisting of research, studies, and experimentation, we could critically examine design, issues of validity, reliability, statistical significance and so forth. But where personal opinion is based solely on personal

experience, as is the case with the majority of articles in this book, *De gustibus non disputatum est* (There is no disputing matters of taste).

While the content of such presentations provides little room for review, the process whereby conclusions of the writers are drawn provides interesting fare. Of particular interest is the manner in which many of the contributors fall into the trap of tautological reasoning wherein the validity of an opinion is self-determined therefore cannot be wrong. Such is the case of Jean Burgess' "And There Was Light." She concludes her chapter with,

There are times when I experience pain and sadness as a result of the decision I made to leave the church and my marriage. I am also painfully aware that many of my choices have caused sadness in the lives of others as well. *But because I arrived at my decision through what I believe was a spiritual process, I have never had the need to question the 'rightness' of the choices I have made concerning my sexuality* (p. 90, emphasis added).

Such closed systems of logic preclude the possibility that Burgess' decisions could have been based on a process that was other than spiritual: a more likely explanation, particularly if one chooses to accept scripture and other prophetic utterances to contain even a shred of truth. This, however, seems to be one of the "mutual consistencies" indicative of the thought processes of many of the contributing authors: that personal experience is the sole criterion upon which opinion and subsequent behavior should be based. This mentality dangerously shifts the burden of proof from the practice of homosexuality to the millennia of godly proclamations upon which the Mormon faith is founded; in the balance, many of the contributors have chosen to reject the fundamental values of the Church. Rather than adjusting their behavior to accommodate the values of their religion, they adjust their own religious values to accommodate their behavior. What they seek is not explanation, but rationalization.

For example, the article entitled, "Solus" is written by an anonymous contributor who chooses to continue his homosexual behavior and lie during temple recommend interviews when questioned about masturbation and homosexuality, feeling justified because "it is highly unlikely that the church will accept a declared homosexual into fellowship" (p. 13); yet he considers himself as having "a strong testimony" and desiring to "remain loyal" (*ibid*). The logical inconsistencies of such self-serving reasoning are rampant throughout many of the articles.

"Solus" is also the initial introduction of the liberal use of "straw-man" arguments wherein the writer bases a conclusion upon an argument that in and of itself is at best illusory and serves only to divert attention away from more cogent issues. Another example of such sophistry is found in the article by Ina Mae Murri, "Lesbian and Mormon." Her assertion that, "The

church does not recognize scientific assessments of homosexuality nor the personal experiences of its own members," (p. 40) is a glittering generality that would not bear the scrutiny of an abundance of evidence to the contrary that is readily available to those interested in another perspective. This does not mean that there have not been individuals suffering from homosexual problems who have been misunderstood, rejected, and subjected to behavior that is much less than Christ-like. This is a regrettable reality that fortunately continues to improve.

But such positive change is not represented in *Peculiar People*. Based on the majority of personal reports selected for this work, one could be left with the false impression that aversion therapy is practiced at BYU, persons with same-sex attraction are summarily excommunicated, and Church-related therapies consist solely of admonitions to read the scriptures, pray often, and keep your hands to yourself—none of which are true.

Again, much of this problem could have been alleviated had the editors included the more recent experiences of individuals who have successfully chosen to alter their sexual orientation. Where, for instance, are the stories of members of Evergreen International, a support group whose efforts have helped hundreds of LDS men overcome homosexual thoughts, feelings, and behaviors? Another noticeable deficiency is this book's failure to represent LDS therapists who have assisted many individuals to deal constructively with issues of homosexuality—individuals such as Victor Brown, Jr., Richard Ferre, and Thom and Ann Pritt, to name a few.

This imbalance continues its course through the section of the book dedicated to religious speculation. If this book supposedly reflects the Mormon condition, why do we hear from an Episcopalian bishop, a Methodist bishop, and a professor of Christian ethics at United Theological Seminary? That there are ample LDS scholars who have opinions regarding homosexuality goes without question. That the editors did not prevail upon such LDS religious thinkers is highly questionable. One gets the impression that the editors have patronized a theological supermarket in search of opinions that most closely match their own.

These questions continue to mount as one surveys the sources from which the book's selections originate: *Dialogue*, *Sunstone*, *Exponent II*, and *Affirmation*. While these publications and organizations offer many positive insights, those that are familiar with them will agree that they express a minority LDS viewpoint. Why were articles from other sources that have also expressed the similar theme that the LDS Church has both institutionally and doctrinally erred in its approach to the homosexual issue not cited. It appears that preconceived notions and preexisting biases have dictated the editors' choice of material, rather than an honest interest to

reflect accurately more than one viewpoint of the Mormon homosexual condition.

Phenomenal Fray

The editors of *Peculiar People* have taken upon themselves the phenomenal task, at least in terms of publications, of bringing to the forefront the plight of LDS individuals struggling with homosexuality. There is a pressing need for such recognition, for, in the words of President Spencer W. Kimball, in order "to help those who may already be involved with it, it must be brought into the open" (1977, p. 6). To heighten the consciousness of Church membership to the pain and sense of alienation of these brothers and sisters is the beginning step in giving them the fellowship that they need. And, as John Money (1990) points out, the greater the understanding we have of the plight of homosexuals, the greater our ability will be to separate the condition from the insensitivity and prejudice that accompanies it, this is the beginning step necessary to eliminating any form of persecutory behavior.

However, in their attempt to increase awareness and understanding, they enter the fray of scientific and not so scientific bantering of causation, particularly in reference to a biological or genetic component. There are no less than 20 references in the book that present allele or hormonal influences as causative agents of homosexuality. Regrettably, having been published in 1991, *Peculiar People* does not have the benefit of more recent findings that directly refute such biological arguments. In March of this year, for example, researchers Byne and Parsons concluded that "there is no evidence at present to substantiate a biologic theory" (1993, p. 228). Referring to genetic studies, biogeneticist Ruth Hubbard, professor emeritus of Harvard states, "In view of the complexities of doing accurate linkage studies and the necessarily small size of the samples, such studies are bound to come up with plenty of meaningless correlations which will get reported as further evidence of genetic transmission of homosexuality" (1993, p. 98). While study after study could substantiate or refute the different arguments of causality, the more critical issue is several of the authors' willingness to appear so assured of their own understanding of biological or other roots of homosexuality when such assurance is, at least to this point, non-existent. Consider these statements from *Peculiar People*: "Most homosexuality is biologically determined" (p. 112). Referring to his son, an anonymous father writes, "We accept homosexuality as an attribute from birth with him" (p. 242). Referring to her attraction to women, one female writer states, "Still my genetic inheritance could not be shed like an unwanted coat" (p. 15). This tendency again suggests either a misunderstanding of the so-called biology of homosexuality or an overreaching desire for justification at the expense of finding the truth.

Other contributing writers are less willing to attribute homosexuality to primarily biological causes. More moderate stances that include biology among many contributing factors are represented by Jan Stout (pp. 170–173), Marybeth Raynes (p. 218), and Melvin Wheatley (p. 288). Interestingly, these are professionals who work with the homosexual population or have interest in the subject versus those previously quoted statements of individuals who are homosexual or are related to someone who is. Perhaps the writer of the article entitled, “New Friends” most aptly described the most constructive posture we must all take in the absence of definitive data: “I have found that we really do not know enough about homosexuality to be dogmatic. The question of whether gay behavior is biologically determined or socially formed has not been answered” (p. 147).

Regardless of how much or how little is known about the subject, there rarely has been a subject that polarizes thought more than homosexuality. And where social conditioning, theological belief, and the inexactitude of science converge to create opinions that are potentially damaging to any member of human kind, there is no greater need for open-mindedness, tolerance, and the representation of information simply for the sake of enlightenment. *Peculiar People* has attempted to begin this process, but many more and differing viewpoints are needed to create a balance that this particular book lacks. In the meantime, we must be willing to scrutinize ourselves to determine if we have left our assumptions unquestioned, if we have reasoned consistently yet in the process, none of it has ever amounted to knowledge.

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Byne and Parsons' review focuses on two major recent findings: (1) LeVay's (1991, see also LeVay's recent text, 1993) research indicating hypothalamic differences in homosexuals versus heterosexual males, and, (2) Bailey, Pillard and colleagues research (Bailey & Pillard, 1991; Bailey, Pillard, Neale, & Agyei, 1993) indicating heritable factors in male and female homosexuality. The work by LeVay, Bailey, Pillard, and others assert a very important biologic role in sexual orientation and development of homosexuality. Byne and Parsons not necessarily disputing the biological role (see Horgan, 1993 interview with Byne; p. 131), emphasize an interactive model that includes temperamental and personality traits interacting with familial and social environment, all in the context and under the influence of developmental, heritable, and hormonal factors. However, Byne and Parsons' review article came out before the landmark study by Hamer, Hu, Magnuson, Hu, and Pattatucci (1993) which claims that one form of male homosexuality "is preferentially transmitted through the maternal side and is genetically linked to chromosomal region Xq28" (p. 325). (Because of its importance to the overall question, I will briefly refer to the Hamer et al. study during the conclusion.)

Byne and Parsons' review is more of an attempt at integrating information whereas LeVay, Bailey, Pillard and others have been looking specifically at contributing biologic factors, rather than attempting to develop an all-encompassing model of homosexuality. Byne and Parsons' review is a "middle-of-the-road" perspective on homosexuality which attempts to avoid exclusivity (i.e., strict nature or nurture causal factors), and looks at interaction factors. This perspective is definitely warranted for the topic of homosexuality. As with most aspects of human behavior, there is little to suggest a predictive linear relationship between any pure environmental or biologic effect. Accordingly, most theories that attempt to predict any aspect of human behavior are interactionistic theories. Specific to the issue of homosexuality, there is little to suggest that homosexuality is the consequence of purely environmental influences or exclusively biologically determined.

Complex factors affect gender orientation. To most the issue is simple: when a child is born, it is a binary classification—the child is either male or female. The child is raised as a "boy" or a "girl," adheres to gender roles and is heterosexual. This occurs "naturally" for the majority, but it is the exception to any theory that really tests its veracity. It is the exceptions in

sexual orientation and gender research that really raise the specter of the complexity of this issue.

To demonstrate this complexity, and the issues raised in the Byne and Parsons' review, let me present two case vignettes. As a professor of Psychology for almost twenty years (Glendale College in Arizona while I was an NIH fellow at St. Joseph's Hospital in Phoenix; 13 years at the University of Texas; and at BYU since 1990), being LDS, and being a licensed psychologist gave me unique opportunities especially when holding leadership positions in the LDS Church. Members of the church would seek my counsel, not because of my ecclesiastical position, *per se*, but I suspect more often because of my professional background. During this period, I have seen nearly 50 members of the Church regarding their sexual orientation. Two cases illustrate this issue of complexity in sexual behavior and sexual orientation. Two men, third- or fourth-generation LDS, were raised in intact and faithful homes, served successful and honorable missions, and had held important callings. In addition, both were excommunicated for reasons of sexual immorality.

The individual who is the subject of Case A came to see me after "coming out," informing his parents and his bishop that he was gay. He indicated that he considered that he had "always" been gay. He related that as he observed his own as well as peer sexual development, he never experienced any heterosexual arousal. In retrospect, he stated that he "knew" that he was gay, even as a child, but "suppressed" his emerging homosexuality by immersing himself in work and school. He had hoped that he would "grow out" of this. Although, out of social pressure, he dated, he never experienced heterosexual feelings or attraction during the dating process.

The individual who is the subject of Case B did not consider himself homosexual, but engaged in extensive homosexual behavior as a "sexual outlet." He related his homosexual behavior to adolescent experiences that occurred as the consequence of being sexually seduced and abused by an adult "family friend." This homosexual contact occurred from approximately age 12 throughout high school. When he was initially seen, he described an intense "drive" for homosexual behavior, but saw this as a sexual "release" and did not consider it to be "homosexual." He considered himself heterosexual, was married, had a family and his wife indicated "normal" sexual interest and performance in her husband. Despite this, he continued to seek an exclusive homosexual outlet, typically in the form of brief, anonymous rendezvous in public restrooms. Throughout this period of approximately fifteen years of such homosexual contact, he never had a stable relationship and indicated that he never knew any of the individuals that he had contact with.

These two cases demonstrate various important points about sexual orientation and behavior. In Case A, this individual's homosexuality is difficult to explain from a strict environmental perspective. According to his parents, he did not display any gender "nonconformity" behavior and they reported that they had "no idea" about their son's homosexuality until he informed them. Case A indicated that he had never experienced heterosexual attraction or heterosexual feeling. His earliest memories of sexual arousal were all homosexual. The homosexuality in Case A appears to fit the biological predisposition theory. In contrast, Case B does not consider himself homosexual, yet at times engages in exclusively homosexual behavior as a "sexual release." He reports having early heterosexual feelings and heterosexual feelings throughout adolescence and dated quite regularly, but did not engage in heterosexual behavior until marriage. During his latency childhood/early adolescent years, when the sexual seduction occurred, this likely provided an environmental context of increased sexual drive combined with the conditioning effect of sexual arousal and the release that resulted in focused homosexual contact.

To fully understand the scope of homosexuality, as Byne and Parson review, we must understand the issues of gender definition. In a most erudite article, Fausto-Sterling (1993) discusses the problem of male/female classification. We are all familiar with a variety of "genetic" errors that result in various malformations—limb abnormalities, cleft palate, heart defect, etc. But what does it mean when an "error" occurs in the gonadal-genito-urinary system? From the strict biologic perspective, it means that the binary classification of two sexes—male and female—is somewhat problematic. Fausto-Sterling, as well as others, specify that in addition to the simple binary classification that there are at least three other classifications that need to be made. These other three classifications are in the context of "intersexes." Intersex is a medical term used to describe the anatomically shared features of the two sexes. The three groupings are as follows: the so-called true hermaphrodite (possessing a testes and one ovary), the male pseudohermaphrodite (possessing testes and some aspects of female genitalia, but no ovaries), and the female pseudohermaphrodite (possesses ovaries and some aspect of male genitalia but lack testes). Fausto-Sterling estimate that as high as four percent of all births may result in some level of intersex development. The majority of such intersex infants are detected at birth and undergo some aspect of hormonal and/or surgical management. From a practical standpoint, this results in a problem of gender identification for such things as whether one is male or female for Olympic and related competition (*Science*, 1993).

The issue of intersexuality is a very important one for the biologic basis of homosexuality. Being born a hermaphrodite or pseudohermaphrodite does not predispose one to homosexuality, depending on how one defines gender

and homosexuality. Likewise, as fully discussed in Byne and Parsons' review, being castrated or being the recipient of hormonal therapy does not "treat" homosexuality. Accordingly, what Byne and Parsons point to is a biosocial system of interaction, wherein biological factors play a role but not necessarily a predetermined role. Accordingly, being born with some of the external genitalia of either a male or a female does not predispose one to homosexuality.

What has just been mentioned in the above paragraph should not be construed as providing any type of exclusive support to environmental factors. Once manifested, homosexuality and related behaviors appear to be quite ingrained. Homosexuality occurs in all societies, all religions, and all ethnic groups. Comparative studies that have looked at incidence levels of homosexuality find a fairly consistent range across all of these different groups. Likewise, as Byne and Parsons point out, even in groups that have what would be considered as "homosexual" rights of passage for adolescent boys, there is not an increased level of emergent homosexuality.

Byne and Parsons review an extensive body of animal research behavior and the implications of animal behavior for human sexual development. From the neurobiological perspective, the cerebral cortex and all of its intricacies is what differentiates the human brain from lower mammalian forms. However, the neuronal circuitry of limbic cortex in man is quite similar to that of lower primate. From this perspective, the limbic system controls species-specific sexual behavior which forms one of the most stimulus bound drives paralleling appetitive, aggressive and self-defense behaviors (also mediated by the limbic system). However, human sexual behavior is more than genital arousal, lordosis, and mounting behavior, which are the typical areas of research in animal studies. Most of what comprises human sexual behavior is made up of cognitive factors rather than basic reflex function of limbic circuitry, although the basic reflex level may set the predisposition towards certain sexual behaviors, and, of course, carry out the physiologic factors specific to sexual arousal and orgasm.

Byne and Parsons point out the definite limitations of extrapolating from animal research to human sexuality and this is evident in the statement just made. However, even with the limits of extrapolation, there are critical points to be made in studying animal behavior. There are certain aspects of limbic circuitry that are innately rewarding to the organism, whether environmentally, endogenously, electrically, or chemically stimulated. Much of this circuitry involves aggressive, appetitive and sexual behavior of the organism. Activation of such circuitry likely determines many aspects of subsequent behavior and this circuitry may be stimulated via a number of avenues, as listed above. Recently, Fernald (1993) reviewed some important research on the Cichlid fish, *Haplochromis burtoni*. This research demon-

strates that as male Cichlids ascend the pecking order, certain hypothalamic changes occur associated with a change in scale color and sexual potency. As a male decreases in pecking order, the reverse happens. This suggests a malleability of brain structure-function related to sexual behavior in response to the social environment. As Fernald states, "perhaps behavior can mold the brain as well as the brain dictates behavior." Recently, Bloch, Butler, Kohlert, and Bloch (1993), as well as others, have demonstrated that adult sexual behavior in the rat may be quite modifiable from a neurobiologic standpoint. Accordingly, this research suggests that there may be some variability and modifiability not only in the developing brain, but in the mature brain as well.

Development of gender identity may provide some clue as to the critical period of brain malleability. As Byne and Parsons' review, much of the research on gender identity indicates its entrenchness by age four. Animal research indicates critical periods for most sensory experiences to require appropriate stimulation during the first few months of life; in humans, this possibly extends to the first several years of life. If certain levels of environmental stimulation do not occur, then sensory systems do not develop their full capacity. This is seen anatomically as well as functionally. It may be that during this critical time period that the interactionistic features occur that are critical in the development of sexual orientation.

In conclusion, most aspects of human behavior are on some type of continuum; the development of sexual orientation is probably no different. The accumulated scientific evidence suggests a variety of biologic predisposing or influential factors, potentially interacting with environmental conditions culminating in homosexuality. The genetic research does not prove a linear relationship between biologic factors and homosexuality. In the Hamer et al. (1993) study, there were 7 of 40 sibling pairs who did not show the genetic marker, but who were homosexual. They also suggested an X chromosome finding that is predictive of homosexuality, but not exclusive in its prediction. Thus, exclusivity should be avoided in our attempts to understand homosexuality and homosexual behavior. Accordingly, at this time, the interactionistic theories of human sexual orientation suggested by Byne and Parsons appear to be a most fruitful way to approach this topic. The reader should also be directed to a recent review by Friedman and Downey (1993) that basically comes to the same conclusion.

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Robert A. Rees (1992). *No More Strangers and Foreigners*. Idaho Falls, Idaho: Grand Teton Graphics. 25 pp.

Reviewed by Richard A. M. Bickerton

In the pamphlet, *No More Strangers and Foreigners*, Robert A. Rees makes a strong plea on behalf of individuals with homosexual feelings and behaviors. He uses a number of familiar scriptures to support his argument that intolerance toward these individuals is not acceptable to the Savior. Unfortunately, Brother Rees would have us show tolerance not only to the individual, but to the homosexual conduct as well. There is a striking resemblance between the teachings of Rees and those of other characters in our scriptural/religious history, who mingle worldly philosophies with scripture. There is indeed a good deal of mingling going on in the subtle reasoning Rees presents to his congregation of young single adults.

Incredibly, Rees is so bold as to rewrite a number of scriptures, explaining, "The alteration . . . is in keeping with their intent." The most flagrant rewrite is 2 Nephi 26:33, wherein Rees adds homosexual and heterosexual to the list of all those invited to come to Christ. The notion that homosexuality is just as natural a condition as skin color and gender is basic to his argument and, once again, is a reflection of the gay agenda found

in all their literature. Perhaps he should have added adulterers, fornicators, murderers in his rewriting of this particular scripture. The outrageous nature of his reasoning would have been more clearly demonstrated.

Consistently throughout his discussion Rees identifies the subjects of his presentation as “homosexuals” or “lesbians” rather than, for example, “individuals with homosexual problems.” This is a subtle distinction, perhaps, but one that clearly reveals his position on these issues, which is not in tune with instructions we have received from the First Presidency of the Church. Although he understands some of the difficulties these troubled members experience, Rees fails to discuss the steps the Savior has outlined for each of us to follow in resolving our serious failings. In the recently distributed booklet, *Understanding and Helping Those Who Have Homosexual Problems: Suggestions for Ecclesiastical Leaders*, our Church leaders provide the guidelines we need to follow in dealing with these issues. Rees should study this material carefully.

To this observer it appears that Robert A. Rees has been recruited or simply misled. Perhaps he has put too much trust in the messages currently presented in most of the mass media and has allowed the whisperings of the Holy Spirit to be drowned out by the demanding, strident voices of the gay and lesbian community.

In spite of the simple truths of the gospel which every Latter-day Saint is taught, Rees has presented ideas and philosophies that call into question many of these basic tenets.

Rees has accepted as fact some current research which, when carefully analyzed by responsible, unbiased scientists, has been revealed to be flawed and unworthy of referencing in any sincere attempt to examine this complex subject. For instance, an honest and thorough approach to any discussion about same-sex attraction would not include quotes from Simon LeVay’s work, without also quoting the work of William Byne, M.D., Ph.D, and Bruce Parsons, M.D., Ph.D. Likewise, one quoting Alfred Kinsey’s findings would want to qualify many of his conclusions by quoting the work of Dr. Judith A. Reisman and Edward W. Eichel in their book, *Kinsey, Sex and Fraud*.

Over the five years I served as bishop in a mainly freshman ward at Brigham Young University, I counseled fewer than half-a-dozen individuals struggling with homosexual problems. Although my experience may not accurately reflect the percentage in the Church at large, it is certainly more accurate than Rees’ claim that five to ten percent of Church members are involved in homosexuality, and it receives considerably more support from recent demographic research. The notion that a sizeable minority of our society have homosexual problems is political rather than factual, and is promulgated by the gay activist, not the scientific, community.

Rees' final prayer that we will serve the Lord by celebrating who we are, His heterosexual and homosexual sons and daughters, confirms once again a misguided thinking.

Each of us needs to prayerfully study the scriptures and the words of our living prophets in order to survive Lucifer's subtle efforts to dissuade us from seeking and finding truth. The scriptures and the warnings of our latter-day prophets have made it clear that our greatest opposition will come from within the Church. The Lord has said, "if ye are prepared, ye shall not fear." Following the prophet is the one sure path to safety and revealed truth.

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