

**Professional  
Development Program**

Understanding and Changing  
Homosexual Orientation Problems

LDS Social Services

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## Introduction

There are two reasons for providing this module. The first is to give you, the LDS Social Services practitioner, sufficient information so that you can be well-informed about homosexual orientation problems. To do this, section 1 will review the basic schools of thought on etiology and the findings of professional research on change. It will also describe a gospel position on etiology and explore its implications for change. It will present an etiological framework specifically for use in this module.

The second purpose is to present information to aid you in helping the client overcome homosexuality. The second section of the module includes a recommended step-by-step procedure for determining the general type of homosexual orientation symptoms presented by the client. It also gives specific treatment suggestions for changing homosexual orientation problems. The appendixes provide additional information about strategies for change.

The module has several limitations. First, it discusses only male homosexual orientation problems. Also, although it is intended to be as self-contained as possible, much of the information presented in the *Homosexuality* booklet (second edition, 1981) published by the Church for use by ecclesiastical leaders will not be repeated here. You should be thoroughly familiar with the information in that document.

### Pre-Assessment Exercise

Before proceeding with the module, please read the following questions and formulate possible answers. You are not expected to know the answers; yet, but the questions will help to focus your thinking.

1. What explanation of the causes of a homosexual orientation seems to be most consistent with gospel principles?

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2. What are the basic professional schools of thought on the causes of homosexual orientation problems, and which general approach stands up best under rigorous empirical research?

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3. Is it possible to classify homosexual orientation problems into distinct categories or types? If so, what general types exist?

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4. What are the basic developmental steps for an individual who has a severe homosexual orientation problem?

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5. List the general implications you and the client should consider when developing a program to change homosexual orientation.

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## Section 1: Understanding Homosexual Orientation Problems

### Goal and Objectives

When you complete section 1, you should be able to achieve the following goal and objectives:

**Goal 1: Understand the basic professional schools of thought on the etiology of homosexual orientation and the resulting implications for change. Be able to present an etiological framework incorporating the findings of professional research, statements of the scriptures and General Authorities, and clinical observations.**

Objective 1.1: Explain a gospel position on homosexual orientation.

Objective 1.2: Describe the basic professional schools of thought on etiology.

Objective 1.3: Describe an etiological framework which incorporates gospel principles and is suitable for use in LDS Social Services.

Objective 1.4: Explain the implications for change resulting from the above framework.

Homosexual orientation is a topic often discussed intensely and inaccurately. Advocates and opponents alike have been guilty of distorting the truth, albeit sometimes unknowingly. There are vast differences of opinion about etiology and change, and the moral and spiritual implications of a homosexual orientation. The evidence for and against various issues has been so confusing that at times people both inside and outside the Church have not been sure of the facts.

While all the facts about this complex problem are not yet known, enough is known from both revealed and discovered truth that confusion need not exist on many issues.

### Etiology

#### A Gospel Position

A fundamental doctrine of the Church, supported by scripture, is that man has moral free agency. (See chapter 3 of James E. Talmage's *Articles of Faith* for a sample discussion of this doctrine.) One of man's divinely inherited abilities is the power to choose good or evil, to obey or disobey God's commandments. Free agency is implicit in the principle of repentance, for example: Why should man be commanded to repent if he is not free to make choices and thereby alter his course? Why should punishment or mercy be offered to man if he is unable to determine his own behavior?

Because man does have moral free agency, it is inconsistent to believe that a person's homosexual orientation is inborn or locked in, and there is no real hope of change. The following quotations support this position:

"Satan tells his victims that it [a homosexual orientation] is a *natural way of life*; that it is normal; that [individuals with a homosexual orientation] are a *different kind of people born 'that way' and that they cannot change*. This is a base lie." (Spencer W. Kimball, *A Letter to a Friend*, p. 8.)

"Do not be misled by those who whisper that it [a homosexual orientation] is part of your nature and therefore right for you. That is false doctrine!

... Some so-called experts, and many of those who have yielded to the practice, teach that it is congenital and incurable and that one just has to learn to live with it. . . . I reject that conclusion out of hand. . . . It is not unchangeable. It is not locked in. One does not have to yield to it and live with it." (Boyd K. Packer, *To the One*, p. 4.)

At the same time, there are factors in man's mortal environment which affect his agency, in some cases limiting his options or making certain options particularly appealing (see Bergin, 1975). Ignorance of life's choices, biological influences such as birth defects and genetic traits, environmental influences such as cultural and social patterns, conditioned habits of sin, and the existence of other free agents like himself are all factors which can limit the number of alternatives from which his choices are made. A young man coming from a home where his father has been physically abusive or emotionally absent, for instance, may be more susceptible to homosexual overtures than someone who has felt warmth and acceptance from his father.

An individual who has persisted in sexual sin may find himself bound by severely addicting habits which are difficult to control. The Lord has said, for example, "For whose cometh not unto me is under the bondage of sin" (D&C 84:51), and "Verily, verily, I say unto you, Whosoever committeth sin is the servant of sin" (John 8:34).

President Spencer W. Kimball has applied the notion of bondage specifically to the area of sexual sins: "All normal people have sex urges and if they control such urges, they grow strong and masterful. If they yield to their carnal desires and urges, they get weaker until their sins get beyond control. . . . If you have yielded long enough, you know well that you have been 'hooked.' You have lost your free agency. You do the bidding of your master [Satan]." (Spencer W. Kimball, *A Letter to A Friend*, pp. 8, 21.)

Negative influences in an individual's mortal environment, however, do not cause his homosexual orientation. At some point he must assume responsibility for his actions, regardless of predisposing factors. Free agency means that he is not totally the product of his physical makeup, environment, external stimuli, or past history. It means, rather, that in the moment of decision, he has the ability to determine his own course of action. He is not forced to choose sinful behavior against his will.

"While environment and associations and training have an important part in persons' lives, every normal person is responsible for his own sins and may not blame them totally on others." (Spencer W. Kimball, *A Letter to A Friend*, p. 7.)

In summary, though a person is not born with a homosexual orientation, biological factors; social, family, and environmental influences; habit, and continued sin can affect the alternatives available as he makes sexual choices. No one, however, can blame his sinful behavior totally on others or on the circumstances of his birth or his home life, but rather must ultimately take responsibility for his behavior himself. Each new choice in a person's life becomes an opportunity to move away from an unwanted orientation or behavior and toward a desirable orientation. It is at specific choice points that the exercise of his moral free agency is most evident. An individual is free to develop chastity, the controlled expression of sexual feelings which brings increasing strength and mastery, or to develop carnality, the uncontrolled expression of sexual feelings which leads to sin and bondage.

### *Professional Theories of Etiology*

Professionals have suggested several theories explaining the factors which influence development of a homosexual orientation. This module will use an adaptation of Acosta's categorization system (1975) to summarize and review these theories.

Etiological theories can be broadly categorized as either *biological or learning* in their focus.

Biological theories maintain that the development of a person's homosexual orientation is due to genetic, chromosomal, hormonal, fetal, or neurological factors.

Learning theories as a rule maintain that children learn through social reinforcements and conditioning patterns to express themselves sexually more toward one sex than the other. Included in such conditioning patterns are disturbed parent-child relationships during the child's formative years.

### *What Does the Research Show?*

Some theories stand up better than others under the scrutiny of empirical research. Here is a brief summary of current findings:

**Biological theories.** A number of empirical studies have claimed a relationship between homosexual orientation and genetic, chromosomal, hormonal, fetal, or neurological factors. (Examples are Money, 1970; Evans, 1972; Green, 1974.) However, the findings are far from conclusive, difficult to evaluate, and controversial in their meaning. Many researchers have concluded that although some connections may be discovered in the future, at present neither general nor specific relationships have been clearly demonstrated, and further research is necessary. Two brief quotations will serve to summarize the general uncertainty of current research findings:

"To date, no such [genetic] differences have been demonstrated. The Institute's current position is simply that the results of these controlled laboratory experiments suggest that it is unlikely that the identification of a genetic determinant for homosexuality or heterosexuality will be accomplished in the future." (Masters and Johnson, 1979, p. 207.)

"It seems possible that some genetic, chromosomal, or hormonal factors

may function to some degree in the onset of homosexual behavior, but no substantial evidence to this effect has been established" (Acosta, 1975, p. 13).

A possible reason for this uncertainty is that accurate tools for biological research are still in their developmental stages. As better tools are developed, questions about possible biological influences may be answered more clearly.

**Learning Theories.** The theory presently receiving the most support from experimental studies is the social learning approach. Most of the research evidence suggests that a homosexual orientation occurs through a process of learning (Acosta, 1975).

To help determine the kinds of learning that influence the development of homosexual orientation, there have been explorations of both gender identity (one's self-perception as male or female) and gender role (the degree to which one's behavior and attitudes are masculine or feminine). The overwhelming findings of current research (see Acosta, 1975) indicate that most of those with homosexual orientations are not confused about their gender identity; the more important issue is gender role. Simply stated, this means that the homosexually oriented man knows he is a male but does not fully understand how a masculine male is supposed to think and act. He did not learn and integrate appropriate sex-typed behaviors and attitudes while he was growing up. Why did he not learn them? Some studies have pointed to parental behavior, both direct and subtle, conscious and unconscious, as a key factor. Some studies have specifically found that the father's nurturant and rewarding behaviors increase the tendency of the son to imitate him and to prefer sex-appropriate interests and behaviors. For example, Bene (1965a) found that males having homosexual orientation problems tended to have weak and ineffectual fathers but not especially domineering mothers. She contended that a lack of good relations between father and son facilitates the development of a homosexual orientation. She also reported (1965b) that although females having a homosexual orientation reported feelings of hostility and rejection toward their mothers, negative feelings toward their fathers were much more pronounced. A well-known study by Bieber et al. (1962) supported the more traditional idea that the mother-child conflict is a contributing factor in homosexual orientation, but others have criticized this study on methodological grounds. (See Acosta's 1975 review for a discussion of the mother-child issue.)

### *Suggested Etiological Framework for This Module*

Though there is no known single element which influences the development of a homosexual orientation, there are a number of common factors which appear to be operating. These factors operate in each person's life to a different degree, and so symptoms can be more or less severe.

The following etiological framework is based on an attempt to integrate empirical research, statements of the scriptures and General Authorities, and clinical and anecdotal observations. Resulting implications and strategies for change will be discussed later.

Because many homosexually-oriented clients referred to LDS Social Services have severe symptoms, this framework focuses primarily on the more serious homosexual orientation problems. Individuals with mild or moderate problems may have many of the same symptoms but to a lesser degree.

The development of a person's homosexual orientation may be thought in terms of the following four stages: confusion, filling the void, sexual identity crisis, and resolution.\* There may be individual exceptions to this pattern.

**Confusion.** As the young child begins to grow, he typically faces a series of developmental tasks. One of the first is recognition of gender identity; the child asks, "Am I a boy or a girl?" Because of the shape of his genitals, the answer to this question comes early, is essentially universal, and receives immediate support from parents and close associates. Individuals with a homosexual orientation problem are not confused about which sex they are. In fact they are often starkly aware of their gender because of frequent challenges to prove it. The confusion comes instead in how the child feels about being male, or in fulfilling his gender role. The young boy must answer

\* Appreciation is expressed to Dr. Victor L. Brown, Jr., Director of the Institute for Studies in Values and Human Behavior at Brigham Young University, for delineating these factors.

the question, "What is a boy supposed to think, feel, and do?" Parents play a critical role here because they are the most significant male and female in the boy's universe at this important stage of development. If the father is rejecting or uninvolved, or if the mother becomes "smothering" in an attempt to fill the void left by a weak father, the child can become seriously confused. Clearly, the mother's feelings about her husband's adequacy are also important because the child will be sensitive to her reactions to and interactions with the father.

Peers also are a significant influence at this stage. If the child has not received proper masculine and feminine modeling and coaching in the home, he is ill-prepared to perform in the traditional masculine or feminine roles and will run the high risk of being rejected, even belittled, by his peers.

A child who feels confused about the rightness of his sex, or about how his gender is supposed to act, is certainly not unique and is not automatically a candidate for the development of a homosexual orientation. For this development to occur, more must happen. Usually the child receives continued, even increased misunderstanding at home, resulting in tremendous frustration, isolation, and loneliness. He either does not learn the skills needed to successfully negotiate in a heterosexually oriented world, or the skills he has learned become increasingly out of date. More and more, he relies upon daydreaming and fantasy for escape from an unhappy outside world. He ardently desires parental affection and validation but they remain absent.

**Filling the void.** A child experiencing an emotional void will seek to fill it or to at least take the edge off his pain. This compensation is only natural. Like most other people, he doesn't want to merely survive; he wants some security and stability in his survival. He wants to feel important and in control of what happens in his life.

At some point, in preadolescence for some and in late adolescence or their twenties for others, he discovers the pleasure of sex, usually masturbation, and comes to associate sexual experience with warmth, pleasure, and security. Having deep needs for affection and acceptance from his father and male friends, he is a prime candidate for homosexual (homoerotic) thoughts, feelings, and behaviors. He may, in the privacy of his own daydreams, masturbate while thinking about a warm, accepting male. He may gain favor from male relatives or friends because he will masturbate them or provide opportunities for them to masturbate with him. He begins to acquire, through sexual association with the same sex, acceptance and a way to fill his emptiness. As these experiences are repeated, he builds in his mind an association between warm acceptance, sexual performance, and homoerotic behavior.

Those with homosexual orientation problems also tend, as children, to choose protective methods of structuring time and relationships. Initially, they choose these methods because of the deep hurt they feel from parents and peers; the methods help them avoid pain. Such self-preserving methods may be understood under the circumstances, but the line between self-preserving and self-serving grows increasingly thin, especially as the child matures and society's expectations that he begin to reach outside himself increase. As he reaches adulthood, the self-serving nature of homosexual activities becomes more clear, both to him and to observers; and the societal and religious expectation that he serve God and others through chastity and charity becomes increasingly difficult for him to meet. He must, to be chaste, give up his powerful, perhaps only, source of gratification and meaningful social relationship. Since his methods of coping are by now self-serving, he does not understand the need to give up his source of pleasure for the good of others. Though self-serving, narcissistic behaviors are not unique to those having homosexual orientation problems, they are extremely common for these individuals.

These self-serving methods of coping may take the form of unilateral self-expression. The individual will seek for success in areas which require a minimum of collaborative effort, for collaboration requires the use of social skills which he either doesn't have or doesn't feel competent to use. Though arts and humanities provide possible avenues for such unilateral self-expression, they are by no means the only areas in which isolated effort is rewarded. And though many who have homosexual orientation problems are successful in group activities or vocations, careful examination usually reveals that a strong self-serving element is in operation for the individual. An

example would be an individual whose primary motivation for coordinating a community fund-raising project is prestige and public attention.

Those with homosexual orientation problems also use fantasy and fragmentation as coping mechanisms. The individual attempts to break up life, and people, into controllable pieces because taken as a whole they are too overwhelming. For example, nonspecific sex partners and body parts are often a large part of the fantasies, and many of those with serious long-term homosexual orientation problems have impersonal contacts with a large number of sexual partners. Depersonalization and lack of true intimacy result. Again, this problem is not unique to those with severe homosexual problems, but it is essentially universal for these individuals.

**Sexual Identify Crisis.** Though an individual may feel different at an early age, the intensity of the feeling often increases as years pass. He may sense that he has different feelings from others. He may discover he doesn't think like others, and he is aware that his peers' sexual desires and behaviors focus more and more on the opposite sex. At some point this feeling of being different triggers a kind of sexual identity crisis. He feels pressured to make a decision about where he fits in the world of two sexes.

**Resolution.** A crisis seeks resolution. The question "Where do I fit?" demands an answer. The power in the answer cannot be over-estimated. For example, the individual who finally says to himself, even if it is subconsciously, "I am a homosexual," immediately has a basis for his identity, his role, and his entire social repertoire. He has found others who experience life as he does. Within the larger world of heterosexuality, this newfound homosexual subculture provides an apparent haven. After a lifelong search, everything now seems to fit. This decision can be a tremendously powerful, solidifying, energizing event. This is why it is so important not to incorrectly label those with homosexual orientation problems.

Another person may resolve the "Where do I fit?" question by saying "I am a heterosexual," or "Though my thoughts and feelings may be different from many others of my own sex, I am a heterosexual with no special exemptions from living the law of chastity." He then has increased power to forsake his homosexually-oriented thoughts and behavior and move to an exclusively heterosexual orientation.

President Kimball has observed that there are degrees of homosexual involvement: "There are people in this practice who are novices and have only attempted to satisfy curiosity. They can cleanse themselves with less difficulty, but those who persist and let it become their obsession will have to struggle harder, yet all can overcome it." (*A Letter to A Friend*, p. 10.)

Those in the professional community have also recognized that there are differences in the type or severity of symptoms, and various systems of classification have been suggested.\* This module will use a three-point classification system: (1) mild symptoms, (2) moderate symptoms, and (3) severe symptoms. It is assumed that the developmental tasks mentioned earlier were of relatively minor importance for a person having mild symptoms, and of increasing importance for those with moderate and severe symptoms.

**Mild symptoms.** Individuals with mild symptoms usually have had no overt homosexual experiences. If such experiences have occurred, they have generally been infrequent and exploratory or experimental. These individuals can control homosexual thoughts and feelings relatively easily. They do not usually identify themselves as homosexuals or feel they were born "that way."

**Moderate symptoms.** Those exhibiting moderate symptoms have had one or more homosexual experiences. These experiences have generally not been frequent or prolonged, but the involvement is more than incidental. The individual may have difficulty controlling homosexual thoughts, feelings, and behaviors at times, but he can maintain control with reasonable effort. He may be somewhat confused about whether he is basically homosexually or heterosexually oriented.

**Severe symptoms.** Individuals with severe symptoms have had extensive homosexual experience, perhaps daily or weekly for long periods of time.

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\* Examples include Socarides (1978), who classifies homosexual symptoms into six different types. He also summarizes the three types suggested by Freud and three types suggested by Rado. Kinsey et al. (1948) suggested a seven-point classification system.

They may feel that they have little or no control over homosexual thoughts, feelings, and behaviors. Generally they believe that they are basically homosexual and that their homosexual feelings have always been there. Thoughts of the opposite sex are often fearful or threatening.

## Implications for Change

The etiological framework just described has important change implications, both general and specific; some apply to the problem generally, and some apply more specifically to each of the mild, moderate, and severe types. Efforts to solve any problem should be based on the nature and characteristics of the problem.

### General Implications

**Message of hope.** Because the client is likely to feel varying levels of frustration, discouragement, and despair when he comes to you for help, it is important that you have a positive attitude and help him feel that there is hope for a positive resolution of his problem. In order for him to change, you must believe, and he must come to believe, that change is possible. You may need to frequently encourage him so as to maintain a positive attitude.

**Chaste behavior.** The Lord views homosexual behavior as sin in the same degree as adultery and fornication. The overriding therapeutic goal, therefore, is to erase sinful homoerotic habits while building patterns of feeling, thinking, and acting which conform to the laws of chastity. Christlike qualities in attitude and behavior should be developed where they are lacking, and encouraged where they already exist.

**Avoidance of labeling.** The devastating effects of improper labeling were alluded to in the "Resolution" section. A host of negative associations accompany the label "homosexual," and when a client attaches that label to himself, he does himself a great injustice because many of the associations may not apply. In addition, the label incorrectly implies something the person is rather than something he does. Discourage the client from using that inaccurate label, and certainly do not use it yourself. Use an alternative term, such as *homosexual orientation* or *homosexual behavior* instead.

**Multifaceted approach.\*** Because a homosexual orientation is generally influenced by many factors, a multifaceted approach to change is usually most helpful. Though the specific needs of individual clients may vary, each will usually need growth and development in all areas of human experience. Two broad areas on which you will need to focus with clients are self-control and personal development. In the area of self-control, focus on increasing insight into the causes of and solutions to the client's particular problem, and decreasing homosexual thoughts, feelings, and behaviors. In the area of personal development, focus on strengthening the client's motivation to change, and encouraging growth in his self-identity, interpersonal relationship skills with both sexes, service to others, and spiritual preparation.

### Specific Implications

**Mild symptoms.** As a rule, individuals with mild symptoms do not require extensive professional help to change homosexual orientation problems. Usually by working closely with his ecclesiastical leader, the individual is able to make the needed changes without specialized assistance. Such clients may be referred to LDS Social Services by a concerned ecclesiastical leader, however, and you should assess the extent of the problem, work briefly with the client when necessary, and consult with the ecclesiastical leader about strategies for change. Usually a relatively small amount of insight and support will bring significant change in the client, and in many cases the client's ecclesiastical leader can provide these elements. When the client learns he is not "homosexual" after all, and that his thoughts and feelings are not as abnormal as he thought, he may be able, with relative ease, to put his concerns about homosexuality behind him and proceed with his heterosexual orientation.

**Moderate symptoms.** Individuals with moderate symptoms are sometimes referred to LDS Social Services for assistance, and treatment may extend from several weeks to a few months. Cooperate closely with the ecclesiastical leader, especially since the client will need a repentance program. You may need to use therapeutic techniques such as specific self-control techniques and personal development tools in addition to providing insight. You will generally not need to use the therapeutic techniques as intensely or for as long a time as with clients having severe symptoms, however.

\* See Elizabeth James' dissertation (pp. 182-84) for additional detail.

**Severe symptoms.** Undoubtedly the individuals most commonly referred to LDS Social Services are those with severe symptoms. Professional assistance, as an adjunct to the efforts of ecclesiastical leaders, is usually required in these cases. With severe symptoms particularly, insight alone is insufficient to bring lasting change. Sometimes homosexually oriented thoughts, feelings, and behaviors are so entrenched in the individual that they are automatic, requiring special help to bring them back into proper control. You usually must use specific self-control techniques and personal developmental approaches. The client must be very motivated to change because of the difficulty in changing long established thoughts and behaviors. An active repentance program and spiritual strengthening are essential in bringing successful change.

*Learning Activities*

Based on your reading of this section, complete the following activities:

1. Describe a gospel position on the causes of a homosexual orientation

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2. Summarize the basic professional schools of thought on the causes of homosexual orientation problems and briefly note how well each theory is supported by empirical findings.

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3. Name and briefly describe three categories into which homosexual orientation problems may be classified.

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4. List the general implications you and the client should consider when developing a program to change homosexual orientation problems.

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## Section 2: Changing Homosexual Orientation Problems

### Goal and Objectives

When you complete section 2 you should be able to achieve the following goal and objectives:

**Goal 2: Describe the procedure for identifying the general type of homosexual orientation problem a client may have; be able to explain possible interventions which may help those with mild, moderate, or severe homosexual orientation problems change their lives.**

- Objective 2.1: Explain the recommended steps for you and the client to follow in determining whether he has mild, moderate, or severe symptoms.
- Objective 2.2: Describe several interventions or techniques which may help an individual overcome his homosexual orientation problems.
- Objective 2.3: Explain how you might determine whether a particular technique or intervention should be used with a mild, moderate, or severe symptom.

### Introduction

The following two ideas will help you understand the suggestions presented in this section: first, a caution about rigid adherence to any particular diagnostic or change category, and second, clarification of what is meant by cure or change.

### A Caution

Labeling or categorizing can be both beneficial and harmful, depending on usage (MacMurray, 1977). Thinking of an individual's homosexual symptoms as mild, moderate, or severe can provide a useful framework for understanding etiology and possible implications for treatment. It can also suggest possible change strategies. Remember, however, that the differences between mild, moderate, and severe are not always clear-cut, either as they relate to understanding an individual's homosexual orientation or to helping him change that orientation. For example, the practitioner-client relationship is important with all three types; the therapeutic importance of that relationship may vary in degree with each type, however. The relationship may be critical when working with severe symptoms, but of relatively less importance when working with mild or moderate symptoms. Likewise, developing self-control is important with all three types, but a person with severe symptoms generally must work harder to develop it than someone with mild symptoms. Therefore, the materials in this section are suggestions which may help you work more effectively with the client and his ecclesiastical leader, not definitive or unbending categories which allow for no variation.

### The Meaning of Change

When an individual changes his homosexual orientation, it does not necessarily mean that old thoughts, feelings, and temptations never return. It does mean, however, that he has made sufficient progress in the areas of self-control and personal development to cease overt homosexual behavior and gradually develop normal heterosexual patterns. As with any sin or negative habit, he may need to work continually to maintain the new, positive behavior. President Spencer W. Kimball compared the change process to the cure for alcoholism. He said, "The cure is as permanent as the individual makes it and, like the cure for alcoholism, is subject to continual vigilance" (*The Miracle of Forgiveness*, p. 83).

In addition, when an individual changes his homosexual orientation it does not mean that he has merely traded homoeroticism for heteroeroticism. Teaching a homosexually oriented man to lust after women instead of men is inappropriate. Though there are cases where homosexually oriented men are grossly uninformed or misinformed about female anatomy or sexual response, educating the client in these areas is usually unnecessary. Rather, as he repents and increases appropriate heterosexual interaction, normal heterosexual feelings will often develop in a very natural way. President Spencer W. Kimball has said: "Some have changed their desires and yearnings and have convinced themselves that they are different and have no desire toward the opposite sex. This is quite understandable if the person

## A Suggested Step-by-Step Procedure

has permitted himself to move in the other direction and has lavished his interests, desires, affections, and passions upon one of his own sex for long enough. It becomes ingrown. But let this individual repent of his perversion, force himself to return to normal pursuits and interests and actions and friendships with the opposite sex, and this normal pattern can become natural again." (*The Miracle of Forgiveness*, p. 86.)

If the individual persistently lives righteously, he can awaken his normal desires, and they can eventually take precedence over the abnormal.

As preparation for understanding and using this section of the module, you should have read the *Homosexuality* booklet published by the Church which provides helpful background information.

This section will present a suggested method for helping you and the client determine whether his specific homosexual orientation problems are mild, moderate, or severe. It will then give specific suggestions for changing homosexual orientation problems.

To help the client become self-reliant, involve him as early as possible in the process of determining his specific needs and planning strategies for change. In the beginning he may want or need to rely heavily on your judgment, but self-reliance should be a continuing goal.

The recommended step-by-step procedure outlined in this section can be summarized as follows:

**Step 1.** Using the decision-making charts in the *Assessment of Client Functioning* module, determine whether the client has organic, psychotic, or suicidal problems. Follow the procedures outlined in that module.

**Step 2.** Determine whether the client has mild, moderate, or severe symptoms. Use charts 1 and 2 in this section.

**Step 3.** Based on the client's unique needs, determine interventions or change strategies which may help him alter his homosexual orientation. Chart 3 in this section contains a list of possible interventions from which to make selections.

The following discussion explains these steps in greater detail:

When assessing clients whose presenting problem is a homosexual orientation, use the decision making charts in the *Assessment of Client Functioning* module. These charts will help you determine to what extent organic or psychotic problems or serious suicidal tendencies may need to be dealt with as part of the change process. If the client has reality orientation problems of psychotic proportions, for example, you will need to account for them as you help set up a program for changing the homosexual orientation problems. In some cases it may be necessary to control the psychotic, organic, or suicidal problem before the sexual orientation problems can be dealt with effectively.

In the initial interview, you should generally be able to learn enough about the client to determine whether his symptoms are of the mild, moderate, or severe type. Charts 1 and 2 may be helpful. Chart 1 lists characteristics which are typical of each type. In using this chart, however, remember that every individual is different, that no one person may correspond exactly to any one item for a particular category. *The chart is suggestive only; its main purpose is to provide a basis for developing change strategies with the client, not to encourage you to attach a negative label to an individual or ignore significant unique facts about him.* As you discuss each area on the chart, determine with the client where he has significant strengths and deficits. This information will be essential as you plan and implement specific change interventions.

Chart 2 will also help you determine the type of problem the client has. It lists specific questions which you can ask the client. The individual case determines the number of questions you ask and the depth to which you pursue any particular area to determine the severity of the symptoms.

After you have determined which type of symptoms are being dealt with, you and the client will be ready to discuss ways to bring about the needed changes.

### Step 1: Determining Whether Other Serious Problems Exist

### Step 2: Determining the General Type of Homosexual Orientation Problem

*Step 3: Changing Homosexual Orientation Problems*

Chart 3 suggests various change interventions which may be useful. It intentionally does not separate treatment interventions into those best suited for mild, moderate, and severe categories; rather, the interventions for all three types have been grouped together. Many of the principles and techniques which facilitate change cross those arbitrary lines of distinction. Differences between the types are frequently matters of degree, not kind. For example, increased self-control and spirituality may be necessary ingredients with all three types. The only difference may lie in the amount of those elements required to bring significant change. From the list of interventions, you and the client should choose those which will best meet his specific needs and use them to the degree required to bring the desired change. Appendix A explains some of the interventions in more detail.

# Chart 1: Determining the Extent of a Homosexual Orientation Problem

## Mild Symptoms

*Self-Control Issues  
(Thoughts, Feelings,  
Behaviors)*

Has occasional or periodic homosexual thoughts and feelings.  
May have had no overt homosexual experience.  
Can usually control homosexual thoughts and feelings easily.  
May have a problem with occasional masturbation.  
May use pornography occasionally.  
Has relatively normal sexual interest in females.

*Personal Development Issues*

### Motivation

Needs to make at least a short-term commitment to change.  
May already have a positive support system; encouragement from the ecclesiastical leader may be sufficient.  
Usually does not need to change his life-style or basic character traits.

### Self-Identity

Does not identify himself as a homosexual, but may worry about his homosexual thoughts and feelings.  
Usually sees himself as masculine.  
Usually sees himself as a child of God.

### Relationships

Often has normal relationships with parents and siblings.  
Has normal interpersonal skills.  
Has fairly normal dating patterns and experiences.  
Is capable of developing intimacy and of maintaining continuing relationships with both sexes.

### Service to Others

Is capable of unconditional regard for and service to others.  
Generally is considerate of other people, not using or taking advantage of them inappropriately.

### Spiritual Preparation

May be anxious about a possible Church court, but generally sees his bishop as someone who can help; is relatively unafraid of his bishop.  
Feels that free agency operates in his life and that he can choose whether to be involved homosexually.  
Believes in the gospel and is fully aware of when thoughts toward men are appropriate.  
Often is active in the Church.

## Moderate Symptoms

*Self-Control Issues  
(Thoughts, Feelings,  
Behaviors)*

Has strong homosexual thoughts and feelings at times; they are more than occasional or mild.  
Has had one or more homosexual experiences, but these have been infrequent.  
Though sometimes it is difficult, can control homosexual thoughts, feelings, and behaviors with reasonable effort.  
May masturbate regularly, perhaps several times weekly.  
Often has periods of regular pornographic usage.  
Usually has infrequent sexual interest in females.

*Personal Development Issues*

### Motivation

Needs to make a strong commitment to change.  
May have positive support systems which sometimes need to be encouraged.

May need to change his life-style and basic character traits somewhat, but can do it with reasonable effort.

#### **Self-Identity**

May have serious questions about his sexual identity or role and may not know where he fits.

May be confused about what it means to be masculine and about whether he is masculine.

May see himself as a child of God, but knows he is presently unworthy of Godhood.

#### **Relationships**

Often has serious problems in his relationships with parents and siblings.

May lack relationship skills.

Generally has had some dating experience with both positive and negative results.

Often has continuing relationships with both sexes, but they are generally shallow.

#### **Service to Others**

Is capable of properly motivated service to others, but self-interest or elements of "What's in it for me?" are common motivations.

Uses people at times, taking advantage of them, but this is not constant.

#### **Spiritual Preparation**

Often has mixed feelings about working with his bishop, but sees the need to do so.

Recognizes he has free agency in his homosexual involvement, but it may be difficult for him to make the correct choices at times.

Rationalizes religious beliefs somewhat, but the line between right and wrong is still clear. Still has a reasonably active conscience.

May be active in the Church.

### **Severe Symptoms**

#### *Self-Control Issues (Thoughts, Feelings, Behaviors)*

Has had homosexual fantasies, impulses, and attractions from earliest recollections.

Has had frequent (daily or weekly) homosexual encounters with many partners.

Feels he has little or no control over homosexual thoughts, feelings, or behaviors.

Has serious problems with masturbation—often several times daily.

Uses pornography (often hard-core) extensively.

Rarely has sexual interest in females; may have feelings of repulsion or fear of heterosexual involvement.

#### *Personal Development Issues*

#### **Motivation**

Must be willing to make a strong, long-term commitment to change and do whatever is required.

Does not usually have positive support systems. May need extensive support from Church leaders, friends, and practitioner.

Usually must change his life-style and basic character traits, a change that is often difficult.

#### **Self-Identity**

Identifies himself as a homosexual; may be steeped in the homosexual culture and life-style.

Sees himself as very different from the macho masculine stereotype; feels he is not masculine in the same way that heterosexual males are masculine.

Seriously questions that he is a child of God who can become like God someday.

#### **Relationships**

Usually has poor relationships with parents and siblings.

May be severely deficient in relationship skills.

Usually has had little or no dating experience; feels much fear and anxiety about dating.

Seems almost incapable of maintaining continuous close relationships with either sex. Intimacy with males is usually highly dependent, domineering, sexual, or erotic. Normal intimacy is usually nonexistent.

#### **Service to Others**

Has extreme, even pathological, self-focus. Seems almost incapable of unconditional concern for others.

Uses people and relates to them as sex objects, focusing on body parts and nonspecific sex partners.

#### **Spiritual Preparation**

Is often fearful of working with his bishop, fearing rejection, ridicule, and excommunication. Sees his bishop as a last resort or final hope.

Usually feels that he has no free agency in his homosexual orientation; feels he was born that way.

Is selective in his religious beliefs; deceives himself and rationalizes his beliefs.

May or may not be active in the Church. May be rebellious and apostate (usually not active in the Church), or claim to have special spiritual promptings or manifestations despite his homosexual activity (may be active in the Church).

## **Chart 2: Questions to Help Determine the Extent of a Homosexual Orientation Problem**

### *Self-Control Issues (Thoughts, Feelings, Behaviors)*

How long have you had this problem?  
How much do you daydream or fantasize? What is it you're thinking about during those times?  
How extensive is your homosexual behavior, past and present?  
How much of a problem do you have with pornography? Masturbation?  
How much control do you have over your homosexual thoughts, feelings, behaviors?

### *Personal Development Issues*

#### **Motivation**

What is your main reason for seeking help with this problem?  
Who is there that would be willing to help you when everything seems to be going wrong, or when you get discouraged about trying to change? Have these people helped you in the past? What were the results?  
How involved are you with a homosexual life-style and friends? Are you willing to give these up?  
What is your way of overcoming this problem? The world's way? The Lord's way? Which will work best in your case?

#### **Self-Identity**

Do you consider yourself homosexual or gay? Explain.  
How well do you fit in with males your own age, those you have known before and those you know now?  
What does it mean to you to be masculine?  
Do you really see yourself as a child of God, as a God in embryo?

#### **Relationships**

What kind of relationship have you had with your father in your childhood, during your teens, and now?  
What kind of relationship have you had with your mother in your childhood, during your teens, and now?  
Have you had many close friends of both sexes?  
How well do you do in your social relationships with others?  
How do you go about developing and maintaining close relationships?  
Have you had a lot of dating experiences? How have they turned out?  
When you think about the opposite sex, what kinds of things come to mind?  
What kinds of heterosexual feelings and experiences have you had?  
What kind of relationship do you have with your Heavenly Father? Yourself?

#### **Service to Others**

Explain how well you have been able to arrange your life so that your own needs are well taken care of.  
How difficult is it for you to put someone else's needs ahead of your own?  
Do you enjoy helping other people? Explain.  
Are you willing to make time for helping others even at your own inconvenience?

#### **Spiritual Preparation**

Have you talked to your bishop about this problem? How do you feel about talking to him? Or, how did it work out when you went to him?  
Are you willing to have him work with us on this problem?  
How important do you feel the help of the Lord is in overcoming this problem?  
What spiritual goals do you have?  
Have you studied the scriptures pertaining to this problem? (If yes, what are your conclusions about scriptural statements on homosexuality?)  
How active are you in the Church? How strong is your testimony of the gospel?

Would you mind sharing a little of your testimony with me and explaining how you feel about the Savior and the Church?

How wrong do you feel it is to have been involved to the extent you have been?

### Chart 3: Changing Homosexual Orientation Problems – Possible Interventions

(See Appendix A for additional explanation)

#### Self-Control Issues (Thoughts, Feelings, Behaviors)

For mild symptoms, insight alone can often bring significant change. There may be relatively little need for the use of self-control techniques. For moderate and severe symptoms, however, insight alone is often insufficient to bring lasting change. Sometimes homosexually-oriented thoughts, feelings, and behaviors are so entrenched as to be automatic, requiring special help to bring them back into proper control. You and the client may jointly choose appropriate interventions from the following list as part of an overall change program.

- |                            |   |
|----------------------------|---|
| Stop-thought technique     | Emotional meter                         |
| Positive mental imagery    | Bibliotherapy                           |
| Positive self-statement    | Eliminating erotic fantasies            |
| Empathy training           | Word of Wisdom principles               |
| Journal keeping            | The ESDB program                        |
| Systematic desensitization | Suggestions for overcoming masturbation |
| Impulse control techniques |   |
| Physical fitness program   |   |

#### Personal Development Issues

##### Motivation.

Those with mild symptoms may have had no overt homosexual experiences, while those with severe symptoms may be deeply entrenched in a homosexual life-style, having had extensive homosexual experiences. There are many variations between these two extremes. Severe symptoms require a long-term commitment to change efforts; moderate and mild symptoms will require less of a commitment. The following interventions may help motivate the client to make and maintain the appropriate level of commitment to the change program.

Discuss his reasons for coming to LDS Social Services for help rather than somewhere else.

Discuss his reasons for seeking help now rather than at another time.

Discuss his understanding of the Lord's interest and ability to help.

Teach problem-solving skills and principles.

Discuss the consequences of his homosexual activities.

Have him use personal strength lists.

Use Nephi's Psalm tape (2 Nephi 4).

Share success stories with him.

Provide warmth, support, and insight.

##### Self-Identity.

Because the client may be confused about his worth as a male and about how a righteous male should act, discussions and assignments in some of the following areas may be important in bringing change.

Help the client (especially if he has mild symptoms) see why the labels of homosexual or gay may not apply to him.

Help him distinguish between those homosexual thoughts, feelings, and behaviors which may have been part of normal experimentation while growing up, and those which are more serious.

Help him see those heterosexual strengths which he possesses.

Discuss his true, eternal identity and destiny. His patriarchal blessing or other priesthood blessings may provide helpful information.

Examine decisions which may have led to a homosexual orientation.

Discuss his male and female stereotypes. Discuss how they agree or disagree with revealed truth.

Discuss the influence of his mother, father, and siblings on him during his early childhood and teens and at the present time.

Examine his knowledge of the difference between his sexual, orgasmic orientation and the more emotional orientation typical of females.

Help him understand the difference between—

Vision and fantasy.

Unity and fragmentation.

Solutions and tactics.

Help him bring a balance of interests and activities into his life.

Use bibliotherapy.

Have him make lists of ways he is becoming heterosexual.

Discuss proper dress and grooming.

Discuss proper nutrition.

Evaluate his professional goals.

Have him complete his social-emotional genealogy.

Encourage proper aesthetic interests.

Discuss and practice appropriate same-sex roles.

### **Relationships.**

Homosexual orientation problems (especially for those with moderate and severe symptoms) are often a reflection of poor interpersonal relationships with parents, siblings, and peers. Therefore, you may need to help the client strengthen his relationships with you and with others— family, friends, and strangers of both sexes. Suggestions for improving his relationship with you include the following:

When appropriate, focus on the present happenings and feelings in your relationship with the client.

At various stages of the change process, you may relate to the client in the following roles: stranger, acquaintance, brother, friend, close friend, confidant (see the Human Relationship Continuum in Appendix A).

Have the client, his family, his ecclesiastical leader, and you work as a team to help the client grow.

Explore the client's resistance to normal relationships. Help him to face the fears or selfishness which may be uncovered.

Model proper relationship skills in your interviews. Help the client feel loved in a Christlike way.

Suggestions for improving the client's relationships with others include the following:

Rally the support of the bishop, and through the bishop, appropriate others such as family, friends, ward and stake resource persons.

Review basic interpersonal relationship skills and principles with the client. Teach him to love others.

Teach the client communication skills, social skills, and sex-appropriate behaviors.

Use special resource people such as diads, triads, and families.

Discuss the client's ability to separate erotic feelings from social-emotional feelings; for example, there is a difference between wanting a close relationship with another male and wanting sex.

Use bibliotherapy.

Introduce him to log-keeping.

Use role playing to teach skills.

Use assertiveness training.

Increase social interaction by making specific assignments.

Discuss dating and dating practices.

Give female interaction assignments.

Have him define the ideal female.

Have him visit model homes to observe the interaction of successful couples and families.

### **Service to Others.**

A person can counter the narcissistic nature of homosexual activity by

increasing his ability to give unconditional service to others. A few suggestions for helping a client do this are the following:

Discuss possible areas of negative self-focus in his life; for example, discuss the emotional benefits of unilateral self-expression.

Use bibliotherapy with books such as *Try Giving Yourself Away*. See module bibliography for references.

Have the client keep logs of service assignments.

Give specific service homework assignments.

Have others such as ecclesiastical leaders and family follow up on service assignments given to client.

### **Spiritual Preparation.**

Experience in LDS Social Services has shown that clients usually will not make lasting changes, especially when they have severe symptoms, unless they are strengthening themselves spiritually in addition to their other efforts. Close cooperation between you, the client, and the ecclesiastical leader is extremely important. You can be a primary reinforcer in the client's repentance program. You might discuss the interventions on the following list with the client and his ecclesiastical leader.

Study the scriptures.

Read other selected materials such as the pamphlets by President Spencer W. Kimball and Elder Boyd K. Packer and *The Miracle of Forgiveness* (see module bibliography for references).

Begin a specific repentance program.

Fast when appropriate.

Pray.

Attend Project Temple or an advancement seminar.

Forgive parents.

Write a special letter to parents.

Spend time with parents or family.

Have weekly meetings with priesthood leader.

Attend Church regularly.

Make financial contributions to the Church.

Participate in service projects.

Receive special priesthood blessings.

Accept Church callings.

Use your patriarchal blessing to write a positive self-statement.

Stop masturbation, erotic fantasies, and the use of pornography.

Eliminate contact with homosexual associates.

Keep a log.

Examine rationalizations being used to justify incorrect behavior.

THE CHURCH OF  
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SAINTS

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A hypothetical case, briefly described, will illustrate how this step-by-step procedure works.

Ted's bishop called the practitioner, requesting an evaluation interview following Ted's disclosure of extensive homosexual activity. The practitioner learned from his discussion with the bishop that Ted was twenty-six years old, had had occasional homosexual experiences as a teenager, had gone on a mission but had never discussed his problem with his priesthood leaders, and had kept himself "clean" while on his mission except for one or two non-orgasmic contacts with his companion while his companion was sleeping. Shortly after his mission, however, he had a homosexual experience and gradually became increasingly involved until now he was having these experiences several times each week. The bishop said that Ted was very depressed and had talked about not being able to take it any more. The practitioner agreed to meet with Ted, and the bishop was invited to join them.

During the evaluation interview, the practitioner determined that there were no obvious organic or psychotic problems, and though there was legitimate concern about Ted's depression, no immediate danger of a suicide attempt seemed evident. Through additional questioning the practitioner found that Ted had a troubled family background, and his relationship with his father was particularly bad. His father had done little over the years to validate or emotionally support his son. Ted could not recall a time when his father had told him he loved him or had touched or embraced him warmly. Ted had always felt himself a loner, different from others his age. He had dated very little and had been very anxious on his few dates. Ted seemed to desperately need affection from males and said he had felt deep inner yearnings for physical intimacy with men "for as long as I can remember." It was only when he was with his homosexually oriented friends that he felt really understood and at ease. As a result of many discussions with these friends, Ted had finally concluded that he was basically homosexual. This conclusion, however, caused him tremendous internal tension because of the Church's stand on homosexuality and his testimony of the Church. This inner turmoil finally had brought him to his bishop.

It appeared to the practitioner that Ted's symptoms were of the severe type. This suggested that Ted, the practitioner, Ted's bishop, and any others who would be asked to assist, needed to make a strong, long-term commitment to achieve lasting change. The practitioner would need to explore further Ted's motivation and level of commitment. If Ted committed to a program of change, a number of interventions would likely be needed, both those which would increase self-control and those which would enhance Ted's personal development. In the course of their work together, Ted and his practitioner would jointly select those interventions and techniques best suited to Ted's specific needs, periodically evaluating progress and using new or additional interventions as required. Ted's bishop would maintain regular contact as well, and would assist fully as part of a total team effort.

Learning Activity

Based on your reading of this section, please complete the following activity:

1. Think of one of your own clinical cases involving a homosexual orientation problem. Describe how the steps outlined in this section were or could be followed in bringing the desired changes.

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## Appendixes

### Appendix A: Explanation of Interventions and Change Techniques

The interventions listed here are suggestions only. Use your own judgment about whether these interventions or others are appropriate with your client.

In some cases additional references are suggested so that you can study the technique in greater detail if you desire. In most cases you will need further study and practice before you will be skilled in using an intervention. Also, it is recommended that you do not become skilled in only one or two techniques; rather, continually expand your repertoire of usable intervention skills so that you can appropriately deal with the unique needs of each client. Descriptions of possible interventions are on the following pages:

Anxiety Management Training .....	23
Assertiveness Training .....	23
Autobiography .....	23
Bibliotherapy .....	24
Emotional Meter .....	24
Empathy Training .....	24
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Journal-Keeping .....	26
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Resource People .....	27
Social-Emotional Genealogy .....	27
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Systematic Desensitization .....	28
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#### *Anxiety Management Training*

**Description.** A program outlined by Frank C. Richardson in "Anxiety Management Training: A Multimodal Approach" (see module bibliography for complete reference). The client is taught to cope successfully with his anxieties. The program includes didactic instruction, muscle relaxation, keeping of a diary, guided imagery, and homework assignments.

**Possible use.** This multimodal approach may help you teach the client to better understand and control his thoughts, feelings, and behaviors when anxious or under stress.

#### *Assertiveness Training*

**Description.** In this module, assertiveness training refers to an informal process of teaching the client how to be more assertive and forthright in his interpersonal relationships.

**Possible use.** This type of skill-building may be helpful for the client who is backward or awkward in social situations, particularly when he is timid and feels unsure of himself. Though it is not recommended that you use a particular formal training program, he can learn helpful principles and skill development tasks from books such as—

*Born to Win* by Muriel James and Dorothy Jongeward.

*Don't Say Yes When You Want to Say No* by Herbert Fensterheim and Jean Baer.

*Your Perfect Right: A Guide to Assertive Behavior* by Robert E. Alberti and Michael L. Emmons.

*Assertiveness: Innovations, Applications, Issues*, edited by Robert E. Alberti.

See the bibliography for complete references.

Role playing will be helpful in developing assertiveness skills.

#### *Autobiography*

**Description.** The client is asked to write a history of his own life. Generally it is helpful to have him include his early family life, detailing his interaction with parents and siblings. He may also include a history of his problem. If his level

of spiritual preparation is relatively high, he may not need to include much detail. Sometimes great detail is not required or appropriate. Avoid professional voyeurism. Another approach is to have the client write an ideal autobiography – how he wishes his life would have been.

**Possible use.** This is especially useful in helping the client begin to see how his homosexual orientation was learned. The ideal autobiography can provide ideas for positive mental imagery (described later in this appendix).

## Bibliotherapy

**Description.** The client is given specific reading assignments which relate to some aspect of his problem.

**Possible use.** The chief advantage of this technique is that it gives the client opportunities to gain knowledge and insight about his problem and its resolution at times other than the interview with you. You may develop your own list of helpful reading materials, but the following are offered as suggestions:

*The Miracle of Forgiveness and Faith Precedes the Miracle* by Spencer W. Kimball

*To The One and To Young Men Only*, pamphlets by Boyd K. Packer

*A Letter to a Friend*, pamphlet by Spencer W. Kimball

*Man's Search for Meaning* by Viktor Frankl

*The Greatest Salesman in the World* by Og Mandino

*How to Be Your Own Best Friend* by Mildred Newman and Bernard Berkowitz

*Try Giving Yourself Away* by David Dunn

*Positive Addiction* by William Glasser

*The Art of Raising Parents* by George Durrant

See the bibliography for complete references; additional suggestions may be found in the annotated bibliography which follows.

## Emotional Meter

**Description.** The client keeps a log of his emotional fluctuation throughout any given time period. He may be asked to rate his emotional level on a scale every half hour for a day, or for several days in a row. A suggested scale size is from -5 to +5:

(-5) (-4) (-3) (-2) (-1) (0) (+1) (+2) (+3) (+4) (+5)

**Possible use.** The purpose of the emotional meter is to track the client's emotional fluctuations and those things which appear to trigger the fluctuations. This may help him identify factors which affect his life in both positive and negative ways so that he can take more specific, concrete steps to increase the positive trends. Each entry on the emotional meter log sheet should be accompanied by the following data:

The date

The time

What the client was doing at the moment

What the client was thinking at the moment

## Empathy Training

**Description.** This is an informal way of helping the client more clearly identify his own feelings and therefore be better prepared to understand others' feelings. One approach is to use the list of feelings contained in session 2 of the LDS Social Services' *Becoming a Better Parent* manual, having the client learn to understand these feelings better by role playing them and identifying them in others.

**Possible use.** This will help the client focus more of his attention on other people. It may be used as preparation for service assignments, dating, or other interpersonal interaction.

## ESDB (Eliminating Self-Defeating Behavior)

**Description.** ESDB is a workbook, home-study program using materials developed by Dr. Jonathan Chamberlain of BYU. Two books may be used: *Eliminating a Self-defeating Behavior* and *Eliminate Your SDB's* (see module bibliography for complete references).

**Possible use.** These materials are especially helpful when distance makes regular, frequent interviews between you and the client difficult, though they

need not be restricted to use with clients in this category. Clients working on self-esteem problems may find these materials very helpful.

### Experience Cycle

**Description.** This is an intervention concept more than it is a specific technique. For the client to change, he needs to know that a particular phase or cycle of experience has been successfully completed from beginning to end. For example, speaking to a girl may be considered a task, as may inviting her to a movie. However, to actually meet her, escort her to the movie sit with her in the movie, escort her home, and say goodnight, is an experience cycle. The cycle consists of several tasks designed to meet a predetermined goal.

**Possible use.** To develop skills in the client, incorporate specific training tasks into meaningful cycles. To use the above example, do not simply teach the client how to ask a girl for a date and then expect that he will have a successful dating experience. Rather, have him practice all the tasks or skills necessary for a successful dating cycle so that the chances for a successful date are increased. Possible cycles and related tasks are endless. The specific needs of the client will determine those which should receive special attention.

### Guided Imagery

**Description.** In this approach you help the client imagine experiences designed to give him a new vision of his life, his purposes, and goals. Generally he will close his eyes, relax his body through the technique suggested in the systematic desensitization intervention, and follow your suggestions to imagine himself in certain situations. The possible situations are limitless, but you might consider these suggestions:

Imagine yourself ten years from now in a family setting. What kinds of things do you see happening? What is your own behavior like then?

Imagine yourself approaching the Savior. He is smiling warmly at you with his arms outstretched. How do you feel? What kind of love do you sense he has for you?

Imagine that you are one of the companions to Alma the Younger as he travels about persecuting the Church. You are with him the day the angel appears. (Then slowly talk through the events of that day—the pain of guilt and the final unspeakable joy through Christ.)

Imagine yourself kneeling across the altar in the temple with your bride-to-be. Describe her. What does she look like? What is her personality like? Imagine her deep love and affection for you. How do you want to treat her at this moment?

Imagine yourself doing something positive with your father.

Imagine your father intervening for you against your mother's domination. Identify with him.

Imagine being with a female and having feelings of warmth, tenderness, and closeness.

It is crucial that you have a warm supportive relationship with the client, and that after the exercise, he have ample time to express the way he felt during it. Be sensitive to the client's feelings and use only images with which he is comfortable. This technique attempts to put into practice the following statement of President Spencer W. Kimball: "Thus our approach is a positive one, dwelling upon the glories of the gospel and all its blessings, the happiness of proper family life, the joy in individual cleanliness" (*The Miracle of Forgiveness*, p. 84).

**Possible use.** This technique can help the client understand his true, eternal identity and envision his possibilities for growth and development. Prayerfully consider which images you should use and the depth to which you should pursue them.

### Homoerotic Fantasy Control

**Description.** The importance of the client stopping homoerotic thoughts as soon as possible after they enter his mind cannot be overemphasized. This technique suggests ways to help the client gain this control. It may be necessary to determine with him the specific stimuli which arouse him, for example:

1. The physical characteristics of the other person
2. The personality characteristics of the other person

3. The situation he and the other person are in
4. The general pattern of thoughts, plans, or actions which lead to homosexual behavior
5. Environmental stimuli such as books, magazines, newspapers, movies and geographical location

Based on the specific stimuli which arouse the client, develop plans to help him avoid those negative patterns and establish in their place positive patterns which will lead toward positive heterosexual relationships.

**Possible use.** Use this technique to develop thought control in the client for if his thoughts can be changed, his behavior can change as well.

### *Human Relationships Continuum*

**Description.** This continuum is a way of conceptualizing interpersonal relationships from total strangers on one end to eternal associations as god on the other. Its purpose is (1) to help the client understand that a series of steps occurs in the normal development of interpersonal intimacy (for example, it is inappropriate to be sexually intimate with a stranger), and (2) to provide a basis for discussing specific ways to move appropriately from one step to another in successfully relating to other people. Suggested intervals on the continuum, moving from left to right, are stranger, acquaintance, brother or sister, friend, close friend, confidant, sweetheart, fiancée, spouse, parent, eternal companion, god. Discussion questions could include the following: "How are relationships deepened and improved?" "How do people move from being strangers to friends and then further along the continuum?" "What specific skills might be needed?" "At what point do the following qualities or behaviors appropriately become part of the relationships on the continuum: cordiality, warmth, friendship, intimacy, sexual interaction?"

**Possible use.** Use the continuum to discuss with the client development of appropriate interpersonal skills with both sexes.

### *Ideal Woman Defined*

**Description.** This is a way to help the client get a clearer mental picture of what an eligible, marriageable woman is like. You can begin the discussion by having him describe what he feels is an ideal woman. Then, as appropriate, you can discuss with him any differences between the ideal and the real. Ask the client to explain what makes women appealing. Then have him list the physical, spiritual, emotional, intellectual, and personality characteristics of a woman he would consider marrying.

**Possible use.** You can use this approach to help correct the client's stereotypes about women. Through discussion, you can help him correct errors in his perception and gradually envision in his mind what women are really like and how he might appropriately increase his interaction with them. Be cautious that the imagined ideal woman is not too ideal, so perfect that she is threatening or frightening to the client. Such an ideal may make him further avoid females.

### *Journal-Keeping*

**Description.** The client is asked to keep a daily written account of his positive experiences, excluding any negative experiences.

**Possible use.** When the client's tendency is to focus on the negative things in his life, this procedure can help him begin to focus on the positive. He may discuss the journal periodically with you or with his ecclesiastical leader. The client's positive changes will thus be recorded, and a history of success will begin to accumulate, providing tangible evidence of positive movement.

### *Lists*

**Description.** As a way to both focus attention and document change, the client may be asked to construct various lists. For example, he may list his personal strengths, commit the list to memory, and repeat it out loud to himself several times daily. He could update the list weekly and discuss it with you. He may also list ways he is progressively becoming more heterosexually oriented. He could discuss this list with you and his ecclesiastical leader to receive feedback on his progress in this area. A list of words describing how he is changing may also be helpful.

**Possible use.** Lists may be used to focus attention and to document change. Be creative in finding list topics that will help meet each client's individual needs.

## Log-Keeping

**Description.** For the individual with severe symptoms, tangible evidence of progress can be very important in motivating continued effort. This evidence can be provided by a log in which the client writes entries detailing some aspect of his thoughts, feelings or behaviors. He usually makes the entries at predetermined times during the day or as the behaviors or thoughts occur.

**Possible use.** Logs may be kept on any number of behaviors. The following are suggested:

Physical fitness. Note specific incremental progress during a regular fitness program.

Church attendance. Note what was discussed in the meeting, its personal application, how it could help someone else with this problem.

Prayer. Note frequency and length of prayers. Keep track of experiences with thanking, asking, listening.

Scripture study. Read the scriptures daily for a specific amount of time. Log what was read, its personal application, how it could help someone else with this problem.

Heterosexual interaction. As the client initiates interaction with the opposite sex, he can keep track of the duration of the interactions, the type of interaction, number of such interactions, level of anxiety during each interaction (possibly on a -5 to +5 scale), feelings afterward, and the apparent success of the interaction.

He can periodically discuss the items logged with you, the ecclesiastical leader, or an assigned resource person.

## Positive Self-Statement

**Description.** The client writes a positive statement about himself based on his patriarchal blessing or other blessings. He then memorizes this statement and repeats it out loud to himself a certain number of times each day.

**Possible use.** This helps him focus on his eternal identity and strengths. Its continued use should gradually improve his self-image and help him control his thoughts.

## Role Playing

**Description.** The client practices, in the safety of yours or the ecclesiastical leader's office, behaviors which may be new or awkward for him. In this way he can attain some degree of skill before he actually needs it.

**Possible use.** Role playing is especially important in working with those with severe symptoms because their heterosexual social skills often need to be improved. Examples of areas where role playing may be needed are dating skills, talking more effectively with family members, moving a relationship from strangers to friends, and communication skills.

## Resource People

**Description.** A resource person is anyone other than you and the ecclesiastical leader who may be asked to assist in some aspect of the client's growth. Resource people help decrease the emotional load on you.

**Possible use.** The possibilities are unlimited, but some areas where resource people may appropriately assist are the following:

A specially chosen female can help the client to learn dating skills and practice various aspects of dating conversation.

Two others, perhaps a couple who are dating, could give the client the opportunity to observe heterosexual interaction and discuss various aspects openly.

A specially chosen, well-adjusted family could have the client in their home to observe proper family interaction first hand.

Be careful when involving resource people so that confidentiality is preserved and the integrity of the client is maintained. Try to involve them at times when the client can most benefit from their help. Also, the helping person should not be sexually stimulating to the client. The ecclesiastical leader may be helpful in suggesting resource people while you can coordinate their interaction with the client.

## Social-Emotional Genealogy

**Description.** The client attempts to discover which personality and character traits may have been learned or passed on to him from his ancestors. He finds out all he can about the social and emotional characteristics of his

ancestors, beginning with his parents and going back, through personal interviews and correspondence. He then discusses this information with you.

**Possible use.** This technique is sometimes very useful in helping the client gain insight into how he learned various parts of his personality and behavior. He often gains a greater understanding of his parents and why they treated him as they did. Sometimes such discoveries increase his ability to forgive his parents and mend old family conflicts.

### Stop-Thought

**Description.** When the client has an unwanted thought, he immediately yells *STOP* as loudly as he can in his mind. Then he relaxes his body, perhaps takes a deep breath, and repeats in his mind a prechosen scripture hymn, verse, or positive self-statement. As part of the procedure he may be asked to keep a daily count of the number of times he needs the stop-thought technique to control unwanted thoughts.

**Possible use.** In some cases, this technique has been especially helpful in assisting the client to gain control of unwanted thoughts. After he counts the frequency of its use for several days, he should notice a significant drop in the number of his unwanted thoughts.

### Systematic Desensitization

**Description.** The client goes through a step-by-step process of body relaxation combined with imagining a fear-stimulus hierarchy. Its purpose in working with homosexual orientation problems is to eliminate fears associated with heterosexual interaction.

**Possible use.** This technique may help some clients decrease their fear of heterosexual experiences. Become familiar with the technique before using it. Suggested resource materials are Wolpe and Lasarus (1966) and Bergin (1969b). See the bibliography for reference information.

### Team Meetings

**Description.** Those individuals most likely to help the client change his homosexual orientation may be thought of as a team. The team would generally include you, the client, the ecclesiastical leader, and the client's family. There may be times in working with a client when it would be beneficial to call various members of that team together to coordinate helping efforts.

**Possible use.** Though appropriate cautions must be observed, and in some cases a team meeting may not be advisable, it may be helpful with some clients to call team members together in a joint meeting. Each team member can plan and report on his helping efforts, and efforts can be coordinated to avoid duplication. For example, it may be beneficial for all to know what is being done in social skills development or in the gathering of the social-emotional genealogy. Each team member may have input which will be helpful to the overall effort.

## Appendix B: Selected Success Stories

Over the years, many written testimonies have been gathered from individuals who have overcome their homosexual thoughts, feelings, and behaviors and found peace and success in heterosexual living and Church activity. Three such anonymous testimonies are included here for you to use in working with your clients. Such success stories can increase motivation and hope in the client.

In your professional work, it is appropriate for you to gather similar testimonies from your own clients, being careful to preserve confidentiality and to recognize that some clients may not wish to share a written account of their experiences.

Always use discretion in sharing such testimonies. It is recommended, for example, that copies not be duplicated and given to the client to take home. Rather, they should be read in the agency office and retained there.

A review of a number of written testimonies generally reveals some similarities in the etiology and the change process in the writers' lives. A brief account of such similarities is found in *Homosexuality*, a booklet published by the Church for ecclesiastical leaders (see bibliography).

### Example 1

Since very early youth I have been obsessed with concerns relating to sexual identity, stemming from strong impressions that my parents, particularly my mother, were disappointed that I, a third son, was not a girl. I can remember sexual activities beginning as early as five years, perhaps earlier, once or twice with girls, but mostly with boys. These occasional

experiences must have given me at least short-run emotional rewards, as I remember seeking such alliances long before puberty. At puberty I began masturbating regularly, and though this, and occasional other sexual contacts with school friends, caused me great feelings of guilt and anxiety I seemed unable, in spite of much prayer and fasting, to control the compulsion. My last sexual contact with another person in my youth was probably at age sixteen, though masturbation continued, except for a period of perhaps a year extending from several months before my mission call to about six months into my mission.

The guilt I felt from occasional masturbation during the last eighteen months of my mission was compounded by fears raised by waking up in the morning on at least three or four occasions and finding I had, in my sleep, put my arm around my companion and my hand near to his genital area. At that time I was terrified by the thought that I might "be" homosexual. I devoted myself to my work the year remaining of my mission, however, and (those incidents all occurring in a two or three week period) it became possible for me to see them as a momentary aberration and not a fundamental condition. I discussed the masturbation problem with Howard W. Hunter on one of his tours, and from that discussion gained enough strength, as I recall, to put the whole thing aside for the last several months of my mission.

After my mission I returned to college and then graduate school. I engaged in no sexual activities except masturbation from that time until about age twenty-six, when I was approached in a locker room by an "aggressive homosexual." I had perhaps two or three experiences of this type before going in despair to a local hospital where I was accepted into a short psychotherapy program. After about three months of psychoanalytic (not behavior-modification) therapy, I had gained considerable understanding of the sources of the problem and felt sufficiently in control to ask a girl I was very much in love with to marry me. I told her of the therapy and of my anxieties. We were married in a temple and enjoyed a normal sexual relationship.

Two or three years after marriage, however, I began to seek brief sexual encounters with other men, almost entirely in a men's room at the university I attended, well-known as a meeting place for homosexuals. Though I never developed a continuing relationship with any of the men I met there, hardly speaking to them in fact, and forgetting quickly even what they looked like, I had many encounters over the next several years, at times as many as two or three times a week, continuing all the while a normal sexual relationship with my wife.

Only one who has had similar experiences can understand the guilt and despair I felt as time after time I would fast and pray, vowing to renounce this sin forever, making solemn promises to the Lord and to myself, but always returning, for reasons entirely inexplicable to me, to the sin and its accompanying remorse. I was not completely active in the Church during this time and did not always live the Word of Wisdom, but always accepted Church calls and filled them conscientiously.

At about age thirty-three or thirty-four I became more active, living the gospel in every respect but this one, hoping thereby to gain the strength or miracle I needed to overcome it. I was asked to serve as a counselor in an elders quorum, and after prayer and meditation accepted the assignment, convincing myself that the service might give me the strength to overcome the evil. The president of the quorum urged me to get a temple recommend so I could participate in quorum temple projects. For several months I demurred, telling him, quite honestly, that I did not feel worthy, hoping to prove to my satisfaction that I had stopped these sexual encounters before I applied for a recommend.

After about two months of self-control I decided I had demonstrated repentance and asked for a temple recommend. Asked simply if I was morally clean, I answered yes, telling myself that I had honestly repented and that temple worship would give me the needed strength to stay repentant. Shortly thereafter I was called to be quorum president, and while serving in that calling began again my old habits. It seems incredible now, as then, that I could so effectively eliminate from my consciousness most of the time the fact that while in the world of light I was a devoted husband, father, and Church member, I also spent most of my time in a dark world — waiting endlessly in fetid comfort stations, hoping desperately that someone might come who would desire me physically.

Nearly all such contacts involved only mutual masturbation. I cannot describe the self-contempt and sorrow I felt after every such encounter. Time and time again I read scriptures relating to repentance and forgiveness and could not understand why I could not gain the strength to make them operative in my own life. I at times concluded that I was a lost and accursed person, incapable of rehabilitation and redemption, the most contemptible of all creatures.

Most of the time, however, I held to my faith that a miracle might one day occur and I might be freed from the grips of this calamitous obsession. The next fall, released by a move to another ward from my elders quorum duties, I began to feel I was making progress on my own through prayer and fasting. It seemed to me that the interval between such activities was growing longer and that there were signs of a possible future victory. I continued to pray for the miracle I felt I needed and to remain active in the Church, going to the temple rarely, and only after prayer and fasting and promises to the Lord of repentance. I was becoming more and more convinced, however, that my repentance was being blocked because I was afraid to comply with the scriptural process of repentance, requiring confession to the bishop and to the injured parties. I kept hoping however, that I could reverse the established process — repent fully, and then years later confess to my wife and my bishop that I had sinned but had long since conquered my sins and was now a worthy person. At times I thought I must confess, but the thought carried with it visions of losing all that is most important to me in life, membership in the Church, the love and respect of my family, and my employment. These imagined consequences of confession seemed intolerable, and I continued to pretend that I could cover my sins indefinitely, praying all the while for the gift of full repentance, glossing over the inconsistency in my own mind.

Since I lacked courage to confess my sins of my own free will, the Lord took the matter in hand and answered my prayer for the gifts of repentance in a way that at first seemed calamitous. Plagued by circumstances filled with emotional meaning relating to my problem I once again went to a men's room. I responded to the subtle advances of a security officer decoy, and was apprehended. I shall never forget the terror invoked by those hard words, "You're under arrest, sucker," as I saw all that was important to me devastated by a hateful compulsion I seemed unable to understand or control. After some discussion it was agreed that no formal charges would be made if I obtained professional help for my problem.

Within two or three days I contacted LDS Social Services and met a brother who over the next several months met with me often. I found the Church leaders who became involved in my case to be loving and compassionate. Their only desire was to help me gain repentance and forgiveness, not to punish and publicly embarrass me. My wife was of course shocked initially, but her love and support remained and has been of vital importance in my rehabilitation. It has been thirteen months now since my repentance began. It has been a difficult thirteen months, requiring constant vigilance and attention to methods I have been taught to help me put my sins finally behind me. It has required a continuous application of spiritual, emotional, and even physical reconditioning techniques necessary to complete recovery. I have had to deliberately and unremittingly sever myself from actions and attitudes upon which I had become emotionally dependent. This withdrawal was not unlike the withdrawal victims of alcohol or drugs must suffer to gain their freedom. There was no easy way. But through the help of a gifted and deeply spiritual therapist, a compassionate and loving bishop, a dear wife and family, and the Lord's spirit, I have known a greater joy than I had ever known before, and gained a victory I once thought impossible for me.

There have been disappointments and lapses along the way, and there were times during my therapy when I wondered if we would be successful, but the evidence of nearly twelve months with no sinful sexual activity of any kind and the feeling of freedom which grows each day convinces me that the miracle I had so long prayed for has finally been granted. There are still times of particular stress or anxiety when I find myself aware of and attracted to other men, but I find such attractions ebbing in force and the intervals between them increasingly long. Equally important, I now know how to recognize these symptoms the moment they appear. I can analyze

them to determine their cause and take creative action to eliminate the cause rather than resort to the destructive acts I had used so many years which only had the effect of exacerbating my anxiety and propelling me into an increasing spiral of frustration and despair.

I thank the Lord each day for the circumstances, terrifying though they were at the time which forced me to confess my sins. I know I have now forsaken them, that I am forgiven, and that the Lord remembers them no more. I am convinced that at some future day the whole experience will seem a fleeting nightmare and that I myself will hardly remember.

I have learned much during the past year, but perhaps most importantly I have gained an understanding, at the deepest level, of the importance of the plan of salvation and the redeeming power of the Savior. How many times I have taught others that the gospel can change their lives without fully understanding until now what it means to change one's life! Whole new visions of God's love and mercy in providing his children with the keys of regeneration and new life are now opened to me. I rejoice that I can at last serve in his kingdom unhesitatingly, without reservation, evasion, or self-deception. I have known at least part of the truth and have been made free! Imagine, for example, what it now means to me to read the advice of Moroni in Ether 12:27: "And if men come unto me I will show unto them their weakness. I give unto men weakness that they may be humble; and my grace is sufficient for all men that humble themselves before me; for if they humble themselves before me, and have faith in me, then will I make weak things become strong unto them." The Lord has given me a strength sufficient, I know, to banish forever the possibility of my returning to homosexual activities. The thought of returning to such sorrows becomes each day more unthinkable. If I do my part I know it will not happen.

#### *Example 2*

I guess I can't really begin at the beginning, since I don't really know where everything began. I can say that aside from a few natural childhood curiosities, I participated in no real homosexual activities until recently.

I served as a missionary but never had any homosexual desires or thoughts. It wasn't until I was home about six or eight months that I heard someone talking about a park in town where a lot of men gather just to look at each other while standing in the restroom. I was curious and wanted to see what it was like. Most of my school experience and free-time activity had been in writing, and I had always prided myself on having a very open mind, and wanted to see and experience as many things as possible in life. Well that attitude really taught me a lesson.

I can't pretend to know all the reasons why this incident turned me on, but it did. I think one reason was that my whole life I've felt very self-conscious about my body and my build. I've avoided the swimming parties and working out in the gym just because I felt embarrassed about how skinny I was. I had gone through the whole summer seeing a lot of guys around without shirts, and I realize now that I had gotten into the habit of eyeing them up and down to see how they were built. I started to get satisfaction from seeing a nice build and a good tan. Then I started fantasizing about their whole body, and what it would be like to touch them. I realize now that the lack of any contact sports with other guys probably added to this desire to touch someone else. And of course, the teachings against touching a girl or going too far had been reinforced through the years to where that wasn't even a consideration. I knew where I was to draw the line with girls.

The first experience led to others where there was a thrill in witnessing other activities and in the dare of trying something a little bit farther. I won't go into details, but besides the activity at the park, I frequented a rest room at the university where there was much activity under the dividers between the stalls.

All of my experiences were anonymous. I never met any of these people nor had any relationships or friends that were homosexual. And through this two year period, I was dating also. So, I never felt that I had actually changed, or that I had become a homosexual. My activity was not too frequent. Sometimes I would go several months between incidents.

It was a long time before I realized the importance of what was happening. I hadn't felt any terrible guilt that I had been immoral. And then I realized that the way I was heading would change my entire life and that if I didn't decide to straighten things out, I would be forsaking all the goals I had wanted in life.

I had always wanted a temple marriage and to have a wife and family, but I noticed that my dating was getting more and more uninteresting. The relationship I had with a girl I had been dating was turning very stale and we finally quit dating.

Also through this time, I had been very active in my Church work, and suddenly I realized that I had been rationalizing my way out of reality.

Everything started coming to a head. The fact that I didn't want to continue on with what I had been doing wasn't enough. I had repented a dozen times, by fasting and praying and promising never to let it happen again. And each time it did, came the worries that maybe it is a sickness that can't be cured and I was stuck.

I realized that if I ever did get things straightened out so I could get married, there was no way I could kneel at the altar in the temple and feel clean unless I had taken care of this the Lord's way. The only thing that really held me back, was that I feared excommunication or disfellowshipping. Not because of what I'd have to go through, but because that would mean I would have to explain the problem to my parents. And more than anything else, I wanted them to never know of the problem. I felt that would hurt them more than anything.

I considered seeking psychiatric counseling without telling my parents. I even considered running off to Europe to live, just because I couldn't stand the strain of staying here. I know of course that that wouldn't have helped anything, but something had to change.

My parents could sense something was wrong and they are very loving and concerned people. They had offered several times to help if they could, but there was just no way I'd reveal the problem to them.

One night they came into my apartment to take me to dinner. I couldn't hold things in any longer. They expressed their love to me and said that no matter what I had done, or what the problem was they would always love me and were there to help. After several prayers and emotional discussions, I told them the problem. Even though I'm sure it was very hard on them, they were so wonderful. They gave me every encouragement and offered to help me in any way.

The next day, I called a psychologist at the university to recommend someone who could help me with the problem and was also LDS. He recommended the Church social services. I called them and set up an appointment.

I was very uptight about the whole thing and was so ashamed I didn't know how I'd be able to face anyone and talk about the problem. But I knew the toughest thing was over. After telling my parents, I felt I could do anything that was necessary to take care of the situation.

The counselor I worked with was a great help. At first it was very awkward to talk about the problem. But he helped me realize that it wasn't the end of the world and things could be worked out and I wasn't such a bad person after all. We straightened out my desires and objectives in life and set up three very specific goals. This was the second most important element in my success with overcoming the problem, the first being the desire to change. More than anything, I saw the need for doing whatever I had to do to get things straightened out. I'm sure that a person who is not entirely convinced that he should change or doesn't really want to forsake the activities, will never do it. But with the desire to change, and with these specific goals, and with someone to talk to about the problem whom I knew had talked to a lot of other people about the same problem, I could master my goals.

It was like I finally had a toe-hold, and any time I felt I was being tempted, I had a starting point upon which I could build.

As far as my stand with the Church, the past two or three months had really seen a decline in my activity and my praying had stopped. I think it was when I finally felt the guilt about what I had been doing, and started to feel very unclean and unworthy. After meeting with the counselor, I began reading *The Miracle of Forgiveness* and that was such a fantastic help. I began praying again and really desired a complete forgiveness.

One awkward situation was going to Church. At the time I was fairly new in this branch, and my being called to some job was inevitable. I didn't feel the time was right to talk with my branch president, and I wanted to avoid any situations which put me on the spot with turning down a calling or position. I was getting excited to do home teaching again, but I didn't want to accept a home teaching assignment and then a month later,

or excommunicated. So, I went to Church fairly regularly, but only about one meeting a month was to my own branch.

After about two months of meeting frequently with the counselor, I began to feel so good about the situation, I felt that I had been forgiven and that there might be no need to dig the whole thing up again to discuss with a branch president. The counselor made no comment one way or the other. He just suggested I reread *The Miracle of Forgiveness* and see how I felt.

Well, I realized that confession was something I needed to do to be completely forgiven. I just felt I needed a little more time to prove myself. I did go into my branch president and talked with him and told him that there was a problem and I did need to come in and see him in the near future. I think I was putting my foot in the door so that later on I wouldn't back out and be tempted not to talk with him. He expressed his love to me and that he would always be there to help.

My dating picked up with much more enthusiasm, and I found I could control my thoughts and stay clear of the fantasizing that used to go on. I started to get really excited about finding the right one and getting married. For the first time, I really was excited about marriage.

After setting up two or three appointments with the branch president that I chickened out on, my parents and I fasted and I went to see him. He was very understanding and it was a great experience. He asked my permission to talk with the stake president as to the course of action. I felt that was very important that he had asked my permission because he had reassured me he would never mention it to anyone that he had not asked my permission about, which helped me feel more that the matter was being kept confidential.

Those five or six days waiting to hear what the stake president thought we should do were horrible. I then learned the stake president decided against a stake court but had encouraged the branch president to pray about having a branch court. So that was another four or five days of anxiety. He had decided to hold a branch court and explained to me a little bit about who would be there and how it would be handled. I was scared to death but also very anxious to do what the Lord wanted for a complete forgiveness.

The court met and it was a very humbling experience. One thing I worried a great deal about was that if I did meet in a court, I didn't know how I'd ever be able to face those brethren again. I thought that every Sunday when I saw them, they would be looking at me like I was a weirdo with needs for a lot of special attention. I had prayed a lot about this, and during the court they expressed to me that this would not be the case. I felt very close to them at the end of the evening and felt that they did love me and were concerned for my growth.

The decision of the court was that I was on probation for three months. It was not dismissed, and I was not disfellowshipped, but I was given the opportunity to attend all the meetings and participate in every way. I would be meeting with the branch president regularly and at the end of three months would meet with them again and the court would either dismiss the matter, or other action would be taken like disfellowshipping. There were a few other things required of me, but I felt they were for my good and were inspired from the Lord.

I was so happy that I could jump right into activity. I really had grown to miss being active in my branch and looked so forward to participation.

I know this explanation of events could have been much longer; I tried to keep it as short as possible. I'm just so excited about the future and look forward to temple marriage and having a family. I know I'll never go back to any immoral activity of any kind. I realize that I'll still be tempted a lot, but this experience has made me realize how important my membership in the Church is and I will be constantly guarding against anything that will endanger that good standing in the Church. It was also an extremely difficult situation for me and for my parents, and I never want to go through that again. I'm just so thankful for the process of repentance, and that I could be forgiven for a period of horrible mistakes.

I had always wanted a temple marriage and to have a wife and family, but I noticed that my dating was getting more and more uninteresting. The relationship I had with a girl I had been dating was turning very stale and we finally quit dating.

Also through this time, I had been very active in my Church work, and suddenly I realized that I had been rationalizing my way out of reality.

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confess to my branch president and find out I was being disfellowshipped or excommunicated. So, I went to Church fairly regularly, but only about one meeting a month was to my own branch.

After about two months of meeting frequently with the counselor, I began to feel so good about the situation, I felt that I had been forgiven and that there might be no need to dig the whole thing up again to discuss with a branch president. The counselor made no comment one way or the other. He just suggested I reread *The Miracle of Forgiveness* and see how I felt.

Well, I realized that confession was something I needed to do to be completely forgiven. I just felt I needed a little more time to prove myself. I did go into my branch president and talked with him and told him that there was a problem and I did need to come in and see him in the near future. I think I was putting my foot in the door so that later on I wouldn't back out and be tempted not to talk with him. He expressed his love to me and that he would always be there to help.

My dating picked up with much more enthusiasm, and I found I could control my thoughts and stay clear of the fantasizing that used to go on. I started to get really excited about finding the right one and getting married. For the first time, I really was excited about marriage.

After setting up two or three appointments with the branch president that I chickened out on, my parents and I fasted and I went to see him. He was very understanding and it was a great experience. He asked my permission to talk with the stake president as to the course of action. I felt that was very important that he had asked my permission because he had reassured me he would never mention it to anyone that he had not asked my permission about, which helped me feel more that the matter was being kept confidential.

Those five or six days waiting to hear what the stake president thought we should do were horrible. I then learned the stake president decided against a stake court but had encouraged the branch president to pray about having a branch court. So that was another four or five days of anxiety. He had decided to hold a branch court and explained to me a little bit about who would be there and how it would be handled. I was scared to death but also very anxious to do what the Lord wanted for a complete forgiveness.

The court met and it was a very humbling experience. One thing I worried a great deal about was that if I did meet in a court, I didn't know how I'd ever be able to face those brethren again. I thought that every Sunday when I saw them, they would be looking at me like I was a weirdo with needs for a lot of special attention. I had prayed a lot about this, and during the court they expressed to me that this would not be the case. I felt very close to them at the end of the evening and felt that they did love me and were concerned for my growth.

The decision of the court was that I was on probation for three months. It was not dismissed, and I was not disfellowshipped, but I was given the opportunity to attend all the meetings and participate in every way. I would be meeting with the branch president regularly and at the end of three months would meet with them again and the court would either dismiss the matter, or other action would be taken like disfellowshipping. There were a few other things required of me, but I felt they were for my good and were inspired from the Lord.

I was so happy that I could jump right into activity. I really had grown to miss being active in my branch and looked so forward to participation.

I know this explanation of events could have been much longer; I tried to keep it as short as possible. I'm just so excited about the future and look forward to temple marriage and having a family. I know I'll never go back to any immoral activity of any kind. I realize that I'll still be tempted a lot, but this experience has made me realize how important my membership in the Church is and I will be constantly guarding against anything that will endanger that good standing in the Church. It was also an extremely difficult situation for me and for my parents, and I never want to go through that again. I'm just so thankful for the process of repentance, and that I could be forgiven for a period of horrible mistakes.

This is an account of my experience as a wife after having been told that my husband was homosexual, and how we conquered the problem in our lives. I make this voluntarily with a sincere hope that it will help others who might be facing the problem and give them a message of hope.

We had been married a little more than twenty-five years at the time that I found out. We were parents of five children. My husband and I were both active in Church and community. He was a successful, self-employed businessman. We were in our late forties at the time. This is our story. Some of it may be helpful to you, some of it may not. Each situation is different. It does take a great deal of love and respect for one another, as well as patience, faith that it can be done, and trust in our Heavenly Father who loves both you and your husband.

It has been one year and four months since I first learned of this problem in my husband's life. My first reaction was disbelief. My mind did not comprehend it. The full impact of it came gradually over the next few days and weeks. I was told by my husband's therapist in a helpful manner so as to try to soften the blow. My husband was in the hospital at the time, having come very close to suicide. The first night after hearing it, I went completely to pieces. The next morning I was fairly calm after realizing that I had to go on. I met with my husband's therapist again the next morning at his request. I must have been in a state of mild shock. I had a few sessions with him over the next few months which were helpful to me.

Now what impact did this problem have upon my relationship with my husband in all his roles? First, in his role as a husband, I still loved him — yet, I loved him one minute and disliked him the next. At times I was repulsed by him, and I did not want him to touch me. It was an on-again, off-again thing until finally love did win out, built upon the memory of the good years we had had together. We had been married a little over twenty-five years when this happened, and up until that time we had been very happy together. I could not discount those good years.

Now, as a father, I knew that he had been a good father and would continue to be. His children loved and respected him and I wanted to preserve their feelings for him. . . .

My feelings about myself in all my roles are what I would like to discuss for a minute with you now. As a wife, I was angry with my husband. I wanted to strike out against him, which I did many times. I wanted to hurt him as he had hurt me. We had many bitter quarrels for a time, although we had never been quarrelsome by nature in all our married life. We discussed divorce, but somehow we just could not bring ourselves to separate. I could not do that to the children. They would never understand, as we had been a happy family for many years.

As a mother, I felt I would endure anything for the sake of the children. There were three boys left still at home. Our married daughter was living a long distance away, and our other son was on a mission. The three boys at home never found out, with the exception of the oldest, whom we did tell.

As a person, I had mixed feelings. First, as I looked at other people, it occurred to me how lucky they all were not to be suffering what I was suffering. Most people seemed cold and unfeeling toward me, as if they could care less what was troubling others. You want and need reassurance, and yet you never receive it, because you can't discuss the problem with anyone. I am sure that I seemed moody and cross to others. How could the world go on so normally when mine was falling apart? Then, instead of continuing to be resentful toward people (after all, they didn't know that anything was wrong), I began to wonder how many other people might be bearing silent adversities. I began to mellow a bit and began to feel more empathy. I almost felt then that I would like to find out from people what was really troubling them to see if I could be of help.

In my Church calling, I just struggled through as well as I could. I kept thinking that if I continued on with all diligence, the Lord would bless me, but I finally had to ask for a release. It was just too hard to put my mind to it when I was hurting so badly inside. I had assignments such as speaking to the unmarried girls on the importance of having families and not practicing birth control. It was just too touchy of a subject for me to handle at that time. However, I did get through one speaking assignment, although it was just two days after I heard the news of my husband. A short

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\* Because of length, it was not practical to include her complete account in the module. Only the most important segments have been retained.

time later I had to speak on the theme, "Peace that surpasseth understanding." I mulled through that one when my inner peace was in great turmoil. As I look back on those assignments I realize that they were helpful to me. But you can do just so much under stress, and I felt that I should conserve my energy for my family. Besides, I had had to take full-time employment to help our financial situation.

As for my concerns for my children and family, naturally, I was very concerned about the effect that it would have on them. I tried very hard to act as normal around them as possible and to never let them see me crying, although I was not always successful. I was glad that our one son, who was a particularly sensitive boy, was away from home on a mission. The younger boys were quite detached, and I believe they never suspected anything. They thought that I was worried about my husband's illness. . . .

Now I shall describe to you the various stages of suffering that I experienced and how I handled them. I was successful in some areas, and I failed in others. My thoughts at first were mostly of myself, I'm afraid. I really had a good case of self-pity. I recognized this in myself and tried to turn my thoughts outward rather than inward, and to think of my family. Yet, I really resented my husband, and the feelings that I felt about myself were those of being very self-righteous, that I had not sinned, and yet he had. The sanctity of our marriage had been so special to me, and how could he possibly have betrayed that? Then I tried to tell myself that I must remember all the good that he had done, how kind and considerate he was to everyone, what a good husband and father he had been.

With each doubt that entered my mind, I tried to replace it with a positive thought about my husband and our past relationship. This finally won out in my struggle. I had to believe in him, for he had such a strong desire to overcome his problem. He told me often how much he loved me and how he couldn't lick it without me. I felt that so long as he was making an effort that I should stand by him. If he should fail, that would be another thing again. I am not sure that in that case I could have stood by him, and I lived in fear of this happening, but it never has.

Now, what would I tell a wife who had just been told about her husband's problem? I would say, "Be patient. Don't make hasty decisions. Take one day at a time and give yourself time." I would tell her to realize that suffering does have different stages, the initial impact being the worst. Try to keep up your normal pace in life as much as possible, and keep busy. Don't give in to your emotions any more than you have to. Many times I wanted to call in sick at my job, and stay at home in bed and cry, but I forced myself to keep on going. Hard as it was, it was my salvation until the healing process finally started.

I would also try to reassure her that this problem can be overcome by her husband, depending upon his attitude; and that although difficult, it is treatable and it is forgivable. I would certainly seek professional help and not try to go it alone. If you feel that your marriage is worth preserving, as I felt mine was, then there is a way that you can do it. Don't try to pump your husband for the sordid details of his problem, such as with whom he has been involved, where, etc. They are hard to erase from your mind, if not impossible. To date I do not know how early in his life this problem started or how active he has been with it. Having him picked up in a public restroom was enough for me. I do not care to know more.

Can a wife ever feel trusting and comfortable again? Yes, I know she can. It might be difficult, but it can be done. My husband's therapist told me on one occasion that I would probably never be able to put it out of my mind completely, that such a goal may be unrealistic. But he said the time would come when the pain of it would subside and I would think of it less and less. That is happening.

Who should be told? Why, and why not? I would say only those necessary to your husband's repentance, such as the bishop or stake president, also professional counselors. If it becomes public, I think the parents should tell their children before they hear it from someone else. In our particular case, it never did become public knowledge, so we were not forced to tell our children. Our oldest son, as I said before, is the only one in our family we told. He seemed to take it well. He has never shown any resentment toward his father, only love and reassurance, and he has been a great support to both of us. . . .

I think I did a lot of growing up during this period. I was no longer the idealist that I had always been. Sometimes this can be very painful. . . .

In the overall perspective, I know that my testimony has been strengthened. I have learned greater compassion for the trials of others, and I hope I have learned not to question the ways of the Lord, that eventually all things will work together for our good, although I couldn't understand at one time how this experience could possibly be for my good. . . .

If circumstances were such, I would love to talk with you personally. I would not profess nor be so bold as to say that I have all the answers. Perhaps your situation is more desperate than mine. But, my dear sister, I express my love and my sympathy, and I would say to you, "Support your husband. His soul is of great worth to our Heavenly Father." It can be your attitude that might make the difference between his success and failure. It can be done. May the Lord bless you.

## **Appendix C: Suggested Answers to Learning Activities**

### *Section 1*

#### 1. Describe a gospel position on the causes of homosexual orientation.

The Church teaches that homosexual behavior is a sin which can be repented of and forgiven. The principle of free agency would indicate that a person is not born with a homosexual orientation. Factors such as environment and conditioned habits can affect a person's ability to make free choices; nevertheless, those who persist in homosexual activities must finally assume full responsibility for their behavior. Those with this problem are not exempt from the commandment to be chaste.

#### 2. Summarize the basic professional schools of thought on the causes of homosexual orientation problems and briefly note how well each theory is supported by empirical findings.

There are two main schools of thought about the origin of a homosexual orientation: (1) biological theories, and (2) learning theories. Biological theories have not been substantiated. Though some researchers suggest that some biological causes may be discovered in the future, at present neither general nor specific relationships have been clearly demonstrated. Learning theories have more support from empirical research because most research suggests that a person develops a homosexual orientation through learning or conditioning.

#### 3. Name and briefly describe three categories into which homosexual orientation problems may be classified.

- (1) Mild homosexual orientation problems
- (2) Moderate homosexual orientation problems
- (3) Severe homosexual orientation problems

Individuals with mild problems may be concerned about their thoughts and feelings of a homosexual nature, but they generally have had few if any homosexual experiences. They can usually control their thoughts and feelings relatively easily. Moderate problems are more difficult to overcome because the person has been more overtly involved and has invested more of his emotions; however, through reasonable concerted effort, he can usually change significantly. Severe problems are the most difficult of the three types to overcome. Individuals with these problems usually have extensive overt involvement, with its accompanying high emotional investment. They often feel that they are basically homosexual. They must make a strong, long-term commitment to significantly change their sexual orientation.

#### 4. List the general implications you and the client should consider when developing a program to change homosexual orientation problems.

General implications for all individuals with homosexual orientation problems:

- a. Message of hope
- b. Chaste behavior, including repentance
- c. Avoidance of labeling
- d. Multifaceted approach

Implications for mild symptoms:

- a. Ecclesiastical leader may be able to handle on his own or with minimal professional assistance.

- b. Short-term commitment may bring change.
- c. Support and insight are usually helpful.

Implications for moderate symptoms:

- a. May need professional help in addition to ecclesiastical support.
- b. Change may require more than a brief commitment.
- c. Specific interventions or techniques in addition to support and insight may be required.

Implications for severe symptoms:

- a. Professional help, ecclesiastical leader support, and a strong commitment to develop greater spirituality are usually required.
- b. A strong, long-term commitment may be required in order to bring significant, lasting change.
- c. More than insight is needed; specific techniques or interventions are usually required to develop self-control and enhance personal development.

## Section 2

1. Think of one of your own clinical cases involving a homosexual orientation problem. Describe how the steps outlined in this section were or could be followed in bringing the desired changes.

This is a free response item. Good luck.

## Appendix D: Topical Bibliography (Annotated)

The following annotated references are arranged under the headings used in the assessment and change strategy sections in this module — self-control and personal development. This list is representative rather than complete. Some of the references under each section may be read profitably by both you and the client, while others will give you additional background and technical expertise. Some references could comfortably fit into more than one category because several topics are usually covered in a single book. For convenience, however, each reference has been listed only once. The complete reference information is found in the general bibliography which follows.

### Self-Control

1. *Eliminating a Self-Defeating Behavior and Eliminate Your SDB's* by Jonathan Chamberlain. Contains both theory and how-to's for gaining control over negative behaviors. Workbook assignments may be reviewed and critiqued by a qualified practitioner.

2. *Cognitive-Behavior Modification: An Integrative Approach* by Donald Meichenbaum. Primarily for practitioner's background. Focuses on how to alter thought processes which influence behavior. Describes specific how-to's such as thought-stopping and systematic desensitization.

3. *Handbook of Behavior Therapy with Sexual Problems*, 2 volumes, edited by Joel Fischer and Harvey Gochros. A compilation of seventy-five professional articles dealing with ways to treat various sexual problems, including homosexuality. Some of the methods suggested, such as masturbation therapy and some forms of aversion therapy, are inappropriate for use in LDS Social Services; others may prove helpful.

4. *Self-Directed Behavior: Self-Modification for Personal Adjustment*, 2nd edition, by David Watson and Roland Tharp. Intended for private, untutored use, but could easily be used jointly by client and practitioner as part of the overall change program. Many how-to's for changing and controlling behavior are given. Excellent book.

### Personal Development

#### Motivation

1. *Man's Search for Meaning* by Viktor Frankl. Describes his experiences in a German prisoner-of-war camp in World War II. Very readable. Shows how to find inner meaning despite tremendous environmental restrictions.

2. *The Hiding Place and Tramp for the Lord* by Corrie ten Boom. Describes her experiences in a German prisoner-of-war camp in World War II and her subsequent spiritual ministry and world travels in behalf of Christianity. She is not LDS, but her book contains impressive spiritual insights which help motivate. Very readable.

3. *The Unhappy Gays* by Tim LaHaye. A very readable book by a born again Christian. He examines the negative side of the gay life, as opposed to the "positive" side seen so often in the press, and outlines an eighteen-step change program which focuses strongly on the development of spiritual strength. Good supplemental reading.

4. *Positive Addiction* by William Glasser. He focuses on ways to develop positive behaviors and habits which will develop both one's body and one's moral character. Many specific suggestions are given.

5. *The Greatest Salesman in the World* by Og Mandino. He suggests ways of applying the principles of success in the business world to one's individual life.

### Self-Identity

1. *How to Be Your Own Best Friend and How to Take Charge of Your Life* by Mildred Newman and Bernard Berkowitz. Very readable books which focus on one's self-image and suggest ways to build self-esteem and be more self-reliant.

2. *See You at the Top* by Zig Ziglar. Teaches the value of a healthy self-image and gives numerous suggestions for developing one. Full of inspirational success stories. Gives additional references for further reading. Very readable.

### Relationships

1. *Born to Win* by Muriel James and Dorothy Jongeward. Applies transactional analysis concepts to everyday life. Gives many how-to's. Focuses on understanding emotions and their relationship to interpersonal interaction.

2. *Keys to Successful Dating* by John Hawkes. Answers questions and gives practical suggestions for successful dating. Discusses how to get dates, what to do on dates, and how to understand the opposite sex.

3. *The Art of Raising Parents* by George Durrant. A very readable book by an LDS author who gives good ideas for building better parent-child relationships. May help the client gain insights into his parents' behavior.

4. *Your Erroneous Zones* by Wayne Dyer. Very readable. Gives many suggestions for improving interpersonal relationships.

5. *Don't Say Yes When You Want to Say No: How Assertiveness Training Can Change Your Life* by Herbert Fensterheim and Jean Baer. Gives many examples and how-to's for being assertive in interpersonal relationships. Very readable.

6. *Your Perfect Right: A Guide to Assertive Behavior*, 3rd edition, by Robert Alberti and Michael Emmons. A how-to book which shows the individual how he can develop appropriate assertive behavior, and gives guidelines for an instructor of assertiveness training. Gives principles for the ethical practice of assertive behavior.

7. *Assertiveness: Innovations, Applications, Issues*, edited by Robert Alberti. A collection of thirty-five readings on theoretical, historical, and ethical issues. Explains application of assertiveness principles in various situations.

### Service to Others

1. *Try Giving Yourself Away* by David Dunn. Very readable. Full of examples and suggestions for being of service to others.

2. *Spencer W. Kimball* by Edward Kimball and Andrew Kimball, Jr. A biography of President Spencer W. Kimball's life from which the reader can draw inspiration in many areas. President Kimball's dedication to the service of others is a prominent theme in his life.

### Spiritual Preparation

1. *Faith Precedes the Miracle* by Spencer W. Kimball. Based on his discourses over many years. Numerous topics are discussed.

2. *The Miracle of Forgiveness* by Spencer W. Kimball. Extensive discussion of repentance and forgiveness, with a chapter devoted specifically to homosexuality. The book should be read in its entirety.

3. *A Letter to A Friend*, pamphlet by Spencer W. Kimball. Addressed specifically to those with homosexual orientation problems. Strong message of repentance and forgiveness. Good review of relevant scriptures.

4. *To the One* and *To Young Men Only*, pamphlets by Elder Boyd K.

Packer. Addressed to those having problems with masturbation and homosexual behavior. Encourages repentance.

5. *Homosexuality* booklet, second edition, 1981, published by The Church of Jesus Christ of Latter-day Saints. Written specifically for the use of ecclesiastical leaders. Offers helpful suggestions for understanding and changing homosexual orientation problems. May be used as a supplement to this module.

6. The standard works of the Church. Should be studied in their entirety. Certain passages that relate to gospel topics covered during a change program should also be read.

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