

This paper provides an introduction to the subject of male homosexuality and explains that unwanted homosexual problems can be resolved. As men resolve the underlying causes of the homosexual attractions, the unwanted impulses diminish or disappear.

The paper addresses the questions *What is homosexuality?*, *Why are men attracted to other men?*, and *Can homosexual problems be resolved?*

The focus of this paper is on male homosexual problems. Although some of the information may also apply to women who have lesbian issues, it does not universally.

## What Is Homosexuality?

This section defines homosexuality, including attractions, identity, and behavior. It then distinguishes between homosexual thoughts and behavior and discusses the importance of overcoming both. Finally, it offers correct information about homosexual problems.

### Description

Homosexual problems include erotic thoughts, feelings, and behaviors directed toward the same gender. The psychological community uses the term *homosexuality* to refer to the entire complex that includes attractions, feelings, desires, sexual behavior, identity, and all its associated aspects, such as problems with masculinity, self-perception, emotional dependencies, and relationship issues.

These problems should not be confused with a healthy emotional and social interest in persons of the same gender. *Homoemotional* and *homosocial* interests are healthy as long as they are not excessive

# Overcoming Male Homosexual Problems

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and do not develop an erotic dimension. When same-gender interests are eroticized, they become *homosexual*.

I use the term *homosexual* as an adjective to describe a person's feelings, thoughts, or behavior, but not as a noun to describe the person. The terms *gay* (referring to men) and *lesbian* (referring to women) include not only personal feelings and behaviors, but also describe a political, cultural, and social identity.

Homosexuality may include sexual feelings or attractions without sexual behavior or it may include complete emotional and sexual involvement. It cannot be identified simply by the presence or absence of outward sexual behavior.

### Attractions

Homosexual attractions develop over time and almost always without any conscious choice. At some point in the man's life, he realized he was sexually attracted to other men. These attractions can be a major source of frustration, because in spite of his best efforts to get rid of them, he continues to have compelling sexual thoughts toward other men. These inner attractions may be intense and may consume a great deal of his thoughts and energy. If the sexual attractions are not resolved, they can grow into obsessions that interfere with his ability to function at work and at home, and can be destructive spiritually. Homosexual attractions are usually more compelling than attractions toward the opposite sex because they spring from more than sexual desires—they are attempts to fill unmet emotional and social needs.

Many men report they first noticed these attractions before puberty—before they felt or understood sexual feelings. The feelings were not inherently sexual, but at some point became eroticized. The needs involved are normal social and

emotional needs that everyone has, but have become confused and sexualized toward the same gender. The attractions are actually attempts to meet the emotional and identity needs that have not yet been met in his life. As a child, some part of his normal developmental process was stopped and interfered with his ability to develop a heterosexual orientation. Ironically, sexual intimacy will not fill the needs. They should not be ignored (the conservative mistake) nor eroticized (the liberal mistake), but should be filled through legitimate, nonsexual means. Here, then, is the irony. Homosexuality itself has little to do with sex; the needs are not *homosexual*, but *homoemotional*.

### **Identity**

Many men with homosexual attractions report they felt “different” as boys but didn’t know why. For them, the pain of growing up with homosexual attractions was not so much the pain of being attracted to boys, but the feelings of being different. This feeling of being different may have become a self-fulfilling prophecy as he separated himself from the very boys he needed to bond with. He may have longed to feel he was on par with other boys, but this longing only widened the gulf between him and the rest of the guys. Feeling different creates a mindset that can have a tremendous impact on a boy’s self-perception and development. When other children sensed this hesitancy, they may have attacked it, which only confirmed to the boy that he was different. Thus, he withdrew from other boys to defend himself from the pain.

He knew his attractions were not right because of the “fag” jokes he heard, so he learned to keep the feelings to himself, creating further problems of isolation and secrecy, which are powerful forces that keep homosexual problems from being resolved. When the rest of the male world is normally attracted to females, he may have wondered why he was abnormally attracted to males. Knowing that these attractions were in conflict with society’s norms, and perhaps his religious beliefs, he realized his innermost feelings were wrong and since he didn’t choose to have these feelings, he may have wondered if there was something inherently wrong with him. This likely created an internal struggle as he desperately tried to understand the unnatural feelings and make sense of them in terms of his own internal values and religious beliefs.

Our identity is an accumulation of self-perceptions. Some people come to believe they were

born with homosexual feelings which are part of their core identity. They become convinced that if they are ever to be at peace with themselves, they must submit to their desires, even if it means rejecting (or at least ignoring) their religious beliefs and personal values. When a person “comes out of the closet” and identifies himself as homosexual, he often feels relief for two reasons. First, after suffering so much frustration and pain, he is relieved to have finally made a difficult decision and he may interpret this temporary relief as confirmation that he has made the right choice. Secondly, he may find the acceptance and emotional closeness with other homosexual men that he had not been able to find previously. If he has accepted a homosexual identity, it will have far-reaching implications and profoundly influence how he thinks and acts. In addition to resolving the homosexual issues, he will have the additional challenge of correcting misperceptions about himself.

A very small percentage of people accept a gay identity even though they have no compelling attractions toward the same gender. These people take on a gay identity because they want to be “different” and they feel they don’t fit in with the normal heterosexual world or because they find particular acceptance by other homosexual people. Once they accept the label of “homosexual,” they begin to develop the implied characteristics. What people believe about themselves profoundly effects the way they think and act.

### **Behavior**

Homosexual attractions can be strong if a man entertains sexual fantasies. Because of the intensity of these sexual desires, he may have participated in sexual activities to fill the void he feels. However, this causes further confusion, leading him to believe that the needs are sexual rather than emotional. In a desperate attempt to satisfy these building tensions, he may have become involved in sexual activities that provide a temporary gratification of the sex drive, but leave him with deeper feelings of emptiness, loneliness and frustration. Rather than satisfying his real needs for acceptance and companionship, the sexual behavior only intensifies the needs. One of the greatest tragedies of homosexuality is the unawareness in most men that their needs are emotional. All they know is that they are sexually attracted to other men and they seek sexual contacts, which ironically do not fill their need for love from a friend.

Not all men find themselves involved in sexual behavior. Some have participated in only limited behavior and others have remained chaste in spite of their intense attractions. If this is the case, his journey out of homosexuality will be much easier because of it.

### **It is symptomatic of other problems**

One of the reasons homosexual problems are difficult to address is that they are not the real problem. Focusing too much on homosexual problems can actually be misleading, since they are symptoms of deeper struggles, such as rejection, envy, abuse, self-perception, gender identity, distrust, or fear. However, men who have homosexual problems seldom recognize this because they are masters at hiding the real issues in their lives. They hide them from others and even from themselves. Many of these issues are common and others vary from person to person. Once a man identifies the causes of his painful hunger he can learn ways to feed the hunger in appropriate, nonsexual ways. Once he resolves the underlying problems, he may find that the homosexual problems resolve themselves.

### **Why is homosexuality a problem?**

A man's sexual attraction toward other men distorts healthy, loving relationships and steers him away from the benefits of marriage and family relationships. It diverts capable men from the roles of husband and father.

### **Homosexual feelings vs. behavior**

There is a distinction between homosexual thoughts and feelings and participating in homosexual behavior. The man likely had no fault in the emergence of the feelings that trigger the homosexual attractions. Since he made no conscious choice for them, he should not feel guilty for having them. However, he can choose how he responds to the attractions and if he wants to overcome homosexuality he should not deliberately feed the feelings by fantasizing and turning them into lustful thoughts.

### **How many people have homosexual problems?**

Pro-gay advocates claim that 10% of the population has a homosexual orientation. More conservative estimates place the figure at 1–3%. However, estimates are problematic not only because it is hard to get accurate information, but

also because it is difficult to define what homosexuality is. Do you include in the numbers everyone who has had a homosexual thought, or just those who have had a homosexual experience? How many experiences or thoughts qualify? Some people are reluctant to admit homosexual experiences, while others exaggerate the numbers. Further, since it is to the political advantage of those who seek to normalize homosexuality to establish the practice as widespread, you must be cautious about the studies that are reported.

### *Kinsey research*

Alfred C. Kinsey conducted research on human sexuality in the late 1940s and early 1950s and published his findings in *Sexual Behavior in the Human Male*<sup>1</sup> and *Sexual Behavior in the Human Female*.<sup>2</sup> Kinsey ranked his findings on a seven-point scale with exclusive heterosexuality at zero and exclusive homosexuality at six.<sup>3</sup> Among twenty-five-year-old males in the United States, he claimed that 79% were at zero (exclusively heterosexual) and 2.9% were at six (exclusively homosexual).<sup>4</sup> He claimed the following about white American males between the ages of sixteen and fifty-five:<sup>5</sup>

- ◆ 10% were “more or less exclusively homosexual (i.e., rate 5 or 6) for at least three years.”
- ◆ 8% were “exclusively homosexual (i.e., rate 6) for at least three years.”
- ◆ 4% were “exclusively homosexual throughout their lives, after the onset of adolescence.”

His findings showed that 10% of the males had seven or more homosexual experiences. Further, he claimed that as many as 37% had some kind of homosexual experience after adolescence.

Kinsey's research methodologies have been questioned. Although he used a large number of subjects—they took sex histories on more than 18,000 people and used data from 5,000 men and 6,000 women—he did not use methods of random sampling that scientists commonly use today. His subjects came from boarding houses, college fraternities, prisons, mental wards, and wherever else he could get them. As many as 20–25% had prison experience and 5% may have been male prostitutes. Since one would expect that this group would have higher than average homosexual experiences, the findings of Kinsey's studies may not be representative of the population as a whole.<sup>6</sup>

### Current research

There has been significant research since the 1950s to indicate that the occurrence of homosexuality in America and in other countries is much lower than the Kinsey statistics would indicate.<sup>7</sup> Milton Diamond of the John A. Burns School of Medicine at the University of Hawaii analyzed studies of populations in the United States, Scandinavia, Asia, and Europe, and found that including all individuals who have *ever* engaged in *any kind* of same-sex behavior, the numbers would be “5–6 percent for males and 2–3 percent for females.”<sup>8</sup>

A large study by the Alan Guttmacher Institute reported in 1993 that of sexually-active men aged 20–39, only 2.3% had any same-gender sexual activity and only 1.1% reported exclusive homosexual contact during the last ten years.<sup>9</sup>

Perhaps the largest and most scientifically-based modern survey was concluded in 1994 by academics at the University of Chicago’s National Opinion Research Center.<sup>10</sup> They asked 210 pages of questions of 3,432 Americans, ages eighteen to fifty-nine, and published their findings in *The Social Organization of Sexuality*.<sup>11</sup> On the subject of homosexuality, this survey found the following:

Have you had sex with someone of your gender?

- ◆ 2.7% of men (and 1.3% of women) had sex in the past year
- ◆ 7.1% of men (and 3.8% of women) had sex since puberty

Are you sexually attracted to people of the same gender?

- ◆ 6.2% of men (and 4.4% of women) said yes

The survey also showed larger percentages in urban areas. The twelve largest cities in the United States showed more than 9% of men identifying themselves as homosexual, opposed to only 1% in rural areas. Since homosexual people tend to migrate from the rural areas and suburbs to larger cities, these larger urban groups feed the perception that a larger percentage of the total population is homosexual.

### Conclusions on existing research

Different studies show different findings. Kinsey claimed that 4–10% of the male population was more or less exclusively homosexual for at least three years. Other research since that time shows the figure to be a more conservative 1–3%. However, if you consider everyone who has had homosexual

contact since puberty, the numbers are more in the neighborhood of 5–10%.

Whatever the numbers, homosexual problems are significant and touch the lives of many people. If we use the conservative figure of 5%, there are over 13 million in the United States who have some degree of homosexual problems. And if you count their parents, spouses, brothers and sisters, it could add up to over 60 million directly affected.<sup>12</sup> Add to that grandparents, uncles, aunts, and concerned Church leaders, and you can see that many more people are affected.

### The truth about homosexual feelings

*Men do not choose to have homosexual feelings.* These attractions usually develop because social and emotional needs were not met in the developmental years. It is not a matter of choice, except for a few people who just enjoy being different, which we find in any behavioral group.

*Men do not develop homosexual problems because they are afraid of women.* In reality, relationships with women generally have little to do with homosexual problems; instead, they have to do with relationships with men.

*They are not effeminate men with limp wrists who speak with a lisp.* Contrary to popular belief, only a small minority of men with homosexual problems displays effeminate mannerisms. Likewise, many men who have effeminate characteristics have no homosexual problems. It is misleading to assume that effeminate traits indicate homosexual problems.

*They do not dress in women’s clothing.* Crossdressing (transvestism) is not typical of those who have homosexual problems. About 80% of crossdressers are heterosexual.<sup>13</sup>

*They do not feel they are women trapped in men’s bodies.* Very few men with homosexual tendencies feel this way. Men who want hormone treatment or surgery to become women are referred to as transsexuals.

### For further reading

*Setting the Record Straight: What Research Really Says About the Social Consequences of Homosexuality*, Larry Burtoft, Ph.D., Focus on the Family, Colorado Springs, Colorado, 1995, pp. 24–26.

*Homosexuality in America: Exposing the Myths*, American Family Association, Tupelo, MS, 1994.

*Kinsey, Sex and Fraud: The Indoctrination of a People* by Judith A. Reisman and Edward W. Eichel, Huntington House, LaFayette, LA, 1990.

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## Why Are Men Attracted to Other Men?

Many factors contribute to the development of homosexual attractions. Dr. Elizabeth Moberly, author of *Homosexuality: A New Christian Ethic*, explained, “[M]any things are capable of causing the disruption in attachment that underlies the homosexual condition. It is not a question of one particular cause leading of necessity to one particular effect.”<sup>14</sup> It is difficult to develop theories about the origins of homosexual attractions because no single theory fits every situation. Although there are some commonalities among people, there are no constants. Factors are different from person to person, or at least individual reactions to the same factors vary. Humans are complex beings and our behaviors are the result of many complex interactions.<sup>15</sup> This section discusses how personality, biological inheritance, and developmental experiences influence the development of homosexual problems.

### Personality

Every person has different likes, desires, dreams, and moods. We see ourselves and the world in different ways and each of us hopes for something a little different from life. One child may be content with the affection he receives from his parents, while his sibling who receives the same attention feels a deficit and requires more. Some children seem content to play by themselves, while others who have many friends seem to need even more.

Many men with homosexual attractions have a heightened sense of emotional sensitivity which can make them vulnerable to emotional hurt when their high expectations are not met. Since we all have different needs and perspectives on life, it is easy to see why two people in the same situation will react differently. For one person, a negative situation may be manageable, while for another it is a devastating crisis.

### Biology

Science has not shown that homosexuality is an inborn or biologically-determined characteristic. Biology may play some small role in influencing behavior or feelings. Some people seem susceptible to particular actions and may be drawn toward them or become addicted to them more easily than other people. One person may be able to dabble with gambling, while another becomes a compulsive gambler. Some may drink only socially, while others have an unusual attraction to alcohol. Studies indicate that genetics may be a factor in susceptibilities to some behavior-related disorders, such as aggression, obesity, or alcoholism. Likewise, there are theories that claim biological predispositions influence the development of homosexual attractions when other life experiences are also present.<sup>16</sup>

Beyond such predispositions, some scientists search for more direct genetic causes—a gene or chromosome that actually determines sexual orientation.<sup>17</sup> News reports on these studies have misrepresented the facts. If you read the reports published by the researchers, you find that they admit their current findings are not conclusive. Most scientists today give genetic theories little credibility.<sup>18</sup> The more significant research in these biological areas is described below.

### Twin studies

Drs. Michael Bailey and Richard Pillard studied identical and fraternal twins.<sup>19</sup> They identified homosexual males who had identical twin brothers and found that 52% of the brothers were also homosexual. Among fraternal twins, they found the ratio to be 22%. They concluded that since identical twins had a higher incidence of mutual homosexuality than fraternal twins, there must be a genetic component in the development of homosexuality.

However, if genetics caused the homosexuality, the correlation between the identical twins (who have exactly the same genes) should have been much higher—even 100%. Since all the twins in this study were raised together, it is impossible to determine whether genetics or the same family environment contributed to the brothers’ homosexuality. If the genes are identical and the brothers are raised in the same family environment, a correlation of only 52% in identical twins shows that other factors are involved.

Many question the validity of the twins study. The researchers commented that since their subjects were not selected by random sampling, they may have collected a biased sample with skewed results.<sup>20</sup> Another twin study was conducted a year later, which showed a correlation of only 25%.<sup>21</sup>

### *Brain studies*

In 1991, Dr. Simon LeVay, a neurobiologist at the Salk Institute in La Jolla, California, reported his findings from studying the brain structures of forty-one cadavers.<sup>22</sup> He concluded that an area of the hypothalamus (the INAH3) was smaller in homosexual men than in heterosexual men. (It was also found to be smaller in women than in heterosexual men.) However, these findings do not show any direct link between the hypothalamus and sexual orientation and, furthermore, are dubious at best because of the following reasons:

- ◆ It has not been determined that the INAH3 is involved in the development of sexual orientation.<sup>23</sup>
- ◆ The sample size of this study was small. Furthermore, Dr. LeVay did not know the sexual histories of the cadavers he studied. Nineteen men apparently were homosexual and he assumed that the other sixteen men and six women were heterosexual.<sup>24</sup>
- ◆ Since most of the subjects died of AIDS, the HIV virus may have affected the brains in various ways, especially the hypothalamus, which is a major player in the immune system. LeVay himself admitted this was a serious flaw in the study.<sup>25</sup>
- ◆ There were many inconsistencies in the findings. Three of the allegedly heterosexual men had a smaller INAH3 than the mean size for the “homosexual” men and three of the “homosexual” men had a larger INAH3 than the mean size for “heterosexual” men.<sup>26</sup>
- ◆ Many neuroscientists charge that LeVay deviated from protocol when he measured volume rather than the number of neurons in the INAH3. This is critical, since the area LeVay measured is very small (about the size of a snowflake).
- ◆ Dr. LeVay himself cautions that the results of his study “do not allow one to decide if the size of INAH3 in an individual is the cause or consequence of that individual’s sexual orientation.”<sup>27</sup>

Anne Fausto-Sterling, a professor of medical science at Brown University, said, “My freshman biology students know enough to sink this study.”<sup>28</sup>

### *Chromosome studies*

In 1993, Dr. Dean Hamer announced that he had found a correlation between DNA markers on the X chromosome (region Xq28) and sexual orientation in a selected group of homosexual men and their relatives over age eighteen. In other words, “it appears that Xq28 contains a gene that contributes to homosexual orientation in males.”<sup>29</sup> In his book, Dr. Hamer stated, “We can make only educated guesses about the importance of Xq28 in the population at large.” He concludes that “Xq28 plays some role in about 5 to 30 percent of gay men. The broad range of these estimates is proof that much more work remains to be done.”<sup>30</sup> Scientists have since questioned the validity of these findings and what they purport to show.<sup>31</sup> Dr. Hammer has been charged with research improprieties and is under investigation by the federal government for improperly excluding from his study men whose genetic makeup contradicted his findings.<sup>32</sup> A later study by the University of Western Ontario “found no consistent pattern of DNA similarity on the X chromosome.”<sup>33</sup>

### *Hormone studies*

Studies have shown that in some cases the mothers of homosexual males suffered a high degree of stress during their pregnancy. Since stress affects hormonal levels, some researchers suggest that decreased levels of testosterone could lead to a demasculinization of the developing brain. However, multiple studies over the years have not been able to substantiate the theory, and the available evidence is to the contrary. Ehrhardt and Meyer-Bahlburg wrote, “In the majority of intersex patients with known hormone abnormalities, the sexual orientation follows the sex of rearing. Consequently, we have to assume that prenatal hormone conditions by themselves do not rigidly determine sexual orientation.”<sup>34</sup> Dr. John Money also states there is no evidence that prenatal hormonalization alone determines sexual orientation.<sup>35</sup>

Experiments have been conducted wherein testosterone was given to homosexual males, both those who were effeminate and those who were not. “When there were any behavioral changes at all, the subjects became more like themselves than ever.

Their sex drives were usually increased and sometimes their effeminate mannerisms as well (when they had any), but there were never any directional changes in their sexual interests. From these experiments . . . it has become abundantly clear that the sex hormones play a considerable role in powering human sexuality, but they do not control the direction of it.”<sup>36</sup>

### *Biological conclusions*

Drs. Byne and Parsons of the Department of Psychiatry at Columbia University reviewed the biologic theories of human sexual orientation in 1993 and concluded, “[T]here is no evidence at present to substantiate a biologic theory.”<sup>37</sup> No study suggests that a simple cause–effect relationship exists.<sup>38</sup> And Dr. Earl Wilson wrote, “[T]he disputed evidence for physical causes of male homosexuality is even weaker when it comes to lesbianism.”<sup>39</sup>

Regardless of the role that genetics play in the development of sexual attractions, such attractions are changeable and treatable. In analogy, although the City of Hope National Medical Center researchers found a certain gene present in 77% of the alcoholic patients they studied, we have not abandoned treatment for alcoholism.<sup>40</sup> Many former alcoholics have changed their behavior and lead productive lives. Regardless of any biological thread, thousands of men have overcome unwanted homosexual problems.

### **Developmental experiences**

Professionals agree that environment influences a child in significant ways. His family, friends, society, and his experiences influence how he feels, how he views life, and how he acts. Dr. William Consiglio refers to this myriad of social and psychological factors as a “conspiracy of factors,” meaning that many factors “conspired” or came together in the right amounts at the right time to divert sexual desires in a developing boy toward other boys.<sup>41</sup> Some of these factors include the boy’s relationship with his family and peers, his ability to identify with masculinity, the degree to which his emotional needs are fulfilled, his feelings of self-worth, and early sexual experiences.

### *Relationship with father*

Even if a boy’s family is one of the best, it does not guarantee that all his emotional needs will be met.

It is important that a boy have a healthy

emotional relationship with his father or with another significant male. (This is much more than Sigmund Freud’s theory that a homosexual male child is the product of a strong mother and a passive, indifferent, or hostile father.) The boy needs to feel love from his father and needs to identify with him. It is through this male bonding that a child develops a sense of himself as an individual and as a male. If this relationship is not functional, the needs that would normally be met through it remain unmet.

This bonding may not occur if the father is physically or emotionally uninvolved in his child’s life or the bond may be broken if he is punishing or authoritarian. Since this can be very painful, the child may not want to reestablish the connection. Even if the father tries to build a good relationship, the child may prevent it out of fear of further hurt. Dr. Elizabeth Moberly of Cambridge University refers to this as *defensive detachment*.<sup>42</sup> The child defends against further trauma by blocking himself from relating normally with his father, and in so doing, unknowingly insures that his needs for attachment will not be met. It becomes an approach-avoidance conflict. The drive for a renewed attachment shows his need for love from his father, but the defensive detachment prevents the attachment and so the needs continue unmet.

The child’s interpretation of this relationship is critical. Even if the father is available and loves the child, if the child does not perceive that love or cannot connect with the father, there will be a deficit. There is a difference between *being* loved and *feeling* loved. The more sensitive the child and the more unable to relate to his father, the greater the chance of a relationship problem. To a child, the parent is his source of being, and if the attachment to the parent is disrupted, his very being feels endangered. The hurt child may become unwilling to trust and may learn to repress his need for attachment. He may then distance himself from his father and later carry it over to men in general by avoiding closeness with his male peers. Thus he becomes emotionally needful as a result of not having the supportive, affectionate relationships he requires to develop a good sense of identity. When these psychological needs remain unfulfilled, although the boy grows to be a man, he is still essentially a child trying to fill basic emotional needs. In many respects, he may still be a dependent child who needs to be loved by his father and not yet an adult with adult needs.

To learn more about the father-son relationship and defensive detachment, read Elizabeth Moberly's book *Homosexuality: A New Christian Ethic*

It should be emphasized that the deficit existed because the child could not connect with his father or didn't perceive that the relationship was what he desired. It doesn't necessarily mean that the father was detached or unloving—the father may have done everything in his power to develop a healthy, nurturing relationship.

### *Relationship with mother*

The boy's relationship with his mother is also important. A mother can either reinforce and strengthen the boy's relationship with his father, or she can dominate and minimize the father's role. A strong relationship with the mother is not a problem unless it gets in the way of a strong relationship with the father. In the triangle of relationships between the boy, mother, and father the three sometimes become imbalanced. If the father-mother relationship is not healthy, the son misses out on learning what a husband-wife relationship should be. Further, the son may try to take care of the emotional needs of the mother and thus becomes a surrogate male companion to her. When this disordered mother-son relationship occurs, the boy does not develop a normal male image as a boy, nor are his emotional needs met as a son from his mother. Needless to say, he also does not get his emotional needs met from the father-son relationship. The boy becomes enmeshed with mom, in part to compensate for the fact that he does not have the emotional support from his father.<sup>43</sup> Such a situation may require the help of a therapist to unravel the relationship problems.

### *Gender identity*

As children develop, it is important to gain a healthy sense of who they are as a man or woman. In normal development, the concept of masculinity (what it means to be a man) is internalized before puberty by interaction with, and validation from, other boys and men. If a boy is confused about what it means to be a man or does not feel affirmed in his masculinity, he may internalize the concept of masculinity in unhealthy ways with frustrating results. When this happens, he typically will not realize that anything abnormal is happening. As he enters puberty and sexual feelings emerge, they may become confused with his masculine longings.

Having diminished feelings of masculinity does not mean he sees himself as feminine—that is the case for only a small percentage of men. There is a considerable difference between feeling inadequate as a male and feeling feminine. Many men who have homosexual feelings are masculine in appearance and action. They simply have not affirmed within themselves their validity as a man.

Boys who exhibit less masculine behaviors and prefer feminine things have a higher chance of developing same-gender attractions during the socialization process.<sup>44</sup> Dr. Richard Green reports that although more than half of the boys who show pronounced effeminate behavior develop homosexual problems, a substantial minority of them does not. He suggests that the boy's behavior, along with contributing life experiences, can predispose them toward developing attractions toward the same gender. Dr. Judd Marmor wrote, "Thus, a little boy whose behavior is effeminate, who does not like competitive athletics, and who prefers music and art, may be disappointing to a macho father, who tends to reject the boy and distance himself from him. The mother may respond by overprotecting her son. Such reactions disturb the boy's capacity to identify positively with his father and cause him to over-identify with his mother. He may ultimately develop homosexual erotic responses which are reinforced by later experiences."<sup>45</sup>

There is great room to provide opportunities for children to develop talents in various directions unhindered by improper stereotypes. A father who is concerned that his small son does not want to play catch but loves to play with dolls should take the time to sit down and play dolls with him. Once the boy sees his father is interested in him and what he wants to do, it will be easier to help him transition to other activities.

Parents can help by providing good male and female role models for their children. Children learn from seeing the good relationship between the mother and father.

Defensive detachment may also express itself in the development of gender identity. The effeminacy of some men with homosexual attractions and the quasi-masculinity of some women with homosexual attractions are examples of defensive detachments from the person's gender. They feel the need to identify with their own gender, but they reject it because they perceive it to be harsh or hurtful, and they prevent its normal development in a defensive

way. In these cases, the development of their identity as male and female was likely stopped at an early stage of development.

### *Male emotional needs*

A boy's need for the love and identification with other males is a normal, legitimate requirement every boy has; some boys have greater than average needs. These needs are usually met by fathers or another significant male during early childhood and later reinforced by peers, teachers, and society as a whole. For many men with homosexual attractions, their perfectly natural needs for love, acceptance, and identification with other males were not fulfilled, and now because of their insecurities they do not venture out to legitimately fulfill them. They long for the companionship, love, and acceptance of their male peers, but when it is offered they resist because of fear of hurt or rejection. They may then feel hurt that the opportunity for companionship and attention has passed them by. They may secretly fear they are not worthy of companionship or attention and therefore stay where it is safe but lonely rather than venture out to interact with other men.

Many report that during childhood they felt different from their peers—loners who did not play the rough games that boys commonly play. Others had some friends, but wished for more and felt unable or unworthy of more substantial relationships that were important to them. For these boys, their attraction to other males is rooted in the need to identify with and be accepted by other males and feel part of a group of buddies. At a time critical for making friends, their life may have been disrupted by a medical problem or a move to a new neighborhood, or overprotective parents may have interfered with peer relationships. Since they had limited contact with other boys, they did not identify with them in healthy ways, but anticipated rejection and expected they would not fit in. They desperately want acceptance and comfort from these ideal friends, but instead develop feelings of loneliness and longing.

Feeling alienated from the boys, they become attracted to them as an opposite. Watching from the sidelines, they admire the boys and wish they could be like them. Even as adults, they may be attracted to men who look or dress the way they wish they did. A man who is young and carefree may envy a professional who is responsible and mature. And the mature professional may wish he could be young

and carefree.

This longing for a friend can be intense and can easily turn to adoration and idolization and can have significant impact in a person's life.

“Mysterious [males] are those who possess enigmatic masculine qualities that both perplex and allure,” writes Joseph Nicolosi. “Such [males] are overvalued and even idealized, for they are the embodiment of qualities that the [individual] wishes he had attained for himself.”<sup>46</sup> As the boy enters puberty and sexual feelings emerge, this intense envy can turn to sexual lust, and if he is not able to fill his need for love and acceptance through brotherly relating, he may begin to seek it through sexual relating.<sup>47</sup> The homosexual behavior may be an attempt to complete the person's masculine identity as he tries to possess valued masculine attributes through sexual intimacy with another male. It may be an effort to solve the mystery of masculinity that arises from the perception of being unlike other men. And it may also be a simple escape from his inadequacies and pain. In the heat of passion, one can momentarily believe any fantasy—that he is beautiful, masculine, loved, and accepted.<sup>48</sup>

These underlying emotional needs are the same for all men, whether they have homosexual problems or not. The homosexual drive is actually a drive to fulfill the emotional need to relate to and be accepted by other men. “Love among those of the same sex is right and good,” explain Drs. Thomas and Ann Pritt. “Only the sexualization of the attraction is inappropriate.”<sup>49</sup> This attraction to other men is a reparative drive and is actually an attempt to resolve the problem, and not the problem itself. The core problem is not *homosexual*, but *homosocial*. It is a continual attempt to remedy earlier deficits and fulfill the social and emotional needs that still exist. The fulfillment of these unmet needs for love and identification can only be solved through nonsexual relationships with other men. The attractions will persist until he is able to develop a healthy identity and relate appropriately with other men in a nonsexual way.<sup>50</sup> Until these relationship needs are fulfilled, he is still essentially a child trying to fill basic emotional needs. He is still a boy who needs to identify with other boys.

### *Self-Worth*

Low feelings of self-worth and inferiority are common breeding grounds for homosexual problems. Traumatic experiences in a child's life can

lead to feelings of inferiority. Negative interactions with other boys can easily damage a vulnerable self-image and increase a boy's sense of being different from other children. This sense of feeling different is always a feeling of inferiority.

Many men who have homosexual attractions report feeling different and alone. Being different creates a mind set that has a tremendous impact on a person's development and on the way he understands the world. These feelings may separate him from his peers and he may feel that he lives his entire life from the outside looking in. Knowing that his attractions are not normal, he keeps them secret and this secret not only increases his sense of aloneness, but makes him feel he is of less value than other boys. Unfortunately, the feelings of isolation, inferiority, and fear of exposure are the very forces that keep the underlying issues from being resolved. Other children may pick up on his sense of inadequacy and attack it, causing him to withdraw further, defensively detach, and develop a fantasy life.

Even more dreaded than the attractions is the terrifying realization that the attractions are wrong—they are in conflict with societal, religious, and/or moral beliefs. This creates a sense of shame, which is another proof to him that he is inferior in relation to other males. The feelings of being different, inferior, and guilty often lead to self-belittling and self-degrading thoughts. He may feel that he is inherently defective. The boy does not understand that his attractions are a result of a *deficit* and not a *defect*.

When young people reach puberty and find they don't have normal feelings toward the opposite sex, they are devastated. They try to make the feelings go away, but the feelings don't go away. They grow up hating themselves and become convinced that others would also hate them if they were to find out these inner feelings. They begin to question the worth of living and thousands of young men commit suicide rather than be an awful, hated person who is attracted to his own sex.

### *Early Sexual Experiences*

Children who have unresolved needs for affection or who experience social or emotional trauma can be particularly vulnerable to negative experiences. Early masturbation, exposure to pornography, or childhood sexual experimentation often introduce sexual thoughts before young men

are able to understand them, and they can reinforce homosexual interests. Children who are victimized by sexual abuse or youth who have early sexual contacts can become confused and develop a gender misidentity and unusual sexual interests and values. Inappropriate sexual activity blurs the distinction between intimacy and sex. Studies show that boys who are sexually abused are four to seven times more likely to have homosexual problems and 65% of the victims say the abuse affected their sexual identity.<sup>51</sup> Somewhere between one in four and one in six boys in America are sexually abused and in more than 90% of the cases the victim knows the offender and the offender is a male. Nearly all of the offenders are *heterosexual* males.<sup>52</sup>

A study in 1988 showed that boys who have homosexual problems started sexual activity earlier than other boys. By age fourteen, 60% of the group with homosexual attractions had genital contact with another male, and 85% had contact by age eighteen. Further, it showed that those with homosexual attractions were more sexually active during preadolescence, early adolescence, and adulthood.<sup>53</sup> It should be noted that some homosexual exploration occurs among all boys both before and after puberty. A national survey conducted in 1970 showed that at least 20% of adult men in the United States had sexual contact to orgasm with another man at some time in life.<sup>54</sup>

### *Developmental conclusions*

Many boys become aware of their same-sex attractions at an early age (sometimes before age five). The most important formative years for the development of sexual feelings and attitudes are during late infancy and before the onset of puberty, and not during puberty and adolescence. Dr. John Money explained, "The hormones of puberty activate what has already formed and is awaiting activation."<sup>55</sup> A child's development of heterosexual interests proceeds instinctively unless emotional maturity is obstructed by issues such as those just discussed. Dr. William Consiglio describes homosexuality as a *disorientation* from the mainstream of heterosexual development. "It is not something a person is born with; rather, it is sexual disorientation when the God-designed stream of heterosexuality is blocked. Homosexuality is not an alternative sexuality or sexual orientation, but an emotional disorientation caused by arrested or blocked emotional development in the stream of

heterosexuality.”<sup>56</sup> This developmental disorientation is correctable. When these blockages are “successfully reduced, diminished, or removed, human sexuality can resume its natural heterosexual flow toward its proper, God-designed outlet; i.e., wholesome, mature, sexual, and emotional expression in marriage with a person of the opposite sex.”<sup>57</sup>

The homosexual urge is not unrealistic or rebellious. It is not a fear of, or a flight from, heterosexuality. It is actually an unconscious attempt to fill normal emotional needs and when these needs begin to be filled, the person can begin again progressing toward full heterosexual maturation.<sup>58</sup>

### Summary

Personality, genetics, and developmental experiences all have a place in influencing the development of homosexual attractions. Drs. Byne and Parsons at Columbia University believe it is important to “appreciate the complexities of sexual orientation and resist the urge to search for simplistic explanations, either psychosocial or biologic.”<sup>59</sup> They emphasize that in addition to the influences of genetics or the environment, the individual plays an important role in determining his or her identity.

Dr. John Money stated, “Many wrongly assume that whatever is biological cannot be changed, and whatever mental can be. Both propositions are in error. Homosexuality is always biological and always mental, both together. It is mental because it exists in the mind. It is biological because the mind exists in the brain. The sexual brain through its extended nervous system communicates back and forth with the sex organs.”<sup>60</sup>

Our character is the net result of our choices and life experience. An article in *Harvest News* stated, “Some of us are shy, some anxious, some have problems with anger or chemical dependence, some of us fear commitment. Did we ‘choose’ any of these things? Actually, *all* of our adult personality is the result of a complex interplay of heredity and family environment with thousands of small personal decisions dating back as far as we can remember. The results are deeply entrenched ways of feeling, thinking, acting.”<sup>61</sup> Even though a man had no control over the emergence of homosexual attractions, he can choose how to respond to them.

### For further reading

*Stolen Childhood: What You Need to Know About Sexual Abuse* by Alice Huskey.  
*The Wounded Heart: Hope for Adult Victims of Childhood Sexual Abuse* by Dr. Dan B. Allender.

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## Can Homosexual Problems Be Resolved?

Many young men struggle to make sense of their homosexual attractions in light of their personal values, morals, and religious beliefs. Their response may be to (1) try to suppress the feelings and live their personal values and religious beliefs or (2) try to ignore their values and beliefs and pursue the attractions. Ignoring personal values and religious beliefs is not an answer for many, but yet suppressing the feelings does not make them go away. Suppression means a continual struggle where, at best, the person is celibate but miserable, and at worst, leads a double life by pretending to live his religious beliefs but secretly engages in homosexual behavior. The only way to resolve the problem is to identify the needs that cause the attractions and fill them in legitimate ways.

This section addresses the reality of resolving homosexual problems. It gives a definition of what it means to resolve these problems, statistics on the numbers of people who have resolved them, and information about the time the process takes. Finally, it discusses how complete the change can be and the ultimate goal of doing all this work.

### Is it possible to resolve these problems?

The world has defined concepts such as *homosexual* and *sexual orientation* and tells us they are inborn and cannot be changed. Many people have bought into this theory and believe that a homosexual orientation is as genetic as race or left-handedness. They say that those who have changed are simply engrossed in a fantasy and that some day they will come back to reality and realize they are still homosexual.

Dr. Charles Socarides stated, “The major challenge in treating homosexuality, from the point of view of the patient’s resistance, has, of course,

been the misconception that the disorder is innate or inborn.”<sup>62</sup>

Certainly homosexual problems can be overcome, for there many people who have done it.

I personally attest that it is possible to diminish homosexual attractions and eliminate homosexual behavior. I know this because I have done it. I used to be conflicted by my homosexual feelings and tormented by my desires for homosexual behavior. Now that I have resolved these issues, I feel peace, being in conformity with my personal value system and religious beliefs. And mine is not the only case. I personally know many other people and have read about hundreds more who have resolved significant problems and are now much happier and at greater peace with themselves.

### **What does it mean to resolve these problems?**

The process referred to in this paper is *not* one of learning to suppress the feelings and control the behavior through willpower. The goal is to *resolve* the issues that created the homosexual attractions in the first place and that now continue to sustain them. A transition out of homosexuality might include the following:

- ◆ reducing or eliminating homosexual desires.
- ◆ eliminating homosexual behavior.
- ◆ developing a secure sense of self and male identity.

### *Desires*

As men begin to resolve their homosexual issues, they note that their sexual attractions toward men significantly decrease. They may reach the point where they are no longer sexually attracted to men at all. Others may continue to be attracted to other men as strongly as before, but they can learn to cope with the attractions without being overwhelmed by them.

Many men still experience some attractions from time to time, but they are able to deal with them with a minimum of anxiety and they do not dominate their lives or behavior. Over time, the feelings diminish both in number and intensity until it becomes easy to

dismiss these fleeting thoughts, much like they do any other unwanted thought that enters their minds. As Joe Dallas describes, for most men these desires are “reduced from a major issue into a minor one, a problem that does not dominate their lives or keep them from experiencing healthy friendships, healthy marriage, and peace of mind. If it is still a problem to them, it’s only one of many; they don’t struggle with it daily and they seldom give it serious thought. For them, the battle is not even considered a battle anymore.”<sup>63</sup>

Most find that heterosexual feelings awaken or increase within them.

### *Behavior*

With a greater understanding of their issues, men with homosexual struggles recognize that they can choose to avoid sexual activity with other men and most are able to control their actions. The comforting news is that as they resolve deeper issues, they find that their compulsions to act out diminish and in many cases disappear. As time passes, homosexual behavior becomes less and less

appealing, and in some cases even repulsive.

Those who have been heavily involved in sexual behavior for a number of years have a greater struggle overcoming habits and sexual addictions. But if they are sincerely motivated and make a significant effort, they can overcome these addictions.

### *Identity*

Men are attracted to other men, in part, because of a distorted view of themselves and others. If they have accepted a “gay” identity, but do not feel comfortable with it, they can change that perception and see themselves as heterosexual men. With increased levels of self-acceptance, their feelings of self-worth and masculinity will increase, they will begin to see their value in relation to other men, and stop comparing themselves with other men. As they become more pro-active rather than reactive, they

There is great hope  
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to overcome their  
homosexual  
problems.

will be able to develop increasingly healthy relationships with men and sexual attractions decrease.

### **How many people change?**

Since homosexuality is the outward manifestation of unresolved issues that are central to the individual's personality, deciding to work on these issues involves reevaluating his core person and working to change it. This may be a long and painful process, and not everyone who begins it sees it through.

#### *Personal observations*

For the past seven years, I have been involved with support groups for men with homosexual problems. I participated for half that time to work on my own problems and during the remainder of the time have served in leadership capacities. During those seven years, I estimate there have been more than a thousand men attend at least one meeting and I have personally met probably three hundred fifty of them. Their success has varied because of several factors, chief among which I believe is their level of commitment.

- ◆ Many attend only a few meetings, then drop out. They learn a little about the philosophy of change, but do not pursue it because they don't believe that change is possible for them, they decide they don't want to change, they are not ready for change, or they did not find the support group helpful to them.
- ◆ Others go to support groups because they enjoy the friendships they build with others who are likewise struggling with homosexuality. It is a great relief for them to find other men who understand their value system and empathize with their situation. But for them, it is a social meeting and they lack the commitment to do much beyond showing up at meetings.
- ◆ Still others attend because of feelings of guilt. They feel they should change but they are not willing to put forth the effort to change. Without much commitment, they participate on a superficial level to pacify their conscience and appease their family.

Unfortunately, the majority of the thousand people who have attended support groups for one of these reasons have found only limited success. Their token efforts may bring about some changes, but few make significant, lasting progress.

However, there is hope for those who are

committed to the process and put forth a significant effort. Although it was the hardest thing I have ever done, it was worth the effort. I no longer struggle with homosexuality. It no longer controls my life or dominates my thoughts. For me to get to that point, it required the following:

- ◆ personal study, prayer, pondering, and journaling over a period of four years.
- ◆ reaching out and building important male relationships.
- ◆ individual therapy for five months.
- ◆ group therapy (two six-week groups).
- ◆ support group meetings for three and a half years.

Of those who make this kind of commitment, most are able to resolve their problems and make significant, long-lasting changes in their lives.

#### *Observations of others*

Fortunately, you don't have to rely solely on my word. Read the following opinions and studies by professionals in the field.

Dr. William Consiglio is an associate professor of clinical social work at Southern Connecticut State University who for more than seventeen years has worked with men and women who seek freedom from homosexuality. He finds that 40% of his clients find personal resolution and enjoy a full heterosexual life, with many entering marriage and parenthood. Another 40% achieve a functional resolution in that they are able to control their homosexual thoughts, attractions, and behaviors, and thus maintain consistent celibacy. The remaining 20% drop out of the process and eventually return to active homosexuality.<sup>64</sup> He reports that even for those people who do not make a complete heterosexual recovery there is great hope. They can "achieve a significant degree of emotional healing, growth in self-worth, and spiritual well being and are able to move on in life freed of the homosexual obsession and preoccupation. It allows them to form rewarding and fulfilling relationships and live more integrated and satisfying lives which are compatible with their spiritual values and convictions. And that's powerfully good news in itself."<sup>65</sup>

Dr. Charles Socarides, who teaches and serves as attending psychiatrist at the Albert Einstein College of Medicine in New York, reports that in treating 45 "overt homosexuals," 44% developed full heterosexual functioning.<sup>66</sup> These success rates are as good as, or better than, those for treating

other conditions. Let us compare the success rate of overcoming homosexual problems with that of overcoming problems from depression, one of the most commonly treated behavioral issues. Of those treated for depression, about one third get better, one third stay the same, and a third actually get worse. This division of thirds holds true for the treatment of many conditions. If homosexuality is indeed a treatable, changeable condition, we would expect about the same success rates. In fact, we find much better. Clinical evidence shows that the recovery rate for homosexual problems is even greater than for drug addiction and alcoholism. The professional community generally considers treatment a success if more than half the patients show improvement; the recovery rate for drug and alcohol addiction is about 50%. A Masters & Johnson study showed the recovery rate from homosexuality at 71.6% when motivation and support were present.<sup>67</sup>

For her doctoral dissertation at Brigham Young University in 1978, Elizabeth James conducted perhaps the most comprehensive review of the literature on the treatment of homosexuality that had been conducted to date. In her analysis of 101 studies that had been published from 1930 to 1976, she found that approximately 35% of the clients recovered and 27% improved. She concluded that “significant improvement and even complete recovery are entirely possible.”<sup>68</sup> She noted an 81% recovery and improvement rate for bisexuals, 69% for long-term therapy clients, 53% for short-term therapy clients, and 42% for exclusively homosexual clients. She noted, “[T]here is certainly room for the development of new treatments and combinations of techniques that will enhance the effectiveness of those procedures already in use.”<sup>69</sup> Since 1978, a great deal has been done to increase the effectiveness of treatment techniques. New theories and methodologies have been developed and many therapists are receiving specialized training. Numerous books have been written to help both therapists and individuals seeking greater insights to their feelings. Today, the outlook for successful change is even more encouraging.

Drs. Thomas and Ann Pritt state that “freedom from homosexuality is truly available to men and women as they come to recognize the underlying causes of their attractions, and as they are able to realize legitimate, healthful, identity-securing affections with valued heterosexuals of their own sex.”<sup>70</sup>

These are just a few of the many studies and experiences that show that many people are resolving their homosexual problems. If you don’t personally know someone who has made these changes in his or her life, you might assume that no one has, because you don’t often hear accounts of people making such changes. People seldom appear on television or stand up in church meetings and admit they used to be sexually attracted to the same gender but now are not. They typically keep these issues to themselves and when they make these great internal changes, people around them are often not even aware that anything has happened. Content with having put together the pieces of this internal jigsaw puzzle, they move on quietly with their lives. Psychologist Gerard van den Aardweg said, “I think these cases are perhaps more numerous than we would presume, because many of them prefer to stay anonymous and not be public examples of ‘the converted-and-cured-homosexual.’”<sup>71</sup>

Hopefully, the questions in your mind about changing homosexuality are no longer questions of *if*, but *when* and *how*.

### **How long does it take?**

The length of the transition varies depending on many factors, such as the following:

- ◆ the person’s motivation and commitment to the process.
- ◆ his willingness to take responsibility for his life.
- ◆ his efforts in personal study, prayer, pondering, and journaling.
- ◆ his level of motivation—spiritual or otherwise.
- ◆ the amount and quality of individual and group therapy he receives.
- ◆ the level of support he receives from those who are close to him and from support groups.
- ◆ his efforts to reach out and build new relationships.
- ◆ the degree to which he has accepted a homosexual identity.
- ◆ the amount of abuse in his past and the severity of problems it has caused.
- ◆ his willingness to leave his homosexual past behind.
- ◆ the length and degree to which he has been involved in homosexual behaviors.
- ◆ the degree to which he has addictions and compulsions.

Those who are able to define their problems and begin working on them early, before compulsive

behaviors turn into addictions and before attitudes turn into identity, may be able to make the transition in a matter of months. Those who begin the process later in life after years of sexual habits and mental conditioning find it takes much work and substantially more time. Most men I have spoken with report that it takes somewhere from three to ten years. However, don't set time frames, expecting that changes will happen within a certain period of time. A man's problems didn't develop overnight and they likely won't be resolved in a short time.

### *Gradual progress*

In today's society, we often expect instant results. Satellites, computers, and microwave ovens allow us to accomplish things in a matter of seconds. When things don't happen instantly, or when solutions are not forthcoming at computer-like speed, we tend to panic. We forget that some of the more important things in life take more time—usually in terms of months and years.

Don't set time limits on change. Some people begin to see progress in the first few weeks, while others don't see substantial progress for months. Rather than a quick 180-degree reversal of their sexual attractions, most men experience gradual changes in their spiritual, physical, sexual, and emotional understanding of themselves. After some work, he will notice that his sexual attractions toward other men begin to diminish and have less control over him than they once had. They will be less frequent and intense and he will feel less compelled to seek homosexual connections. This kind of gradual progress requires patience and endurance. The key is in recognizing he is improving and in keeping the momentum going.

### *Life-long progress*

Homosexuality seems to be an overwhelming problem to many people because they include in it a whole life of problems. But remember that *everyone* deals with issues of self-worth, relationships, intimacy, lust, comparing themselves with others, and a whole host of problems that are part of a lifelong process of growing, overcoming, and improving. These are issues of personal growth and development.

### **How complete will the change be?**

For most people, going through this transition process does not guarantee that they will never again have a homosexual thought. Joe Dallas explained,

“If a man has been a drunkard for 20 years, then joins Alcoholics Anonymous and stays sober, he has definitely changed. His sobriety will have an impact on all parts of his life, improving his attitude, relationships, and job performance. Will an occasional desire for a drink nullify his claim to have changed? Hardly.”<sup>72</sup> Dr. Dean Byrd said, “It's not so unlike treatment outcomes for other emotional struggles. Do we expect the individual to never struggle again? No, we simply expect that they will have the resources to respond to their struggles appropriately.”<sup>73</sup>

Men overcoming homosexual problems shouldn't measure their progress simply by the types of temptation they still experience. Temptations do not define us; we are defined by how we respond to the temptations. Therefore, if a man dismisses the homosexual temptations and acts responsibly, he can be confident that the changes he has experienced are real.

As Joe Dallas explained, “*All* Christians deal with sin, *all* Christians have stubborn areas of weakness, and *all* Christians at times feel overwhelmed by their personal issues. . . . Yet all Christians don't feel as though they must either completely overcome their weaknesses or else abandon the faith.”<sup>74</sup>

In the book *A Place in the Kingdom*, Leo Hall explains that his homosexual attractions have not disappeared. “I choose not to worry about *when* or *if* my SSA [same-sex attraction] feelings will go away. My immediate hope is that, day by day, I can control or master any sexualized thoughts or behaviors that come. I am learning to replace unwanted feelings with concern, love, and empathy toward all men. . . . In fact, I do not wish my SSA feelings to simply disappear. Rather, I hope that they will be replaced by or enhanced into a more celestial love.”<sup>75</sup>

### **How to describe the process of change**

The phrases “*resolving* homosexual issues,” “*overcoming* the effects of homosexuality,” “*changing* homosexuality,” and “*transitioning* out of homosexuality” are good descriptions of the process. It is a process of fulfilling legitimate emotional needs. Dr. Elizabeth Moberly explained, “One should not try to cure, or ask God to cure, something for which cure is not necessary. God does not ‘cure’ people of legitimate needs. . . . It is not merely ironic, but tragic, that people have attempted to ‘cure’ what should rightly be fulfilled.”<sup>76</sup>

It would be easier to coin a term to describe the

process if homosexuality were a condition that was the same for everyone and if it had a definable beginning and end. If we could measure it, we could determine how and when we moved out of it. But the individual elements that make up the homosexual condition are simply life's challenges that everyone faces to one degree or another and may have to work on for a good part of his life. For example, there may not be a definable time when he can say he has overcome issues such as envy, lust, or denial. He may gain considerable progress toward overcoming them, but still struggle with some aspects for the rest of his life. I'm not sure that in a lifetime anyone should stop working on improving their feelings of self-worth, and we can always work toward a more correct self-perception of ourselves and our potential. We are part of a human family that has challenges in life to overcome. We all work on a unique set of problems and try to become better today than we were yesterday.

### **The ultimate goal**

The ultimate goal of this transition process is to achieve the following:

- ◆ a sense of belonging to the male gender.
- ◆ a comfortableness with heterosexual men.
- ◆ male relationships that are emotionally healthy.
- ◆ the ability to relate to women emotionally, spiritually, and physically.
- ◆ the ability to function effectively as a husband and father.
- ◆ the personal satisfaction of understanding, controlling, and feeling good about himself.

The solution to homosexual attractions is *not* to simply suppress the feelings and control the behavior through willpower. The goal is to *resolve* the inner conflicts that created the homosexual attractions. Although homosexual behavior can be stopped in the short term by exercising willpower, the unmet emotional and social needs won't go away until they are fulfilled in nonsexual ways.

For specifics on how to overcome homosexual problems, you may wish to refer to the following

### **Notes**

- 1 *Sexual Behavior in the Human Male*, Alfred C. Kinsey, et. al., W. B. Saunders Company, Philadelphia, 1948.
- 2 *Sexual Behavior in the Human Female*, 1953
- 3 *Sexual Behavior in the Human Male*, Alfred C. Kinsey, et. al., W. B. Saunders Company, Philadelphia, 1948, p. 638.
- 4 *Sexual Behavior in the Human Male*, Alfred C. Kinsey, et. al., W. B. Saunders Company, Philadelphia, 1948, p. 651.
- 5 *Sexual Behavior in the Human Male*, Alfred C. Kinsey, et. al., W. B. Saunders Company, Philadelphia, 1948, p. 651
- 6 *Homosexuality in America: Exposing the Myths*, American Family Association, Tupelo, MS, 1994, pp. 9–10.

books:

*Resolving Homosexual Problems: A Guide for LDS Men* by Jason Park. Written to men who want to resolve their homosexual feelings, this book provides practical solutions to resolve the personal problems they face.

*Helping LDS Men Resolve their Homosexual Problems: A Guide for Family, Friends, and Church Leaders* by Jason Park. Since a man's journey out of homosexuality will be easier if he has the support of others, this book gives family, friends, and priesthood leaders ideas on supporting someone they love.

### **For further reading**

*Homosexuality: Opposing Viewpoints* (William Dudley, book editor, Greenhaven Press, San Diego, CA, 1993). This book objectively analyzes the two sides of the question whether change is possible.

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### **About the author**

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- 7 See *Setting the Record Straight: What Research Really Says About the Social Consequences of Homosexuality*, Larry Burtoft, Ph.D., Focus on the Family, Colorado Springs, Colorado, 1995, p. 23.
- 8 See "Homosexuality and Bisexuality in Different Populations," Milton Diamond, *Archives of Sexual Behavior*, 1993, vol. 22, no. 4, p. 303.
- 9 "The Sexual Behavior of Men in the United States", John O. G. Billy et. al., *Family Planning Perspectives*, Mar./Apr. 1993, vol. 25, no. 2, pp. 52–60.
- 10 See "Sex in America," U.S. News & World Report, 17 Oct. 1994, pp. 74–81, and "Now for the Truth About Americans and Sex," *Time*, 17 Oct. 1994, pp. 62–71.
- 11 *The Social Organization of Sexuality*, University of Chicago, Chicago, IL, 1994. A smaller companion volume is published as *Sex in America: A Definitive Survey*, Gina Kolata, Little, Brown and Company, Boston, MA, 1994.
- 12 Figures used in this estimate: 5% of 270 million equals 13.5 million; 5.4 million spouses; 27 million parents; 14.85 million siblings (average 1.1 per family according to "Family Life: Holding Together Better Than Most," *The Economist*, vol. 22, Feb. 1997, pp. 28–29.); giving a total of 60.75 million in the USA.
- 13 Crossdressing is defined as wearing clothing or cosmetics usually deemed for the other gender, sometimes completely transforming themselves into the personae of the opposite gender. It goes way beyond the female impersonators ("drag queens") who dress up for money or attention. Crossdressers get psychological relief or pleasure by playing the role of the opposite sex. A large majority of crossdressers are male. Crossdressers typically feel isolated and are secretive about their behavior. For many, it is an escape into fantasy as a way of relieving stress. Crossdressers often suffer from self-doubt, denial, depression, and suicidal thoughts and acts. Crossdressing is little understood by the crossdressers themselves and by the psychiatric community. (See "Hetero Guys in Disguise: The Psychology of Crossdressing, Eve Leonard, *Catalyst* newspaper, Salt Lake City, Utah, Aug. 1995, pp. 12–14.)
- 14 *Homosexuality: A New Christian Ethic*, Elizabeth R. Moberly, James Clarke and Company, Cambridge, England, 1983, p. 3.
- 15 "Theories of Origins of Male Homosexuality: A Cross-Cultural Look," *Archives of General Psychiatry* 42, pp. 399–404.
- 16 "Neurobiology and Sexual Orientation: Current Relationships," R. C. Friedman and J. Downey, *Journal of Neuropsychiatry* 5, 1993, p. 149.
- 17 "Neurobiology and Sexual Orientation: Current Relationships," R. C. Friedman and J. Downey, *Journal of Neuropsychiatry* 5, 1993, p. 149.
- 18 *Not in Our Genes*, R. C. Lewontin, et. al., Pantheon Books, New York, 1984 and *Exploding the Gene Myth*, R. Hubbard and E. Wald, Beacon Press, Boston, 1993.
- 19 "A Genetic Study of Male Sexual Orientation," J. M. Bailey and R. C. Pillard, *Archives of General Psychiatry* 48, 1991, pp. 1089–96.
- 20 "A Genetic Study of Male Sexual Orientation," J. M. Bailey and R. C. Pillard, *Archives of General Psychiatry* 48, 1991, p. 1094.
- 21 *British Journal of Psychiatry*, vol. 160, Mar. 1992, pp. 407–409.
- 22 "A Difference in Hypothalamic Structure Between Heterosexual and Homosexual Men," Simon LeVay, *Science*, vol. 253, pp. 1034–37.
- 23 "Human Sexual Orientation: The Biologic Theories Reappraised," William Byne and Bruce Parsons, *Archives of General Psychiatry* 50, Mar. 1993, pp. 228–39.
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