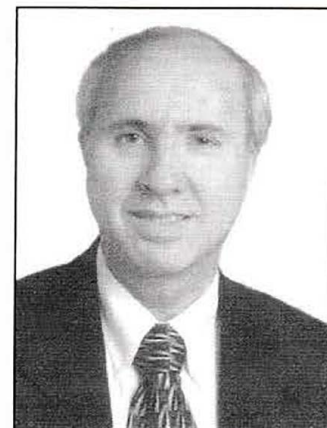


TREATMENT OF MALE HOMOSEXUALITY: A COGNITIVE-BEHAVIORAL AND INTERPERSONAL APPROACH



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It is difficult to accurately label therapeutic approaches to treatment, because there are few purists among us. That is, although we might label what we do as reparative therapy, how we actually intervene may vary from therapist to therapist. The term I most often use for my own work is "gender-affirmative therapy."

Although I do not have extensive training in the psychoanalytic model of treatment, I do find the reparative, psychoanalytical approach to be helpful theoretically and conceptually. But the practical approach to treatment that I have adapted for use with homosexual men over my work of the past twenty years would most aptly be described as cognitive-behavioral / interpersonal.

I have found the cognitive-behavioral interventions to be useful in working with the symptoms, while interpersonal interventions provide the key to real healing. Although I appreciate the importance of childhood development, I have found it useful to place a greater emphasis on the biopsychosocial explanations for homosexual development. Childhood development, in this model, likely provides the context in which temperament and personality traits interact with family and social surroundings to usher in the emergence of an individual's sexuality.

Perhaps I should first describe the patient population that I have treated for more than 20 years. They primarily have been men between the ages of 30 and 45 who have spent significant time in the gay lifestyle and have been unhappy. Many describe the lifestyle as being unfulfilling, lonely, depressing, distracting, and lacking in meaningful relationships. Frequently, I hear these men say that homosexual activity serves as an antidepressant for them.

Before I focus on several specific interventions, I will describe the treatment approach that I have found to be helpful. I have divided treatment into four phases. Please note that these phases are not discrete but are very adaptable and flexible; however, they do represent the general flow of therapy. As with all therapies, the patient must have some degree of motivation, must come to understand the origins of his homosexual attractions and must be fully committed to the therapy process.

PHASE I

The prerequisites noted above are determined during the first phase of treatment. During this phase, a thorough assessment is completed, taking into account the possible

presence of psychological disorders that may co-exist with homosexual struggles.

I frequently find varying degrees of narcissism, dependency, hysteria, anxiety, and depression. A social/sexual history is a "must" during this phase and is routinely completed. I always conduct the sexual history in the context of the social history because I want the patient to conceptualize his struggle in this perspective. For many, this provides a new look at an old struggle.

Emphasis during this phase is placed on the patient's global, social and emotional functioning and does not focus narrowly on the patient's homosexuality. Frequently, information is shared about the origins and treatment of homosexuality and questions are entertained about change and "cure." Journaling begins in this phase and is used throughout the treatment process.

PHASE II

Phase II is characterized by a strong behavioral approach. The goal of this phase of therapy is to help patients organize and stabilize their lives. A clear majority of these men are "out of control." Efforts are made through behavioral strategies to help them gain some control. In this phase, behavioral control is viewed as a prerequisite to behavioral change. Patients are helped to set behavioral goals to improve socially, intellectually, spiritually, emotionally, physically, and sexually. Specific interventions might include monitoring, reinforcement strategies, distraction, modeling, response inhibition and paradoxical strategies. The individual is empowered through self-control. The establishment of control, experience of success and some degree of stability are important in this phase of treatment.

PHASE III

Phase III focuses on interrupting homosexual arousal patterns. The emphasis during this phase of therapy is to help the patient explore, interrupt and eventually break the homosexual arousal processes. During this phase of treatment, the focus shifts from a behavioral to a cognitive emphasis. Cognitive interventions such as relaxation and guided imagery are used to help patients become more aware of and gain control over their cognitions, fantasies and feelings.

Interventions such as emotional tracing, defragmentation, and discrimination of feelings are employed to interrupt the neuro-psychological processes. Many of these men have sexual addictions and emphasis is placed on correcting faulty belief systems, breaking myths, expanding options for being nurtured, handling anxiety and developing a lifestyle that is congruent with personal values. Patients are taught how to ask for help and how to develop self-affirmations.

PHASE IV

During Phase IV of treatment, a combination of individual, group and family therapy approaches may be used depending on the needs of the patients. The emphasis during this phase of treatment is quite affective and interpersonal and is geared at helping patients better understand and engage in the appropriate relationship process (i.e., friendship, non-sexual intimacy with men).

Problems with intimacy, self-worth, self-love, love of others, love of God, defensive detachment, distortions (unequal relationships with men as well as intensity in relationships), developing non-erotic support systems with men, assertiveness, anger (with men and women), masculinity, guilt, shame, loneliness and abandonment are explored and resolved in a group therapy context.

Frequently, during this phase, I introduce each patient to a married couple to function as special companions. Desired outcomes include the absence of homosexual behavior, reduction or elimination of homosexual attractions, a sense of congruence or inner peace resulting from integration, and development of comfortable and appropriate relationships with men and women. Spiritual (not religious) interventions are frequently used in this phase (although they may be employed in the other phases, too.)

Now, with this summary, I would like to briefly describe several of the interventions noted above.

- Journaling
- Emotional tracing
- Defragmentation
- Spiritual interventions

Journaling

Journaling is a useful way of helping homosexual men clarify their thought processes, experience and release their feelings, and generally explore issues in their lives. Instead of letting thoughts buzz around in their head, they make journal entries.

Initially, in the process, most of these men use journaling as a way to monitor their homosexual thoughts, fantasies and attractions. This awareness frequently results in a decrease of homosexual attractions. Later, journaling becomes a

form of self-help as they are able to make connections, make shifts in perception and confront distortions.

Patients typically purchase two notebooks. Journal entries are made in the first book and given to the therapist for comment. They begin entries in the second notebook which is exchanged with the therapist during the next session. I make fairly extensive notes for them to consider.

One advantage to journaling is that it not only encourages greater involvement in the therapy process but empowers the patient to address significant issues regarding his struggles. At the end of the treatment, the patient edits the journals and this edited version is used as a means of relapse prevention.

Emotional Tracing

Homosexual activity represents, symbolically or otherwise, attempts to meet legitimate needs. Many of these men are affectively governed and are quite reactive as they attempt to meet these needs through the eroticization of same-sex relationships. Many have a talent for histrionics. Emotional tracing is an intervention that is designed to identify and appropriately respond to primarily emotional needs. I simply ask them to explore what they were feeling prior to the homosexual attraction. Oftentimes, they report feelings of boredom, depression or anger, the latter most often being a reaction to hurt, pain, fear or frustration. I will have them re-experience these earlier feelings, and explore their origins. Frequently, this process helps them to clarify the origins of their homosexual attractions and results in a diminishing of these attractions.

Defragmentation

This intervention is related to emotional tracing but is more active. Its purpose is to assist in the de-eroticization of same-sex relationships. Van den Aardweg talks about the psychology of envy as central to the struggles of homosexual men. Homosexual men eroticize that which they are not identified with. Many of these men whom I have treated have multiple partners, with no ongoing relationships. Oftentimes, free-floating anxiety attaches itself to particular, desired characteristics. These men do not deal with other men, heterosexual or homosexual, in a holistic or complete way. I suspect that this is one of the reasons for the instability of their relationships. It's like incompleteness struggling with incompleteness.

The defragmentation process addresses the issue of fragmenting or incompletely dealing with others which I reflect back to them. It works this way: in an individual session, I will often ask that they focus on a past relationship and examine their attraction. This attraction is often focused on a particular trait or characteristic with which they are unfamiliar, they view as lacking in themselves or which they regard with simple envy. Most often these envied charac-

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teristics are perceived masculine traits.

I have them explore other traits, both physical and otherwise, so as to deal with this man in a holistic way. Questions such as, "What were his other physical traits?" "What was he like as a person?" are aimed at surfacing the emotional needs particularly as they relate to intimacy issues.

The need to get close to another man can be met without sexualizing that man. This intervention helps the client to equalize the relationship and focus on mutuality to develop non-erotic relationships with significant heterosexual men.

Spiritual Intervention

A clear majority of men I have treated have a deep sense of disconnectedness. They feel an alienation from God. Freud indicated that God was an extension of the father figure. This seems to hold true for these men's own view of God. When describing their relationship to a Deity, many of these men describe a "mean-spirited Santa Claus" image. There is a certain fear of God.

Individuals in positions of authority such as ecclesiastical leaders often unwittingly trigger feelings of anxiety and resultant responses of fear and detachment. I work very closely with ecclesiastical leaders who often provide father/son nurturing relationships for these men. Such relationships are very valuable in addressing issues such as forgiveness.

Specific spiritual interventions include:

- The personalizing of scriptures.
- Imagery involving God as a loving, caring father whose love is unconditional.
- Older, wiser self scenario. Service to others. Particularly, this intervention helps these men learn to give. They often feel unworthy to give of themselves. They often report wanting to feel that they are "acceptable to God."

Spiritual interventions help these men enjoy the process of discovery and to articulate the true self, their core values, and the basic purpose of life and to develop their spiritual nature to its greatest fulfillment. Such interventions help them clarify and trust their deepest values in a quiet way through attentive contemplation and mediation.

These interventions also allow these men to commit to their values and to identify with them in the present tense, and to find the strength to live by them. I help them to visualize themselves doing well and, through regular meditation, doing well comes to feel natural. Many of these men report experiencing love, joy, peace and fulfillment and help others to do the same. Spiritual interventions involve issues of integrity, personal empowerment and control, becoming connected with others, and finding greater purpose in life. It is through spiritual interventions that these men are really anchored and receive strength to resolve their struggles through what they call their "personal healing process." ■

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