Facilitating Intimacy: The Process and the Product
A Response to Victor L. Brown, Jr.

H. Newton Malony

Three themes dominate Brown's approach. First, he affirms the thrust of Bergin and Garfield's *Handbook of Psychotherapy and Behavior Change,* that complete healing is multi- rather than unidimensional.[1] The very title of the book evidences the truth that in helping persons with sexual problems, such as Brown reports in his article, the therapist should focus on both internal (psychotherapy) and external (behavior change) goals.

The second theme that Brown emphasizes is that intimacy is distinguishable from sex. This distinction stems from Brown's earlier monograph entitled *Human Intimacy.*[2] Intimacy is presented as the more essential need while sex is described as a need that can be diverted, delayed, or denied. Here Brown aligns himself with such social-analytic theorists as Harry Stack Sullivan and Eric Berne.[3] Sullivan concluded that being in relationship is the prime motive in life, and Berne suggested that being in spontaneous, committed, intimate relationships is the goal to which all persons should aspire.

Brown's third theme pertains to the intentional inclusion of values and the teachings of Jesus in the therapeutic process. The implicit impact of therapist values on therapeutic process and outcome has been persuasively chronicled in the professional literature over the last decade.[4] For religious therapists, the communication of wisdom (what is good) as well as advice (what will work) is, or should be, explicit. Those who came to Brown were Mormons seeking help from a Mormon. His very title clearly states the perspective from which he counsels. Each of his counselees was troubled by his or her inability to live up to the ideals of the Church as well as by failures in relationships. However, Brown is making a more important point. He feels that religious counselors should use the best information they have for helping people and that the best information comes from the Savior's teachings.

With each of these themes I agree—as a psychotherapist, as a Christian, and as a Christian psychotherapist.[5] Let me elaborate on these issues.

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CHANGE AS INTERNAL AND EXTERNAL

In the treatment of sexual disorders, the emphasis has often been focused solely on changing behavior.[6] Brown perceptively argues for a psychotherapeutic process which attends to changes in what people do but also attends to how they think and perceive. I have often repeated an old maxim to my clients which affirms this position: "You can act yourself into a new way of thinking or think yourself into a new way of acting." Then I add, "Begin where you like—but eventually both thinking and acting must come together." Change in one without change in the other is not sufficient.

Brown would agree. He conceives of the therapeutic process as including three steps: self-understanding, self-mastery, and self-definition. One might think of self-mastery as being behavioral while self-understanding and self-definition are perceptual. Self-mastery is external, behavioral change while self-understanding and self-definition are internal, perceptual change.

Another way of analyzing this three-step process is to think of self-understanding and self-mastery as "descriptive" and self-definition as "prescriptive." Descriptive processes are designed to help persons better comprehend what *is.* Prescriptive processes are designed to help persons determine what *could be.* Of course, there is a sense in which the self-mastery phase includes both descriptive and prescriptive components. Based on self-understanding, persons decide to change their habits toward better adjustment and satisfaction. They master themselves. This includes goal-directed behavior aimed at a new state of being. However, this phase of treatment is typically directed toward alleviating social disapproval or personal dissatisfaction. Only in the last phase of treatment, self-definition, do persons reconsider their own behavior and identity in terms of higher ideals such as religious faith. Here the meaning and purpose of human behavior and of life in general are reconceived. New goals for life are set. New role aspirations are determined. In almost all of Brown's clients, these new ideals and identities can be seen. Here is where true transformation becomes possible.

Another aspect of this descriptive/prescriptive dichotomy can be seen in the fact that each of Brown's cases could be called "ego-dystonic." They all acknowledged they were having difficulty. Since they were all Mormons who referred themselves to a counseling service sponsored by the LDS church, we can probably presume that they were experiencing descriptive as well as prescriptive pain. By this is meant that they were suffering from frustration in their daily lives and were also feeling dissatisfied with their lack of achievement in their religious lives. They were unhappy with who they were (descriptive pain) and unhappy with who they should be (prescriptive pain).

All of the above discussion is to say that Brown's emphasis on the multidimensional character of psychotherapeutic change is well taken. I affirm his emphasis and have elaborated on the issues of perceptual as well as behavioral change. I also suggest that the process he espoused includes descriptive as well as prescriptive aspects.

INTIMACY AND SEX

Freud reportedly said, "In every pairing there is sex." By this he probably meant that people yearn for intimacy. This is a much more benign interpretation than is usually given to Freud's maxims. However, there is increasing warrant for assuming that Freud was less obsessed with sexual disinhibition than has been assumed, and more concerned with freeing up individuals to pursue intimacy—a value he implicitly espoused in his description of the genital character.

Brown would agree with this basic emphasis on intimacy. In distinguishing intimacy from sexual behavior, he makes two bold statements with which I firmly agree: "Denial of intercourse and orgasm does not even slightly damage our physiologic or neurologic apparatus. What can destroy our psychic system, however, is an inability to successfully express social and emotional intimacy to at least one other person." Intimacy is more than having sex, but intimacy very often includes sex. That is probably what Freud meant with his statement, "In every pairing there is sex."

Sexual difficulties, like most habit problems, have "commission" and "omission" dimensions. One person may be engaging in deviant or atypical acts. Another person may have difficulty in performing normal acts. Homosexuality would be an example of the former while impotency would illustrate the latter. One would be called perversion, the other inhibition. Brown's cases illustrate both types. Of course, it could be said that there was both a commission and an omission dimension in each case in that they were all behaving abnormally by what they did or did not do and that they were all failing to do what they wanted to do or could do.

Brown does not shy away from treating these behavioral problems or philosophize away the difficulties in treating sexual deviations. He deals with them and does not perceive them as incurable—as even a number of Christian psychologists have reportedly contended. However, he sees beneath behavior to the issue of intimacy. Here Brown speaks to us all. Not having sexual problems is no proof that persons have intimacy. Being married and potent or orgasmic is no guarantee that persons have satisfied their need for intimacy. Intimacy and sexuality are related but different issues. One can occur without the other, but intimacy is more basic and essential.

Personally, I have been impacted by the theorizing of Eric Berne in such books as *What Do You Say After You Say Hello* and *Sex in Human Loving.*[7] He espouses an understanding of intimacy that I have found particularly helpful. Moreover, I perceive it to be extremely compatible with the Christian understanding about love. The principal components of intimacy, according to Berne, are trust, commitment, and spontaneity. Trust comes close to meaning "entrustment" or "having faith in" as implied in such portions of scripture as Hebrews 11:1ff. Here we read that "faith is the substance of things hoped for, the evidence of things not seen." The chapter continues with numerous accounts of biblical heroes who walked by faith. The trust in human intimacy approximates, but does not duplicate, the trust faithful Christians have in God. To be able to entrust oneself to another person without fear that one will be hurt and with confidence that one is acceptable is a bold but necessary act if intimacy is to occur. I think the possibility of trust in others is greatly enhanced by the experience of putting trust in God. Thus, Christians have an edge in the intimacy process.

Spontaneity is the second component of intimacy from Berne's point of view. This makes good psychodynamic sense. As Rogers has suggested, the greatest danger is that we will live by other persons' "conditions of worth."[8] This means that we do not trust that we are accepted just for being who we are. We fantasize that our worth is based on how well we perform and how much we please. So we deny ourselves and spend our energy ascertaining what is expected of us. Thus, we are rarely, if ever, spontaneous. We calculate and do not act freely. To be intimate means to give up those calculations. It means to respond freely without forethought and to assume we will be accepted. It assumes that we have already been accepted and that the relationship is no longer up for grabs. For Christians, this is the very essence of our security in God, for as John 3:16 states, "God so loved the world, . . . that whosoever believeth in him should not perish, but have everlasting life." This security makes spontaneity possible.

Commitment is a response to trust. It is the next component of intimacy, according to Berne. The words of the marriage vows bespeak the essence of all intimate relationships: "for better, for worse; for richer, for poorer; in sickness and in health; till death us do part." One of the more exhilarating experiences of life is to be committed. Commitment is grounded on the sense that one is needed and wanted. It is based on the assumption that one makes a difference in the life of another. It comes close to the meaning of Jesus' commandment, "By this shall all men know that ye are my disciples, if ye have love one to another" (John 13:35). Love means commitment.

Intimacy becomes a possibility when one can say, along with Thomas Harris, "I'm OK, You're OK."[9] As Harris notes, this involves risk and can never be proved beforehand. However, intimacy assumes it, and, where these types of close relationships exist, intimacy is usually proven right. Christians, however, have the security of faith as a basis for venturing out into the world with an "I'm OK, You're OK" stance. They know that they and other people are forgiven sinners who are loved by God. They also know that they have God to fall back on even if others fail them.

In sum, I affirm the centrality of intimacy in Brown's essay and his suggestion that sex can be redirected but that intimacy is a basic human need. Intimacy is rooted in faith, and faith is preeminently exemplified for Christians by their trust in God's goodness in Christ. I believe this is good psychology and good religion.

THE IMPORTANCE OF VALUES

The final theme which Brown emphasizes is the importance of values in the psychotherapeutic process. Brown's clients were Mormons who came to an explicitly Mormon social service agency for help. This makes it easy. Clients expect religious counsel, and therapists are paid to give it at such an institution as this. However, I think Brown is making a more basic point, namely, that values *should* be a part of therapy wherever therapy is done. I agree. Values not only *are* but *should be* integral to psychotherapy.

I have proposed elsewhere that counselors *let* things happen while psychotherapists *make* them happen.[10] Perhaps this is a caricature of the helping process. Counselors and psychotherapists may be more alike than I think. However, the distinction between a client-centered or an adjustment-focused, advice-giving process and a life-changing, transformative process is important to note. Counselors who are committed to pragmatic problem solving or to letting clients find their own space, whatever that might be, are definitely different from therapists who are committed to self-understanding, self-mastery, and self-definition. These latter types of therapists are similar to Brown in that they have definite ideas about where therapy is going and what constitutes the good life.

A valid distinction can be made between wisdom and advice. Wisdom pertains to what is best, while advice pertains to what will work. In a book of readings entitled *Wholeness and Holiness: The Psychology/Theology of Mental Health,* which I edited recently, I distinguished between negative, normal, and positive mental health.[11] Taking a cue from Marie Jahoda's seminal volume *Current Concepts of Positive Mental Health,* I concluded that normal mental health

involves achieving some ideal state above and beyond what society expects.[12]

Brown's "teachings of the Savior" are the Christian faith's guide for achieving positive mental health. They embody the essence of what we Christians believe to be the good life. They take their cue from God, not from culture. They stand as the ideal to which all persons should aspire. What is perhaps more important, it is the conviction of most Christians that this way of life includes happiness as well as fulfillment. In other words, Christ's teachings are good psychology as well as good theology.

We psychotherapists are engaged in therapy of the psyche—the healing of the soul. We should make no apology for that. We intend it, and it is the sine qua non of what we do. It is what we *should* do if we would be true to our task. Thus I forthrightly affirm Brown's inclusion of values in therapy and am of the opinion that much of the healing he demonstrated in his clients was ultimately due to his inclusion of such ideals.

NOTES

[1]Sol L. Garfield and Allen E. Bergin, *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis,* 2d ed. (New York: John Wiley and Sons, 1978).

[2]Victor L. Brown, Jr., *Human Intimacy: Illusion and Reality* (Salt Lake City: Parliament Publishers, 1981).

[3]Harry Stack Sullivan, *The Interpersonal Theory of Psychiatry* (New York: W. W. Norton, 1953); Eric Berne, *Games People Play* (New York: Grove Press, 1964).

[4]Allen E. Bergin, "Psychotherapy and Religious Values," *Journal of Consulting and Clinical Psychology* 48 (February 1980): 95–105; Perry London, *The Modes and Morals of Psychotherapy* (New York: Holt, Rinehart, and Winston, 1964).

[5]See my article, "God Talk in Psychotherapy," in *Wholeness and Holiness: Readings in the Psychology/Theology of Mental Health,* ed. H. Newton Malony (Grand Rapids, Mich.: Baker Book House, 1983), 269–80.

[6]R. L. McGuire, J. M. Carlisle, and B. G. Young, "Sexual Deviations as Conditional Behaviour: A Hypothesis," *Behaviour Research and Therapy* 2 (January 1965): 185.

[7]Eric Berne, *What Do You Say After You Say Hello: The Psychology of Human Destiny* (New York: Grove Press, 1972); *Sex in Human Loving* (New York: Simon and Schuster, 1970).

[8]Carl Rogers, *On Becoming a Person* (Boston: Houghton Mifflin, 1961), 283.

[9]Thomas A. Harris, *I'm OK, You're OK: A Practical Guide to Transactional Analysis* (New York: Harper and Row, 1967).

[10]H. Newton Malony, "Integration: The Adjoiners," in *Psychology and Theology: Prospects for Integration,* ed. Gary R. Collins (Nashville: Abingdon Press, 1981), 85–123.

[11]Malony, ed., *Wholeness and Holiness.*

[12]Marie Jahoda, *Current Concepts of Positive Mental Health: A Report to the Staff Director, Jack R. Ewalt, 1958* (New York: Basic Books, 1958).