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Living the Good Lie

By MIMI SWARTZ

Denis Flanigan isn't hiding anything. A 42-year-old psychotherapist in Houston, he has a straightforward manner that meshes nicely with his no-nonsense buzz cut and neatly clipped goatee. Unlike many mental-health professionals, Flanigan puts personal items on display in his office, including a photo of his partner, who is attractive, and male. For his patients' amusement he has on hand an S-and-M Barbie as well as a Tickle Me Freud doll. ("It's so, so . . . *wrong*," Flanigan told me, in a tone that signaled he believed it was exactly right.) Flanigan's no-secrets policy extends to his Web site, where he writes that he "has frequently been asked to speak on the gay and lesbian experience and mental health, transgender concerns and body-modification issues." A member of the American Psychological Association, Flanigan has also served as Mr. Prime Choice Texas, winning a contest "designed for men 40 years or older who represent the masculine aesthetic embraced by the leather/Levi/uniform/fetish community." In his own words, he identifies as a "militant homosexual."

So it comes as a bit of a surprise to learn that when potential clients come to Flanigan's office to discuss their sexual orientation — in particular whether they should reveal their homosexuality to friends, family or employers — his first response is to ask, in a neutral tone, "Why do you want to do that?" Flanigan has a 20-year history of gay activism behind him, so you might expect that his primary goal would be to help gay clients discover and cultivate their most authentic selves. As Jonathan Ned Katz wrote in "Gay American History" in 1976, "Therapists who do not help their homosexual patients to fully explore the possibility of homosexuality as a legitimate option have not helped to expand those individuals' freedom."

Flanigan doesn't disagree with Katz. "I'm a very strong believer in people's rights," he said one gray morning at a Starbucks in Houston. But during his early training, he encountered a few clients who either would not come out of the closet or suffered mightily when they did. Christians of the kind who earnestly believed that [the Bible](#) deplored homosexuality were particularly troubled as they tried to reconcile their faith with their sexual orientation. The more Flanigan studied this conundrum, the more he came to see it as intractable. Some gay evangelicals truly

believe that to follow their sexual orientation means abandonment by a church that provides them with emotional and social sustenance — not to mention eternal damnation. Keeping their sexual orientation a secret, however, means giving up any opportunity to have fulfilling relationships as gay men and women.

“When these clash, what do you do?” Flanigan recalled thinking, and when he began to research the topic about a decade ago, he found few answers beyond the obvious. Antigay religious groups would not condone homosexuality; they thought gays should just give up their orientation, and the most extreme among them offered frightening “conversion” practices. Nonreligious gays thought the conflicted should just walk away from churches that won’t accept homosexuals as they are. “Which trumps which?” Flanigan asked himself. “Religion or sexual orientation?”

It wasn’t until around 2004 that Flanigan found an answer, one that was given legitimacy by the American Psychological Association five years later and one that complicated the conventional wisdom about sexual identity and sexual orientation. Is it possible, he wondered, that the most psychologically sound alternative for truly devout gay men and women would be to defy both groups? It is an approach that Flanigan is sure has relieved suffering among his deeply conflicted clients, and yet he sometimes is struck by the method he has chosen. As he explained it to me, “The idea that I am helping the client stay in the closet is bizarre to me.”

The closet now seems a vestige of a much darker era. Eve Kosofsky Sedgwick, the godmother of the academic field known as queer theory who wrote “Epistemology of the Closet,” called its hidden world “the defining structure for gay oppression in this century.” The world in which men wore red neckties to signal their homosexuality to each other or taught themselves to speak and walk more “manfully” or risked arrest and, in turn, social and financial ruin just to be with people like themselves, now seems as archaic as segregated water fountains. And as insidious: Alan Frank, a 71-year-old analyst in Manhattan, sought professional help in the 1960s when he was an ad-agency art director. He was married with a child and realized he was gay. Three times a week he went to a psychiatrist “whose job was to make me straight,” Frank told me. “I wanted that, because I thought being gay was deviant. I was a husband and a father, and I didn’t want to destroy that.” The psychiatrist took Frank into his backyard and taught him how to throw a baseball, asserting that it would make him “more manly and a better father.” He vomited during every session from the humiliation. “There’s hardly a gay man of my age who didn’t go through some form of aversion therapy,” he said. “This was an awful, awful thing that he did.” But at the time, Frank’s choices, and even his doctor’s choices, were few.

So Frank lived his life in secret, until he couldn’t stand it anymore. “I left my wife and I left that

analyst, because I realized if I continued I would commit suicide,” he said. Times changed: more gays were coming out, especially in New York City, particularly after the American Psychological Association (A.P.A.) removed homosexuality from its manual of mental disorders in 1973. “I think when that stigma was taken away and we could be our authentic selves, that made an enormous difference.” He fell in love with an openly gay rabbi, and the two men lived together for 16 years until his partner’s death. Frank is now married to another man. In his practice, he specializes in gender and sexuality conflicts, helping men and women to free themselves from the shame surrounding sexual issues. “The closet was necessary,” Frank said. “It’s not necessary now.”

Frank came out while living in New York City. Flanigan says it’s harder where he lives. Despite the undeniable progress — gay marriage in five states; the repeal of “[don’t ask, don’t tell](#)”; mainstream icons like Ellen DeGeneres — “it’s not all O.K.,” Flanigan says. There is still discrimination, still bullying of gay kids. “In many states you can still be fired for being gay,” he says. And an even deeper fear exists for a small but hidden group, those whose faith condemns their orientation. As Judith Glassgold, who was the chairwoman of the A.P.A.’s Task Force on Appropriate Therapeutic Responses to Sexual Orientation, told me: “Back in the ’60s and ’70s, the people who sought treatment were the ones who struggled with the discrimination and prejudice that they faced, and sensed that they couldn’t have a life. But more recently, the people who come to treatment are people who have strong religious beliefs who cannot integrate that identity into their lives.”

Flanigan’s parents were Lutheran, but religion was never an important part of his life. “I rejected the church long before I was gay,” he told me. “But I still see the value of it in other people’s lives.” Still, coming out in high school in 1986 in Frederick, Md., was wrenching: “I thought my life was over,” Flanigan said. “My thoughts of a family and happiness were ruined.” So, too, he believed, was his dream of becoming a doctor. (“They won’t let a gay person become a pediatrician,” he told himself.) But in the months that followed, he drew on support from his parents, friends, teachers and an understanding therapist. In 1988, while a student at the University of Maryland, he became president of the gay student union. “I got over the delusion that I wouldn’t be able to have a professional life,” he said.

As Flanigan pursued a career in psychology, the question of how to help those who were torn between their religious orientation and their sexual orientation became a preoccupation. One patient, in particular, haunted him. When he was getting his master’s in psychology in Florida, he counseled a young woman who was coming to the realization that she was gay but was afraid to tell her evangelical family. In talking with Flanigan, the student became more comfortable with

her homosexuality, and although Flanigan suggested moving slowly, she came out to her brother. But then he told their parents, who pulled her out of school and put her in a religious program designed to change her sexual orientation. Stricken, Flanigan brooded for months over what he might have done differently. He felt plagued by a professional contradiction: "Psychological ethics say that we're supposed to support religious beliefs and support sexual orientation," Flanigan told me. "But there was nothing I knew of that says what to do when they conflict." As far as he could tell, the only choice those people had was to give up one or the other.

Until relatively recently, mental-health professionals considered sexual orientation the most expendable. As Katz wrote in "Gay American History," gay men and lesbians "were long subjected to a varied, often horrifying list of 'cures' at the hands of psychiatric-psychological professionals." These included lobotomies, castration, hysterectomy, clitoridectomy, hormone therapy, LSD, sexual stimulants, sexual depressants, shock treatment, aversion therapy, electroshock and so on. That changed, of course, as mainstream attitudes about sexual orientation changed. But even as Flanigan was beginning his professional life as a counselor in the late 1990s, groups on the religious right, like Narth (then called the National Association of Research and Treatment of Homosexuality) and Exodus International were advertising that they could cure homosexuality.

One person opposed to conversion therapy was a psychologist named Douglas Haldeman, who had been working with gay men recovering from those same therapies since the early '80s. A gay man himself, Haldeman was known as a proponent of "gay affirmative" therapy, which asserts that many of the emotional problems afflicting gays have everything to do with the antigay social stigma they face. When a conversion therapist set up shop in Seattle, where Haldeman lived, a gay rights organization sought his help. Haldeman went to the A.P.A. for guidance and discovered that it had no policy on conversion therapy. A tall, thin, intensely curious man, Haldeman took it upon himself to push for change; in 1991, he produced a survey of the psychological literature for the A.P.A. In 1994 he drew on his clinical experience and other studies to publish his first paper of many on the harms done by conversion therapy.

Haldeman found in his research that the vast majority of people seeking to change their orientation held strong religious beliefs; often, these were married men with families who grew up in a church and who felt that they had far too much to lose by coming out. "For some," Haldeman wrote in a 2004 paper called "When Sexual and Religious Orientation Collide," "religious identity is so important that it is more realistic to consider changing sexual orientation than abandoning one's religion of origin." In the case of such clients, abandoning the church meant abandoning the entire belief system by which they defined themselves.

They suspected, too, that they would be exiles in the secular gay community, in which many didn't understand why gay evangelicals couldn't just change churches or leave religion behind altogether. In other words, Haldeman was certain that conversion therapy didn't work, but he wasn't sure that gay-affirmative therapy — helping gay clients to see that their discomfort with their orientation might come from internalizing a prejudice — would help them find peace of mind, either. In these circumstances, Haldeman tried a different approach.

In that 2004 paper, Haldeman laid out the case history of John, a gay, middle-aged, married and deeply religious man. John acknowledged that he was gay, but he also felt fervently that he wanted to stay married to his wife and remain an active, involved father to his three children. In professional parlance, his sexual *orientation* was gay, but his sexual *identity* — the way he saw himself, and the way he wanted to be seen — was as a straight man.

John told his wife about his sexual orientation when they were dating in college. She agreed to continue the relationship, as long as he agreed that he would never have sex with men. John kept his side of the bargain until the birth of his third child, some seven years into the relationship. At that point, he began having sex with men and couldn't stop. Still, he didn't want to leave his family and live as a gay man.

The approach Haldeman used was, in the therapeutic parlance, client-centered; that is, the client's desires took precedence over any values or opinions held by the therapist. So if John wanted to be a gay man who lived as a straight man, Haldeman would help him become that person. As part of his therapy, John agreed to steer clear of any place or activity that might arouse his interest in men — the sauna at the gym, the park where he looked for sex and the Internet, which in the late 1990s was not quite as pervasive or accessible as it is now. Haldeman's clients were taught to acknowledge rather than to deny their feelings (denial only made things worse) but to choose not to act on them. For instance, John had sex with his wife, though he did have a pass to concoct gay masturbatory fantasies. Haldeman also encouraged him to join support groups made up of what have come to be known in the psychological community as mixed-orientation marriages.

At the time Haldeman wrote his paper, John was managing this existence fairly well, mainly because of his determination to remain a good father. Not surprisingly, his wife had her doubts, particularly as she looked ahead, to the time her children would leave home. "Wives require an ability not to see themselves as failed women because of their husbands' attraction to other men as well as a tolerance for ambiguity in the extreme," Haldeman noted in that paper.

In Haldeman's view, this approach wasn't perfect, and his doubts grew over time. But for all the inherent contradictions — some might say hypocrisies — in this approach, Haldeman and others in the psychological community were talking about something that hadn't, to that point, been addressed. And they were meeting the patient at a place he felt comfortable.

Flanigan moved to Texas in 2005 for an internship in psychology at the University of Houston (he'll complete his doctorate this August). His supervisor was a practicing psychologist named Elizabeth Maynard, and when he eventually opened his own practice, Flanigan chose Maynard, who had been teaching at the University of St. Thomas, a Catholic school, to supervise his work again. More and more, he was coming across religious gay men who felt forced to make a choice between their faith and their sexual orientation. Maynard had a doctorate in clinical psychology from Fuller Theological Seminary in Pasadena, Calif. A onetime charismatic Christian, Maynard felt that it was her mission to undo the damage many churches inflicted on gay men and lesbians. As she told me, the "hate the sin but love the sinner" ethos that is the norm in many evangelical churches "doesn't seem very loving to someone who is G.L.B.T."

On a superficial level, no two people seem more different: Flanigan is gay, [atheist](#) and cerebral; Maynard, who at 40 evokes the pert, pretty Breck girls of the 1960s, is married (to a man) with a new baby and is unshakable in her faith.

Flanigan consulted with Maynard to help him challenge his closeted clients' view that the Bible condemned homosexuality. She once had lesbians and gay men in a therapy group perform the story of Sodom and Gomorrah — "a clobber passage within evangelical circles" she told me — to suggest to them that it wasn't necessarily a story about men trying to have sex with one another (as many on the religious right claim) but, more likely, a ghastly rape scenario. With Maynard's help, Flanigan began studying alternative interpretations of Leviticus ("You shall not lie with a man as with a woman; it is an abomination" could be read more generally as a call to reproduce) and the letters of the Apostle Paul. (Even Maynard sees those as "not so easily untangled.") He found himself in discussions with clients about whether God was vengeful and angry or loving and forgiving. Sometimes Flanigan had success in getting clients to try "reconciling" churches that were open to gay people. There were times, however, when the client held fast to the evangelical faith in which he was raised.

Flanigan read Haldeman's 2004 paper and began trying similar treatment strategies. "I would describe my work as identity management as opposed to sexual-identity management," he told me. He wanted to help patients feel comfortable with themselves in a way that then allowed them to make their own choices.

Those decisions could sometimes lead to unorthodox results. An assistant pastor from an evangelical church came to Flanigan seeking to manage his anxiety. He was terrified that he would be exposed as a gay man. At the time, he was fending off the advances of a woman in the church while also trying to end a clandestine affair with the son of his church's pastor. The assistant pastor readily acknowledged that he was sexually attracted to men. (When he wasn't involved with the pastor's son, he told Flanigan, he had fleeting sexual encounters at conferences.) The client didn't want to join another church, nor did he want to come out. For many therapists, the approach would have been to affirm his sexual orientation. But the man cared more about preaching than he did about having an open, intimate relationship with a man.

From Flanigan's point of view, the assistant pastor's most authentic self was one that somehow balanced two conflicting needs. They both agreed that the man should end his affair with the pastor's son, which carried a great risk of discovery and stoked his anxiety. But they decided he could continue having sex with men. The client was not interested in exploring the complexities of his position; he just wanted to feel less anxious. Flanigan saw the hypocrisy of the man's choices, but that's not why he had come to therapy. "He was functioning fine within the church," Flanigan told me. "He didn't seem distressed about the incongruity." If the man had stayed in treatment longer, Flanigan would probably have pushed, but the client stopped coming after several sessions, maybe because he got what he wanted or maybe because the therapy, however gentle, was forcing him to see some things that he didn't want to see.

Around the same time that Haldeman was trying to help his religious clients deal with their homosexuality, two psychologists, Warren Throckmorton and Mark Yarhouse, were approaching the same issue from a very different perspective. At this time — the mid-2000s — sexual orientation was one of the most intense battlegrounds in the Bush-era culture wars. Gay-affirmative therapists saw conversion therapists as sadists; conversion therapists saw the affirmatives as, at best, godless.

Throckmorton and Yarhouse are each heterosexual evangelical Christians: Yarhouse teaches at Regent University, a school founded by Pat Robertson; Throckmorton at Grove City College, another Christian institution, just north of Pittsburgh. They were convinced that sexual orientation could be changed and tried to help their clients in that pursuit. Throckmorton accepted an award from Narth in 2002 for his support of the "ex-gay" movement, and in 2004 he made a video called "I Do Exist," in which five people declared they changed their sexual orientation.

But unlike many of their evangelical colleagues, Yarhouse and Throckmorton reconsidered their positions. A pensive, soft-spoken man, Throckmorton still reveals anguish when he speaks of those who proclaimed their conversion worldwide in “I Do Exist” but later recanted. “What I came to find out was those people felt the pressure of the social contract and said they had completely changed when they had not,” Throckmorton said. “They were in my tradition, so I trusted them. If they said they’d changed, why would I doubt them? That was sloppy scientifically, and I regret that.” He had been too caught up in the politics, he said, and assumed that the condemnation of conversion therapy was really an effort to undermine religion. “Many theorists in the gay-affirming world have taken a view that religion is a changeable aspect of personality,” Throckmorton said. “But people don’t wake up in the morning and say, ‘I’ll be a Baptist instead of a Buddhist.’ Religion is the way the world makes sense to them, and for them that seems like a pretty stable attribute.” He began looking for a less polarized, more nuanced approach.

Yarhouse and Throckmorton came up with what they called sexual-identity therapy (SIT). At first, Yarhouse told me, many left-leaning therapists saw SIT as a trick — conversion therapy by another name, and many remain skeptical: Wayne Besen, the founder of Truth Wins Out, an organization devoted to debunking the ex-gay ministry, told me that though he respects Throckmorton, he still believes that SIT is just another way of encouraging repression. “I think Throckmorton means well and really wants to help people reconcile their faith and sexuality,” Besen said. “However, the more appropriate way is for people to find a more moderate religion that doesn’t force them to live at cross purposes with their sexual health.”

Still, Throckmorton is a long way from those who insist that being gay is a lifestyle choice. Though he comes from an evangelical perspective, he accepts that homosexuality is unchangeable and has helped clients and their families to begin to accept that, too. But acceptance goes only so far. I spoke with a woman named Susan, whose gay son went to Throckmorton. “The shame for our family started to lift,” she told me. “We stopped saying it was our fault.” They still harbor the hope that their son could somehow be transformed into a heterosexual, but “we have let go of it as best we humanly can,” she told me. As Throckmorton put it: “We are not trying to change your orientation. We are trying to help you develop the life you are trying to live” through the values that matter most to you. He said he had helped clients come out, when they wanted to, though this was rare. His clients are to a certain extent self-selecting because of his reputation for respecting those who interpret the Bible literally.

Like Flanigan’s assistant pastor, most of the men seen by Throckmorton and Yarhouse (most of their clients are men) acknowledged their homosexual attractions but also refused to live openly.

Hence they use the term “same-sex attracted,” or S.S.A. “They would say they have attractions to the same sex but haven’t formed their core identity around that,” Throckmorton said.

Throckmorton and Yarhouse begin by encouraging self-acceptance. Most of their clients want to marry or stay married, and the therapists encourage them to talk about their same-sex attraction to their wives or others close to them. “My experience has been that their spouse already knows,” Yarhouse said. “That’s what has led to the consultation or therapy.”

One of Throckmorton’s former clients, Rob, shared his experience with me by telephone. He did not want to be identified. His voice was soft yet sunny. In a 45-minute conversation, he did not once use the word “gay.”

Now in his mid-40s, Rob fought the notion that he might be gay throughout his 20s and 30s. “I struggled for years after beginning to follow Jesus. I struggled and knew that I was not living up to the standard. For years I would try on my own to do better, but I was not being successful.” Rob didn’t act on his impulses, he told me, other than to masturbate to male pornography on the Web. He told no one about his sexual attraction, but as his religious faith deepened, he became more conflicted and decided to get help, which is when he contacted Throckmorton.

“I went to him and explained where I was and that that was not where I wanted to be,” Rob said. He wanted to date women, but he feared telling a woman whom he might become serious about that he was sexually attracted to men. Rob expected to begin a process akin to psychoanalysis, but within just a few sessions the two were focused on the life Rob imagined for himself. “My faith was very important to me,” he recalled. “I didn’t want to be alone all my life, and I wanted to be married and share that kind of life with someone else in the context of my Christian faith.” He never considered having a male partner or attending a more liberal church, because neither conformed to his religious beliefs. “I can’t pursue being a follower of Jesus and picking and choosing from what it is in Scripture that I want to follow,” he told me. For him, there is only one way to read the Bible. He said he believed that his attractions to men were “the way Satan wants to tempt me for that sin” of homosexuality.

Throckmorton’s approach was, first of all, not to argue. “If we try to subtly or directly advocate for our personal loyalties, then we’ve stopped doing the kind of therapy that we advocate,” he said. Rather than challenge Rob’s desire to marry a woman, as other therapists might have done, Throckmorton felt the important thing was to help him accept that his thoughts were his own. Rob’s language was, to Throckmorton, “a kind of religious imagery,” and he noted that religious clients with eating disorders use the same words. Throckmorton didn’t engage in a discourse

about good and evil but simply said “this sounds like something that feels really out of control to you, something you haven’t been able to manage.”

Throckmorton wanted to know how much of Rob’s identity was wrapped up in being attracted to men. “It didn’t seem like a vital part of him,” Throckmorton told me confidently. He found support for his conclusion in Rob’s mild attraction to the opposite sex; this suggested to Throckmorton that he might be bisexual. “I wasn’t devoid of feelings for women, but I also had a same-sex attraction,” was the way Rob explained his orientation to me. This sort of therapy necessarily leads to some fine parsing of terms. Rob didn’t have to suppress his same-sex attractions, which just made his desires more intense, but he did have to develop avoidance methods to keep them in check.

What Rob saw as “encouragement” from his psychologist — Throckmorton blanches at the word, with its suggestion of conversion therapy — Throckmorton saw as helping a client prioritize. Rob’s Christian values, and his desire to spend his life with a partner of the opposite sex, came first.

Throckmorton saw Rob for the next year and a half, as he began to date. Eventually Rob found himself in a serious relationship with a woman. “At that point I had to sit down and lay out all the cards on the table — the good, the bad, the ugly,” he told me. “She needed to know, so that if that was a deal breaker then we weren’t any further down the road. That was the only fair thing.” Rob told her about his same-sex attraction and also offered to meet jointly with Throckmorton, which they did, once. Then they married. When I asked whether they had a happy sex life, Rob hesitated, before answering yes. His reply was much more emphatic when I asked which was more important to him, his sexual orientation or his religious orientation: “My faith,” he said.

Several years after completing therapy, Rob told me, his attraction to men is reduced but still present. He has stayed away from gay porn on the Internet and remains married. “My mind-set, praise God, is very different than it used to be,” he told me. “The longer I choose to walk the road that I’m on, the less temptation there is, but I’m not foolish enough to think I’m quote-unquote cured. I would be foolish to think I’ve overcome this and it will never rear its ugly head again. But things are much different than when I started with Warren. The longer I walk this road, the easier it seems to be.”

Many people who are openly gay or straight and secular can’t grasp how desperately evangelicals do not want to be gay or the lengths to which they will go to try to change. Last fall, Jim Swilley, the bishop of the Church in the Now, in Conyers, Ga., gave a moving, [hourlong coming-out](#)

sermon to his congregation, his response to a spate of suicides by gay teenagers and, perhaps, to rumors in his church about his own sexual orientation. “There are two things in my life that I didn’t ask for . . . one is the call of God in my life, and the other is my orientation. I didn’t think that those two things could ever be compatible,” he told his congregation.

“There is nothing I haven’t done,” he told the crowd about his attempts to change his orientation. “I’ve cast out demons, made myself vomit, I’ve quoted Scripture.” Many in the congregation wept as Swilley spoke. He said he spent years practicing the directive of an evangelical preacher who promised that “if you say 1,000 times every day, ‘I like to kiss girls,’ that will fix it.” Swilley also tried marriage — twice; once for five years and then again for 21 — because he desperately wanted a conventional life with a wife and children (he has three sons and a daughter).

In fact, it was his second wife, Debye, who persuaded Swilley to come out. When they started dating, Swilley told her about his attractions to men. “Let’s get married; we’ll figure it out,” Debye said. Once they agreed to divorce, he intended to remain celibate for the rest of his life and to take his secret to his grave, but Debye challenged his hypocrisy. “You tell people to experience the real God in the real world, but you’re not real,” she told him. “You don’t believe God loves you as you are.”

Swilley, who is writing a book about his experience, says that any therapy that doesn’t involve coming out is pointless. “You can’t believe the stuff I watched people go through,” he said “and they are all still gay all those years later. And all the people we married off to the opposite sex are divorced.”

After years of experimenting with various treatments, Douglas Haldeman came to the same conclusion. “The clients keep trying,” Haldeman said. “The danger is that it promotes fraudulent relationships, and their mates finally leave them.” He saw too many gay men pressuring themselves to be someone they weren’t and saw spouses trying to adapt to marriages that cheated them of emotional and sexual intimacy. Even John, who was the subject of his 2004 case study, went back to seeking out sexual encounters with men.

Swilley hoped that his honesty would touch his congregants, and the coming-out sermon gave him a measure of relief. But some people walked out during the sermon and did not come back, and the International Communion of Charismatic Churches asked him to leave. That’s one reason he is cautious about advising others to follow his path. “I’ve faced the worst fear in my life,” he said, but he remains sympathetic to those who lived as he did, “walking around holding a secret, knowing that you’re just one piece of information away from the closest people in your life

abandoning you.”

Swilley is still the bishop of the Church in the Now and has the support of his family; Debye still preaches with him. When closeted gay ministers come to him for advice, he asks if friends and family will stay true. If not, he tells those in hiding to consider the costs carefully. “Man,” he said, “there’s quite a few of them out there.”

By 2007, there was enough confusion and dissent about what had come to be known as “sexual-orientation-change efforts” that psychologists were clamoring for guidance. The American Psychological Association formed a task force of gay and straight members to investigate and develop guidelines. A small brush fire erupted when no members of the evangelical community were asked to serve, but they needn’t have worried. “Over time we evolved,” said Lee Beckstead, a task-force member and psychologist who works with Mormons conflicted about their homosexuality. “We were trying to integrate the psychology of religion with the psychology of sexual orientation.” They wanted a client-centered approach that was also based on scientific research. “The science says that being gay is not an illness,” Beckstead told me. “You don’t need another treatment model, because there’s nothing to treat. The important thing is meeting where the client is — honoring them, validating them, supporting them, giving them the ability to decide for themselves.”

In the final document, the A.P.A. clearly stated its opposition to conversion therapy and unequivocally described homosexuality as normal. But it also offered a nuanced view of religious gay people who did not want to come out. The A.P.A. considered the kind of identity therapy proposed by Throckmorton and Yarhouse to be a viable option. No effort needed to be expended trying to change a client’s religion or sexual orientation. Therapy, in fact, was to have no particular outcome either way, other than to guide the client closer to self-acceptance, whatever the client believed that to be. The difference between sexual orientation and sexual identity was microscopically parsed. “Acceptance of same-sex sexual attractions and sexual orientation may not mean the formation of an L.G.B. sexual-orientation identity,” the report stated. “Alternate identities may develop instead.” It further stated that acting on same-sex attractions might not be a fulfilling solution for everyone. “I called up Mark, and I said: ‘Can you believe this? Am I reading this right?’ ” Throckmorton told me.

The chairwoman of the task force, Judith Glassgold, remains pleased with the outcome. “People might want to adopt an identity that fits with what their religion proscribes,” she explained. “Or they might want to be celibate rather than identify as a gay person. Some people prioritize their religion over their sexuality, like priests and nuns. That’s an identity.” The goal was to help the

client come up with an identity that worked for them. “The dialogue has changed in the last decade,” she continued. “Among therapists — both among gay activists and the religious — we can have a discussion. We all agree that arousal and orientation are not under someone’s volition. What we can work on is self-acceptance, integration identity and reducing stigma.”

Clinton Anderson, director of the A.P.A.’s Lesbian, Gay, Bisexual and Transgender Concerns Office, put it another way: “The task-force report is more of an acknowledgment than was true in the past that not everyone who is coming to this dilemma with a strong religious background is going to find an adaptation that is positive with regard to their sexuality. There may be people who are just not going to get there.”

Denis Flanigan has come to the same conclusion. Over time, he has found that clients are shifting and experimenting with sexual identities. “There’s crazy stuff out there,” is the way he puts it. “The terminology we have doesn’t work for a lot of people.”

For two years, Flanigan has been treating a man who is sexually attracted to men but emotionally attracted to women. It’s been a frustrating case: the client had relationships with women for a period of years, but they ended when he refused to marry them, knowing, without confessing to them, that he was gay. At the same time, however, he had no interest in exploring life in the gay community, despite Flanigan’s encouragement. “I honestly believe his life would be more fulfilling if he would express that part of himself,” Flanigan told me. “He needs to forgive his sexual orientation for what he thinks it did to him.” Still, Flanigan can’t see the benefits of guiding the man to come out. “He will feel the loss of a weight, but beyond that?” he asked, opening his palms and shrugging. By giving up one identity without a willingness to embrace a new one, he may find himself lonelier than he is now. “He’s actually pretty happy,” Flanigan said, “except for a nagging voice in his head that tells him he’s not being honest about who he should be.”