

## “The Secret of My Heart”

### Readers Respond to Peale

The relative dearth of religious voices discussing homosexuality sympathetically in the public sphere helps explain why Peale's answer struck a chord among *Look's* readers. All together, 130 letters survive of men and women from throughout the United States and Canada who wrote to Peale expressing hope, confusion, and desperation about same-sex desires. Individuals who suspected or knew that they had homosexual desires wrote the bulk of these letters (10 from women, 108 from men), but a few mothers and fathers sought help for their children. Only one correspondent objected to Peale's advice. Dozens of men wrote that the boy's story in *Look* might have been their own. Unable to “cure” themselves (and several noted that they had tried), they seized upon Peale's offer of psychiatric help. Peale's correspondents largely accepted his description of homosexuality as a disease and found hope in the prospect of a cure. As G.A., a man from Arizona, explained in a letter to Peale, “I wonder Dr. if you can help me [by] sending me some information on how to stop this terrible disease. I can't live any longer this way. I am 29 years of age and my homosexuality is getting worse every day. I really want to stop, and lead a normal life.”<sup>29</sup> This pursuit of the normal life was Peale's stock-in-trade: his ethos of positive thinking promised that a life full of emotional, material, and spiritual rewards was within the grasp of every earnest striver.

Respondents to Peale's column accepted his description of homosexuality as an ailment, describing how their condition isolated them within their home communities, where homosexuality was rarely, if ever, discussed. One nineteen-year-old from Montana asked for the AFRP's address so that he could find relief: “To be cured would make me the happiest person in the world.”<sup>30</sup> This man and several others expressed their fear of seeking help in their hometowns and having their sexuality discovered by family and friends. Three men and one woman confessed to Peale that he was the first person they had ever told about their sexual desires. One of the men, who was studying to become a minister, described his sexual longings as “the secret of my heart.”<sup>31</sup> Articulating those secrets in letters to Peale offered these men and women a rare opportunity to acknowledge their desires and ideally receive some empathy for their predicaments.

The cure that many of these men and women sought centered on the attainment of marriage and children, a desire that reflected the ethos of the postwar Baby Boom generation that glorified middle-class family life. As

# University of North Carolina Press

one Nebraska man expressed it, "I am 29 now and am wondering if it is too late for me to correct this most depressing situation. To me life is meaningless unless I can be cured as I want a home and family."<sup>32</sup> None of these writers recognized any possibility for family life within a homosexual framework. For all of them, family formation demanded heterosexuality. "More than anything," wrote E.P., a sophomore at a college in Alabama, "I want to fall in love with a wonderful girl, marry her and be a father someday." If he could not marry and become "a respectable citizen," E.P. wrote, he might reach a terrible end: "I cannot live with this guilt and fear which has kept me from having even the smallest degree of self-confidence, and which I know could ruin my life. Sir, I beg you from the bottom of my heart to help me. I am appealing to you for my very life. Please, please help me."<sup>33</sup> Whether E.P. feared that he would be the victim of gay-bashing or crime, or whether he worried that his despair might lead him to suicide, his letter suggested that the attainment of a happy marriage signified for him the ultimate proof of his worth as a person. A twenty-four-year-old man from Lubbock, Texas, explained that he had been attracted to boys since junior high: "It has become so worrisome that it now haunts me continually, for above everything else in this world, I want to have a wife and as many children as I can afford. . . . I know that in order to have a happy home complete with a loving wife and children I must stop having tendencies (in the wrong way) toward boys, and that these tendencies must be channeled in the right direction." Now in his senior year of college, he kept his sexual feelings secret from all of his friends and family members. "Truthfully, I am at my wit's end. Something has to be done."<sup>34</sup>

Correspondents who described prior attempts to benefit from psychiatric treatment did not share Peale's optimism about psychiatry's power to cure homosexuality. T.J., a man from Montana, explained that he had consulted a psychiatrist in Denver and contacted a California hospital "that specializes in the treatment of sexually maladjusted people." A cure had eluded him, and now he found himself unable "to follow through as far as treatment" was concerned.<sup>35</sup> E.C., a twenty-two-year-old man in New Jersey, wrote that his parents had already taken him to see Dr. John Money at Johns Hopkins University Hospital. During the 1950s, Money was building a national reputation as an expert on "gender role" development and intersexuality. He tended to disagree with psychoanalysts about the causes of homosexual desires. Money developed a behaviorist model, in which people learned throughout their lives the "language" of gender, and he asserted that gender roles had no bearing on mental health. Homosexuality, according to Money,

# University of North Carolina Press

represented an organic development of a person's lifetime experiences, not a pathology. Indeed, E.C. wrote, "I have been advised by [Money] that there is no hope, only in exceptional cases, of a cure. I was advised that seeing a psychiatrist would be only necessary if I found I could not adjust to accepting what I am."<sup>36</sup> When psychiatric efforts to cure homosexuality were obtained, they could lead to depression. A woman wrote to Peale about her twenty-year-old son, who had been discharged from the army for being homosexual and had subsequently sought psychiatric care. Since then, her son "says that he doesn't feel that way any longer, but he isn't interested in girls and is very listless most of the time."<sup>37</sup> For another person, psychiatric care remained financially unfeasible.<sup>38</sup> The very solution Peale offered had not, in the experiences of these correspondents, achieved its intended result.

The absence of religion and prayer from Peale's published reply puzzled other correspondents. Several asked Peale how he reconciled biblical passages that seemed to condemn homosexuality with a psychiatric assessment of sexual disease. One mother in Illinois described her confusion over how to decipher the religious and psychological sources of same-sex desire. After she "accidentally" discovered her son's sexual inclinations, her son moved to San Francisco and ceased contact with his family. The mother turned to psychiatrists at the University of Iowa, where she learned that her son had probably received "too much Mom" and "too little Dad" during his childhood—a diagnosis in keeping with how most postwar psychiatrists traced men's same-sex desires to their mothers' behaviors. Her subsequent quest for information about homosexuality led her to Freud, the Bible, and frustration with conflicting explanations. She reacted to Peale's description of homosexuality as a sickness with evident exasperation: "Yes I know that's the theory, but what about I Corinthians 6:9? In my Revised Standard Version it says 'Do you not know—Do not be deceived—Neither, nor homosexuals will inherit the kingdom of God? And such were some of you. . . .' I can only say that these conflicting statements, have caused much anxiety and grief to me. If the experts can't agree, how can the layman expect to draw conclusions or get any help?"<sup>39</sup> A sophomore at the University of Iowa likewise wrote: "This matter causes me considerable concern and frustration. I have approached my problem from so many different angles, including the principles set forth in *The Power of Positive Thinking*, without much help. Always in the back of my mind is I Corinthians 6:9."<sup>40</sup> Craving instructions for reconciling psychiatry's definition of homosexuality with their Christian faith, these writers complained that Peale's brusque response had skirted central theological issues.

Letters attest to the extent to which Americans trusted Peale to advise them about sexual matters, but they also reveal the unresolved tension that many of Peale's readers perceived between his reliance on psychiatric treatment and his role as a minister. Because Peale evidenced no compunction about expounding upon the moral implications of anxiety, doubt, or premarital petting, his silence on the moral dimensions of same-sex desire baffled, and in some instances irked, readers for whom the issue was of paramount concern. Although Peale had tried, through his collaboration with Blanton, to integrate liberal Protestantism and psychiatry throughout his professional endeavors, his response to the young man's question about homosexuality marks an instance in which he appeared to cede authority to scientific theory. Peale's deference to psychiatric expertise failed to provide his readers with a theological framework for interpreting the origins or implications of same-sex desires.

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## **The Pursuit of Heterosexual Happiness**

The exchange between Peale and his readers offers a rare opportunity to witness how mid-twentieth-century Americans responded to liberal Protestant ideas about sexuality, marriage, and mental health—and reveals how much weight liberal Protestants like Peale gave to heterosexual marriage when they pondered the psychological and spiritual fortunes of the people they counseled. Ultimately, Peale deferred to psychiatry on the question of same-sex desire because the mental illness model of homosexuality fit his theological worldview. In his invariably optimistic assessment of human nature, Peale preached that each human being possessed the potential for happiness and love. For Peale, as for his readers, that happiness required marriage and a family. Marriage met all of Peale's criteria for personal, spiritual, and social success: happily married couples complemented one another, and together they could “handle situations with real effectiveness.” The emotionally balanced couple would attain “that profound oneness, that spiritual union, that God must surely have intended when He created man and woman.” By satisfying an individual's basic need “of being needed,” marriage formed the nexus of the spiritual-psychological universe that Peale's theology inhabited.<sup>41</sup> For positive thinking to work, it needed to build upon a heteronormative foundation. Heterosexuality, in other words, formed a necessary precondition for the kind of spiritual growth that Peale believed he could help people achieve. Psychiatric diagnosis enabled Peale to classify homo-

# University of North Carolina Press

sexuality as an admittedly serious medical condition, acknowledge how difficult men and women found the task of “curing” themselves, and maintain his faith in the possibility of heterosexual perfection.

The parameters of personal happiness, however, remained malleable and subject to shifting social, scientific, and religious trends. Over the ensuing decades, liberal Protestants’ therapeutic faith would be tested, as a growing number of gay Americans demanded that God, love, mental health, and same-sex desire find a way to coexist. Indeed, in the years immediately following the publication of Peale’s column in *Look*, liberal Protestant leaders increasingly aligned themselves with researchers and activists who debunked the disease model of homosexuality. At a 1961 conference on marriage and the family, sponsored by the National Council of the Churches of Christ in the U.S.A., attendees heard from Evelyn Hooker, the pathbreaking researcher who demonstrated that no discernible difference existed between the mental health of “homosexual” men and that of “heterosexual” men. The conference report endorsed tolerance of homosexuality.<sup>42</sup> Starting in the 1960s, increasing numbers of liberal Protestant clergy partnered with gay and lesbian activists to protest discriminatory policing practices and antisodomy laws. A few ministers established gay-friendly congregations, like the Metropolitan Community Church in Los Angeles, which opened in 1968.<sup>43</sup> By the time that the American Psychiatric Association removed homosexuality from its compendium of pathologies in 1973, many leaders of liberal Protestantism were already allies of the nascent gay rights movement and preached acceptance of homosexuals, rather than the cure of homosexuality.

As liberal Protestants, following the psychiatric mainstream, began to walk away from the sickness/treatment paradigm, evangelical and Pentecostal Christians marched in the opposite direction, championing the disease model of homosexuality—and preaching the possibilities of therapeutic cures. But unlike liberal Protestants, theologically conservative Christians incorporated a robust theology of sin into their antigay therapies. In 1973, evangelical Christians founded Love in Action, one of the first ministries devoted to “converting” homosexuals to heterosexuality through a combination of prayer and therapy. “Curing” homosexuality became a high-profile cause for evangelical leaders. When Anita Bryant launched her Save Our Children campaign in 1977 to overturn Miami–Dade County’s antidiscrimination employment law, she proposed the creation of a counseling center for the homosexual teachers who she believed were infecting the public school system and “recruiting” innocent children. Peale and other liberal Protestant

# University of North Carolina Press

ministers had advised gay men and women to understand same-sex desires as symptoms of a psychiatric illness and thus to rely on mental health professionals for a cure; therapists within the evangelical “ex-gay” movement discussed therapy as a form of repentance and described the outcome as a conversion.<sup>44</sup> Whereas theologically liberal clergy had prided themselves on staying in step with the most current trends in professional psychiatry and psychology, evangelicals rejected mainstream mental health opinion, often relying on the same psychoanalytic theories, first popularized in the 1950s, that the APA had just renounced.

Religious leaders like Peale helped shape the public debate about homosexuality because of—not in spite of—their appropriation of psychiatric and other scientific theories. Peale, an especially significant figure in the history of how twentieth-century American religious leaders promoted a therapeutic model of personal betterment, promulgated psychiatric theories of homosexuality to an eager American public. When the dominant paradigms of homosexuality were sin and criminality, Peale urged his readers to think about same-sex desire as a form of mental illness—a view hardly progressive by today’s standards but one that aligned Peale with mainstream psychiatrists and sexual progressives of his day. The responses his column elicited suggest how readily some Americans adopted psychiatric models of sexual identity and how relieved many of Peale’s readers were to find that he spoke the language of diagnosis and cure. The legacy of those conversations has endured in the decades since in impassioned debates over the connections among faith, sexuality, and mental health.

## NOTES

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1. Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement* (New York: Oxford University Press, 2004), 13. See also Richard Wightman Fox, “The Culture of Liberal Protestant Progressivism, 1875–1925,” *Journal of Interdisciplinary History* 23, no. 3 (1993): 641.

2. For further discussion of these issues, see Rebecca L. Davis, *More Perfect Unions: The American Search for Marital Bliss* (Cambridge: Harvard University Press, 2010), 136–75.

3. Carol V. R. George, *God’s Salesman: Norman Vincent Peale and the Power of Positive Thinking* (New York: Oxford University Press, 1993), 46, 55–69, 86–87.