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"What If I Don't Change?"

By Joseph Nicolosi, Ph.D.

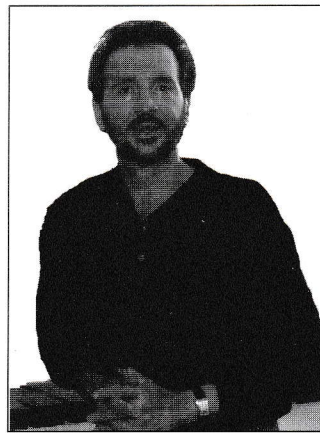
Over the years, many men have come to my office for help in changing their sexual orientation. Homosexuality doesn't work in their lives. It just never feels right or true.

To these men, it is clear that gay relationships don't reflect who they are as gendered beings, and that they have been designed--physically and emotionally--for opposite-sex coupling.

But reorientation therapy is a long and difficult process, with no guarantee of success. "What if the man doesn't change?" is a legitimate question. "Will I have gained anything of value?"

People are often surprised to hear that in reparative therapy, typically there is very little discussion about sex. In fact, it is a mistake for any psychotherapy to focus exclusively on one particular symptom. Clients come in with a difficulty that they want removed from their life--an eating disorder, gambling obsession, or unwanted same-sex attraction-- but good therapy addresses the whole person.

I typically tell my clients in the very first session, "Rule Number One is, never accept anything I say unless it resonates as true for you." The experience of the client, whatever that may be, must always trump any preconceived theory. Reparative theory holds that the origin of SSA is in unmet emotion-



Joseph Nicolosi, Ph.D.

al and identification needs with the same sex, and the client is free to accept or reject that premise. If that doesn't feel true to him, he will usually decide to leave therapy after one or two sessions.

But if he continues, the therapeutic setting will provide a "holding environment," an opportunity in which he can explore, reexperience and assimilate past, painful trauma. Here, he begins to liberate himself from old patterns of self-sabotage. He grows beyond the emotional isolation and chronic

loneliness that have so long limited him, and develops a renewed emotional investment in authentic relatedness.

Through a relationship with an attuned therapist, the client discovers how it feels to emotionally disclose to another man--revealing those long-buried, shame-evoking feelings. He experiences from him a deep acceptance of wherever he is in his life, at that point in time, whether he changes or not. Such an experience is always profoundly therapeutic.

Besides an enhanced ability to develop genuine male friendships, the client will discover healthier relationships with females--where he learns to prohibit the boundary violations with women that can cause him to surrender his separate, masculine selfhood.

He will also learn how to examine himself with appropriate criticism--no longer "beating himself up" with self-blame--and in the

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process, he will better distinguish between constructive critiques and shame-based distortions. As one client put it, "In the past, I made the worst self-appraisals and simply assumed the worst about myself. But now, there is a clarity of wants and needs--strength in my voice--and a deeper way of communicating."

With time, he develops the conviction that he must accept the people in his life as they are, without the need to defensively distort reality in order to remember them as having been better than they were. Further, any hurt and anger at parents and peers turns into a certain benevolent acceptance: "They were what they were." "In their own way, I know my parents loved me." "Those other guys had their own insecurities." Here, the man comes to understand the people in his life with a new attitude of humility and compassion--even toward those who have hurt him.

One man told me: "Last night I had a salient conversation with myself about giving to others. I can empathize with other people more--because now, I can feel my own feelings more. I think I've finally quit hiding from myself--and I want my personal journey to end with deeper relationships with people."

Rather than focusing on sexual-orientation change, the primary work of therapy is, in fact, to teach the client to relate from a place of authenticity, openness and honesty. This way-of-being in the world is what we call the Assertive Stance, where the person matches up his inner feelings with his outer dealings--to paraphrase Fosha, who defines the healthy individual as the person who is actively "feeling and dealing." *

We, too, believe that "feeling and dealing" is the essential ingredient to the healing of SSA: teaching the person to live and love from his authentic self. When he truly does so, we believe, his unwanted SSA will powerfully diminish and ultimately disappear. Besides this growth in human connectedness, the client learns to reject the Shame Posture that has so long paralyzed him. As one man explained:

"In the center of my chest I feel the heavy truth that I've spent 40 years of my life not taking action; afraid of men--afraid of women--afraid of living. I've let my shame-wound separate me from people."

The client should conclude therapy with a better understanding of why he has those attractions that feel so alien to his ego, and what he can do, if he wishes, to continue to diminish them.

But what about the client who fails to change; will he be left in a sort of "intimacy limbo" -- not heterosexual, yet unable to be intimate with men? The truth is, our client was never intimate with men. That is why he came to therapy. He also came to us because he believes that true sexual intimacy with a person of the same gender is, in fact, not possible: same-sex eroticism simply fails to match his biological and emotional design, and does not reflect who he is on the deepest level.

Some clients, of course, change their worldview over time. "Jason" recently left reparative therapy to live in a gay relationship. He had come to believe that homosexuality was, contrary to his earlier beliefs, truly compatible with his religion. His worldview had changed so much that he and I were no longer in fundamental agreement about the meaning of homosexuality, and we agreed to end our working relationship. He told me, "I didn't change sexual orientation, but I can truly say that I've learned to be my own person."

Other men enter reparative therapy as gay-identified from the start. With those clients, we agree on a precondition to our working together--that is, we will not address the issue of sexual-identity change, but we will work on all of their other problems in living. And so we work on issues like capacity for intimacy, problems with self-esteem, internalized shame, childhood trauma, and the search for identity. The good therapist always conveys his complete acceptance of the client, even if that client eventually decides to gay-identify. Like Jason, some of our clients will change course and embrace homosexuality as "who they are." Some never lose their conviction that they were designed to be heterosexual, and they persist toward that goal. Others remain ambivalent about change, while going in and out of gay life over a period of months.

We accept their choices even if we don't agree with them, because we accept the person.

Reference:

* Fosha, Diana, Ph.D. (2000). *The Transforming Power of Affect: A Model for Accelerated Change*. New York: Basic Books.

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"Victory on the Bow of a Ship"