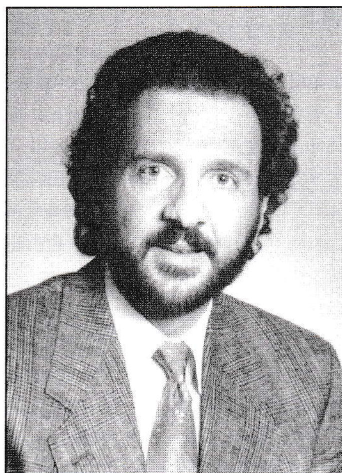
Attachment Loss and Grief Work in Reparative Therapy

By Joseph Nicolosi, Ph.D.

The gender-identity phase of development is marked by a surge of "ambition" to achieve gender competence. When there is a failure in this phase of development, a core identity injury results. Grief work helps the client overcome the injury.



Joseph Nicolosi, Ph.D.

The triadic narcissistic family offers a useful model for understanding male homosexuality and its foundation in a failure of attachment to the same-sex parent. The narcissistic family is not found in the backgrounds of all same-sex attracted (SSA) men; however, we often see evidence of it in our clinical work with men seeking to overcome SSA.

In normal families, children know they are important, and they sense their needs and feelings as important to their parents. But rather than providing an understanding, accurately attuned, and supportive emotional environment for the son's developing masculine self, the narcissistic parents, as a parental team, systematically "fail to see" the boy as a gendered individual person.

"Shaming" Masculinity vs. "Failing to Elicit" It

Recent biological research suggests that some boys have experienced a biological developmental "accident" in which their developing brain was never completely masculinized while they were still in utero. When such children reach the gender-identity phase of about two years old, the "surge of ambition" to achieve masculine competency will be much weaker than that of the typical boy. Such a boy may fail to develop a normal masculine gender identity if the parents do not actively elicit it from him. Such parents did not actively "shame" the son for his strivings but simply failed to be attuned to the boy's special need for active support in calling forth his true, gendered nature.

The Problem of Malattunement. In this family, through distinctly different interactions with each parent, the boy experiences parental malattunement in his efforts to acquire his masculine self-identity. Within the narcissistic family the child must be "for" the parents, i.e. "the parental team." The malattunement he most often experienced was through being ignored/belittled by father, and manipulated into taking on the role of intimate companion to mother.

There may be anger against the self as a defense against his own weakness and inability to break away from the mother to acquire a distinct masculine identity. In addition to that anger against the self, the child may have been made to feel bad about his feeling sad. "You're upsetting everybody else." "There's no reason to be unhappy and you have nothing to complain about."

Within this narcissistic family structure, the boy's unsuccessful attempts at gender actualization result in an attachment loss. Together, the parents evoked an abandonment–annihilation trauma within the boy for which now, as a man, he must grieve. This is the core trauma which has led to such a man's same-sex attraction in adulthood.

The Boy's Temperament as a Key Factor

Temperament is a key factor in the failure to gender-identity. Another boy who was less temperamentally sensitive — perhaps even this boy's own brother who may have been more outgoing, emotionally resilient, and assertive — would likely push harder and be more persistent in seeking his father's attention, making it less easy for the father to detach from him. By the same token, an assertive and outgoing boy often has more in common with the father and he will be actively sought out by the father. The assertive-resilient boy will also be less likely to form an over-intimacy with the mother and to seek out her sheltering protections as a means of avoiding the masculine challenge.

Thus, it is the emotionally vulnerable boy— sensitive, intuitive, sociable, gentle, easily hurt — who is most likely to incur a gender-identity injury and to give up the masculine challenge. This boy needed special help to leave the comfortable sphere of the mother; and perhaps his father did not actively injure him, but simply failed to do the essential job— essential *for this particular boy*— of actively calling forth his true masculine nature.

Attachment Loss and Shame

Clients express not only a sense of gender deficit, but a deeper, not easily articulated sense of loss and emptiness. Various men have tried to describe it in their own way.
It is that despairing place that is the source of homosexual impulse. It is also the source of the client's deepest resistance to treatment.

The developmental sequence is first attachment loss, then gender deficit. If homosexuality is a form of attachment loss, then the question becomes: "Why do some children who experience insecure attachment eventually adapt to the loss, while other children do not, and develop maladaptive defenses against it?" To begin to answer this

continued on page 6

question requires, first of all, the understanding that the child's defense is not homosexuality per se, but a gender-identity deficit—which he only later unconsciously seeks to "repair" through homosexual enactment.

Said one client:

"When I went into the gay porn sites, as soon as I got started, I realized how depressed I had been. I realized, too, that I knew I was depressed but was avoiding doing anything about it."

"The power of gay porn images reflects my own inadequacy. The power of the image is not what *he* is, but what *I* am not. And I can go pursue the distraction of what he is, or confront the painful reality of what I am not."

The gender-identity phase, like all other phases of the child's development, is marked by a surge of "ambition" to achieve a particular competence. Along with this biologically driven "ambition" comes a narcissistic investment in the outcome. When there is a failure in that phase of development, there is a vulnerability to shame. Thus, this understanding of the homosexual condition sees not just a gender-identity deficit, but also a *core identity injury* which brings us to the use of grief work.

The person with a homosexual problem will exhibit psychological features commonly found in any client who has become stuck in pathological grief. Those include excessive dependency upon others for self-esteem, emotional maladaption, thoughts of suicide, instability and insecurity, and difficulty in establishing and maintaining long-term intimate relationships. These symptoms are a defense against mourning the loss of authentic attachment to both parents. Thus it ironic that declaring himself "gay" is a defense against profound, underlying sadness.

Consequently, the therapist will attempt to offer a "corrective experience": i.e., serving as the good parent by not punishing— but hearing, understanding and even valuing the experience of grief. The therapist must also recognize and interpret the client's primary defense, which is the client's anticipation of being shamed for feeling his loss. This is the essential function of shame— to defend against grief. It is easier to blame himself (and spend the rest of life punishing himself for not feeling loved) than to face the profound reality of loss of the parent's *accurate attunement* and the attachment he should have had with his father. The client must openly share that fear of shame with the therapist, in order to engage the opportunity for healing.

Deep grief work is often met with deeply entrenched resistance precisely because of the intense pain resulting from the loss of attachment. The client literally feels that if he expresses his pain, he will die. This primal feeling is biologically rooted and evidenced in mammalian group behavior; after all, the shunned, rejected member of the pack rightly senses that he will not be able to survive alone.

It is not the pain, but the fear of the pain which is the greater source of resistance in grief work. The desperate quality of this distress is understandable since, from childhood, separation meant annihilation. Now, as an adult, the client in therapy is still not secure in the belief that he can enter that deep pain and survive. So it is not reliving the trauma but the *fear* of reliving it which is the greatest source of resistance.

Grief work is approached through the client's own presenting complaints and his self-identified conflicts. Those conflicts often involve the client's shame for efforts at masculine assertion. When pursued, these conflicts often lead the client into deeper emotions. Most often, sad and angry feelings will surface when the client allows himself to fully feel the sadness and emptiness associated with his attachment loss.

The next phase of therapy requires a meaningful integration of the loss. Now, as an adult in therapy, the client with SSA can re-create a coherent narrative — namely, the making of meaning now, in the present, of his attachment losses in the past.

Resolution means the client must decide to live in a realistic present, making realistic plans for the future. He chooses to have a healthy perception of reality with the people in his life today — not needing them to be better than they are. No longer is there the inarticulate sense of narcissistic entitlement that others are obliged to compensate him for his past hurts.

This grief work is a humanizing process, in that it demands the abandonment of narcissistic defenses against experiencing deep humility. The work of grief is the back-and-forth tension between two inhibiting affects — shame and fear, versus the other two core affects — sadness and anger.

Resolution necessitates the assimilation of the loss into one's personal schema, one's worldview or personal narrative. That narrative requires a coherent understanding of himself today. As the client faces his illusions and distortions, he spontaneously expresses curiosity about his true identity. "Who am I other than my false self?"

Resolution is the catalyst for personal growth, identity transformation, and the establishment of new ways of relating. It means growing beyond emotional isolation and chronic loneliness, and making a renewed investment in authentic relatedness with people of both genders. Along with this greater capacity for genuine intimacy, comes a diminishment of same-sex attraction's illusionary power.

Reference

Nicolosi, J. (1991) *Reparative Therapy of Male Homosexuality.* N.J.: Jason Aronson.