

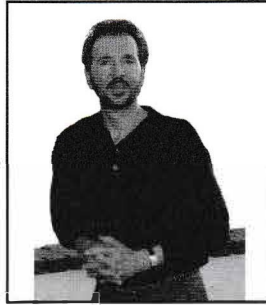
## The Paradox Of Self-Acceptance

By Joseph Nicolosi, Ph.D.

Reparative therapists simply urge clients to suppress, deny and reject their same-sex feelings, according to some critics. But a closer look reveals an approach that is quite different.

This is the paradox of reparative therapy: it can be successful only if the client first faces and accepts his unwanted feelings. The more the person sees the thing inside himself that he rejects, and sees it in the light of truth, the more it dissipates. The task is not to look away from the feelings, but to look through them.

When we use the “Triangle of Containment” in therapy, the client is asked to focus directly on a homosexual thought or fantasy. At the same time, he should actively attend to his bodily sensations. While doing this, he is asked to stay connected to the therapist. When the client is holding on to the homoerotic image, he will usually experience a simultaneous bodily arousal. (Some men describe it as a genital surge, a rush or a “zap.”) If he can accept his bodily homoerotic experience while staying connected to the therapist, the sexual feeling soon transforms into some-



Joseph Nicolosi, Ph.D.

Re-experiencing the feelings in the presence of an accepting therapist helps remove that shame; the client is then better able to see his same-sex desire for what it is. One man described his liberation from shame by looking deeper the homoerotic illusion. “Looking at it in the light of day,” he said, “takes the ‘leprosy’ out of it.” No man needs to rely on shame to keep himself on the right path. Shame says, “I am worthless and bad.” In contrast, guilt says “I did something bad.” Guilt can be appropriate, and convey a needed message. But shame—which is felt on a bodily level as an internal collapsing and deflation--

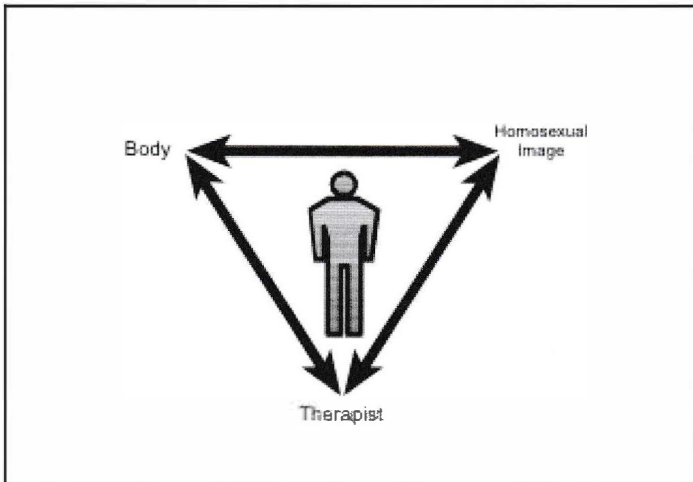
demeans the person at his very core and destroys his worth and dignity. Removing the shame helps to reveal the True Self, and in Judeo-Christian anthropology, that True Self has been designed by its creator for heterosexuality.

### Three Examples

One client, a 43-yr-old married accountant, was recalling another man that he had recently seen at the airport while he was on a business trip. This had awakened his sexual fantasies and dreams. I asked him to hold onto that image and observe his bodily sensations while staying connected to me. As he did, he felt an intense sexual longing. But as he followed that fantasy through an imaginary sexual scenario, quite unexpectedly, he then experienced an embodied shift to sadness, longing and emptiness. In tears, he spoke of his sense of deep unworthiness. “I would just love him to be my friend! He’s the kind of guy that I always wanted to be close to. How much I just want to be friends with a guy like him.” Moving on from that insight, he recalled vivid memories of peer abuse, contempt and rejection, and the loneliness and alienation that had made so much of his childhood miserable. The man in the airport represented the other guy who was always out of reach -- the potential friend who was “always out of my league.”

Another client, a 22-year-old student, was placed into the Triangle of Containment with an image from a porn movie that he had recently seen of a fantasized, ideal male figure. This young man had no inhibitions about detailing the nuances of sexual behavior he would engage in with this ultra-macho mythical partner. He went into a scenario describing every possible sexual activity that two men are capable of doing. At the end, he looked at me and--after staying silent for a moment—said sadly, “But still, I want something more.” He then proceeded to tell me about the wife and family that he even more deeply desired.

A third client, a middle-aged schoolteacher, attended to his bodily sensations while he held onto the image of a 15-year-old student



thing else: the recognition of deeper, pain-generated emotional needs which have nothing to do with sexuality.

Some ex-gay ministries may reject the idea of deliberately facing and attending to the experience of one’s homoerotic feelings. (For example, one Scripture passage warns that he who looks with lustful intent, has already sinned in his heart.) But the difference here is the word “intent” – we do not encourage the intent to engage in homosexual behavior, but rather, we encourage the client to honestly feel, without judgment, the shame-associated experience while staying connected to a salient male therapist.

with whom he had become obsessed. Following through in a detailed description of what they would do together, he moved on to another feeling: the empty, hollow feeling in his lower chest. Putting words to the feeling, he spoke of how profoundly he really wished he himself could be that masculine, self-assured teenage boy.

When we push the shame aside--facing the feared fantasies directly--we see the true nature of the homoerotic attraction, which is about attachment loss. Homoerotic attraction is different from heterosexual attraction, in that it is driven by a child-

hood bonding deficit; therefore its roots trace back, not to an outward-directed search for someone who is truly "other-than-me," but to attachment-related pain, deprivation, loss, and emptiness.

The man in reparative therapy fights back by knowing who he really is, even after repeated failures. He learns not to take his setbacks at face value, but to penetrate their meaning. This leads him to look past that erotically charged male symbol--the icon of a missing part of his identity--and to begin to fulfill the male attachment needs that are his deepest longings.

## Reparative Therapy: A Review of Clinical Applications

By John M. Groer, MD

Reparative therapy is a controversial and often misunderstood term that has been used to describe a variety of psychological and behavioral interventions aimed at changing a person's sexual orientation or gender identity.

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