Why I Am Not A Neutral Therapist

"How could I have been designed
by my creator for homosexuality?" the client asked.

By Joseph Nicolosi, Ph.D.

Recently, a man told me about his experience with another psychologist, who told him he was born gay, and said his unwanted attractions revealed "who he really was."

The client asked if he could be referred to a different therapist who would help him explore change. The psychologist (who, it turned out, was a gay activist) said, "No. I won't participate in something unethical. This denial of your homosexuality is a reflection of your self-hatred. There is no other valid position on this issue!"

Staying Away From Values Issues

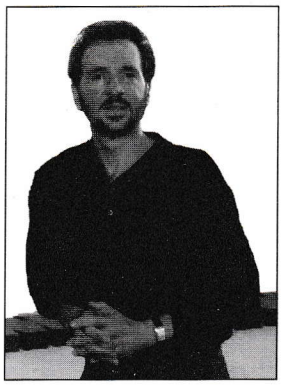
Psychologists who see heterosexuality as the norm are extremely reticent to speak up. But gay-affirmative psychologists act as relentless advocates for their own worldviews.

A Christian psychologist contacted me to discuss reorientation therapy for SSA men. Hoping to find a politically "safe" compromise with the APA, he was anxious to avoid value judgments and remain noncommittal about homosexuality. The solution, he thought, would be a simple behavior modification program. Speaking from my 25 years of experience in this field, I told him I found his approach naïve and ultimately unworkable.

Our men do not come to us just to change their unwanted behavior. They come to us to change their sense of self—to be more heterosexual, not just to "act" heterosexually; to feel comfortable in relationships with straight men, to learn to hold onto their masculine autonomy with women -- in short, to fulfill their latent heterosexual potential. A behavior modification program might be politically safe, but because of its shallowness, it would inevitably fail.

"Furthermore, why should I refuse to discuss philosophical issues with clients," I told him, "when gay-affirmative therapists are working very hard as boosters of their philosophy? They tell clients that same-sex feelings are 'sacred.' They push them to revolutionize society's and the church's attitudes. Any client's conviction that heterosexuality is the norm will be redefined by the therapist as a 'psychological illness—homophobia.'"

"The fact is, neutrality fails for clinicians on both sides of this issue," I told the psychologist. "Clinicians like you and me, who believe that humanity was designed for heterosexuality, must speak up about our philosophy. These men with unwanted SSA want boosters, allies, advocates, as they claim their masculine identity—someone who believes in them and stands strongly at their side."



Joseph Nicolosi, Ph.D.

Our Bodies Tell Us Who We Are

Philosophically, I am an essentialist--not a social constructionist: I believe that gender identity and sexual orientation are grounded in biological reality. The body tells us who we are, and we cannot "construct" – assemble or disassemble—a different reality in which gender and sexual identity are out of synchrony with biology.

The belief that humanity is designed for heterosexuality has been shaped by age-old religious and cultural forces, which must be respected as a welcome aspect of intellectual diversity. Our belief is not a "phobia" or pathological fear.

Natural-law philosophy says this view derives from mankind's collective, intuitive knowledge – a sort of natural, instinctive conscience. This would explain why so many people -- even the nonreligious -- sense that a gay identity is a false construct.

In fact, the very man who was instrumental in getting homosexuality out of list of mental disorders—psychiatrist Robert Spitzer, a self-proclaimed atheist—said that in homosexuality, "something's not working." If his own son was dealing with SSA, Dr. Spitzer added, he hoped he would explore change therapy.

Putting this same "intuitive knowledge" into blunt terminology, one of my clients asked, "How could I have been designed by the creator for anal sex?" He scoffed at the American Psychological Association's idea that homosexuality is equivalent to heterosexuality. "Anal sex is damaging to the body; it's demeaning to a man's dignity; it's unhealthy. I couldn't have been created for a same-sex relationship whose very design makes biological parenthood impossible."

He laughed ironically. "So I was designed this way? Then I have been created by an absurd god."

The fact is, the vast majority of clients who come to us have found SSA to be maladaptative in their lives. Their impetus for

change comes from their deep conviction that, underneath it all, they really are heterosexual men, and they seek a therapist who sees their inner potential.

A Clinical Picture Is Essential

What will happen when the uncommitted ("neutral") therapist hears his client revealing self-destructive behaviors that are statistically proven to be associated with SSA? How will he interpret these behaviors? Staying out of philosophical territory with the client would require a sort of "Rogerian neutrality" that even Carl Rogers himself couldn't live up to. I can't imagine any psychologist who actually does this therapy on a regular basis believing that such an approach would be successful.

Along the way, clients always report a host of maladaptive, self-defeating behaviors that restrict their maturation. The successful clinician must have an understanding of the meaning of these common factors. He will also observe fundamental distortions of self-identity. Once seen, how can these factors – including their meaning and likely origins-- be ignored?

As Charles Socarides once said, the therapist must be neutral in judging the client, his behavior, and his choices; but he cannot be neutral about the condition of homosexuality.

Indeed, if the therapist tried to be neutral, he would have to avoid any topic that suggested the man's SSA to be maladaptative. Refusing to notice his client's distortions and to make sense of them by connecting them to his past experiences, would result in an impossible intellectual disconnect.

The men that stay with us in therapy, do, in fact, believe that "something happened to them." We offer them an understanding of the traumas they tell us about—and one that deeply resonates with them. We also offer a way out, albeit, a difficult one, that has been proven to work with other men.

Common Clinical Themes, Not An Imposed Agenda

The developmental model we suggest must deeply resonate with the men we work with, or they will (rightfully) leave our office and pursue a different therapeutic approach. We explain that our

(Continued on page 20)