

Clinical Issues:
Grief Work

Discussion with Joseph Nicolosi, Ph.D.

Dr. Nicolosi (JN): In our continuing investigation of the clinical material, some recent work on the Narcissistic Family has added a deeper dimension to our understanding of the prehomosexual boy's experience. And so during the last three years, we've developed a new dimension of Reparative Therapy.

This expanded model gives us a better understanding of male homosexual development and leads us to a more effective treatment.

A good way of understanding this dimension is to envision lifting the reparative-therapy model up, and then putting a subfloor beneath it.

Linda Nicolosi (LN): A subfloor?

JN: Yes. The "house" of Reparative Therapy was built with the concepts of gender-identity deficit, defensive detachment and reparative drive. Now we are underlaying the structure of the house with our understanding of a deeper trauma experienced by a significant group of clients—the narcissistic family, along with the necessary treatment of that trauma, which is the grief work.

I've developed these ideas by integrating the concept of the narcissistic family with the work of psychoanalyst Martha Stark. Her books are *A Primer on Working With Resistance*, and *Working With Resistance* (both 1994). Dr. Stark's therapy requires getting the patient to look back on the experiences of his early family life to resolve grief around what is known in psychoanalytic terms as "abandonment."

LN: How does this fit the Reparative Therapy model?

JN: Reparative Therapy has long recognized the Classic Triadic Family model to understand the most common pathway to male homosexuality. But when we combine that model with the Narcissistic Family and grief work, we gain a fuller understanding of our clients' childhood experiences. Our expanded model is the Triadic Narcissistic family.

This model will not fit all clients, of course, but it resonates with many.

We've always known that homosexuality is not a sexual problem, but a symptom of an underlying problem of gender identity. But the deficit typically goes deeper than that;

there's also a damaged sense of self. This damage to the self is the integral part of the gender problem.

LN: Can you describe the Classic Triadic Family?

JN: Irving Bieber's 1962 study established this family type empirically. It has been repeatedly shown to be the foundational model in male homosexuality, although there is more consistency in findings about fathers than about mothers.



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In the classic triadic family we have a sensitive boy who did not get the close, affirming relationship with his father that would have confirmed him in his gender identity, and a mother who is likely to be over-close and standing in the way between father and son. The father was not supportive enough in affirming, recognizing and reinforcing the boy's maleness. If there is an older brother, he usually had a fearful-hostile relationship with him.

LN: How would temperament play a role in this model?

JN: Some boys—particularly those with a resilient, extroverted temperament—were not so vulnerable to being emotionally hurt by a distant, rejecting father or molded by an over-involved mother, so the classic triadic family caused no gender-identity injury.

But the sensitive, compliant son was not so fortunate. He couldn't move beyond the comfort and security of the mother-son relationship to establish his own masculine autonomy. He experiences a narcissistic hurt and eventually surrenders his natural masculine strivings. I say "natural," because gender strivings are grounded in the biology of human design.

LN: How does the triadic model work together with the narcissistic family model?

JN: The two models can be seen as fitting together in a compatible overlay. In the narcissistic family, the boy grows up with a parental dynamic in which the son is perceived as a self-object. Now, both parents, it should be said, are often good people who were consciously very loving, self-sacrificing and well-meaning. There is no conscious intent to hurt the child. But on some level, such parents have a need for the child to be "for" them, meeting their needs and expectations that he be a certain kind of child.

In the psychoanalytic literature on the narcissistic family, the child (either a boy or a girl) was not seen for his True Self. He was seen or not seen, responded to or not responded to, depending on whether particular aspects of his True Self gratified or did not gratify the parental team's narcissistic needs.

When the boy's spontaneous expression of self conflicts with the parents' needs, he finds himself in a no-win, double-bind situation. If he holds onto and expresses his True Self, he is overtly or covertly punished by being ignored by his parents—which at his young age means he simply ceases to exist. The expression of his true self, which must involve his gendered self, is met with what is called the abandonment-annihilation trauma. In other words, "When my parents cease to reflect me, I cease to exist." And so as a survival tactic, he develops the False Self as a way of complying with his parents' vision of who he must be. That False Self is typically "The Good Little Boy."

LN: How common is the narcissistic family?

JN: As parents, we probably all exhibit some narcissism in our parental expectations. So the narcissistic family, then, exists on a broad continuum. But when the parents' narcissistic expectations combine with the Classic Triadic Family pattern, the family produces a genderless, non-masculine, "Good Little Boy." For some reason, this parental team had a vested—if, in fact, quite unconscious—interest in this particular boy not developing his masculine identity.

Perhaps this was the son who was born sensitive, introspective and unathletic, so he became his mother's confidante. And perhaps the mother's needs meshed with the boy's own fears—that he could not compete with his male peers on their own level. Staying close to his mother would feel very natural and comfortable to him.

And so this particular son abandoned the natural striving to achieve masculine autonomy, which is to say, he gave up developing the side of himself that would have been rambunctious, mischievous, active, independent, and aggressive. He becomes his mother's best friend...sitting in the kitchen and watching her cook, hearing her stories and hopes and dreams and maybe even her complaints and disappointments about his father.

LN: Does the narcissistic family model also involve both parents?

JN: Yes, because the father—at least unconsciously—went along with the arrangement with this particular son

by allowing his wife to interact with the child as a husband-substitute. It may have fit the father's needs because it allowed him to escape some of the emotional responsibilities of marriage that he considered burdensome. And maybe there was another son he could be close to, with whom he had more in common. So both mother and father would have participated in producing the non-masculine son.

Of course, the Narcissistic Family syndrome by itself, *without* the Classic Triadic relationship, will have a damaging effect on the child's sense of self, but not likely affect the child's gender identity.

But any time a parent's love is mediated through narcissistic expectations, the child will be left with a feeling of weakness, vulnerability, sadness, emptiness, a deep suspicion of never having been truly "seen" for who he was, and loved. These feelings are common complaints of the homosexual client that go beyond the feeling of gender deficit, and in many cases, they can be explained by the narcissistic family.

LN: How common is this combined family model?

JN: Most of my clients report experiencing it to some extent, but it would be inaccurate to lay the blame solely on the parents for the child's homosexuality. However, we can say that when we see this model in its fullest expression—when the child knows that his existence needs to be gratifying to his parents—he experiences what object-relations theorists call "abandonment," and that brings up a flood of sorrow and grief about not having been seen or known for who he really was. Such a client will need to understand and mourn that loss.

LN: Does this also happen in the same way with lesbianism?

JN: We may see a scenario in which the girl's authentic expression of self, including her femininity, was met with disapproval. Sometimes the narcissistic need of her parents required her to renounce her femininity, to "be strong" and take care of her mother.

In some family histories I am aware of, the girl was expected to be feminine in a stylized way that did not suit her. These young women describe themselves as having been tomboyish, spontaneous, assertive girls whose mothers' narcissistic need required them to adopt a caricatured "girl-ish" femininity which meant expressing no opinions and conforming to a very narrow vision of gender. This feminine straitjacket of their mothers' envisioning did not match their own internal sense of who they really were.

But there are other pathways to lesbianism which don't

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involve the narcissistic family system. Maternal inadequacy is one common finding. When the mother is inadequate as an emotional resource or a feminine model (she was depressed, unavailable, abused by the father, alcoholic), the girl is left with a maternal nurturance deficit which later leads to a craving for love and intimacy with women.

LN: Returning to the boy, how does he protect himself from a narcissistic parent's expectations?

JN: The child is made to feel shame regarding his true, gendered self. The "Shamed-Damaged" self will defend itself through two mechanisms. One is narcissistic pride, which we see so commonly in the homosexual condition, and in the service of which the homosexual condition develops. The other defense is the False Self which originated from the "Good Little Boy." The homosexual condition is characterized by these two defenses.

One client said to me recently, "I always tried to make my mother happy but I could never keep her happy for very long. So she was very disappointed in me." This is what many of our men are grieving. They are grieving the fact that so much of their life was spent trying to live up to an expectation that was never really verbalized, yet clearly understood. Much of their life was spent trying to gratify and please, to seek the approval of others.

The grief work penetrates the two defenses of narcissism and the False Self and focuses the client on fully feeling and expressing the Shamed-Defective Self. He discovers that, as an adult, he need not fear the primal threat of abandonment-annihilation, and he can begin to surrender the defenses of homosexuality, narcissism and the False Self.

The Narcissistic Triadic model explains other clinical features we see besides the narcissism and the False Self. It also explains the pervasive sense of not belonging, of never having felt understood or connected, and of experiencing an inner void and emptiness.

Homosexuality is more than a "pull" toward connection with the masculine (through the pursuit of male attention, affection and approval). Homosexuality is also a "push" from the gut sense that "I am defective."

I recall years ago a client whose wife had just discovered his many anonymous sexual encounters. She tearfully asked him, "How could you have done such a thing?" The client said to me, "From the depth of me came an answer that surprised even me; I said, 'Because it hurt too much not to.'" This man was looking for much more than male attention, affection and approval. He was seeking relief from the deep void in his heart which he knew on some level, had existed since early boyhood.

And so we see that this Shamed-Defective Self goes much deeper than a deficit in gender. We gain a fuller understanding of it through the established literature on self

psychology and object-relations theory.

Gay theorists also recognize this "Shamed-Defective Self," and many gay men admit that no matter how liberated they are, they always struggle, on some deeper level, with a sense of inferiority. They point to this as evidence of homophobia that's been internalized from society. But I attribute this feeling to an internal process, unrelated to social stigma, which precedes same-sex attractions. The awareness of social stigma is later layered on top of the Shamed-Defective Self.

LN: How does this "deep grief" fit with the sadness described by other clinicians who deemphasize family dynamics and focus on peer rejection?

JN: When you begin the grief work, the peer memories usually arise as the first source of pain. But as you keep the client focused, we find the sadness often goes deeper to memories of the mother and father. As much as the parents tried to love their son in their own way, the clients harbor the felt memory of not having been understood, not having been "seen," not having been loved for who he really was.

LN: How does the client get in touch with this grief?

JN: We start out by focusing on his emotional state in the here-and-now. He will periodically express the feeling of being "stuck"—weak, hurt, hopeless, blah, depressed, lonely, not belonging, and feeling forlorn and self-pitying.

These feelings are what we call the Black Hole, which is a cluster of thoughts and feelings that permeate his consciousness. Our earlier strategy was to bounce the client out of the Black Hole through a change in self-talk. We applied van den Ardweg's concept that these men were caught up in a state of self-pity. We "called them on it," challenging them to move onward.

But now we are realizing that the Black Hole can offer a doorway into a deeper grief that lies beneath it.

LN: A doorway?

JN: It's a feeling-level opening through which the client confronts dreaded memories which may include rejection and even victimization.

LN: How do most clients deal with "The Black Hole"?

JN: When our men fall into it, their first impulse is to run away and to connect with a man sexually. We always ask the client—and this is a very important factor in the therapy—"What was the feeling that preceded your homosexual enactment?" They report the complex of the Black Hole: "I felt alienated, disconnected, empty...I felt inferior, not good enough." These are the common feelings that precede homosexual acting out.

So every time they go to those feelings, any time something in their lives stimulates those feelings of not belonging and not being good enough, having been slighted or rejected...this stimulates the defense of

homosexual enactment. But what they are actually doing there, is unconsciously avoiding the deep grief. Experiences of hurt, failure, feeling let down and disappointed stimulate an affective memory of that early trauma. As soon as they get the slightest hint of that old feeling, they move away from it into homosexual behavior.

But instead you take them by the hand and walk them into the deep grief, let them stay there, let them experience it, let them realize the anguish is not going to annihilate them. They need to feel it more deeply, and not to be afraid of it. They now have enough ego strength, enough insight, enough emotional resources to transcend it.

Grief work inevitably includes feeling the anger, often even rage at having lived a lie to please others. It includes the pain of surrendering the illusion of homosexuality. Same-sex relationships—as this client already knows, because this is why he has sought out Reparative Therapy—never worked for him. But now he faces this realization squarely, powerfully, without defenses. So much of the appeal of a gay relationship has been the illusion that someday when that certain best friend and lover

comes along, this new man will alleviate that sadness, but then each relationship disappoints him.

Once he “goes there” into the grief and acknowledges what he sees...with enough of an observing ego to allow him to integrate it...he can finally start to come out on the other side. The hurt no longer has such compelling power; he’s faced that reality down and survived.

When I first read Martha Stark’s grief work, it struck me that this was a dimension to which we had not been paying enough attention. For many of her patients, she finds this to be a core element for a complete therapy. I have come to a point where I believe that a comprehensive Reparative Therapy must include grieving.

Maybe for my own reasons I hadn’t gone into it, because these feelings—sometimes murderous rage and deep, agonizing grief—are so uncomfortable and so primitive that many therapists, including myself, might shy away from it.

But as I’ve had more experience with grief work, I’ve come to see its often fundamental importance to the healing of homosexuality. ■