

Book Review of Joseph J. Nicolosi's *Shame and Attachment Loss: The Practical Work of Reparative Therapy*

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Joseph Nicolosi's newest book, *Shame and Attachment Loss: The Practical Work of Reparative Therapy* (Downer's Grove, IL: IVP Academic, 2009), is principally intended for therapists who want to counsel men who self-identify with ego-dystonic (unwanted) homosexuality.

Reparative therapy is the technical name for one of many approaches to psychological care for people with unwanted same-sex attractions and/or behaviors (SSA). It developed from the influences of psychodynamic theory and practice and has evolved notably through adapting the concepts and techniques of the brief dynamic psychotherapies.

Readers already familiar with any of the other approaches to therapeutic care for unwanted SSA will find helpful information about the theory and practices of reparative therapy. Readers unfamiliar with *any* therapeutic approach for unwanted SSA—as well as those either unfamiliar with dynamic psychotherapy in general and/or with the influence and treatment of shame and attachment loss issues—also will find this a worthwhile read.

As Nicolosi explains, “Homosexuality [is an] attempt to ‘repair’ a shame-afflicted longing for gender-based individualization” (p. 31)—hence the name *reparative therapy*. As early as 1976, Ethel Person was perhaps the first to identify the reparative component of homosexuality in a panel discussion at the American Psychoanalytic Association's annual meeting when she stated, “The nonsexual meaning of the homosexual encounter is a crucial issue in treatment. The homosexual act is frequently used to *repair* masculinity either through dependent gratification or domination” (Payne, 1977, p. 188; emphasis added). Another early pioneer in *reparative* as a therapeutic term was Elizabeth Moberly (1983).

Nicolosi writes as an experienced clinician: he has treated more than one thousand men with unwanted SSA (ego-dystonic homosexuality) and heads a clinic where 95 percent of the clients specifically seek psychological care for this presenting concern. In his book, he builds on the foundation of his prior works—*Reparative Therapy of Male Homosexuality* (Nicolosi, 1991) and *Healing Homosexuality: Case Stories of Reparative Therapy* (Nicolosi, 1993)—in which he conceptualized homosexual attraction in his clients

as a striving to repair gender deficits. In *Shame and Attachment Loss*, he now understands SSA more broadly as an effort to repair deep self-deficits and as a defense against trauma to the core self. After clarifying this theoretical reconceptualization, Nicolosi details how he works with men who say their homosexual attractions and/or behaviors are unwanted.

Nicolosi's evolving theoretical foundation of the etiology of homosexuality draws heavily on attachment theory, which conceptualizes the nature and importance of normative attachment in early childhood development. Ideally, attachment includes an attuned, salient mother and, later, father who work together to validate a boy's gender and move him toward masculine individuation. Initially, the mother's mirroring and attunement to the child creates a secure base from which the child can then identify with his father and feel a part of the "male tribe." If this process goes amiss and is coupled with the innate sensitivity found in some boys, homosexual yearnings/attractions may develop.

In clinical practice, Nicolosi and others have found that the majority of homosexually active men who seek change have had an intrusive/misattuned mother coupled with an emotionally distant and often antagonistic father—factors that interrupt proper attachment and related development. In cases of clients with older brothers, a large percentage of the older brothers were perceived as antagonistic toward or disinterested in their younger brothers—something that further alienates young boys from both their male peers and from men.

Building on the "classis triadic model" of the family, Nicolosi highlights the heavily narcissistic features in these families—features that he finds common in his clients' family backgrounds. Given these dynamics, Nicolosi has coined the term *triadic-narcissistic family*. He observes that the majority of his clients grew up in families where they were insecure and unsure of themselves because their parents often confused their own needs with the needs of their child, whose genuine needs were commonly unmet.

Nicolosi notes further that many of his clients find themselves stuck in a continuous state of "shame-based existence" in which they perceive they are not "seen" as or valued for who they really are, judge themselves to be less than their "idealized other(s)," and stay out of touch with

or alienated from their bodies/sensations/emotions. For these clients, homosexual experiences have become their primary means of coping with feelings of inadequacy—when, in reality, such experiences are only a temporary fix to their deeper problems. When these men found that their homosexual encounters did not meet their authentic needs and sense of self, and they sought therapy that they hoped—and discovered—could enable them to address these deeper issues.

According to Nicolosi, homosexual attractions and behaviors are triggered by an event that leads a man to experience shame according to the following sequence: Something happens that leads the client to experience (1) shame. Shame then leads to (2) the *gray zone*, a characterological defensive constellation of passivity, inhibition, avoidance, hiding, and similar reactions. The gray zone and its defensive constellation temporarily block the experience of shame yet create a feeling of unrest that begs for relief. Relief is sought through (3) homosexual enactment (acting out), which often results in more shame and may trigger the sequence to begin again.

The gray zone is experienced as a dull, paralyzing mood that traps the client, preventing him both from being aware of the preceding “shame moment” and from accessing the energizing—if painful—affect of true grief and/or moving into a more assertive state. The opposite of the gray zone is *assertion*, a state that empowers a client to avoid or overcome the paralyzing effects of shame and unresolved grief.

Without the help of a therapist, clients typically find themselves stuck in the gray zone rather than feeling and expressing the genuine grief (sadness, anger, and sorrow related to early attachment losses) against which their shame is a defense. Stuck in the gray zone, their only relief is homosexual enactment.

To assist clients in overcoming shame and attachment loss, Nicolosi advises therapists to help their clients identify their emotional mind-body states; he illustrates this process through many case studies. As the client becomes more conscious of these states, he can choose to interrupt instead of being automatically controlled by them. In a manner reminiscent of Gestalt therapy, Nicolosi facilitates clients’ awareness by persistently

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asking them to locate the somatic or affective feeling within their body and then guiding them to access and express the associated emotion(s). This process is called *body work*.

The work of reparative therapy involves a supportive counselor who can allow his client to experience authentic feelings (affects) about the present, here-and-now activity, and to then connect them to affects about his past. Nicolosi explains that the “goal . . . is to no longer act out [through homosexual encounters] his past hurts in the present but to experience those authentic feelings about the past while in the presence of the therapist” (p. 35). At the same time, both the therapist and the client need to stay attuned to each other in the “here and now” as they deal with affects left over from “there and then”—a situation Nicolosi calls the *double-loop experience*.

When the therapist supports and encourages the client to open up, the client re-experiences those feelings and their associations while in the presence of an attuned other. He is then able to “take in” the new insights. His identified conflict is thereby redefined and transformed, imbuing it with a new, coherent meaning. (p. 35)

A seasoned and sensitive clinician, Nicolosi operates from a clear theoretical framework and integrates his choice of techniques/interventions to facilitate the actualization of this framework. His work, as demonstrated by the transcripts of actual sessions, shows his flexibility and sensitivity to the uniqueness of each of his clients. He honors the story and experiences recounted by the individual client and correctly recognizes that psychological change sought by his SSA clients often occurs through their ability to strengthen relationships rather than simply through the application of specific psychological techniques.

In addition, Nicolosi emphasizes that to be an effective reparative therapist, the clinician has to have conviction that the client has a latent heterosexual potential and capacity that will in time surface to greater or lesser degree. This experiential conviction of the therapist is a sustaining factor when the client becomes discouraged and full of

doubt as he faces the pain of his shame and the strength of his self-defeating escape strategies. Without this therapeutic belief, it is unlikely that a client who desires relief from unwanted SSA will feel fully supported, understood, or “seen.”

The experience of Nicolosi and other practitioners shows how ego-dystonic homosexuality may be successfully addressed in treatment. “Success,” however, does not necessarily mean a total eradication of same-sex attractions, desires, and/or arousals. It does mean that a client works through the gray zone and facilitates his resolution into grief, mourning, and ultimate assertion—a process that diminishes shame and enables the client to engage with life. Such changes are often accompanied by a lessening of homosexual yearnings, less envy of other males, and the development of heterosexual attractions, including an impulse to “move toward” women—all to a variable degree.

There is a lack of consensus about what constitutes the central components or dimensions of “sexual orientation” (attraction, behavior, fantasies, identification, or some combination of these elements) and how to best measure it. Most research in this area, supportive or not, is based on narrative reporting by therapists or clients of change or the lack of change. As documented by Nicolosi, change does take place and at times can be quite dramatic, resulting in full conversion to heterosexual yearnings. Such a finding is historically supported by the reports of many other therapists who have served ego-dystonic homosexuals (NARTH, 2009).

In this book, Nicolosi’s major theoretical contribution is the integration of *attachment theory* with psychodynamic-based reparative theory. Moreover, as the title suggests, he focuses on what takes place practically between the client and the therapist. Examples of this may include:

- Providing body-focused therapy through verbal coaching
- Using grief work and accessing grief through facilitating the experience and expression of sadness or anger

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- Dealing with core wounding
- Helping the client grieve the lack or loss of his relationships with his father, brother(s), and/or male peers
- Keeping the client simultaneously focused on the problem or conflict at hand, keeping the client attuned to the therapist, and paying attention to the sensations/emotions/affects the client experiences in his body (what Nicolosi calls the *triangle of containment*)
- Helping the client to experience and express anger in healthy ways and to manage interpersonal conflict more assertively and constructively in ways that respect and meet the authentic needs of himself and others
- Supporting the client in developing and maintaining mutually supportive, non-erotic male friendships
- Facilitating any issues with his mother or other significant women in his life, and helping him develop mature, mutually satisfying relationships with women

Nicolosi also addresses the issue of homosexuality and biological factors. While he does not support the widespread media opinion that people are “born” homosexual (indeed, no “gay gene” or other mechanism for “biological determinism” of homosexuality has ever been identified [cf. Whitehead & Whitehead, 1999]), he acknowledges that biology likely plays a role in gender-identity formation. Nicolosi postulates that boys with a propensity toward hypersensitivity—a possible neuro-biological predisposition for some, often referred to as a characteristic of their temperament—may be more susceptible to developing homosexuality if that hypersensitivity is coupled with lack of parental attunement in child-rearing. He also hypothesizes that a sensitive boy’s shame response to parental mal-attunement may also negatively affect areas in the developing brain that are associated with gender-identity formation.

It should be acknowledged that while the body of knowledge and practice presented in this book is based on his work with a limited population of self-referred,

inner-conflicted, SSA men, Nicolosi at times over-generalizes the theory, findings, and effectiveness of reparative therapy to all homosexuals. For example, he conceptually traces how his clients have evolved their gay identities in four steps: 1) insecure attachment to mother, 2) defensive detachment from father, 3) defensive reparative eroticization of the “other,” and 4) social/cultural construction of a gay identity. He then presents this as a theory that applies to all gay men. As another example, he discusses the role of the lack of secure attachment and resultant shame, which he has found in a majority of the clients he has treated; he then categorically declares that “we see homosexuality as a narcissistic solution to a shame problem” (p. 34). Such assertions have not been established scientifically as applying to *all* homosexuals and detract from the otherwise professional and sensitive tone and presentation of this book. To be fair, however, Nicolosi’s tendency to generalize appears no less extreme than other psychodynamic-inspired theorists, such as Alfred Adler, who wrote that homosexuals overcompensate to an inferiority complex toward their own gender (Stein, 2003).

In 1973, the American Psychiatric Association removed homosexuality from the category of pathological conditions in the DSM—a move that resulted in a questioning of the legitimacy, effectiveness, and ethicality of change-oriented interventions. As a result, discussion and research on these interventions have significantly decreased in the mainstream mental health arena. Even though most mental health associations have abandoned such discussions, Nicolosi demonstrates once again that he has taken the baton and kept running, refusing to let an array of sometimes harsh critics prevent him from serving an increasingly marginalized population: those who experience homosexuality as an unwanted experience and who want competent therapeutic help to deal with unwanted feelings and behaviors. For clinicians who want to understand a new depth and breadth of clinical work aimed at clients who want to overcome ego-dystonic homosexuality, Nicolosi’s dedicated work remains invaluable, and his new book is an unmatched and worthy read.

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