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SHAME
AND
ATTACHMENT
LOSS
The Practical Work of
Reparative Therapy

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CHAPTER 2

Family Dynamics

My mother abandoned half of me – the man – and clung to the other half, the good little boy.

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Every time I see a father and his little son, I want to be that little boy. It's the same stab – a deep yearning.

The family model that produces a homosexual son has, in our view, typically failed to validate the boy's masculine individuation during the formative phase of gender identification. Masculinity is an achievement, not a "given," and one that is vulnerable to developmental injury.

There is a particular family pattern that we often find in the histories of SSA men. This pattern unifies two models that disrupt gender individuation: the *classic triadic family*, and *the narcissistic family*. Together, they form what I term the triadic-narcissistic family (Nicolosi, 2001).

By unifying these two models we better understand some commonly observed aspects of the homosexual condition – particularly, the narcissism-shame dimension. Our model better incorporates our profession's growing knowledge of infant attunement-malattunement. It also helps explains the conflicting findings about mothers of SSA men, who are most often observed to be overinvolved but can also be the opposite –

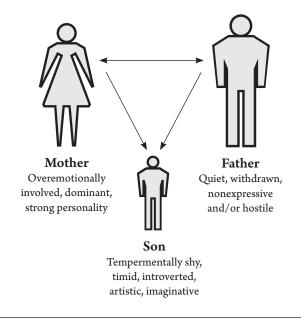


Figure 2.1 Classic triadic relationship

underinvolved/inadequate in parenting style. In both cases the result is insecure attachment.

The Classic Triadic Family System

The triadic family system, described in the foundational psychoanalytic literature on homosexuality by Bieber, Socarides, Kronemeyer and others, is the system that identifies the overinvolved mother and critical/detached father. Later writers found this same family pattern (Moberly, 1983; Fitzgibbons, 2005; van den Aardweg, 1997). This model lays the foundation for gender-identity deficit, particularly in the boy who is temperamentally sensitive.

This classic triadic pattern (see fig. 2.1) is described in the literature as follows:

Father. The boy experiences his father as hostile, emotionally detached or both. Although he may be highly competent in the business world, he is seen by the boy as nonsalient in family life – failing to be both "good enough" and "strong enough." (He may be seen as "good" but

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weak, or he may be seen as "strong" but critical/nonbenevolent.) In either case, the result is the same: the boy experiences the father as an unsafe/unworthy object of identification.

- Mother. The mother's attentions are typically described by the son as
 overinvolved, intrusive, possessive and controlling. The relationship
 between them is particularly close and excludes the father. Their bond
 has been described by many homosexual men as "special and intimate,"
 with the two being "soul mates and confidantes." She confides her own
 emotional needs to the son, as well as her chronic dissatisfaction with
 the father. Both mother and son experience the father as emotionally
 limited or inaccessible. They share their mutual grievances about the
 limitations of the father/husband. The criticism expressed by the
 mother lays the groundwork for the son to develop a negative view of
 men and, by extension, of masculinity in general. Masculinity comes
 to seem mysterious, "other-than-me," dangerous and unapproachable,
 or, as gay-activist psychologist Daryl Bem observes, *exotic*.
- *Son.* The boy is temperamentally sensitive, timid, passive, introverted, artistic and imaginative. Mothers describe these sons as more intuitive, verbal, gentle and perfectionistic than their other sons. While temperament is usually a biological given, some of these traits (especially

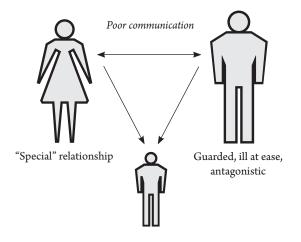


Figure 2.2 Closer look at the classic triadic relationship

timidity and passivity) may also be acquired and can be a symptom of insecure attachment. This sensitive and intuitive temperament causes the mother to gravitate to this particular son, which diverts him from the normal developmental path toward masculine individuation.

When we look more closely at the classic triadic relationship, we see the following relational patterns:

• *Husband-wife relationship*. Due to his psychological limitations the father maintains a distance from the mother, whom he avoids because he finds her emotionally draining. The marriage is characterized by a lack of emotional compatibility, with minimal intimacy. He does not want to engage her because he risks "upsetting" her and thus stimulating burdensome new emotional demands. He maintains his equilibrium by offering her the sensitive and relational son, who serves as a spousal surrogate.

The mother invests herself in this particular son (whom she can control and mold – fortunately, he has none of the objectionable aspects of her husband), but in her possessive love, she engulfs him. When the couple argues, the son sides with his mother and identifies with her hurt and anger.

In less common cases the mother is cold and detached. This is most common with the post-gender-identity phase type of homosexual, but the result is the same – an insecure attachment.

- Mother-son relationship. There is typically a particularly close relationship between mother and son; many clients will describe their relationship with their mother as "best friends" or "soul mates." Mother will often share her marital problems with the son, sometimes using him as a husband surrogate to compensate for a lack of emotional support and understanding from her husband.
- *Father-son relationship*. Our clients commonly say: "I never knew my father." "He was there, but not there." "He was a 'shadow figure.'" "He was as unapproachable as the Lincoln Monument."

Minimal or nonexistent, their relationship is characterized by poor communication and a lack of openness and trust. The father is seen by the boy as distant or critical. Father and son almost never speak about meaningful issues, and personal disclosure is avoided. Whenever there is any communication between them, the mother is the go-between.

• *Older brother*. Freud said that if the homosexual has an older brother, the brother is likely to be feared, and the relationship will be hostile. We have found this pattern to be common. This older brother may have behavioral adjustment problems and be experienced by the prehomosexual son as an intimidating bully; he may be the family "bad boy," while the prehomosexual son is the "good boy." Or he may be the high achiever for whom "everything comes easy," especially in sports. But in either scenario the client feels intimidated by the older brother and finds little support and encouragement from him.

In only one case that I have seen, there was an adequate relationship with the older brother, but he, like the father, was unable to protect the client from a very disturbed mother. (In this regard, the client fit the post-gender-identity phase type of homosexual to be discussed later.)

• *Father-older brother relationship*. The father and this older brother typically get along better, share common interests and are more alike. Sometimes, this companion-to-father role is taken by a younger (more masculine) brother.

An alternative scenario involves a great deal of hostility – even violence – between the father and older brother. But in both situations, the older (heterosexual) brother identifies with the father and his power enough, significantly, to be able to confront and engage him directly. This is in contrast to the prehomosexual son; his rebellion is indirect and he maintains emotional disengagement. The SSA son remembers of his family, "My brother was always my father's son; I was my mother's son."

The father inevitably resents this special mother-son relationship. Recognizing that this boy gets along so well with the mother causes the father to withdraw even further. The son, feeling further rejected, exacts his revenge on the abdicating father by using the privileged role he enjoys as Mom's confidante and best friend to usurp Dad's spousal role.

The Liability of "Specialness"

The "special place" so often held by the prehomosexual son with his mother was won without having to resolve any conflict with the father, and without the boy's achieving the masculinity the father represents. This becomes the basis for the gay man's often-stated contempt – rooted in envy – for the "boring, ordinary" straight man.

"I got the message from Mom that my charms, sociability, verbal and social skills, and emotional sensitivity made me better than the ordinary male," one client said. This specialness conferred on him meant that he did not have to achieve masculinity to win his place in the world. The scenario of "it's Mom and me together against those powerful, aggressive and hurtful males" subverts the boy's separation-individuation, preventing him from internalizing his masculine power.

Gradually, inevitably, the boy begins to develop a fascination for that essential part of his own identity that he has failed to claim. He will begin to seek it "out there" in the form of another male, feeling intense romantic longings. In puberty these longings for his own masculine power will become eroticized.

The Narcissistic Family

To my father, I was a nothing. To my mother, I was a conditional something.

I know that on some level my mom loves me. But she stops me from being myself.

In the previous section I described the basic features of the classic triadic family. Here we detail the essential features of the narcissistic family.

In the narcissistic family the son's separation-individuation (not just his gender individuation) poses a threat to the parental team's investment in this son as the "good little boy." This family – also known as the "parentcentered model" – places the child in the position of having to gratify (and assume upon himself, as if they were his own) his parents' emotional needs, particularly to help maintain the status quo between the detached father and overinvolved mother. The father and mother, who may on one level be nurturing, attentive, loving and consciously well-meaning, nevertheless see the child not so much in terms of who he is as a separate individual but how he makes them feel. Ultimately, the needs of the narcissistic parental system take precedence over the needs of the child (Donaldson-Pressman & Pressman, 1994).

This model is frequently reported by our homosexually oriented clients. One of our clients described an incident that illustrates this dynamic:

When I was six years old, I got pulled into some kind of sex play with an older boy in our house. On some level I knew that doing this was wrong, and so I told my mom. The first thing she said was, "No! In our house?" Even at that age, I felt there was something wrong about her reaction.

Today, in hindsight, I realize it's because she made the incident about her, not about me. Instead of responding to my need as a child, she was thinking mainly about her own embarrassment.

Narcissistic parents live overdramatized lives; what is happening to them at the moment is all-important. They transition from one drama to another, while their children are left as passive spectators or manipulated participants. The man who grew up in such a family often expresses an excessively pained sympathy for his parents, even an intense sadness and anguish for them. He was conditioned, early on, to be emotionally entangled in the never-ending drama of their lives, while neglecting his own. When he upsets them by presenting his own problems, they respond to him with disapproval. Thus the family structure creates a reversal of affect; the child feels sympathy not for himself but for his mother and father.

Narcissistic Features in Homosexual Men

The triadic-narcissistic family model helps explains a source of the narcissistic features so often found in the homosexually oriented male (Freud, 1914; Fenichel, 1945; van den Aardweg, 1985, 1986; Hatterer, 1970). Children of narcissistic parents are not seen for who they really are but are recognized for a false-positive self that is gratifying to the parent (or parents). Therefore they tend to develop narcissistic character structures, or at least narcissistic features, themselves. Narcissism causes a person to blur the boundaries between self and other, and to confuse his own needs with those of other people. Such persons are likely to have low selfesteem, difficulty in committing to long-term goals and problems with delayed gratification. They may start a new project with intensity, only to be unable to maintain commitment to it over time. Since they lacked an attuned parent to help them identify and express their true emotional needs and realistically assess their strengths and weaknesses, they do not know themselves.

Other narcissistic features we have often seen in homosexually oriented men include self-preoccupation, emotional distancing, excessive concern with external appearances, restricted self-insight, a tendency to choose image over substance, and a tendency to be easily hurt and offended by others. There is an excessive need for reassurance and a persistent need to be made to feel "special." They frequently hold unrealistic expectations of other people – setting others up to have to reflect back this specialness to them. There is a sense of entitlement and self-absorption, yet the grandiosity they feel alternates with deflated self-abasement.

Underinvolved or Overinvolved?

In the narcissistic family the parents' positive regard, in the form of warmth, affection and love, is generally dispensed for the purpose of shaping the child's behavior. At the same time, love may be given or taken away according to the moods, whims, impulses or sentiments of the parent. Rather than providing an understanding, accepting and supportive emotional environment for their son's developing individual self, such parents routinely and systematically "fail to see" the boy as a separate person with rights and needs of his own. What they do see is selectively determined by how the child affects them.

In the narcissistic, parent-centered family there are two "camps" that separate the children and the parents. One client put it this way: "It was always two families. My mother and father were one family, and we kids were the other – the haves and have-nots. When I was 11, they went on vacation and left me with my younger brother and sister. They wanted me to be the head of the house while they were gone. I was abandoned with that responsibility. They didn't teach us anything." As another client explained, "Our parents just 'watched us' raise ourselves." The boy who later becomes homosexual is often the family member whose unspoken role was to "hold the family together" and to "keep Mom happy." He is tasked with consoling, comforting and taking responsibility for her feelings. Mom's feelings are especially unpredictable when she has a tumultuous marital relationship, and because she feels a chronic restlessness, emptiness and dissatisfaction with herself and with life itself.

Violation of Boundaries

Violations of boundaries are common to the narcissistic family. Thus we see unfair infringements on the child's privacy, time, emotionality, physicality and property. All of these are made available for the parent's use. The child is taught that his behavior determines his mother's happiness, although it is not so much his behavior as his mother's idiosyncratic feelings in the moment that determine her response to him. Consequently, rewards are given on a hit-or-miss basis.

Not surprisingly, the boy's inability to consistently gratify his mother through the right behavior (i.e., being "good," "nice," "considerate," "sweet," etc.) causes him to feel chronically dissatisfied with himself. His accomplishments are not consistently rewarded and never seem to be enough. It is here that the seeds of interpersonal inadequacy are planted. He represses his hurt feelings – especially his anger. He cannot internalize a sense of competence. He remains intensely confused about his real needs and real identity.

And so he develops a false self characterized by outward compliance and passivity. He becomes the "good little boy" on the outside, but begins to feel a need for some distraction – eventually undertaking a manic search for "something" because of this nagging, seemingly irresolvable inner discontentment and helplessness.

For the child of the narcissistic family, this is learned helplessness – a consequence of the repeated childhood experience that "nothing I ever do or say will make a difference."

The Importance of Image

A primary need of the narcissistic family is always to maintain an appropriate image. Acceptable appearance is very important, since it conveys desirability. This family may appear to have "no problems" and is often religious and socially conservative, attending church services regularly. The boy may remember it as all having been "very typical, middle class and apple pie." But in reality the family is actually "the shiny red apple with a worm inside: It looks great, until you bite into it and discover the worm. The rest of the apple may be fine, but you've lost your appetite" (Donaldson-Pressman & Pressman, 1994, p. 18).

In the narcissistic family we see that the boy's individuation is undermined. In the triadic family it is the boy's emerging masculine individuation that is discouraged. When we combine the two family systems – narcissistic and triadic – the boy's expression of his *individual* and *gendered* self is undermined by this family dynamic.

Children of these families later say that they were never allowed to acknowledge the reality of their family's brokenness; instead, their parents presented an idealized image of family life which the family was not only expected to project to the outside world but to believe. This "pretend family" environment implicitly approves the use of fantasy as a way of dealing with any unpleasant realities. This fantasy-option way of dealing with reality lays the foundation not only for his good-little-boy identity but for what will be his own later denial of male-female design ("I can be both male and female." "It is normal for men like me to feel uncomfortable around other guys." "I have a male body, but feel like a girl inside – this is me, this is 'who I am'").

Feeling thus emotionally abandoned, he becomes an object to himself – an object to be continually perfected. He fears that any spontaneous behavior would meet with shaming, so his personal identity is continually revised. Any hope of real personhood is abandoned for image.

As one client said, "How other people relate to me is how I define myself." Another explained:

Everything about myself is the promotion of an image: my apartment, my clothes, everything about me. I have this hyper self-awareness: *What are they thinking of me? What should I say? How am I appearing? How am I standing?* All the time, I am aware of watching myself through this kind of "third eye."

The Life of Montgomery Clift

In the biography of actor Montgomery Clift we see a striking example of many features of the narcissistic family – the classic maternal and paternal parenting style; the "good little boy" who does not rebel and becomes the perfectionistic high-achiever, but does not seem to ever know or trust his own feelings; the siblings who harbor a "family secret" that something was very wrong behind the family image, although they are not sure what it is; and the SSA son whose restless drivenness gradually leads to self-destruction.¹

The Family Secret

A common feature of the triadic narcissistic family system is the existence of some unspoken secret that was kept from outsiders, and even from themselves. Beneath the normal, even "ideal," family image, there is something wrong, something too weird to discuss even among siblings. Perhaps it is the secret that his parents actually didn't love each other, or else (as Montgomery Clift's siblings suspected, see endnotes), perhaps their parents weren't the happy people they presented themselves to be.

Adults who enter treatment often speak to their siblings to confirm their own perception of some kind of distortion: "Was it true," they ask their brothers and sisters, "that it really happened that way?" When they do share their tentative impressions, they are often surprised to discover they shared the same "strange" impressions. The family's conflicting messages were too confusing to sort out, making it easier to retreat to the belief that "everything is OK."

As Montgomery Clift's brother, Brooks, said:

Psychologically we couldn't take the memories...so we forgot. But at the same time we were obsessed with our childhood. We'd refer to it among ourselves, but only among ourselves. Part of each of us desperately wanted to remember our past, and when we couldn't, it was frustrating. It caused us to weep, when we were drunk enough. (Bosworth, 1978, p. 49)

The client from the narcissistic family rarely recognizes the pathology in his upbringing. At the start of therapy he may report a very normal family life – despite his inability to feel and express anger, his low selfesteem, feelings of inadequacy in relationships, depression, cynical and pessimistic moods, and difficulty in making decisions. There is often no obvious parental neglect; the malattunement was subtle – not easily detected. Things in the family "looked normal," as one client said, "yet somehow, felt strange":

My parents were not verbally or physically abusive. I always had plenty of food and education and clothes and vacations, and always felt wellcared for. Because they have always been "nice" to me, it is really hard to hold them accountable for the emotional support they didn't give.

The Allure of Theater and Acting

The child of the triadic-narcissistic family must develop a coping mechanism to survive. He does so by creating a false self, which we see in his role of the "good little boy." This allows him to bury his "bad" self and adapt to the demands of his environment. But in doing so, he must necessarily sever his connection with his own emotional life.

In compensation he often develops a fascination with fantasy, theater and acting, taking on the emotional life of someone else. If he was born with the temperamental traits of creativity and sensitivity, he will find it especially easy to retreat to fantasy.

As Montgomery Clift's brother said, when Monty played someone else, he was at last freed from his old role as the good son, and he no longer had to live up to the image his mother imagined for him. Without guilt, he could wrest himself free of the "good boy" and claim the persona of someone else.

Another place where we often find gay men seeking meaning and spiritual solace is in the reality-denying and gender-blurring archetypes of New Age philosophy.

Failure to Emotionally Connect Leads to a Sense of Existential Meaninglessness

The child of the narcissistic family simply does not know himself because his parents confused their own needs with his needs. He can never fully satisfy his parents' perceived needs, so he feels like a failure. He feels inadequate, immature, unprepared for adult responsibility and unready to assume control over his life. He continues to look to the expectations of others. He has grown up without knowing "who owns the 'should,'" because he never received accurate mirroring.

Because he cannot maintain genuine emotional connectedness with himself or others, he suffers from a pervasive sense that life is meaning-lessness. One man explained it this way: "Life is just so...[searching for a word]."

Another client explained the same sense of disconnection and unhappiness:

I hide pieces of myself from other people. Different friends will see different pieces of me. But no one will see all of me. I don't even know all of me. I only know different pieces of me at different times, depending on who I'm with. When I'm alone, I get uncomfortable because I don't know who I'm with.

"Mother's Favorite Child" Evokes Her Love, Guilt and Resentment

In the following autobiography, written by a gay man, we see more of the features of the triadic-narcissistic family. We hear the son's confusion about who he is; his pain and estrangement from his father, who was a negative, shadowy figure; and his inability to separate his own feelings from those of his mother. Finally (in this all-too-typical scenario), the lonely and vulnerable young man was offered sexual attention by another male:

It was no secret in my family that I did not have a father.... I was the son of a man with whom my mother, then married, had had an affair, to the lasting shame of her Mexican-Catholic family.... All I knew about my natural father was his name, and I saw him only once, when I was five years old and he turned up, drunk, at our house. My stepfather drove him out of the yard, screaming invectives. After that, I never asked about him and was ashamed when my mother mentioned him to me.

This one incident aside, my stepfather showed little paternal interest in me. More often, he used my mother's infidelity to her first husband against her when they fought. Once, during a drunken argument, I heard him call her a whore, and the humiliation I felt was as much for myself as for her.

Practically speaking, I was my mother's child, her favorite, she told me occasionally, and both she and her own mother indulged me. But even then, at five and six, I was aware that my mother's solicitude was due as much to pity as love, not to mention her own complicated shame.

What I felt toward my mother in return was a confusion of love, guilt and resentment. At that early age, in my innermost self, I was no one's child, and as I grew older, my sense of estrangement from my family deepened. When, at eleven, I was sexually molested by an adult family member, I felt cast off completely.

They, [my mother and grandmother] had no idea what to do with me, a moody boy, precocious at one moment and withdrawn the next, who sometimes accepted their solicitude and at other times angrily rejected it. And it was beyond my power – because it was beyond my understanding – to tell them how I hurt. (Michael Nava, quoted in Preston, 1992, pp. 15–18)

Impairment of the Child's Gender Maturation

The boy who grows up within the triadic-narcissistic family will develop trust issues that center around the gendered self – that is, he will fear that men will "diminish" and "degrade" him, while women will manipulate and control him, and drain him of his masculine power.

One man explained: "My mother abandoned half of me – the man – and clung to the other half, the good little boy. But she booted out the masculine."

Many of our clients report recurrent nightmares and fears replayed over and over regarding threats to their masculinity and their assertive self. This client describes this fear about his masculine self-worth, along with the shame he felt that his father did not rescue him:

My mother was a doctor, and I felt very loved by her whenever I was sick; she would take care of me in a very kind and attentive way. However, when angry, she would say the most insensitive, hurtful and shaming things to me. When I did something wrong, she would call me "Idiot Tom." When I got upset about something, she would ask me if the reason I was irritated was because I was "having my period." For sure, she devalued my masculinity.

Even though basically my father was an easygoing guy, he emotionally abandoned me. When my mother abused me, he never intervened, as if I weren't worth rescuing. I never remember him initiating any activities with me. If I had been content to spend all of my time alone in my room, he would not have budged an inch to seek me out.

The Parents' Role in Eliciting Masculinity

In his classic study of effeminate boys, titled the *Sissy Boy Syndrome*, psychiatrist Richard Green says that parents of gender-disturbed boys did not necessarily encourage their sons' girlish behavior – but in their failure to discourage it, they were implicitly condoning it.

The healthy boy knows and delights in the fact that "not only am I 'me,'" but "I am a 'boy-me.'"² In some cases, the parents actively punished male behavior because they found it threatening or inconvenient. In other cases, where the boy was born temperamentally sensitive, the parents did not elicit the masculine identification for which that particular boy needed special, validating support. "Masculinity," as Stoller points out, "is an achievement," not a given – and one that is vulnerable to developmental injury.

The "Delight-Deprived" Boy

In my search for the particular quality of father-son bonding that is fundamental to the development of the boy's masculine identity, I have been led to what I call "a shared delight." I am convinced that the healthy development of masculine identification depends on this phenomenon. This special emotional exchange should be between the boy and his father, although a father figure or grandfather may serve the purpose where no father is available. It is not a single event or one-time occurrence, but should characterize the relationship.

This particular style of emotional attunement is especially important during the critical time of gender identification. Homosexual men rarely if ever recall father-son interaction that includes activities they both enjoy together. In this vital experience father and son share in the enjoyment ("delight") in the boy's success.

Psychotherapist Robert Rupp observes that the homosexual man is "delight-deprived" by his father, which is to say he cannot recall his father generally taking pleasure in his son's activities, accomplishments or success. On the other hand, most nonhomosexual men do, in fact, recall sharing an activity with their fathers that involved the possibility of failure, injury, fear and danger.

Homosexual men have great difficulty recalling childhood father-son activities that were fun, exciting and enjoyable, and included success for the son. They rarely have positive memories of their father's teaching, coaching or encouraging them to gain a new accomplishment that involves bodily activity or strength. Indeed, many clients specifically lament this deprivation.

An example of "a shared delight" is found in writer and social commentator Malcolm Muggeridge's autobiography. Malcolm's father was his hero, and as a teenager Malcolm would travel to his father's office in London. When the young man arrived, he noticed an embodied shift in his father:

When he saw me, his face always lit up, as it had a way of doing, quite suddenly, thereby completely altering his appearance; transforming him from a rather cavernous, shrunken man into someone boyish and ardent. He would leap agilely off his stool, wave gaily to his colleague...and we would make off together. There was always about these excursions an element of being on an illicit spree, which greatly added to their pleasure. They were the most enjoyable episodes in all my childhood. (Wolfe, 2003, p. 26)

In contrast to the shared delight which lies at the core of the true fatherson bonding experience, there is instead a shame experience remembered by many homosexually oriented men. As one of my clients explained:

When I recall my father, I feel this big, black, heavy-weighted force that washes over me in a powerful, oppressive wave. My dad looked at me not as a person, a child, his son but as a "thing." His look at me said "I made a mistake" – literally, I made a mistake, I made *that* mistake – "and I don't want to interact with that." That's the oppressive wave that washes over me.

A twenty-two-year-old client lamented missing the shared delight experiences: "I wish he could have gotten excited by my activities, my accomplishments. I want him to be proud of me. I want him to make me feel proud of myself. I wish he had worked with me, pushed me, challenged and encouraged me."

Another client recalled:

I don't think my father was happy with me. Somehow he seemed unhappy, and I couldn't help think it was about me. When my father came home and sat at the table, he had a look of unhappiness. I'm sitting there and he's unhappy. Somehow I felt, 'I'm failing to make him happy.' It's confusing; I couldn't be sure if Dad felt bad about himself or bad about me.

The shared delight typically occurs within the context of physical activity involving success or failure. There is the quality of risk, danger and adventure in which the boy is first terrified – then with encouragement and coaching from Dad, achieves success and feels good about himself. The excitement is no doubt intensified by the risk of failure. Father and son both share in the delight of son's achievement.

This interaction is an example of how mothers and fathers care for their sons differently. While mothers will attend to the child – protecting him from harm – fathers engage their sons in play. Often this play includes reckless, even seemingly dangerous, activities.

We have all observed a young father tossing his infant son in the air and catching him. Anyone observing this universal ritual will see that the dad is laughing, while the son looks full of fear. Soon the boy begins to laugh because Dad is laughing. The boy has just learned an important lesson that older males teach younger males: "Danger can be fun." More importantly, the boy learns another lesson; he can trust his father – "Dad will catch me." And from that early relationship, he begins to learn to trust other men.

Let's contrast this bonding ritual with a quite different early memory

related by a temperamentally sensitive man who experienced his father's well-meaning but rough play in an entirely different manner:

I was probably three or four years old and Dad was throwing me up into the air and catching me. I think I liked it for a while, but soon his hand and thumbs began to chafe and poke into my armpits. I either cried or complained. I do not remember if my father said anything, but he did stop throwing me. I felt ashamed, as if I had spoiled his fun. I felt separated from him and that made me feel sad. I was afraid that I had disappointed Dad and that he wouldn't play with me anymore.

In this case the boy sensed his father's disappointment in him. Over the years an emotional gulf slowly grew wider between this father and son – one which the father never attempted to understand or to break down.

Positive physical interaction between father and son appears essential in making the father feel familiar, nonmysterious, approachable and "just like me" in the boy's eyes.

So much of what lies behind adult same-sex attraction is a deep, lingering, unsatisfied desire for physical closeness with a male. When there has been a healthy, childhood internalization of the father's masculinity, there will be no need to sexualize another man.

Being "Pulled In, Then Dropped" by Parents

In a healthy family, children know that their feelings matter and their needs are important. The children of the narcissistic family, having been used as extensions of their parents, are not so sure. Healthy families recognize and support their children as discrete individuals with their own needs. In the narcissistic family, parents may be overattentive and solicitous – but then, when the child makes demands on the parental system that clash with their needs, they abruptly withdraw. His own emotional needs are seen as self-centered, disruptive or upsetting. Sensing himself to be emotionally manipulated, he feels powerless and helpless. He has the disturbing sense of being intermittently pulled in, seduced, but then dropped.

Children of narcissistic families lack a reasonable sense of entitlement. They are not given the right to own their own feelings, their property, their time and even – in the scenario of early sexual abuse – their own bodies. In adulthood they find it very hard to establish clear personal boundaries.

As the child of this family becomes more independent, he increasingly finds himself labeled "selfish and disrespectful." Placed in the hopeless position of having to make Mom happy, and finding himself unsuccessful in gaining his father's love and attention, he grows up with a sense of helplessness and pessimism about life and relationships. As an adult he won't trust his feelings or his internal judgment, because he was never taught to attune to his interior promptings.

Black or White

Children of these families are inclined to "split," which is to say, to perceive other persons as "all good" or "all bad." Significant relationships are seen in terms of absolutes – the other person is "great" or "terrible," and either "They love me" or "They hate me." The child of this family, who is himself likely to have narcissistic features, cannot see the realistic ambiguities inherent in all relationships, the nuances and gray areas. This splitting is done to avoid intense, often overwhelming, anxiety, for there is a sense of control to be gained by interpreting things as all positive or negative.

Yet even this black-or-white perception changes: the other person may suddenly go from good to bad, depending on how they make the child of the narcissistic family feel about himself. This is because his parents related to him as if he were "all good" (i.e., they were loving, attentive) when his behavior made them feel good about themselves, but they treated him as "all bad" (by being cold, rejecting) when his behavior made them feel bad about themselves.

The family thus deprives this child of the experience of object constancy, and the understanding that all relationships will inevitably contain both deep satisfactions and deep disappointments.

Family Reconciliation

When the client recognizes his family dysfunction, this need not destroy the family relationship and end in bitterness. It may, in fact, eventually lead to forgiveness. As one man explained: Initially, I felt anger, resentment and confusion about why my parents chose to do the things that they did. Today, though, I have come to understand more of how they too were wounded emotionally, and that they couldn't give what they didn't have. Recognizing that has led to a much more authentic relationship with them.

Now I have been able to feel more compassion toward them, and to move on to a place of forgiveness and understanding.

CHAPTER 3

Homosexuality as a Shame-Based Symptom

An ocean of oblivion sweeps over a child when it is shamed.

- ROBERT BLY

The developmental theme I described in the previous chapter fits the backgrounds described to us by most of the SSA men who come to our clinic seeking change.

This model is what we call the pre-gender-identity phase type of client. It does not apply to the approximately 20 percent of our cases that we identify as the "post-gender-identity phase" type of homosexuality.

The triadic-narcissistic family model, described in chapter two, is activated in two successive phases. First, the boy suffers an insecure attachment with the mother due to her narcissistic parenting style, which confuses the child's needs and identity with her own needs. Then, when confronted with the second developmental challenge of bonding with a hostile/critical or distant/uninvolved father, the boy lacks the secure maternal attachment that he needs to successfully negotiate the phase of gender individuation. Thus we posit that for some – perhaps many – homosexual men, there was not only a failure to identify with the father but an earlier foundational attachment insecurity with the mother.

Seeing and Being Seen

Over and over, we encounter our clients' expression of a profound sense of emotional abandonment. Hearing these same stories we suspect that there was also an early maternal attachment deprivation that preceded their problems with masculine gender identification.

The gender-identification/separation-individuation phase of identity development occurs at a time of heightened self-awareness, which is also a time of heightened narcissistic sensitivity. At around two years old, the child first discovers that he can be "seen." This striking discovery – the awareness of self – is born through the realization that others, in fact, see him. How others mirror *who he is* will shape his developing perception of self.

In the first phase of our model the mother-son insecure attachment prompts a shame response when the boy reveals his autonomous strivings. This results in a heightened sensitivity to shame, leaving the boy ill-prepared for the second phase: achieving the secure father-son attachment.

Biology May Set the Stage

Today, we have evidence that there may be a biological predisposition to gender deficit and subsequent homosexuality in some people, especially boys. But biology is only one of several influences that shape gender identity and sexual orientation.

On a parallel plane we see new empirical support for the power of parental influences, particularly, in the case of male homosexuals, new evidence for a family background of absent fathers and broken homes. (This finding is detailed at <www.narth.com/docs/influencing.html>.) In addition, recent advances in attachment theory and in our neurobiological understanding of gender development cause us to direct additional attention to attachment problems that occur in the early infant-mother bond.

An Interactional Model: Biology and Social Environment

A helpful way to understand the interaction of biology and social environment is as follows. First are the "givens": genes and prenatal hormonal influences. These biological factors work together to create a temperamental predisposition, either to gender conformity and the likelihood of normal heterosexuality or to gender *non*conformity and the possibility of homosexual development. Layered on top of those biological givens is the social environment of parents, peers and life experiences; and last, there is the influence of free will and choice.

The biological and social factors work together to shape gender identity and eventual sexual orientation. The element of choice operates in terms of the values we choose to identify with, the social group we select and the behavioral avenues we pursue – all of which serve to reinforce or modify our early shaping experiences.

Most boys who become homosexual have a sensitive nature, which makes them especially vulnerable to emotional injury. This same sensitivity is a great gift in some ways: it often includes keen aesthetic abilities. But when such a child is driven into isolation by an insecure attachment with the parents, these same gifts provide an easy escape from reality.

Driven into isolationism, the boy who has been wounded is tempted to escape into a secret world of pretense and make-believe. One client describes this common scenario: his boyhood was spent "wrapped up in those wonderful stories that weren't mine, those consoling dreams, the other-worldliness." That style of coping contrasts with the play and interest of the pre-*heterosexual* boy, who more often strives for mastery of the environment rather than a withdrawal from it.

Sadly, the prehomosexual boy often learns, early on, to be a detached spectator. From a safe vantage point, he watches the actions of others. His is a vicarious way of living rather than a direct engagement. His contact with the world is mediated through the imagination – envisioning interactions and scenarios that never happened, and people who never existed where he can observe, report and create, but without the risk of real emotional engagement. Typically neglected (by his father) and emotionally manipulated (by his mother), the only time when he can safely *be with himself* is in the artistic-imaginative world he has come to know so well. There, his relationships can be built with people in fantasy situations over which he does have control.

Boyhood gender nonconformity has been shown to be a high predictor of adult homosexuality. Saghir and Robins (1973) report, "About two-thirds of male homosexuals [67 percent in their sample] describe themselves as having been girl-like during childhood" (p. 18). Green's (1985) study of boys who were diagnosed with Gender Identity Disorder (GID) showed that approximately two-thirds later identified themselves as either bisexual or homosexual. Zucker and Green (1992) also found that 66 percent to 75 percent of GID boys would later become homosexual.

Imitative Feminine Attachment: An Explanation for GID

Boys with GID overidentify with their mothers. They are far more likely to wish to be like their mother and less likely to be like their father than boys who show typical gender-role behavior.

GID in boys can be an attempt by the child to hold onto a mother who is only intermittently available. The overwhelming stress of maternal insecure attachment causes the boy to adopt a feminine role in order to compensate for the attachment loss. He thus restores the lost love object through the enactment of "fantasy fusion," employing the feminine introject as a defense against the terror of maternal abandonment. Researcher Susan Coates (Coates & Wolfe, 1995) says that when the attachment bond has been derailed,

massive separation anxiety in the child is then defended against by a recitative self-fusion fantasy with the mother. In essence, the child substitutes an identification for a relationship, and comes to confuse *being* mommy with *being with* mommy – this during a period when he lacks stable internal representation of self and other, and when his cognitive understanding of the permanent gender classification is still immature. (p. 9)

The boy thus develops a "fantasized fusion" of himself with his mother: "By thus identifying with women, the boy disassociates himself from his own rage and protects the internal tie" (p. 650).

But the boy's effeminacy is not truly feminine. It is actually a caricature. As some mothers report, their GID sons are actually more effeminate than their sisters. In fact the GID boy "does not truly behave like girls his age; rather he acts like his highly stereotyped idea of what being a girl is like" (Coates & Wolfe, 1995, p. 10).

Coates (Coates & Zucker, 1988) analyzed the Rorschach responses

of GID boys and – supporting the view that GID is symptomatic of selfobject confusion – found evidence of impairment in self- and object-representations, and a disturbance of boundaries between fantasy and reality. Similarly, Susan Bradley (2003) states:

I conceptualize the symptom of GID as a child's solution to intolerable affects. This is confirmed in the fact that GID typically has its onset at a time in a child's life when the family has been particularly stressed and the parents are either more angry, or less available, or both. The GID symptoms, particularly the assumption of the role and behaviors of the opposite sex, act to quench the child's anxiety and to make him or her feel more valued, stronger, or safer. (p. 202)

Gender-Confused Boys and Acting

The idea that GID is an imitative defense is further supported by the evidence that gender-confused boys have a particular interest in theater and acting. Coates (Coates & Wolfe, 1995) mentions the "notable acting ability and talent for mimicry that has been described by many observers of GID boys" (p. 31). Fenichel (1945) has noted that homosexuals seem to be disproportionately represented in the acting profession. Green and Money (1966) also found a relationship between early boyhood effeminacy, role-taking and stage acting. The boy's ability to adopt an effeminate role is, they believe, due to the development of a "chameleon-like" talent that might be related "to the fundamental personality mechanism of dissociation" (p. 536).

GID and General Psychopathology

Is Gender Identity Disorder a biologically based behavioral trait and "normal" for that child (as advocated by gay apologists), or is it suggestive of a pervasive maladaptation within the personality? That the condition is not just an isolated disorder but indicative of more pervasive underlying psychopathology has been suggested by the following writers: Bates, Bentler and Thompson (1973, 1979); Bates, Skilbeck, Smith and Bentler (1974); Tuber and Coates (1989); Coates and Person (1985); Bates et al. (1973, 1974, 1979); and Bradley (1980).

Within the general body of research on psychopathology, data suggests that GID can be symptomatic of separation anxiety (Bradley et al., 1980; Coates & Person, 1985; Lowry & Zucker, 1991).

This is supported by the high rate of separation-anxiety disorder found in studies of GID children (55–60 percent) as well as the high rate of depressive symptoms.

The Contributions of Alan Schore: Maternal Attachment

With the integration of attachment theory and neurobiology into the reparative-therapy model, we see how the sensitive boy's shame response to parental malattunement would negatively affect areas of the developing brain that are associated with gender-identity formation.

Looking to the earliest developmental period with the mother, we thus have an intriguing possible explanation for why the SSA male has had such difficulty in securely identifying with the father and the father's masculinity.

In this section I will summarize the literature, particularly the seminal contributions of Schore (1994, 2003) toward developing a unified model of neurophysiology, interactional theory and self-psychology in the development of homosexuality. This multidimensional developmental model demonstrates how interpersonal events trigger neurophysiological changes in the brain, which in turn can result in the perception of gender inferiority.

This model of insecure attachment to the mother also explains some of the commonly encountered defenses of our SSA clients, such as tendencies toward dissociation, projective identification and addiction, especially sexual addiction.

Gender Is Best Actualized in a Securely Individuating Self

During the boy's earliest years of life, he is confronted with two important developmental challenges: the separation-individuation phase, in which his autonomous self is developed, and the gender-identity phase of masculine identification.

As has been well established (Greenson, 1968; Horner, 1991; Coates, 1990; Fast, 1984; Tabin, 1985), these two phases occur at about the same time, at about a year-and-a-half to three years old.

The child's sense of gender awareness is a crucial aspect of his identity formation. It is through gender that he grows to understand who he is in relation to other people. By understanding his place within the natural dichotomy of *male-female*, he is able to create an organized view of himself in the world (Tabin, 1985; Tabin & Tabin, 1988).

Structurally, we might say that for the boy, *masculinity* is to the autonomous self what a *steel beam* is to an edifice. More than a mere "cultural or social construct," gender is biologically based and is most readily actualized in a securely individuating self. Gender identity supports personal identity; in turn, personal identity is the basis on which gender is constructed. Because each developmental task supports the other, failure in one area threatens success in the other.

Especially for the boy, an awakened maleness acts in the service of his newly developing autonomous self. The drive toward masculine identification supports his ongoing and vital task of separation from the mother. Irene Fast (1984) summarizes the process: "For boys, separationindividuation and gender differentiation issues interpenetrate in a particular way: regressive temptations to merge with the mother threaten gender identity" (p. 106).

Mother as Affect Regulator

During the first year of life the infant shows a separation-anxiety response only in regard to the absence of the mother. She is the major interactive regulator, especially when he is in a distressed state. If, during the first year of the child's life, the mother is extremely depressed, the child will not learn through her how to regulate his affect, so he may subsequently turn to the father. But in most cases the development is sequential, with the mother being the first object of attachment and affect-regulation, and later the father.

The father's role is distinctly different; his interactive style is to play and hyper-arouse, while the mother's role is the regulation of negative states, such as hunger and physical distress.

In the child's second year this second attachment system (toward the father) becomes well established, so that by the middle of the second

year we see the father's absence prompting a genuine separation-anxiety response in the toddler.

The Influence of Maternal Attachment on Gender Identity

We understand failure at gender acquisition to be rooted in the attachment dynamic between the mother and baby. (Allan Schore, personal communication, September 30, 2005)

It is through the primary relationship with the mother that the child develops the ability to trust other human beings. When we see difficulties in the child regarding trust and emotional connection, we recognize these as affect-regulation problems which originated in that primary, maternal relationship. The mother acts as a social reference for all other human beings – in particular, as a social reference to the infant when he experiences the father. The boy's first experience of the father is through the mother's eyes, and a number of studies suggest that poor relations between mother and father are an influencing factor during this phase of the boy's development. The mother can convey that the father is safe or that he is dangerous. Or she may devalue the father, block the son's access to the father, and transmit disapproving messages not only about her husband but also about the boy himself as a male.

Early mother-child malattunement can be a result of either the mother's excessive engagement or her lack of engagement. Excessive engagement results in intense hyper-arousal, while neglect results in the child's hypo-arousal. Sometimes we will find shifts back and forth between the two polarities of overstimulation and understimulation, depending on the idiosyncratic needs of the mother from moment to moment. A mother with manic-depression, for example, generates high levels of arousal in the child and then leaves him in a depressive state through her abandonment. The result of either mothering style is overwhelmingly stressful, forcing the boy to adapt by resorting to the defenses of dissociation and projective identification.

The Hyper-Intrusive Type of Mother

The narcissistically interactive mother often acts as an intrusive, overstimu-

lating caregiver to her child. Here, the mother is using the child for her own affective self-regulation. When she persists in this interactive style of hyper-intrusiveness and hyper-stimulation, the child finally must shut down. Clinical observation of children as young as four months old show the infant in a hyper-aroused state trying to defend himself by giving back cues to the mother such as gaze-averting; the mother ignoring the gaze averts; and the child arching its back to get away from her while she keeps looming in and attempting to engage him face-to-face.

In this situation all of the child's active coping strategies are overridden by the mother's persistence. Her intrusiveness drives the infant into either hyper-arousal or protest. If pushed further into extremely high arousal, he will shut down (dissociation).

If the mother engages the husband through the same overstimulating relational style, he (especially if he is the passive-avoidant type) will distance himself from his wife, placing himself on the periphery of family life.

Attachment Loss with the Nonresponsive Mother

In an opposite but equally problematic scenario, the mother is nonresponsive to the boy's animation and displays of pride, which causes the boy to shut down. This type of mother is extremely disengaged, which in turn causes massive emotional disengagement in the child, triggering his affective collapse and eventual dissociation.

With both maternal styles, the end result is the boy's adaptation of dissociation: he has become habituated to this infantile defense by the time he approaches the second developmental phase (engaging with the father).

Moving From Mother to Father

The boy now moves into the second developmental phase: where he must develop an attachment to the father. But when the boy has previously acquired the defense of emotional disengagement (dissociation) in the primary relationship with the mother, and now experiences a father who is emotionally unavailable, there is likely to be a secondary failure in the father-son attachment bond. With this general overview of the two-phase model, I now return to a more detailed description of each parent's role in this model.

The Practicing Subphase: Separation from Mother

The mother-son attachment phase first begins with the practicing phase and is then followed by the rapprochement (return to mother) phase.

At the start of the practicing phase the boy begins to demonstrate spontaneous gestures toward the actualization of his individuated self. During this time he discovers his power and autonomy. He revels in his newly discovered "embodied self," which is to say, a self that is capable of physicality and separateness from his mother. This new identification with his body establishes the groundwork for his later masculine identity.

In her classic study of childhood, *The Magic Years*, Selma Fraiberg (1959) beautifully captures the boy's first euphoric discovery of his body:

To stand unsupported, to take that first step is a brave and lonely thing to do; so, independent standing and walking represent, truly, a cutting of the moorings to the mother's body. In such moments there is a heightened awareness of self, a feeling of being absolutely alone in an empty world, that is exalting and terrifying.... [T]his moment must bring the first sharp sense of the uniqueness and separateness of his body and his person, the discovery of the solitary self....

[A]nd he is quite 'in love with himself' for being so clever. From dawn to dusk he marches around in an ecstatic, drunken dance, which ends only when he collapses with fatigue. He can no longer be contained within the four walls of his house, and the fenced-in-yard is like a prison to him. Given practically unlimited space, he staggers joyfully with open arms toward the end of the horizon. (pp. 60–61)

During the practicing phase the mother must match and support the boy's hyper-aroused state. She should not be threatened (i.e., upset) by his vitality, nor convey fear of his physical injury. Rather, through bodily and facial expression, she needs to be "happy" for him, showing enthusiasm for his individuation from her.

This phase – one of emotional imbalance and unregulated overexcitation – leaves the child especially sensitive to any maternal empathetic break. It is a phase of self-exhibition, elation and overstimulation when the boy feels a heightened shame-sensitivity that makes him uniquely vulnerable to his mother's response. His increased self-rapture and narcissistic investment in his growing separateness require a mother who provides a particularly attuned demonstration of support and approval.

During this phase the mother should neither exaggerate the child's hypo-depressive state, nor hyper-arouse him; instead, he requires supportive attunement. If he is overwhelmed by the over-stimulating mother or depressed by the under-responsive mother, he may dissociate and develop a reactive "shutdown" response.

This mother-son affective communication system is critical to the infant's integration of his own affect and his discovery of how to maintain (or regain) emotional contact with others as well as with himself.

Particularly for the temperamentally sensitive boy, when the maternal response fails to match and reflect back his own level of arousal, we see the very first experience of "shaming."

"Central moments" requiring attunement. Upon return from these exploratory forays, Schore (2003) notes, the boy's earlier symbiotic relationship with the mother is challenged now that he has had a taste of the world. Coming back to her after interacting in these new social and physical realms, whenever he "encounters a facially expressed affective misattunement" with his mother, this prompts a "sudden shock-induced deflation of positive affect," which propels the infant into a shamed/ depressive state (pp. 159–60).

Such "central moments" of reunion, as Schore calls them, last only thirty seconds to three minutes, yet they can be critical ones. Learning to regulate affect is essential for successful completion of the separationindividuation phase. Successful completion establishes the foundation for the next bonding challenge, the one with the father, and the process through which the boy's masculine identification is attained.

Schore describes the damage that can be done through the "prototypical shame transaction," which involves "an expectation of seeing the gleam in the mother's eye in a reunion, but suddenly, he encounters frustration, and experiences instead a bodily-based autonomic stress response" (p. 163). During this time the child's "hyperstimulated, elated, grandiose, narcissistically charged state of heightened arousal" (p. 155) means that the return to the mother will involve high expectations. It is at this critical point of return that the boy is most vulnerable to shame. Coming back from his euphoric explorations, when he unexpectedly encounters the mother's facial expression denoting a negative emotional state, through her muted response and "strange face" (Basch, 1976, p. 765) we see an abrupt disregulation of the infant's arousal state. A "shame moment" ensues, with a break in the attachment bond accompanied by an actual internal, physiological change, that is, an abrupt biological shift from the sympathetic to the parasympathetic mode. He now enters a state of unfocused attention and diminished affect. He becomes deflated and passive, with less interest in his surroundings (Schore, 2003, pp. 154–55).

This research on the neurophysiology of mother-infant interaction offers a possible biological explanation for our own clients' frequently observed ready inclination to shift from the assertion state into shame. Schore describes this shift as "the rapid-state transition" from hyperarousal to hypo-arousal, and it is the same shift we observe over and over in our adult SSA clients.

Schore (1994) points out that the critical times for gender-role imprinting and shame-socialization regulation both occur during the same period of orbito-frontal development. "These shame transactions," he explains, "critically influence gender identification processes that emerge in the middle of the second year" (p. 268).

Learning the skill of attunement reparation. The attuned mother will rescue the infant from his affective collapse so that he is able to recoup his lost energetic state through her response. Her accurate attunement has the effect of modulating the infant's shame state through emotional reengagement. This helps the boy develop his own ability to regulate mood shifts. Thus the mother teaches him "self-affect regulation" and helps him develop the capacity to maintain his internal equilibrium during periods of high stress.

Miscoordination and repair, even with attuned mothers, is a typical feature of mother-infant interaction. In fact, studies in infant-mother faceto-face exchanges show that it occurs every few seconds in the form of a cyclical interactive pattern of coordination, miscoordination and then the return to mutual understanding. This is how the infant learns interpersonal competence and the ability to stay in the assertive self-state. Toleration of malattunement during times of miscoordination serves to facilitate the child's developing sense of personal autonomy (Winnicott, 1965).

Whenever maternal detachment is followed by reattachment (successful reengagement), the infant's stress-coping ability is increased. By rescuing the child from his shame posture, the attuned mother supports his self-identity and self-continuity. Through his participation in this attunement reparation, the child develops his own internal resources for later self-regulation so that he need not remain deflated (i.e., stay stuck in the "gray zone").

This cyclical process of detachment and reattachment also helps the child learn the difference between his own behaviors and needs and his mother's behaviors and needs.

Learning this skill of "miscoordination and repair" teaches the child interpersonal competence. He discovers that he has the ability to affect others – specifically, that he has the power to reengage another person after a relational breach. Without this power to emotionally reengage others within a relationship, the child will be more inclined, later in life, to learn an unhealthy, impersonal form of affect-regulation through addictive behaviors, especially sexual and substance addiction.

But when the child's efforts to repair the miscoordination fail to be reciprocated by the mother, a sense of powerlessness results. This lays the foundation for interpersonal compliance and passivity, helplessness and hopelessness, and the tendency to develop hostile-dependent relationships as a result.

We may speculate that many of the mothers of these homosexual men were limited in their ability to appropriately reengage and reattach with their sons, and to support their sons' separation and individuation from them.

Alienation from masculine gender vitality. The prehomosexual boy grows up "disembodied" – that is, alienated from his own body, especially his genitals, which disconnects him from his biologically based gender vitality. Not surprisingly, he then begins to envy the masculine bodies of other boys, in a compensatory (reparative) attempt to acquire other male bodies by erotically joining with them.

Part of this alienation could be rooted in a childhood shame-based scenario that involves the boy's exploration of his male body. "Parental affective response to the toddler's exhibitionistic sexual displays, if shame-producing," Schore (2003) states, "can critically influence gender-identity formation during this period of time" (p. 994).

The male genitals are the embodied symbol of the boy's essential difference from his mother. A negative parental reaction when the child is engaged in genital exploration or play may (especially in the very sensitive child) prompt the boy's shame-filled disavowal of his masculinity.

Many of our adult clients feel deeply alienated from – and ashamed of – their bodies; other men, in compensation, are caught up in a narcissistic fascination with their body and genitals as if they were not their own. In gay men we see an almost universal fascination, indeed obsession, with the penis.

Treatment, especially through the modality of body work, will later aim to reconnect the client with his body.

The Second Phase of Homosexual Development: Father-Son Insecure Attachment

The second phase of our two-phase model involves the boy's attachment to the father, which occurs during the "practicing" phase. In his desire to fulfill his natural masculine strivings, the boy reaches out to the father, seeking his attention, affection and approval. It is through the fulfillment of these affective needs that the boy's masculine identity is acquired.

During this paternal attachment phase the boy is challenged to leave the safety of the mother and attach to his father in order to secure his masculine gender identity. We have suggested that the boy is unprepared for this challenge because of a prior insecure attachment with the mother, resulting in his readiness to dissociate.

Mother and father together. Mother and father can work in tandem, providing alternative and compensatory attunement, with the child attuning to one parent or the other at different periods during his development. Attunement problems developing with the mother, for example, will be

mitigated if during that particular time the boy feels understood and supported by the father.

But where there is a family system that itself is narcissistic, the enmeshment of each parent within the parental team prevents any compensatory attachments. Preoccupation with their own dysfunctional system prevents either parent from "breaking rank" and offering the child an alternative attachment. Consequently, neither parent rescues the child when the relationship with the other parent becomes faulty.

Said one client, "My father would join my mother in her attacks on me, or say nothing to help me. He supported her against me, even when he actually knew she was wrong. He needed to stay in Mom's good graces."

The father's personality: A characteristic "failure to engage." My clinical experience has, with strong consistency, shown the fathers of homosexual men to be unable or unwilling to reconnect with their sons after their sons emotionally detach from them. As a group these fathers seem to lack the traits of salience that are necessary to reengage an avoidant son who is inclined to dissociate from them. Fathers will typically report, "My son rejects *me*," yet they do not initiate the sustained, long-term emotional connection necessary for surmounting their son's emotional detachment. Consideration of the fathers' personality limitations are discussed elsewhere (Nicolosi & Nicolosi, 2002). In spite of their failure with this particular son, however, these fathers may have been "good enough" with another, less shame-prone son.

The prehomosexual boy thus approaches this second phase with two handicaps: the inclination to dissociate, and a nonsalient father incapable of breaking through his dissociation. When challenged to bond with an uninvolved father, who has a detached or critical style and fails to "go out and get" his son, the boy with a malattuned mother will maintain his dissociative defense: he withdraws and affectively collapses into the shamed self-state.

Shaming by the father can be either active or passive, in the form of explicit physical or emotional abuse, name-calling and shows of contempt, or passively in the form of disregard and neglect that implies that the boy is unimportant. In this latter case the father's interaction does harm through a "not doing"; that is, he displays an indifference and nonresponse to the

boy's need for paternal affirmation. The father's incomplete, unpredictable or less than enthusiastic response to the boy has failed to match the boy's narcissistic investment in masculine attachment.

Facing either the passive or active mode of paternal negativity, the boy experiences an internal "sinking" or "dropping" associated with his desire for affirmation. His embodied (parasympathetic) shame response for this desire for masculine attachment is eventually imprinted as a lifelong lesson.

Describing the hurt and shame he felt from having been "on the outs" with his father and brothers, a client described the profound, soul-destroying effect of this "delight deprivation" from his father as follows: "All the time this is happening to me, I'm losing my soul – losing my innocence."

We may see a favorable scenario, however, where the father takes notice of the boy's reaction and rescues him from his deflation. But if the father repeatedly fails to notice his son's bonding needs, the boy abandons the desire for paternal attachment, internalizes the message of unworthiness and returns to an imitative attachment with the mother.

By thus "being" feminine, the boy not only symbolically attaches to the mother but manifests a hostile rejection of the father. The father's repeated failure to respond to his defensive detachment sets in motion a lifelong antagonism between father and son, which we see time and again as characteristic of the homosexual condition.

In summary then, the boy's insecure attachment to the mother, followed by the father's abuse or indifference, creates in the boy a deep sense of emotional deprivation and loss. Where neither parent reengages the boy out of his dissociative defense, the foundation is laid for a lifelong, shame-based relational style and a pervasive feeling of not belonging and of not feeling truly loved.¹

The shamed self is internalized. Thus the child's first narcissistic injury lays the foundation for all future shame experiences. He will forever hear that internalized parental voice: *My parents are right, there is something* _____ [*bad, weak, unworthy, etc.*] *about me being a boy. Something inside of me that wants to be like Daddy is* _____ [*bad, weak, unworthy, etc.*].

Children of the narcissistic family often have a poor memory of their

childhood, recounting only vague themes of hurt and alienation, betrayal and painful misunderstanding. They feel a deep yet unarticulated sense of injustice. There is an overwhelming feeling that somehow "this is not fair," but no one else seems to notice the unfairness. It seems as if their parents secretly conspire to keep them powerless for some unknown purpose.

One might expect the reaction of the boy to be anger toward those who have shamed him, with a sadness for himself. But for the child in such a family those feelings are reversed, and he himself takes the responsibility for the shamer's actions. He is angry at himself for "upsetting" his parents, for whom he "feels sad." This reversal of sadness and anger "preserves the loved one" (Freud, 1917) in his seemingly "rightful" position of honor and power, but at the same time, it derails the child's ability to perceive and grieve parental failure.

Our adult clients are particularly susceptible to shame during attempts at self-assertion, and this inhibitory response is self-induced. There is an old, body-held association of ego-deflation contained within memories of being in the assertive self-state. Thus the man has learned to associate assertion with this thought: *Get ready – you're about to be disappointed*.

In the course of therapy, clients offer particular words representing their "personal unworthiness" to be assertive. Over and over, they describe themselves as "weak," "flawed," "defective," "damaged," "bad" and "unlovable." These critical labels represent the internalization of a negative parental message. And from these negative self-assumptions, there evolves an inevitable legacy of self-defeating, self-destructive and maladaptive behaviors in adulthood.

One man explained the broad effect of this shame in his life:

When I'm shamed, I lose a sense of my masculinity. When I lose that, others will pick up on it and see that I'm vulnerable. At work, they'll want to assign me more projects because I'm not able to defend myself. When I'm at the gym, men will see that about me, and some might want to act out sexually. Even my mother notices this shame state, and when she sees it, she'll capitalize on it to get something she wants. She'll say, "Why don't you spend more time at home with me?"

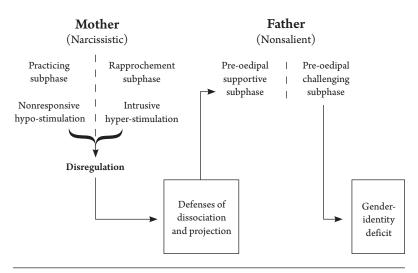


Figure 3.1 Failure of paternal bonding

The child of the narcissistically involved family has been faced with an overwhelming threat of abandonment annihilation. The only solution – or more accurately, the adaptation he must make for his emotional survival – is to accept and internalize the message that *I am weak, and I am unmasculine*. By disavowing his gendered and autonomous self, he is rewarded with a semblance of parental love and approval. Distressing as it may be to consider himself inferior, this message is preferable to feeling the trauma of parental attachment loss. Indeed, for a child to abandon a biologically based core part of his personality, that is, his gender identity, requires trauma of powerful, negative impact, which on some level seems actually to threaten his very existence.

Among our clients, time and again we hear this sense of being weak, unmasculine and unlovable, and of having never, in their whole lives, felt genuinely "seen." Trying to make sense of their parents' ambivalent acceptance of them, many clients report: "Yes, I do think on some level I was loved, but I know I was not understood." One man explained, "I know that my parents love me, but I've never really experienced them 'being there' for me. They say they love me, but it doesn't actually feel like they love me."

Ambivalent relationship with the mother in adulthood. Homosexual men often maintain overattached yet highly ambivalent relationships to

their mothers throughout their entire lives. These relationships are characterized by a hostile dependency.

We often hear reports of mothers who were on one level overinvolved, but on a deeper level unsupportive. For example, while paradoxically praising their mother for her loyal support and encouragement, many clients express a fear that their mother's love is actually conditional. Of his rejecting-smothering mother, one man said: "She's the best mom in the world, she gave so much of herself. I got a lot of material things and a lot of attention, but she didn't ever fill the hole in my heart."

Said another client of his narcissistically involved mother: "My mother is very interested in my life; she's loving, but when I make a mistake, she just explodes. It's like all of a sudden I become the bad guy. I just become completely worthless." Another nineteen-year-old praised his mom for always supporting him, but "I remember her criticism all the time. She could suddenly turn on me, and it would be vicious." Describing the uninvolved type of mother, a sixteen-year-old said, "My mom is like a stuffed animal – she doesn't give back."

Temperamental disposition or insecure attachment? Many men in reparative therapy report having always been timid, shy and introverted, and preferring artistic pursuits such as art, theater and music. There was an almost universal avoidance of rough-and-tumble play. They felt overly concerned about physical injury and avoided dangerous activities.

But what has generally been attributed to inborn temperament might also, in some cases, be the consequence of insecure attachment. Bowlby (1977) believed that a secure sense of self requires consistent contact with a parent perceived as "stronger and/or wiser" (p. 203). Psychologist Diana Fosha summarizes this correlation: "The freedom to explore the world is the behavioral consequence of being and feeling safe" (2000, p. 35). Insecure attachment, however, causes the child to feel anxious and vulnerable, and deprives him of the emotional reserve necessary for developing confidence, curiosity and boldness in order to explore the world beyond the mother's sphere. Bowlby (1988) points out that the child who is truly secure in his parental attachment is less likely to be inhibited in exploring the world. In fact, he says, "Exploring the environment, including play and varied activities with peers is ... antithetical to attachment [insecurity]" (p. 121, emphasis added). Similar to Bowlby, Jerome Kagan (1994) found that parents' treatment of their children could influence their degree of shyness.

Many homosexual men recall their mothers as having been weak, unstable and inconsistent in their emotional responsiveness. Emotionally insecure mothers interact with their children through their own idiosyncratic needs, leaving them anxious and uncertain. Consequently, the sons feel responsible for their mother's emotional stability.

The homosexually oriented client typically reports feeling a pervasive vulnerability. Insecure attachment often manifests as irrational fears (see Nicolosi, 1991, p. 100). One client explained, "As a kid I just felt alone and scared even though everyone else was around. I was scared of the dark; I always thought someone was in my closet or under my bed." Said another man, "My parents never made me feel secure within myself. My mother didn't believe in me, didn't encourage me. My dad may have tried, but he was such a poor example."

Supportive statements from the parents were often absent, inconsistent or (as in the following client's statement) lacking in credibility.

Even as a little kid, as far back as I can remember, I avoided sports, competition. I didn't go out there and do things. I stayed at home. I was a loner, isolated and shy. My brothers were doing things, they joined right in and participated, but I shied away and just did not put myself out there. I was a sad, stay-at-home introvert.

Mom always told me I was great, that I could do anything I wanted. But I never believed her. I don't think she believed it, either.

When fathers are also perceived as weak or hostile, we see how the parental team would have failed to offer the consistent emotional support necessary for the child's bold, aggressive and outgoing attitude toward life. A minimally involved, emotionally detached father combined with a narcissistically involved mother do not offer the boy a secure emotional base. This compromises the boy's bold exploration of the world, as well as his strength, independence and self-sufficiency.

When he is securely attached to his parents, the child can tolerate loss or rejection by his peers, including those who tease him for poor performance in sports or for not being typically masculine. The security that comes from such an attachment provides a lifelong safety net, even when others in his life fail him.

Thus I propose that the timidity generally attributed to biological causes may be, for some homosexual men, actually the result of insecure attachment.

Defenses Against the Negative Introject: Narcissism and the False Self

Thus I have proposed that for many – probably most – homosexually oriented men, a childhood injury has occurred to the gendered self. That injury, I believe, is rooted in shame. The experience feels like what Walt Whitman described in "A Hand Mirror" as

Outside, fair costume; Within, ashes and filth.

Unable to tolerate the sense of worthlessness that this shamed self engenders, the boy develops two particular defenses: the false self and narcissism. Working together, these defenses compensate for the felt deficit caused by the shamed self. The false self and the narcissistic self serve not only as a survival tactic for managing present interactions but also as a defense against any future attachment losses. These defenses are mutually supportive, so much so that some writers consider them synonymous (Johnson, 1987).

While the argument can be made that narcissism and the false self are actually two aspects of the same phenomenon, for the purposes of diagnosis and more effective treatment, as well as the client's own selfunderstanding, we treat them as separate and distinct phenomena.

The False Self in Comparison to the Narcissistic Self

To maintain his sense of acceptance and belonging within a family that does not see him as a separate individual with needs of his own, the child develops a compromise identity. As one client explained, "I'd rather be a 'false somebody' than a nobody." To avoid the annihilation of being a nobody, he complies with the family system, giving his parents the false self that seems necessary for recognition. The price paid, of course, is a restriction of genuine self-expression and relational attachment.

The quintessential false self of prehomosexuality is the "good little boy," the survival adaptation of the "nice," inoffensive, genderless child. But this persona comes at high cost: it blocks the boy from expressing his natural masculine strivings and from satisfying his same-sex attachment needs. This persona causes a deep affective void and eventually leaves the person with a chronic, unsatisfied longing for deep human connectedness.

In adulthood the residual symptom of the good little boy is manifested as "the nice guy." Such a man is often described as "compliant," "passive" and "obsequious." He displays a one-dimensional, codependent pleaser personality, habitually seeking the approval of others.

The nice guy is displayed in a restricted body posture that conveys introjected shame. It is a shield (how can anyone not like a "nice guy"?) protecting against the core-self injury of the shame-damaged self. The nice guy generally avoids conflict and is inclined to be tentative, confined, defensive and overcontrolled, with a rigid, restrictive one-dimensionality. The man is bound in an emotional straitjacket in which he is unable to fully know and experience his own emotions or openly receive those of others. He is hesitant and inhibited and particularly fearful of being hurt.

The Insatiable Need to Be "Seen"

Another common defense of homosexually oriented men is narcissism. In contrast to the false self of the nice guy, the narcissistic style is grandiose, with a sense of entitlement. The man seems active and vital, in comparison to the nice guy's static, confined and wooden manner. Both types are constructions against anticipatory shame, but the narcissistic style can be seen as active/offensive, while the nice guy is passive/defensive.

The narcissistic style is more multidimensional, complex and interesting than the nice guy, but is typically much more abrasive and difficult. Ever motivated to create an effect, the narcissist manipulates other people for special attention rather than engaging them authentically. He is concerned above all with the promotion of an idealized image, and his efforts to gain special attention must necessarily involve manipulation. Beneath this is a grandiose illusion that he can reshape the world, including, for the gayidentified man, refashioning nature's inevitable gender realities into a new reality that better suits his desires.

Truth, too, is subject to his manipulation: driven by the powerful need for his life to be better than it is, he devotes years to the pursuit of various illusions. He idealizes people who fulfill the image of what he wishes he himself could be. Idealization, in fact, is the foundation of his homoerotic attraction. It acts in the service of his narcissism to compensate for his hidden gender shame and the emotional starvation that results from his isolationism.

With this inordinate need to *be seen*, the narcissist never gets enough validation. People in his life are continually alienated by his unrelenting sense of entitlement. He is ever ready to counter against any feeling of being slighted, hurt, unappreciated or ignored. Mired in self-preoccupation, he will be limited in his ability to offer real empathy. Quick to feel victimized, he is often left feeling resentful and retaliatory. The narcissist has been described as the person "for whom it is never enough." The price for "having it his own way" is that he will be ultimately find himself alone.

The Gray Zone and the Desire for Same-Sex Eroticism

Trapped in emotional isolationism and inhibited in his ability to relate to others authentically, the man with SSA will often feel defeated, hurt and let down, which subsequently propels him into the self-state we call the gray zone.

The gray zone is experienced as discouragement, powerlessness, disappointment, loneliness and weakness. These feelings are especially likely to occur when a significant person in this person's world fails to gratify his expectations, which, because of his constricted view of people and relationships, are inclined to be driven by unrealistic, narcissistically based needs. When these expectations of others are frustrated, he feels disappointed, humiliated, even worthless. It is at such times that his homosexual attractions are most likely to surface.

Same-sex eroticism offers the promising illusion of masculine infusion and in fact actually delivers an immediate affective shift, with great excitement and a sense of rebellious liberation, in marked contrast to the flat, depressive affects of the gray zone's deflated narcissism. A symbolic contact with the idealized masculine image (i.e., the projected idealized self) through same-sex enactment has temporarily restored his depleted self-esteem. The idealized image serves as a self-object, and homoerotic contact will temporarily "reassure" the depleted narcissistic self.

The defense of dissociation. Among our clients we have noted the frequent utilization of the defense of dissociation. This may be what Elizabeth Moberly (1983) originally identified as "defensive detachment."

People who use the defense of dissociation are likely to have experienced early attachment trauma with the mother (Schore, 2003). In adulthood they respond to certain triggers associated with the original trauma by disconnecting from the outer world and shifting into a vitalitydepleted state.

The attachment-traumatized person becomes highly sensitive to implicit cues of disapproval and rejection, such as a certain vocal tone, facial expression or subtle gesture, particularly when these cues come from significant others or representatives of past significant others.

The cues are often perceived below the level of awareness, prompting the dissociative response. This infantile defense is maladaptive in adulthood and leads to a variety of secondary symptoms. For our clinical population the most pronounced maladaptive response is the inability to emotionally bond with other men, thus perpetuating homoerotic fantasy and desire.

In the therapeutic setting we see dissociation occurr when the client is confronted with highly stressful material. The therapist observes the client's gaze suddenly becoming flat and unfocused, and his face grows blank. He has just entered into a subjective field and is, for a time, unreachable. At such moments the therapist observes that the client has become disengaged, unfocused, and with greatly diminished affect. The client may be parroting back in a flat voice exactly the interpretation he was just given, but he is emotionally closed off.

How does the therapist help the client out of that state? He may disclose to him that he is noticing his detachment and, in an unthreatening manner, point out his facial expression as evidence, while inviting the client to "return to the session." The therapeutic objective is to make the client conscious of the ways in which certain cues, including nonverbal communication, inhibit his affective states – particularly how these cues propel him out of the healthy state of assertion and into the constricted state of shame.

The client learns that he can take comfort in the client-therapist conjoined state, working in collaboration to co-regulate not only positive affects such as joy and love but also his negative affective states such as shame, terror and rage.

Projection. In addition to dissociation the second defense against overwhelming stress that we see in our clients is projection. This was visible earlier in the boy's projecting onto the father the same experience of affect disregulation that he had with the mother.

Projection is an infantile defense mechanism developed as early as the first year of life, in which the child creates an internal representation of a particular traumatic event and projects those representations onto others. These nonverbal, presymbolic representations serve to anticipate and therefore protect the child from any such future trauma. The internal constructs he creates will then become the basis for the phenomenon of the repetition compulsion. As a survival and coping mechanism the repetition compulsion is reactivated in response to particular social cues.

In the therapeutic situation, subliminal cues triggering memories of others who have shamed the client will bring about this negative projection. In a worst-case scenario a counter-transferential reaction is activated that prompts the therapist to react to the expectation of the client's projection, shattering the working alliance. Negative projection onto the therapist is often at the root of the critical therapeutic impasse called the "double bind," which we resolve through the therapeutic "double loop" procedure (see part two).

Addiction. The two previous defenses – dissociation and projection – are learned in early infancy and for this reason are called primitive defenses. There is another common defense – addiction – that manifests itself later.

Early malattunement in many of our men's backgrounds, experienced as betrayal, has created a difficulty with affect regulation. When affect regulation cannot be managed interpersonally, many SSA men use drugs, alcohol or compulsive sexual encounters. Incapable of modulating internal distress, they chooses mood-altering options as a pleasurable, quick alternative to the task of internal self-management.

For many men, there is the unconscious hope that same-sex erotic contact will replicate the symbiotic bliss of secure parental attachment. One nineteen-year-old man succinctly explained his "ultimate fantasy": "I want to sit in the lap of a big man, and never wake up."

Drugs, alcohol and sex provide immediate relief from internal, shamebased distress. Substance abuse and sexual promiscuity offer temporary relief from emotional emptiness, personal inadequacy and chronic depression. All these serve to distract the person from his fundamental inability to establish authentic emotional attachments.

This tendency to use sex as a distraction from the pain of deep alienation is echoed by a former lover of the great ballet dancer Rudolf Nureyev. Speaking of Nureyev, the former lover said, "It was as if there was some inner loneliness, some sense of rejection that could never be overcome, and he provoked this frenzied eroticism to hide from it a little while" (Segal, 2007).

Substance abuse and sexual addiction, especially with anonymous partners, also satisfy the drive for grandiosity and omnipotence, and are acts of infantile defiance against the constraints of reality. They reinforce the illusions (false-positive perceptions) that buttress the fragile sense of self.

Addictive behavior, sexual or otherwise, is typically prompted in the moment by a disappointment over some unmet expectation, particularly a perceived slight to the client's dignity by another man or the experience of disappointing a mother figure. Faced with sudden deflation that triggers rage against the inadequate self, the man seeks some sort of auto-regulatory, ritualistic enactment.

But as with all other narcissistic enactments, addictions are a fantasy option. Sex, food, compulsive hyperactivity and the drive for "distraction" and "entertainment" will not override the distress of emotional disequilibrium for long. After enactment the disequilibrium returns.

In our client population we especially see the use of sexual arousal as a way of prompting oneself out of a depressive state. The homosexually oriented client uses dissociated sexuality (anonymous sexual encounters)

_	Phase 1 Insecure attachment	Phase 2 Gender Identity	Phase 3 Erotic	Phase 4 Social role
Significant other	Mother	Father	Peers/Siblings	Social/Cultural
Age	First year	1 ¹ /2-3 years	5–11 years	Mid-teens
Result	Defense of dissociation	Gender-identity deficit	Homosexuality	Gay self label
	Projective identification			

Figure 3.2 The four phases of gay identity

to regulate his chronic depression. But sexual behavior does not address the depressive core.

An essential therapeutic goal is to diminish the client's drive to utilize anonymous sex as an auto-regulator and to substitute genuine, relationally oriented forms of affect regulation.

The Four Phases of Gay Identity

Chapter two detailed the two phases resulting in gender-identity deficit. We may extend those two phases to the additional phases of the eroticization of masculinity and, then, the social role of a gay identity.

In the first phase, insecure attachment, the "significant other" is the mother, resulting in the defenses of dissociation and projection. In the second phase, gender identity (which occurs at approximately a year-and-a-half to three years), a failure to bond with the father results in a gender-identity deficit. In the third (erotic) phase (occurring at approximately five to eleven years), the significant others are peers and siblings, who are often traumatically hostile and rejecting. The result is the defense of eroticization, which is expressed in homosexuality. The fourth stage, the social phase, is when significant social and cultural forces introduce the concept of a gay identity, typically in the person's early to mid teens. The result is a self-labeling of "gay" in an attempt to "narratively explain" past experiences.

A Different Model: Post-Gender Homosexuality

Up to this point our model of homosexuality has explained the condition as a failure to negotiate the gender-identity phase of one-and-a-half to three years old, which, if successful, involves the boy's disidentification from the mother and secure identification with the father. That model resonates as true with the majority of the homosexual clients we have seen in our clinic during the past twenty years.

However, approximately 20 percent of the men we have seen in treatment present a distinctly different clinical picture.

The distinction we make between a "pre-gender type" and "postgender type" of SSA is somewhat parallel to the psychoanalytic distinction between the pre-oedipal and post-oedipal models. In the post-oedipal/ post-gender model, we theorize that the developmental trauma occurred later and involved a wider spectrum of influences – especially damage to the ego during the latency period (five to twelve years old).

We postulate that the post-gender type client successfully completed the gender identity phase but later experienced another form of trauma for which homoerotic desire became conditioned as an affect regulator. (As such, this "post-gender" scenario does not necessarily involve gender identity.) Possessing masculine attributes and lacking effeminate behavior, these clients appear "straight" yet feel within themselves a disturbing need for masculine affection. This client often has distinct sexual attractions to women but little or no interest in female friendship. He is only interested in "being around the guys," and in this regard behaves like a boy does during the latency period. He demonstrates the ability to establish reasonably good relationships with straight men, but does not feel he can openly share his struggle with them about his homosexual attractions.

Post-gender trauma typically seems to have occurred from an older brother, the father, cruel and teasing peers at school, from sexual abuse or from a very disorganizing, "crazy-making" mother who invoked intense fear and anger, which the client now generalizes toward all women and which keeps him out of deeper relationships with them. These men appear to be "regular guys," but have a distinct insecurity about their masculinity. It is not a desire for the other's masculine qualities that drives this client's same-sex attractions; instead, he seeks the anxiety-reducing reassurance of male support and comfort against his inner insecurity.

With this post-gender type there is no real deep grievance against the father – yet the client typically sees the father as weak or ineffectual for lacking the salience to defend him against an abusive older brother; cruel, teasing peers at school; or a disorganizing, destabilizing mother. The father was "good enough" for attachment but failed to rescue the son during the latency phase from repeated trauma.

Sometimes these past abusive relationships will "repeat" in his homosexual fantasies and in the type of relationship he seeks with a partner. But he is less likely to develop an addiction to gay pornography, as the male image alone has less powerful sexual appeal. Rather, he looks for masculine affirmation, sometimes from a youthful, gentle, boyish, passive (and more effeminate) type of man. Here, the image sought in a partner is not the idealized masculine type (which is the type most desired by the "pre-gender identity phase" client), but a man who represents his own lost, innocent, younger self.

Table 3.1 outlines the basic distinction between these two types of male homosexuals.

Table 3.1 Basic Distinctions Between Pre-Gender and Post-Gender Male Homosexuals

PRE-GENDER TYPE

POST-GENDER TYPE

 Approximately 80%
 Approximately 20%

 of client population*
 of client population*

 $^{*}($ we assume this percentage to be representative of the general homosexual population)

General Impression

Effeminacy or non-masculine	Masculine, ordinary male;
fragility.	generally comfortable with his body.
	In group psychotherapy, other members
	are especially attracted to him. He holds
	higher group status.
Rigid, fastidious,	Rugged, relaxed, casual about his
self-conscious.	body.

Attitude Toward Treatment Plan

Reactive, emotional, moody,	Uses rational, intellectual defenses;
volatile.	prefers cognitive approach.
	Appreciates goals, objectives
	and progress reports.
	Resilient; can move into his fears
	and approach new challenges.

Narcissism

Easily emotionally injured,Greater resilience, less easily hurt,offended, crushed, slighted,can hear criticism.insulted.

Unmet Needs

Masculine identification and affectional needs.

Masculine affectional needs.

Greatest Source of Developmental Trauma

Father (most often weak, non-salient; less often hostile/tyrannical).

Hostile, tyrannical father or older brother, or highly disorganizing ("crazy-making") mother.

Relationship with Father

Traumatic father-hurt. Narcissistic injury; son feels deep resentment, grievance, contempt.

Father was (minimally) adequate for identification/attachment, but failed to defend son against sources of trauma.

Relationship with Father (continued)

Repair of relationship with father	Can more readily repair
occurs very rarely.	relationship with father.

Relationship with Mother

More enmeshment with mother;	Less enmeshment with mother,
intense ambivalent relationship,	less emotional dependency;
easily upset by her.	usually less easily upset by her.

Relationship with Women

Little or no sexual attraction	Definite (if weak) attraction to
toward women.	women, but deep fear of
	sexual inadequacy.
Easy to establish and maintain	Does not share the same affinities
female friendships.	and interests to sustain friendships
	with females.

Relationship with Other Men

More male authority problems;	Fewer male authority problems;
suspicious, anticipates injustice;	has history of fairly good male
lack of close male friendships.	friendships, but they could take on
	a sexual dimension.

True Self-False Self

Pervasive false self;	No false self;
difficulty finding and staying	is more readily able to relate
in the true self.	to men from the true self.

Prognosis

More difficult therapy, slower change; more trust issues; will stay much longer on "ex-gay plateau." Faster treatment, better prognosis.