

**SHAME AND ATTACHMENT LOSS: THE PRACTICAL WORK OF REPARATIVE THERAPY**, by Joseph J. Nicolosi, Ph.D. (Downers Grove, Ill.: IVP Academic, 2009). 474 pages. \$23.00, paper.

Although Dr. Joseph J. Nicolosi's newest book, *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, is principally intended for those therapists who wish to counsel men who self-identify with ego-dystonic (unwanted) homosexuality, the text can also be helpful to anyone interested in learning about the etiology and amelioration of male homosexuality.

Dr. Nicolosi writes as an experienced clinician; he has treated more than a thousand such men, and he heads a clinic where 95% of the case load deals specifically with treating ego-dystonic homosexuals. Building upon the foundation of his prior works (*Reparative Therapy of Male Homosexuality and Healing Homosexuality: Case Stories of Reparative Therapy*), Dr. Nicolosi explains the theoretical basis for his treatment, namely shame and attachment loss (grief). However, this latest book adds a uniquely new insight, one that evidences his personal growth in understanding and treating those with unwanted homosexuality.

His earlier books conceptualized homosexual attraction as a striving "to repair gender deficits". He now sees the roots more broadly as a striving "to repair deep self-deficits" and as a "defence against trauma to the core self". From this premise, the text explains the psychodynamics of homosexuality, its treatment modalities, and the rôle and resolution of grief.

Dr. Nicolosi's current theoretical foundation of the etiology of homosexuality draws heavily on *attachment theory*, a classic concept that explains how normative attachment should come early in childhood development. Ideally, attachment includes an attuned, salient father and mother who work together to validate a boy's gender of birth and move him towards masculine individuation. If this process goes amiss (and is coupled with the innate sensitivity that is found in some boys), homosexuality may result.

Dr. Nicolosi recounts how several of his clients lacked secure attachment with parental figures and experienced inadequate masculine identity as children. Consequently, shame set in, and dominated each child's psyche during those vulnerable early years. Gay theorists, on the other hand, reverse cause and effect by claiming that such shame is a consequence of internalizing society's disapproval of homosexuality, referring to it as "*internalized homophobia*" or *sexual minority stress*. However, Dr. Nicolosi points out the converse: the shame and subsequent homosexual feelings evolve as an emotionally-based response to the child's lack of secure attachment. He believes that "homosexuality [is] a narcissistic solution to a shame problem" (p.34).

In clinical practice, Dr. Nicolosi and others find that the majority of homosexually active men, whether overt or covert, have had an intrusive mother, coupled with an emotionally distant and/or antagonistic father—factors which interrupt proper attachment. (In cases of clients with older brothers, they also find a large proportion of older brothers who were antagonistic to or uninterested in the younger brother, a factor that may further alienate a boy from the world of boys and men.) This classical triangular psy-

chodynamic model is by no means a new concept, although it has fallen out of conventional favour. However, going beyond the classical triangular model, Dr. Nicolosi's model adds and highlights heavily narcissistic features—features which he finds unique to the pre-homosexual's familial background. Given these dynamics, Dr. Nicolosi coins the term *triadic-narcissistic family*, and notes that the majority of his clients grew up in families where they were unsure of themselves. Why?—because their parents often confused their own needs with their child's needs.

Dr. Nicolosi found that many of his clients invoked a classic defence mechanism, growing up with a victim mentality that produced a state of shame. Commonly, homosexual encounters became the primary means for overcoming such feelings of inadequacy. Ego-dystonic clients, however, found such a "solution" unable to meet their authentic needs. The homosexual activity became in reality simply a temporary "fix" to the acute problems (shame, loss) that needed to be addressed during the therapeutic process.

Referring to this therapeutic process as *reparative therapy*, Dr. Nicolosi has popularized a process that focuses on the client's overcoming loss of attachment, narcissistic wounds, associated shame and other problems through attunement with a male therapist, who in turn helps the client identify and overcome his feelings of loss and inner discontent. He states that "...homosexuality [is an] attempt to 'repair' a shame-afflicted longing for gender-based individualization" (p. 31)—hence the term *reparative therapy*. As long ago as 1976, Dr. Ethel Person was perhaps the first to identify the reparative component of homosexuality, in a panel discussion at the American Psychoanalytic Association's annual meeting, when she stated, "The nonsexual meaning of the homosexual encounter is a crucial issue in treatment. The homosexual act is frequently used to *repair* masculinity either through dependent gratification or domination" (emphasis added). Diverging into political alignment as an organization, the American Psychoanalytic Association has abandoned such discussions. Dr. Nicolosi, however, has picked up the baton and keeps running with it, unmoved by a volume of sometimes harsh criticism.

To overcome shame and attachment loss, Dr. Nicolosi suggests that the therapist help the client identify emotional mind-body states, and explains how the client, if consciously aware of these states, can interrupt any of them. The opposite of the shame state is "assertion". When the client is in an assertive state, he can avoid the following sequence of events: (1) shame, which can lead to what Dr. Nicolosi calls (2) the "grey zone", which in turn is often followed by (3) homosexual enactment.

According to Dr. Nicolosi, a key defence mechanism against feeling the pain of shame, which, if fully felt, will lead back to the painful (but often cleansing) state of grief, is the "*grey zone*." Its dull, paralyzing mood traps the client, preventing him from recalling the preceding shame moment and at the same time preventing him from cleansing himself by shifting into the lively "affect" of true grief or moving back into a more assertive state. Most often, rather than feel genuine grief, the client would rather dwell in the "dead or grey zone" state. Once he is there, homosexual enactment is commonly used as the means to move himself out of this state of paralysis.

Much of Dr. Nicolosi's therapeutic process, detailed in several case vignettes throughout the book, is to delve deeply into a client's emotions—to get the client to “emote” and to process “affect” (feelings) by focusing it toward productive healing. He encourages clients to show affect, and he stays closely attuned to them throughout the process. By doing so, he makes clients feel safe and connected. It is in the safety of such a container that clients are allowed to shed emotions and heal from past wounds; at the same time both the therapist and the client need to stay attuned to each other (referred to as the *double-loop*.) In a sort of “Gestaltian” way, Dr. Nicolosi helps facilitate clients' awareness, by constantly asking them to locate a feeling within their bodies and then facilitating a means by which they can access the emotion. (This is referred to as *body work*.)

The experience of Dr. Nicolosi (and other practitioners) evidences how homosexuality can be successfully treated. Success, however, does not necessarily mean a total eradication of same-sex attractions, desires, and/or arousals. Rather, success is “...all about learning to develop personal and interpersonal authenticity” (p. 38). In meeting this goal, the work of reparative therapy involves a supportive counsellor who can allow his client to experience authentic feelings (affect) about his past and connect them to present activity. Dr. Nicolosi states: “The goal...is to no longer act out [through homosexual encounters] his past hurts in the present but to experience those authentic feelings about the past while in the presence of the therapist” (p. 35). In many instances, homosexuality is eradicated or diminishes. Such a finding is supported by the historical reports of other therapists who have laboured with ego-dystonic homosexuals. (See *What Research Shows: NARTH's Response to the APA Claims on Homosexuality*, a review of 125 years of clinical and scientific reports on the subject matter.)

Dr. Nicolosi also addresses the issue of homosexuality and biological factors. While he does not support the increasingly popular opinion that people are born homosexual (indeed, no “gay gene” has ever been identified), he notes that biology plays a rôle in gender-identity formulation. In this regard, he postulates that boys with a propensity toward hypersensitivity (a bio-chemical trait), when it is coupled with faulty attunement in rearing, are more susceptible to homosexuality. He also notes that a sensitive boy's shame response to faulty parental attunement could negatively affect areas in the developing brain that are associated with gender-identity formation.

Finally, other mechanics of therapy are explained in further detail within the book. They include: dealing with core wounds (e.g., detachments); helping the client grieve for the lack of his father and other significant males such as male peers and siblings; helping the client experience anger and conflict in a healthy way; dealing with defence mechanisms; resolving emotions such as anxiety; developing heterosexual relationships; employing methods to avoid further hurts; and much more.

While Dr. Nicolosi's theoretical foundation and therapeutic process seem to coincide, they lie outside the current political climate of the mainstream mental health establishment. For the latter, homosexuality is no longer generally viewed as an inner conflict needing repair, but rather the contrary. But for those looking for means to understand the new depth and breadth of clinical work concerned with helping those with a desire to overcome ego-dystonic homosexuality and its theoretically-associated shame and loss, Dr. Nicolosi's current book is

unmatched. It is unlike, and unadulterated with, modern pro-gay theories and gay affirmative psychotherapy.

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