

***Shame and Attachment Loss:
The Practical Work of Reparative Therapy***
by **Joseph J. Nicolosi, Ph.D.**

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Recently the American Psychological Association released a statement declaring that reparative therapy is ineffective and that therapists should not inform patients that change in sexual orientation is possible. Unfortunately, the task force assigned to evaluate reparative therapy was comprised of advocates for gay rights. Because of its composition, it did not review much of the research on the positive effects of reparative therapy. One pertinent work that was overlooked was Dr. Joseph Nicolosi's new book *Shame and Attachment Loss: The Practical Work of Reparative Therapy*. This seminal work is backed by over two decades of clinical research, and it cites numerous resources. The book is endorsed by many prominent professionals in the field of psychology and includes forewords written by H. Newton Malony, Ph.D., senior professor in the Graduate School of Psychology at Fuller Theological Seminary; and Robert Perloff, Ph.D., former president of the American Psychological Association and Distinguished Service Professor Emeritus at the University of Pittsburgh.

Nicolosi's book is divided into three parts. Part one (chs. 1–5) discusses the psychodynamics of homosexuality. Grounded in John Bowlby's attachment theory, Nicolosi views homosexuality as a way of compensating for early attachment deficits. While there is no research that clearly identifies a genetic or biological link to homosexuality, Nicolosi agrees that there can be a certain biological predisposition toward homosexuality. However, he clearly states that predisposition does not equate to predestination. There are many more environmental factors linked to the etiology of homosexuality.

The typical family pattern that lays the foundation for homosexuality is as follows: a domineering mother with a strong personality who is over-emotionally involved with her son; a father who is quiet, withdrawn, not expressive, and/or hostile; and a son who is temperamentally shy, timid, introverted, artistic, and imagina-

tive. Within this classic triadic pattern, relationships are extremely unhealthy. In the relationship between the husband and wife, the husband avoids his wife because he finds her emotionally draining. There is a lack of emotional compatibility in the marriage with little intimacy. This leaves the wife feeling extremely lonely in her marriage. To compensate for this, she becomes emotionally over-dependent on her son. She makes her son responsible for her emotional happiness. The relationship between the father and son is relatively cold and distant. The father may not know how to relate to a temperamentally sensitive son. He also may not know how to bond with his son if he is into sports and his son is not. Seeing the strong, emotional bond that the son has with his mother, the father might relegate him to his mother's care. This decision also benefits the father because it makes the marital relationship less emotionally draining for him.

Although mother and son might have a very close and loving relationship, it is truly an unhealthy one. Because the son is responsible for his mother's emotional well-being, he has to adopt the "good boy" persona. Rather than being himself and risking rejection from his parents, he represses his true feelings and becomes the "good boy." This repression is a shame experience for the boy. He is taught that his true self is bad and unlovable. In order to be loved, he must be someone he really is not. This message is conveyed to the boy in what Nicolosi refers to as the "double bind." While his parents might tell him how much they love him and want him to be happy, their demeanors and body language tell him he is truly unlovable and must pretend to be someone different to be loved and accepted. This situation is called a "double bind" because it separates him from others as well as his true self. He learns that he cannot express his true needs to others, or he will be rejected.

Being the "good boy" takes much time and energy and prevents the son from be-

ing able to bond with his father and other males. This unmet need to be loved, accepted, and affirmed by other males remains and grows stronger. While being the “good boy” insures his parents’ love and acceptance, it forces the boy to sacrifice his true masculinity. Being denied the ability to truly be himself and bond with other males starts early in life. When coupled with the psychosexual development of adolescence, the need to bond becomes eroticized. This state results in homosexual attractions.

Nicolosi describes the development of homosexual attractions as a series of four states:

- 1) *The Assertive State*: Feeling strong and confident. The man is able to be himself and assert healthy masculinity.
- 2) *The Shame State*: Being denied one’s full masculine potential by being forced into the “good boy” role. He is taught that his true self is unlovable. He feels rejected, dismissed, or devalued. True masculinity is damaged.
- 3) *The Gray Zone*: A state of emotional pain. The man feels lonely, rejected, devalued, emasculated, and dead inside.
- 4) *Homosexual Attractions/Acting Out*: In an attempt to repair his masculinity, which was wounded in the shame state, the man seeks out other men for emotional comfort and/or sexual pleasure. On the subconscious level, it is an attempt to acquire from another man the masculinity that was lost in the shame state.

The goal of reparative therapy is to return the man back to an assertive state. The re-establishment of this state requires his examining his current life and family of origin to understand how he was shamed. By healing the wounds from the shame state, he can return to the assertive state. While in the assertive state, the man can develop healthy relationships with other men and experience the healthy male bonding he never had. Men who have experienced this process have seen their homosexual

attractions diminish greatly. When they are in healthy, nonsexual friendships, they feel confident about themselves. This confidence can help men stay in the assertive state and resolve same-sex attractions.

Part two of the book (chs. 6–18) describes affect-focused therapy. As part of returning the homosexual man to the assertive state, the therapist must turn the “double bind” into a “double-loop.” In this process, the therapist provides healthy affirmation when the client expresses authentic needs. The client no longer experiences the need to take on the “good boy” role. He can abandon any negative feelings about himself and feel united with himself and others. This technique helps the client feel more confident and develop a greater trust in the therapist. Rather than being angry with himself and feeling sorry for others, he feels sorry for himself and angry with others for not meeting his legitimate needs. This allows him to let go of shame and become assertive.

Nicolosi also promotes the use of “body work” in therapy. To help clients become attuned to what is happening subconsciously, Nicolosi has them focus on how they experience emotions physically. For example, tightness in the chest might represent fear. An energy surge in the arms and legs can indicate anger. A heaviness in the chest can signify sadness. Transcripts of therapy sessions are used throughout the book to demonstrate how body work works.

In a typical session, a client might describe a recent time when he experienced homosexual attractions or acted out. The therapist will then work backward through the four states. He will ask the client how he feels physically when discussing the event. The goal is to stay with the feeling. This technique helps the client uncover the gray zone and shame state that led to the acting out and the emotions he was feeling at the time. The emotions are then linked to a time earlier in life when he felt the same way. For example an experience of shame, sadness, or rejection that led to the acting out might be linked to a time during childhood when he felt the same emotions. The therapist can then help the client work through the painful events in the present and the past in an accepting, affirmative

way. This process leads to the healing of past and present emotional wounds, which leads the client back to the assertive state. With practice, the client can learn to identify shame states early on and work on returning to the assertive state before entering into the gray zone and possibly acting out. The more time a man is in the assertive state, the more he will be able to bond with other men in a healthy way. This approach eventually leads to the resolution of homosexual attractions.

Nicolosi devotes fourteen chapters to the therapeutic process. This degree of detail is necessary because using body work in therapy can be a long and difficult process requiring much training for the therapist. There is much more to the process than this author can address in a short book review. However, Nicolosi and his colleagues have found it to be highly effective in resolving unwanted homosexuality. This author recommends reading through these chapters several times to fully understand how body work can be effective in reparative therapy.

The third part of the book (chs. 19–23) focuses on grief work. In analyzing the shame state, clients will have to understand and accept that there were many things that they did not receive from their parents that resulted in their homosexuality. These missing elements can include a close, bonded relationship with their father, a mother who was not so emotionally needy, peers who accepted them, etc. The healing process necessarily requires men to accept and grieve these losses. This step helps clients let go of trying to compensate for these needs through romantic/sexual relationships with other men. They learn that even with these emotional deficits/attachment losses, they can still live their lives as healthy, confident men. This realization brings them back to the assertive state where they can develop healthy, non-sexual relationships with other men.

Joseph Nicolosi's book is an excellent resource for those who want to know how reparative therapy works. He shows how attachment losses and shame are linked to the development of homosexuality in an understandable way. While some in the mental-health field question the effectiveness of reparative therapy, Nicolosi's years of research and clinical experience have shown positive results. However, this is not the last word on resolving same-sex attractions. There are some issues that Nicolosi does not address in his book. For example, he does not address body image, which has been found to be linked to homosexuality. The gay community places heavy emphasis on the "perfect" male body. This emphasis has led many men to spend hours working out at gyms or even to undergo cosmetic surgery. Men with poor body images can develop same-sex attractions as a result of a strong desire to have the "perfect" body and thus be accepted by other males. Furthermore, Nicolosi does not address the problem of peer rejection. Many homosexual men report that as boys they were rejected by their peers, often because of poor athletic abilities. This lack of peer acceptance can lead to a lack of male bonding, which has been associated with the development of same-sex attractions. Finally, Nicolosi only addresses male homosexuality in his book. He makes little reference to the development and treatment of female homosexuality.

Still, Nicolosi's book is the first work of its kind. No other book presents an in-depth look at how reparative therapy works. He clearly describes the theory and techniques of reparative therapy, and the transcripts show how the process works. This book is recommended for anyone who is interested in learning about reparative therapy. It is this author's hope that Nicolosi's book will foster new research that will further examine the effectiveness of reparative therapy.

Peter C. Kleponis, M.A., L.P.C.

Assistant Director

*The Institute for Marital Healing and
Comprehensive Counseling Services*

West Conshohocken, Pennsylvania