

# Reparative Therapy of Male Homosexuality

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A New Clinical Approach

*Joseph Nicolosi, Ph.D.*



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# Introduction

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There are homosexual men who reject the label of "gay" along with all of the implications that label would bestow upon them. Although "homosexual" may name an undeniable aspect of their psychology, "gay" describes a life-style and values they do not claim. These men experience conflict between their values and their sexual orientation. Experiencing their personal development to be encumbered by homoerotic desires, they seek not to surrender to, but to surmount their homosexual attractions.

In recent years, the psychiatric profession has reversed its opinion that homosexuality is unhealthy. This

has resulted in the abandonment of these men, whom I call *non-gay homosexuals*. Although psychology claims to work from a value-free philosophy, in fact it chooses to devalue their struggles and to counsel them instead for what it invariably interprets to be self-hatred due to internalized homophobia.

In reality, the homosexual condition is a developmental problem—and one that often results from early problems between father and son. Heterosexual development necessitates the support and cooperation of both parents as the boy disidentifies from mother and identifies with father. Failure in relationship with father may result in failure to internalize male gender-identity. A large proportion of the men seen in psychotherapy for treatment of homosexuality fit this developmental syndrome.

Failure to fully gender-identify results in an alienation not only from father, but from male peers in childhood. The twin phenomena of nonmasculine behavior in boyhood and problems with male peers are widely acknowledged in the literature as forerunners of homosexuality. This disenfranchisement from males—and from the empowerment of one's gender—leads to an eroticization of maleness. There is often an alienation from the body characterized by either excessive inhibition or exhibitionism. There is also a deficit in sense of personal power. The resultant homosexuality is understood to represent the drive to repair the original gender-identity injury.

A review of the physiological literature demonstrates that genetic and hormonal factors do not seem to play a predetermining role in homosexual development. However some predisposing factors may make some boys more vulnerable to gender-identity injury.

Problems associated with homosexuality include asser-

tion difficulties, the sexualization of dependency and aggression, and defensive detachment from other males. Male homosexuals typically have difficulty with nonerotic male friendships.

Taking a look at gay relationships, we see there are many inherent limitations in same-sex love. Gay couplings are known for their volatility and instability. Research consistently reveals great promiscuity and a strong emphasis on sexuality in gay relationships. Without the stabilizing element of the feminine influence, male couples have a great deal of difficulty maintaining monogamy.

In spite of the gay man's stated valuing of androgyny, there is a contradictory search in the gay world for the masculine archetype, with nonmasculine men perceived to be lower in the status hierarchy. Gay relationships are also inherently troubled by the limitations of sexual sameness, making the sex act characteristically isolated and narcissistic through the necessity of "my turn-your turn" sexual techniques. There is not only an inherent anatomical unsuitability, but a psychological insufficiency that prevents a man from taking in another in the full and open way of heterosexual couples.

In recent years, gay liberation writers have demanded not only society's tolerance, but its approval of the gay lifestyle and the homosexual condition. Promiscuity is either denied, or it is rationalized as an acceptable part of the new social order which, it is said, the homosexual condition necessitates. Those who do not equally value homosexuality are considered to be homophobic, that is, irrationally fearful. Gay writers do not acknowledge that it is legitimate to place higher worth on heterosexuality within the framework of one's value system.

Reparative therapy for homosexuality is based upon

object relations theory and empirical studies in gender identity. One of the first goals in therapy is to clarify the family dynamics that may have led to a man's homosexual condition. Making peace with father is one early issue. Preliminary treatment goals include growth in self-acceptance and an alleviation of excessive guilt. There is considerable discussion of gender difference, and an acknowledgment of the empowering effects of growing fully into one's gender. Growing out of the false self of the compliant "good little boy" is a goal for many clients. There are many initiatory challenges for ego-strengthening and self-assertion. In group therapy the client is challenged to develop self-assertion through effective verbalization. Male bonding is an especially important goal through the development of mutuality in nonerotic same-sex friendships. For the homosexual, defensive detachment usually creates a resistance to making friends with ordinary, "nonmysterious" males.

The therapeutic relationship is critical in reparative therapy, and particular transference issues must be addressed within it. Many of these are in fact reenactments of the relationship with father. A negative transference can be valuable if it is understood by client and therapist. The female clinician can play a role in reparative therapy, but ultimately she must be prepared to surrender the client to work with a male therapist.

Reparative therapy is not a "cure" in the sense of erasing all homosexual feelings. However it can do much to improve a man's way of relating to other men and to strengthen masculine identification. As a result of treatment, many men have been supported in their desired commitment to celibacy, while others have been able to progress to the goal of heterosexual marriage.