

by Joseph Nicolosi Sr., Ph.D. 1998

What is "Cure"?

When is the homosexual man "cured"? The man who has overcome his homosexuality is truly a man who has recaptured his own nature--not an imitation heterosexual. In fact, a basic assumption of reparative therapy is that every man is, on a deeper level, heterosexual--even if he has been struggling with a homo-sexual problem.

I believe the homosexual's natural potential was repressed during early childhood. He has developed a conflict in his natural desire to connect with men, evidenced by the emotional block of defensive detachment. Men are mysteries; he is afraid of them and does not feel a part of the masculine world, yet he still longs for them because they embody an unexpressed part of his own nature.

What Needs "Curing"?

Defensive detachment is the primary block that needs to be conquered through therapy. It is the self-protective, unconscious attitude that has alienated him from his own masculine self. This attitude is based upon the anticipation of hurt from males, and it originates in his early relationship with father (often, the relationship with mother also interfered with his masculine development). So, this is the conflict; his desire to connect with men, and his anticipation of rejection. This is why the homosexual is emotionally "stuck": because what he is most afraid of, is what he most needs.

Gender is a central developmental pathway through which we grow to maturity. Because homosexuals typically evidence a gender-identity disturbance, there has been a block in the normal maturation process. We therefore typically see a general immaturity, characterized by a struggle with self-discipline, low frustration tolerance, preoccupation with self, and a fragile sense of personhood. In relationships we tend to see the following: defensiveness, anticipation of betrayal, a weak sense of personal boundaries, preoccupation with "image" (his own, and that of his lover), and a pattern of over--infatuation, followed by crushing disillusionment. This is due to the unconscious expectation that some other, special person will provide a sense of completion for him.

The man struggling with homosexuality may possess a sociable persona, but he is often, in actuality, an isolationist who has great difficulty establishing and maintaining intimate relationships. Of course, many straight men suffer the same emotional deficits, but these deficits are not characteristic of heterosexuality.

Growth out of homosexuality comes through resolution of emotional conflict. The client learns to push beyond defensive detachment to establish emotional (not sexual) intimacy with other men. The healing task is to de-mystify men and masculinity, to experience himself as "one of the guys," and to receive the masculine affirmation that only a man can bestow upon another man. These are the deepest needs of the homosexual, not sex.

The other healing factor is the person's own powerful desire to change. The men I have worked with who have been successful in reparative therapy possessed a strong will to overcome. These are the two critical factors--resolution of emotional conflict, and the power of the will.

But where does the will come from? Psychology is unable to explain its origins. What is it about certain individuals, that they will take on, and then persist, in such a struggle? For many, religious faith is a

powerful motivator. Religious clients have more clarity about their therapeutic goals, as well as support from their faith community. Other men may be powerfully motivated by the desire for a wife and family. But science still can't explain why some individuals prove so determined, while others lose the desire to persevere against discouragement.

"Cure" of homosexuality is very much like cure of alcoholism, low self-esteem, or a lifetime of unhealthy living habits. Like all psychological "cure," it is a longterm growth process. The client has always felt himself to be homosexual, but now he experiences his homosexuality as "not me"; rather, as something that comes to him as a symptom, or signal, that important aspects of his emotional life have not been taken care of. He sees that anxiety, loneliness, boredom, envy, failure, and intimidation by other men, all "set him up" to be vulnerable to homosexual attractions.

When the client is on his way as an overcomer, the most pressing issue that brought him into therapy—namely, his sexual problem—soon becomes subordinate to other life issues, such as growing in a sense of competence and self-esteem; developing healthy male relationships; taking control of the events in his life; and finding longterm relational fulfillment. And so he sees that homosexuality is much more than a sexual problem; it is really an *identity* problem which has blocked many other aspects of his growth into mature adulthood.

Heterosexual Relationships

As the client's same-sex feelings diminish, an attraction to the opposite sex begins to develop.

Ex-gay men who have married report a deep emotional and sexual satisfaction with their wives. There is a sense of mature serenity, of "rightness," that was missing in gay sex.

But the same level of raw sexual excitement he felt in the gay world will most likely not be present in his marriage. An ex-gay man's first approach to a woman is through friendship, with a gradual awakening of sexual attraction when he feels safe in the relationship. This lack of raw intensity has been used as an argument that homosexuality must have been more normal and natural *for this person*.

Cocaine, too, provides a very intense "high." Some other people say they only feel truly "alive" during acts of sado-masochism. Most of the fetishes have an intense sexual compulsion attached to them. For the homosexual, the excitement draws its intensity from the *unnatural lifelong alienation from males*, which left a deep emotional vacuum of unmet needs. Intensity is not a reliable indicator of a healthy need. In fact, such unnatural intensity only creates a need for greater and greater intensity; and so we see the wide-spread use, in the gay community, of recreational drugs, S & M, three-way sex, and sex with strangers in public places.

The upscale, gay magazine *Genre* (October 1996) published a survey of over 1,000 readers which found that 52% of the respondents have had sex in a public park; 26% have paid for sex; 46% have had sex in a public toilet; and 32% had tied each other up during acts of sexual sadomasochism. What else can these figures indicate, if not addictive and self-perpetuating obsession for excitement, driven by an emotional deficit?

So the man with the homosexual background who marries will typically forfeit the old addictive "high" of gay life for a more subtle, but more enduringly satisfying relationship with his wife. Even

heterosexuals find that intense sexual experience is more characteristic of the young person—typically diminishing during longterm marriage and being replaced with a more subtle emotional experience.

What Will Be "Cured"?

Successful therapy alters a client's sexuality. In NARTH's recent survey of 860 individuals, 68% had perceived themselves as exclusively or almost exclusively homosexual before counseling; afterward, only 13% perceived themselves as such. Thirty percent had had homosexual sex "very often" before counseling, while only 1% continued to do so afterwards.

But there are changes in other aspects of a person's emotional life. Conflicts with male authority figures are much less frequent and troublesome. We see a gradual resolution of the client's grievance with his parents. Self-esteem has grown; he feels more identified with his own masculinity; he is more self-possessed in the company of heterosexual men; and he fits in more comfortably with conventional society.

Ex-gay men have resolved much of their anxiety about being emotionally drained or weakened by intimacy with a woman. If they once tended to compromise themselves by falling into the solicitous, passive, "good-little-boy" role, they will find themselves relating in a more authentic manner. They no longer project onto all women their own (frequently) manipulative and overcontrolling mothers. Instead of being "pals" with women, or falling into the role of being "mothered" by them, they will begin to relate to women from a gender-distinct perspective, as heterosexual men do.

Finally, the ex-gay man will know the truth: that the dream he has nurtured for so long was but an illusion. There is no same-sex "special friend" who will make him into a whole human being. Frank Worthen, respected counselor and former homosexual who lived a gay lifestyle for many years, says it well: "The ex-gay person must give up the fantasy that just around the corner he will find the same-sex life companion of his dreams. This fantasy leaves the back door open, and will defeat any real progress. Of all the things we must part with, this is the most difficult."

The Challenge of Committed Relationships

Most people think heterosexual functioning is the mark of successful therapy. In reality, many ex-gay men will be able to function sexually without extraordinary difficulty. The greater challenge, however, is the issue of trust—how to develop an intimate, vulnerable relationship with a woman, and not to perceive her as his mother. She should be a woman who will affirm his masculinity—who trusts and assumes that in spite of everything she knows he has gone through, he is man enough for her. When the ex-gay man perceives this unquestioning confidence in his masculinity, he can usually relax and allow his male body to respond naturally to her.

There is a general developmental immaturity which makes it difficult for many men to move on to the commitment of marriage. Ex-gay men are very challenged by the demand to extend themselves, go beyond their self-protective isolationism, and allow people into their inner lives. There is great fear of being a head of household, with wife and children financially dependent on them. A lot of men are "stuck" at the adolescent phase where they are only able to take care of themselves, with their own little apartment and their own checkbook. Many cannot even imagine making the longterm career commitment that would be necessary to sustain a household. When you look closely at the man living a gay lifestyle, or the man transitioning out of homo-sexuality, there is usually that attitude of "one foot

in, one foot out, ready to run away." When the man's life has been truly changed, he will be able to make that commitment.

The Boy Grows Into His Masculine Potential

If the client is a gender-disturbed child, treatment aims toward making him fully comfortable with his maleness. Studies show that if such a boy receives no treatment, he is likely to become homosexual, bisexual or transgendered in adulthood. If he is a sensitive, artistic, and anxious boy, we don't expect him to deny his gentle nature—but we help him mature to the fullest possible extent into his own masculine potential. Mothers of such children need to back off, and fathers need to be more involved. It is essential for the gender-disturbed boy to develop friendships of equality and mutuality so he won't be idealizing those exciting, mysterious, and unattainable guys playing baseball outside his kitchen window.

Childhood treatment is ethical and useful. Studies show us that gender-disturbed boys are more likely to suffer from emotional and family problems, and later, in adolescence, to attempt suicide.

Because all psychological change is to some extent a life-time process, I advise my clients as follows:

- 1) They must take responsibility to put into practice the insights and techniques they have learned during treatment—particularly, by maintaining intimate, satisfying male friendships;
- 2) They must be mindful of what triggers a return to the old ways of coping. Most men find they are particularly vulnerable when they feel weak, inadequate, or out-of-control in life circumstances, especially when they have felt hurt or let down by a significant person (usually another man).
- 3) They must maintain an ongoing, honest relationship about their feelings with themselves, their wives, their pastors, and at least one close, straight male friend.

So is the homosexual ever really "cured"? Or is he just a repressed, counterfeit "straight" man?

We find some insight into the nature of psychological change in Dr. Salman Akhtar's book, *Broken Structures*, where he describes "The Parable of Two Flower Vases":

"Let us suppose that there are two flower vases made of fine china. Both are intricately carved and of comparable value, elegance and beauty. Then a wind blows and one of them falls from its stand, and is broken into pieces.

"An expert from a distant land is called. Painstakingly, step-by-step, the expert glues the pieces back together. Soon the broken vase is intact again, and can hold water without leaking, and is unblemished to all who see it.

"Yet this vase is now different from the other one. The lines along which it had broken, a subtle reminder of yesterday, will always remain discernible to an experienced eye. However it will have a certain wisdom, since it knows something that the vase that has never been broken does not; it knows what it is to break, and what it is to come together."

And thus we see that the man who grows out of homosexuality is not an imitation heterosexual, but a man who has struggled for what is rightfully his—his masculine identity, along with the self-possession, self-discipline, and capacity for lifelong, monogamous intimacy which are the hallmarks of mature adulthood. For this man, there is also a deep and abiding sense of rightness. ■