

## **Same-gender attraction: Clinical observations from a Self Psychology perspective**

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The National Association for Research and Therapy of Homosexuality (NARTH) maintains a website ([www.narth.com](http://www.narth.com)) that is an excellent resource for those struggling with same-gender attraction.

I was very pleased to read Dr. Nicolosi's discussion on "grief work" in the April 2001 issue of the NARTH Bulletin. I have long felt that psychotherapy based on Self-Psychology principles would add a significant and necessary depth to Reparative Therapy for same-gender attraction. Reparative Therapy emphasizes that a male has to feel comfortable and secure in his masculine role before he can venture into the world of females. Self -Psychology emphasizes that developing a stable and positive sense of self is a necessary precursor to developing a gender identity.

I would like to share some clinical insights gleaned from Self-Psychological psychotherapy with patients struggling with same-gender attraction. These observations highlight the importance of understanding the specific psychological meaning of symptoms and the necessity of resolving problems regarding the patient's sense of self before attending to gender identity issues.

### **"David"**

David [names and details have been changed to preserve confidentiality] was a 26-year-old single, religious male struggling with same-gender attraction. David's family fit both the classic "triadic family" model, with a critical, rejecting father and an over-involved mother, and the "expanded triadic narcissistic model" described by Dr. Nicolosi. David was expected to mold himself in a manner that met his parent's unmet emotional needs rather than have his parents adjust themselves to meet his unique developmental needs.

During one session David expressed amazement that his friend "Samuel" had to struggle not to lust after pretty women. The cause for David's amazement wasn't that someone could lust after women. Rather it was the fact that Samuel was not particularly good looking. "What makes him think that a pretty woman would ever agree to have a physical relationship with him!?" he wondered. This amazement reflected the superficial nature of the attitudes and relationships in David's family. There was neither emotional depth nor an appreciation of the multifaceted nature of human motivations, needs and emotions. In such an atmosphere, the idea that someone might very well like you for internal, non-obvious reasons, such as personality, character, sense of humor etc. seemed impossible. (David's mother once reacted to my suggestion that her daughter sounded depressed by showing me a picture of her daughter. "How can she be depressed, she's beautiful!?) Likewise, growing up in a very critical family makes it very difficult to imagine that someone would overlook minor flaws because of their appreciation of other qualities.

Not surprisingly, David's ideas regarding attraction to others were also totally superficial. In spite of being intelligent, knowledgeable and articulate, years of criticism and rejection by his father made it difficult for him to believe that anyone would be interested in him for anything other than his body. (As a result he became extremely anxious over the earliest signs of thinning hair.)

David couldn't lust after females - not because he inherently wasn't capable of desiring females. Rather, it was because he couldn't imagine them desiring him. The source of this belief wasn't, at its root, gender related. In fact, as a result of his father's lack of interest in him (as a separate individual) it was difficult for him to believe that anyone would be interested in him. However, since he had some same-gender sexual experiences in high school, he could imagine males being interested in him.

Another interesting feature in David's same-gender attraction was the underlying motivation for his sexual interest in males. What "turned him on" was the fact that he could get them to desire him, rather than his desire for them. (The sexual component was necessary because he needed concrete evidence of their interest in him.) For someone who never felt cared for by his parents, being desired for any reason could be quite a powerful experience.

A related feature of his attraction was that he was primarily interested in males whom he perceived to be (based on their external appearance) very religiously devout. The subconscious reasoning went as follows: This person obviously has no sexual desires (!). If he, none-the-less, is willing to have a sexual relationship with me, it must be that he really cares about me. The fact that, in David's imagination, someone was more concerned with his (David's) needs than his own was in sharp contrast with his experience with his parents.

At times David found himself attracted to low status, disheveled looking males. This surprised him, especially since he was so focused on external appearances. Further exploration revealed that when David was feeling particularly unlovable, he would be convinced that a high status, good-looking person would never take an interest in him. He would then have to settle for an object of interest that he considered a "safe bet."

The primary purpose of David's sexual acting out was to feel wanted by someone - a feeling he was sorely lacking. The enhancing of his masculine identity was secondary.

### **"Joseph"**

Joseph was a 16-year-old student in an all-male religious high school. It was later revealed that, at 9 years of age, an older male had sexually molested him. Since then he has had ongoing sexual contact with a number of males. At first, it was always with peers, but then he molested a boy 4 years younger than himself. He was discovered and referred for psychotherapy. Joseph related that by the age of 11 he realized that there was something wrong with his sexual acting out. When I inquired why he didn't ask his parents for help, he exclaimed, "I would rather have killed myself!"

I explored with Joseph the reason for this reaction. We eliminated the usual culprits. He wasn't afraid that they would react punitively or that they wouldn't be supportive. Rather, since 7th grade he had become a star pupil and a source of tremendous pride for his parents. In fact, his father described him as having been the "apple of our community's eye." He was seen as the model that the children of their tight-knit religious community were encouraged to emulate. Joseph couldn't tolerate the thought of disappointing his parents.

In his younger years, Joseph was a mediocre student while his two older brothers were highly accomplished in their academic studies and in their level of religious observance. In retrospect it became clear that his parents required the success of their children in order to counteract their own feelings of inadequacy. It became Joseph's subconscious goal to also bring pride to his parents. His motivation for academic success was not the healthy internal drive for accomplishments and growth. Rather, it was the need to satisfy his parent's unmet emotional needs. This led to the "quest for perfection" where any evidence of imperfection has to be disavowed. Since his sense of self depended on bringing pride to his

parents the thought of losing this status provoked thoughts of suicide.

Least someone think that this scenario is far fetched, let me share with you a conversation I had with Joseph's father many months into the treatment. I commented that it would have been helpful if Joseph had felt comfortable enough to confide in his parents regarding his sexual acting out. "That would have been reflective of a lack of honor for one's parents to cause them such aggravation," he protested. He totally rejected my suggestion that giving parents the opportunity to help you solve your difficulties is more honorable to them in the long run. Is it any wonder then, why Joseph felt that suicide was preferable to causing aggravation to his parents? If he hadn't been discovered, Joseph's need to serve as a "selfobject" for his parents would have prevented him from seeking help and thus he would have most likely become actively homosexual as an adult.

## Conclusion

These two brief vignettes underscore the importance of attending to deficits in the sense of self, in addition to the deficit in gender identity, when helping patients who suffer from same-gender attraction. Despite the objection of some therapists to what they term "self-pity," it is insufficient to merely exhort patients to "move forward" and "don't dwell on the past." It is imperative that they work through the rage and grief resulting from existing for the purpose of gratifying their parents' narcissistic needs rather than their own developmental needs.

I agree with Dr. Nicolosi that many therapists avoid dealing with these issues because it requires exposing ourselves to intense feelings of primitive rage and grief. While this can often be more emotionally draining than we can tolerate, the rewards of working through these feelings are great, both for the patient and the therapist.

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\*) [There is a similar group under Jewish auspices - JONAH (Jews Offering New Alternatives for Homosexuality). They also maintain a very helpful website - [www.JonahWeb.org](http://www.JonahWeb.org).]

1) E.g., Stolorow, R.D., Brandchaft, B., & Atwood, G.E. (1987), *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale, NJ: The Analytic Press.

2) See Broucek, F. (1991), *Shame and the Self*. New York: Guilford and Miller, S. B. (1996), *Shame in Context*. Hillsdale, NJ: The Analytic Press.

3) See Sorotzkin, B. (1985), The quest for perfection: Avoiding guilt or avoiding shame? *Psychotherapy*, 22, 564-571 and Sorotzkin, B. (1998), Understanding and treating perfectionism in religious adolescents. *Psychotherapy*, 35, 87-85.

4) Kohut, H. (1997). *The Analysis of the Self*. New York: International Universities Press.