

A Collective Clinical Profile

by Joseph Nicolosi, Ph.D.

It is widely agreed that many factors likely contribute to the formation of male homosexuality. One factor may be the predisposing biological influence of temperament (Byne and Parsons, 1993). No scientific evidence, however, shows homosexuality to be directly inherited in the sense that eye color is inherited (Satinover, 1996).

Recent political pressure has resulted in a denial of the importance of the factor most strongly implicated by decades of previous clinical research--*developmental factors, particularly the influence of parents*. A review of the literature on male homosexuality reveals extensive reference to the prehomosexual boy's relational problems with both parents (West 1959, Socarides 1978, Evans 1969); among some researchers, the father-son relationship has been particularly implicated (Bieber et al 1962, Moberly 1983).

One psychoanalytic hypothesis for the connection between poor early father-son relationship and homosexuality is that during the critical gender-identity phase of development, the boy perceives the father as rejecting. As a result, he grows up failing to fully identify with his father and the masculinity he represents.

Nonmasculine or feminine behavior in boyhood has been repeatedly shown to be correlated with later homosexuality (Green, 1987, Zuger, 1988); taken together with related factors--particularly the often-reported alienation from same-sex peers and poor relationship with father--this suggests a failure to fully gender-identify. In its more extreme form, this same syndrome (usually resulting in homosexuality) is diagnosed as Childhood Gender-Identity Deficit.

One likely cause for "failure to identify" is a narcissistic injury inflicted by the father onto the son (who is likely to be most vulnerable if he is temperamentally sensitive) during the preoedipal stage of the boy's development. This hurt appears to have been inflicted during the critical gender-identity phase when the boy must undertake the task of assuming a masculine identification. The hurt manifests itself as a defensive detachment from masculinity in the self, and in others. As an adult, the homosexual is often characterized by this complex which takes the form of "the hurt little boy" (Nicolosi, 1991).

During the course of my treatment of ego-dystonic male homosexuals, I have sometimes requested that fathers participate in their sons' treatment. Thus I have been able to familiarize myself with some of the fathers' most common personality traits. This discussion attempts to identify some clinical features common to them.

For this report, I have focused on sixteen fathers who I con-

sider typical in my practice--twelve fathers of homosexual sons (mid-teens to early 30's), and four fathers of young, gender-disturbed, evidently prehomosexual boys (4- to 7-year-olds). The vast majority of these fathers appeared to be psychologically normal and, also like most men, well-intentioned with regard to their sons; in only one case was the father seriously disturbed, inflicting significant emotional cruelty upon his son.

However as a group, these fathers were characterized by the inability to counter their sons' defensive detachment from them. They felt helpless to attract the boy into their own masculine sphere.

Clinical Impressions. As a whole, these fathers could be characterized as emotionally avoidant. Exploration of their histories revealed that they had typically had poor relationships with their own fathers. They tended to defer to their wives in emotional matters and appeared particularly dependent on them to be their guides, interpreters and spokespersons.

While these men expressed sincere hope that their sons would transition to heterosexuality, nevertheless they proved incapable of living up to a longterm commitment to help them toward that goal. In his first conjoint session, one father cried openly as his 15-year-old son expressed his deep disappointment with him; yet for months afterward, he would drive his son to his appointment without saying a word to him in the car.

Further, while they often appeared to be gregarious and popular, they tended not to have significant male friendships. The extent to which they lacked the ability for male emotional encounter was too consistent and pronounced to be dismissed as simply "typical of the American male." Rather, my clinical impression of these fathers as a group was that there existed some significant limitation in their ability to engage emotionally with males.

From their sons' earliest years, these fathers showed a considerable variation in their ability to recognize and respond to the boys' emotional withdrawal from them. Some naively reported their perception of having had a "great" relationship with their sons, while their sons themselves described the relationship as having been "terrible." Approximately half the fathers, however, sadly admitted that the relationship was always poor and, in retrospect, perceived their sons as rejecting them from early childhood. Why their sons rejected them remained for most fathers a mystery, and they could only express a helpless sense of resignation and confusion. When pushed, these men would go further to express hurt and deep sadness. Ironically, these sentiments--helplessness, hurt and confusion--seemed to be mutual; they are the same expressed by their sons (my clients) in describing their own feelings in the relationship.

The trait common to fathers of homosexuals seemed to be an incapacity to summon the ability to correct relational problems with their sons. All the men reported feeling

"stuck" and helpless in the face of their sons' indifference or explicit rejection of them. Rather than actively extending themselves, they seemed characteristically inclined to retreat, avoid and feel hurt. Preoccupied with self-protection and unwilling to risk the vulnerability required to give to their sons, they were unable to close the emotional breach. Some showed narcissistic personality features. Some fathers were severe and capable of harsh criticism; some were brittle and rigid; overall, most were soft, weak and placid, with a characteristic emotional inadequacy. The term that comes to mind is the classic psychoanalytic term "acquiescent" - the acquiescent father.

Homosexuality is almost certainly due to multiple factors and cannot be reduced solely to a faulty father-son relationship. Fathers of homosexual sons are usually also fathers of heterosexual sons--so the personality of the father is clearly not the sole cause of homosexuality. Other factors I have seen in the development of homosexuality include a hostile, feared older brother; a mother who is a very warm and attractive personality and proves more appealing to the boy than an emotionally removed father; a mother who is actively disdainful of masculinity; childhood seduction by another male; peer labelling of the boy due to poor athletic ability or timidity; in recent years, cultural factors encouraging a confused and uncertain youngster into an embracing gay community; and in the boy himself, a particularly sensitive, relatively fragile, often passive disposition.

At the same time, we cannot ignore the striking commonality of these fathers' personalities.

In two cases, the fathers were very involved and deeply committed to the treatment of their sons, but conceded that they were not emotionally present during their sons' early years. In both cases it was not personality, but circumstance that caused the fathers' emotional distance. In one case the father was a surgeon from New Jersey who reported attending medical school while trying to provide financial support for his young family of three children. The second father, an auto mechanic from Arizona, reported that when he was only 21 years old, he was forced to marry the boy's mother because she was pregnant. He admitted never loving the boy's mother, having been physically absent from the home, and essentially having abandoned both mother and boy. Both fathers, now more mature and committed to re-establishing contact with their sons, participated enthusiastically in their therapy. But in both cases, the sons had, by then, become resistant to establishing an emotional connection with their fathers.

Attempt at Therapeutic Dialogue. My overall impression of fathers in conjoint sessions was of a sense of helplessness, discomfort and awkwardness when required to directly interact with their sons.

These men tended not to trust psychological concepts and communication techniques and often seemed confused and easily overwhelmed with the challenge to dialogue in depth. Instructions which I offered during consultation,

when followed, were followed literally, mechanically and without spontaneity. A mutual antipathy, a stubborn resistance and a deep grievance on the part of both fathers and sons was clearly observable. At times I felt myself placed in the position of "mother interpreter," a role encouraged by fathers and at times by sons. As "mother interpreter," I found myself inferring feeling and intent from the father's fragmented phrases and conveying that fuller meaning to the son, and vice versa from son to father.

Some fathers expressed concern with "saying the wrong thing," while others seemed paralyzed by fear. During dialogue, fathers demonstrated great difficulty in getting past their own self-consciousness and their own reactions to what their sons were saying. This limited their empathetic attunement to the therapeutic situation, and to their sons' position and feelings.

As their sons spoke to them, these fathers seemed blocked and unable to respond. Often they could only respond by saying that they were "too confused," "too hurt," or "too frustrated" to dialogue. One father said he was "too angry" to attend the sessions of his teenage son--a message conveyed to me by the mother. At the slightest sign of improvement in the father-son relationship, a few fathers seemed too ready to flee, concluding "Everything is okay - can I go now?"

Treatment Interventions

Before conjoint father-son sessions begin, the client should be helped to gain a clear sense of what he wants from his father. To simply expose him to a list of complaints is of no value. He should also decide on a clear, constructive way to ask for this. Such preparation shifts the son from a position of helpless complaining, to staying centered on his genuine needs and the effective expression of them.

The Deadly Dilemma. Eventually, within the course of conjoint sessions a particular point will be reached which I call "the deadly dilemma." This deadlock in dialogue--which seems to duplicate the earliest father-son rupture--occurs in two phases as follows:

Phase 1: With the therapist's assistance, the son expresses his needs and wants to his father. Hearing his son, the father becomes emotionally affected, so much so that he cannot respond to his son's disclosure. He is overwhelmed by his own reactions, becoming so "angered," "hurt," "upset," or "confused" that he cannot attend to his son's needs. Blocked by his own internal reactions, he is unable to give what his son asks of him.

Phase 2: In turn, the son is unable to tolerate his father's insular emotional reaction in place of the affirmative response he seeks from him. To accept his father's non-responses, the son feels he must abandon the needs he has expressed. The only recourse for the son is to retreat again to the defensive distancing which is already at the core of the father-son relationship. The son cannot empathize

with the father's non-responsiveness because to do so is painfully reminiscent of childhood patterns that are associated with his own deep hurt and anger: namely the imperative, "My father's needs must always come before mine." The son's hurt and anger is in reaction to what appears to him to be "just more lame excuses" for Dad's inability to give the attention, affection or approval he has so long desired from him. Indeed, this seems to much like Dad's old ploy, with all the associated historical pain.

This deadly dilemma originated, I believe, during the preverbal level of infancy. As one father's recollections confirmed, "My son would never look at me. I would hold his face with my hands and force him to look at me, but he would always avert his eyes." Other fathers have described an "unnatural indifference" on the part of their sons during their growing-up years.

During the course of therapy with these fathers, I began to see the deep hurt in *them*--a hurt that came from their sons' indifference to their attempts (however meager) to improve the relationship.

Reflecting on his now-elderly father, one client sadly recalled:

"I feel sorry for my father. He always had a certain insensitivity, an emotional incompetence. Many of the interactions at home simply went over his head. He was dense, inadequate. I feel a pity for him."

These fathers appeared unwilling or unable to be open and vulnerable to their sons; unable to reach out, to hear their sons' pain and anger toward to them, and unable to respond honestly. Their emotional availability was blocked and they were unable to turn the relational problem around. Rather they remained removed, seemingly dispassionate and helpless.

In conjoint sessions, none of the fathers was capable of taking the lead in dialogue. When dialogue became stagnant, they were unable to initiate communication. I am convinced that the inability of these fathers to get past their own blocks and reach out to their sons

played a significant role in these boys' inability to move forward into full, normal masculine identification and heterosexuality during their development.

Bibliography

Bieber, I. et al (1962) Homosexuality: A Psychoanalytic Study of Male Homosexuals. New York: Basic Books.

Byne, W. and Parsons, B., "Human sexual orientation: the biologic theories reappraised," *Archives of General Psychiatry*, vol. 50:228-239, March 1993.

Evans, R. (1969). Childhood parental relationships of homo-sexual men. *Journal of Consulting and Clinical Psychology* 33:129-135.

Green, Richard (1987) "The Sissy Boy Syndrome" and the Development of Homosexuality. New Haven, Ct.: Yale U. Press.

Moberly, Elizabeth (1983) Homosexuality: A New Christian Ethic. Greenwood, S.C.: Attic Press.

Nicolosi, Joseph (1991) Reparative Therapy of Male Homosexuality: A New Clinical Approach. Northvale, N.J.: Jason Aronson, 1991.

Satinover, J. (1996). Homosexuality and the Politics of Truth. Grand Rapids, MI: Baker Books.

Socarides, Charles (1978). Homosexuality. New York: Jason Aronson.

West, D.J. (1959). Parental figures in the genesis of male homosexuality. *International Journal of Social Psychiatry* 5:85-97.

Zucker, K. and Bradley, S. (1995) Gender Identity Disorder and Psychosexual Problems in Children and Adolescents. N.Y.: The Guilford Press.

Zuger, Bernard (1988) "Is Early Effeminate Behavior in Boys Early Homosexuality?" *Comprehensive Psychiatry*, vol. 29, no. 5 (September/October) p. 509-519.