



EXPLORING YOUR FULL SEXUAL POTENTIAL, PART 5: THE EMERGING OF HETEROPHOBIA

Homosexuality is basically heterophobia, a deeply negative attitude towards heterosexuality at a very personal level. It is an acquired state of mind, with which you were not born. Its roots lie in childhood, and it has been a companion for so long. But not from birth. You have a deeply ingrained negative attitude towards intimacy with the opposite sex, and usually also with those who indulge in it. One doesn't wear it one's sleeve, but deep down inside there is fear, repulsion and resistance.



As we will demonstrate in this series, it is ultimately an avoidance, a denial and an uncomfortable feeling that you experience with the entire outside world. We hope to demonstrate that it also affects exploring your own innate heterosexual potential. Let us look into a nagging and very private conflict that many try *NOT* to sense.

1. The narcissistic-triad family structure



Dr. Joseph Nicolosi, Sr.

What is going on in a triadic-narcissistic family? And why is this important? In his [book](#), *Shame and Attachment Loss*, Dr. Joseph [Nicolosi](#) describes a “triadic-narcissistic” pattern in the families of many homosexual men.

“The family model that produces a homosexual son has, in our view, typically failed to validate the boy’s masculine individuation during the formative phase of gender identification. There is a particular family pattern that we often find in the histories of SSA men. This pattern unifies two models that disrupt gender individuation: the classic triadic family, and the narcissistic family. Together, they form what I term the triadic-narcissistic family”.

What we basically see is parents who for various reasons cannot see their child as an entity

in himself but as an extension of their own person. Their world-view circles around their own interests, insights and longings. The child they have conceived is in fact taken for granted. This is an unhealthy situation, an unhealthy environment with unhealthy parents, and ultimately the child will pay the price in terms of his own psychological health.



Dr. Alice Miller

One of the first people to recognize these families and to describe the consequences for the child is [Dr. Alice Miller](#), a psychoanalyst, in her groundbreaking book '[The Drama of the Gifted Child](#)' (1986).

In her essay, she also demonstrates the lack of willingness to acknowledge your childhood predicament (often seen in radical gay-lib):

“Experience has taught us that we have only one enduring weapon in our struggle against mental illness: the emotional discovery and acceptance of the truth in the unique history of our childhood.

There are large numbers of people who suffer from problems, who often had sensitive and caring parents from whom they received much encouragement; yet, these people are suffering from severe depressions. They enter therapy in the belief, with which they grew up, that their childhood was happy and protected.

Quite often we are faced here with gifted patients who have been praised and admired for their talents and their achievements. Almost all of these clients were toilet-trained in the first year of their infancy, and many of them, at the age of one and a half to five, had helped capably to take care of their younger siblings. According to prevailing, general attitudes, these people—the pride of their parents—should have had a strong and stable sense of self-assurance. But exactly the opposite is the case.

In everything they undertake they do well and often excellently; they are admired and envied; they are successful whenever they care to be—but all to no avail. Behind all this lurks depression, the feeling of emptiness and self-alienation, and a sense that their life has no meaning.

They will let the listener know that they have had understanding parents, or at least one such, and if they ever lacked understanding, they felt that the fault lay with them and with their inability to express themselves appropriately.

They recount their earliest memories without any sympathy for the child they once were, and this is the more striking since these patients not only have a pronounced introspective ability, but are also able to empathize well with other people. Their relationship to their own childhood's emotional world, however, is characterized by lack of respect, compulsion to control, manipulation, and a demand for achievement.

Very often they show disdain and irony, even derision and cynicism. In general, there is a complete absence of real emotional understanding or serious appreciation of their own childhood vicissitudes, and no conception of their true needs—beyond the need for achievement. The internalization of the original drama has been so complete that the illusion of a good childhood can be maintained.”

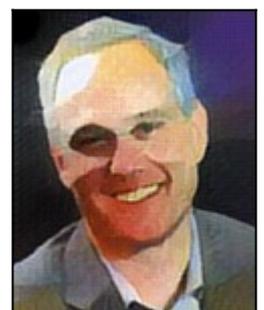
3. Fanatics of gay-lib

All fanatics within radical gay-lib (who are the ones behind mainstream narrative of being “born that way”) suffer from this lack of insight. They have even turned it into an ideology, more or less like: “*there is no need to look into your childhood, because there is nothing there to see when it comes to SSA's and relationships*”. A self-fulfilling prophecy: if you don't look, you won't see.

In a narcissistic triad family structure, we are faced with parents who are basically narcissistic. They have an inflated sense of importance and superiority and are preoccupied by their own emotional needs. The child in this family is seen as an asset and it is his duty to help the parents achieve the satisfaction that they feel they need. The child is there for the parents and usually not the other way around. In order to get him to do “his job”, the child is actually emotionally manipulated.

4. Emotional Manipulator

In his [book](#) “*The Human Magnet Syndrome*” (2013), [Dr. Ross Rosenberg](#) takes it one step further than Alice Miller and calls this the “*emotional manipulation disorder*”. He writes,



“Emotional manipulators have a self-orientation that is almost completely focused on their own needs and desires at the exclusion of the needs and desires of their significant others. Not only do they require a disproportionate amount of love, respect and care, they are unable and unwilling to reciprocate. When they do demonstrate positive regard, affection or generosity, strings are usually attached.

An emotional manipulator is someone who is diagnosed with narcissistic, borderline or antisocial personality disorder. An emotional manipulator is also a person who is addicted to drugs/alcohol or a behavior/process, whose addiction has driven them to behave narcissistically and harmfully in their relationships.

Although the three personality disorders and an addiction disorder are demonstrably different from each other, all four share similar narcissistic personality traits.

Narcissistic personality disorder, the first subtype, describes a person who has an inflated sense of superiority and importance while being preoccupied with thoughts and feelings of success and power.

The second subtype, borderline personality disorder, loves others with great intensity and passion. However, if they perceive the possibility of judgment, disapproval, criticism or abandonment, they will often strike back with a fury of hateful and vindictive aggression.

The third, antisocial personality disorder, describes an individual who is deceitful, cunning, covertly manipulative and purposefully exploitative. The last subtype, an addiction disorder, describes an addict who, because of his addiction, behaves in a dishonest, manipulative, selfish, and self-centered manner. Addicts are typically physically and psychologically dependent on a substance or mood-altering behavior pattern, e.g., sex, gambling, spending.”

5. Consequences for the child in such a family

Nicolosi puts it this way:

“The mother may use the prehomosexual son to gratify those emotional needs that have been unmet by her husband. The good little boy she raises is the creation of a distorted feminine perception of what a male is supposed to be. The father, on the other hand, uses the prehomosexual boy in a more subtle way. He may be loving but inadequate, or well-intentioned but neglectful. Sometimes the father has sacrificed the boy to the mother’s needs for a pet; he gives the boy up to keep Mother happy.

In any case, the use of the boy in this triadic relationship sacrifices his maleness. To be acceptable, the boy extinguishes his masculinity. He simply never had any encouragement to claim it. To remain in the good graces of Mother, he may have even had to deny his desire for maleness. For Mother's love he had to submerge what we call his masculine strivings."

6. Fun in Squaw Camp?

Slowly but surely, a healthy drive in the boy bubbles up, and he starts resenting his predicament in Squaw Camp. It is so frightening to lose or not acquire a sense of maleness, a situation where your peers around you do not appear to have this trouble. It is so scary to have lost your soul for the sake of others, and to feel that you cannot resist being taken over, to have your genuine personality usurped and controlled, and end up being used as a source of need-fulfillment: for someone else's needs, not for your own.



Slowly, the child switches off his potential sexual desires for squaws. Dear God, get me out of here! May I never ever dwell in Squaw Camp again. I have had an overdose of women, and I am not going to repeat this. Goodbye Squaw Camp, I am not coming back.

So we now see your emerging resistance to the opposite sex. I wouldn't call it misogyny (hatred of women). Let us just call it a post-traumatic stress disorder; that term is more considerate and kind and it shows more understanding. We don't want to feel that traumatic stress again, and that is healthy. We don't want to feel the stress of women's hatred towards you as a man, or the guilt of feeling like an oppressor, or face the supposed meanness inside you because you want to leave a needy loved one's needs unmet. And so ultimately, you will find yourself saying:

"Hi, you gorgeous hunk, where have you been? Will you be my friend? Tomorrow night 9:30 p.m. Skype?"

To be continued.

Job Berendsen, MD.

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