

## **When the psychiatrist is gay**

*All but one of the psychologists and psychiatrists we interviewed reported that they were heterosexual. Below, William, a psychiatrist who worked alongside one of the leading consultants in the area of treatments for homosexuality recalls his experiences of becoming involved in these treatments. He recalls that one day he told his boss that he was himself gay and dealing with the ethical and personal dilemmas he faced in working in this field.*

### ***There was a fist fight in the foyer between some lesbian contributors...***

In my very first year in psychiatry I remember the deputy medical superintendent at the hospital I was working at talking to me about a particular consultant's work in schizophrenia and thought disorder, and I was just fascinated by what he was saying and thought that I would like to do some research in that area. Ultimately I got to talk to the consultant and investigated the possibilities of funding and he indicated he would be very happy to take me on as a research student and enrol me for a higher degree.

When I first came across the issue of treatments of homosexual patients I think it was around the time I first started working with this consultant. One incident that really stand out in my memory is around 1972 when I attended a conference that he had organised entitled 'Liberation Movements in Psychiatry.' This particular occasion was undeniably exciting and rather stormy, shown by events such as the fist fight in the foyer between some lesbian contributors and eggs were thrown. This consultant had organised the conference.

From about 1974 when I started working on my higher degree and this psychiatrist asked me to get involved in some other on-going research projects. This involved treatments of abnormal sexual behaviours of various kinds including homosexuality, exhibitionism and so on. Also later compulsive gambling became a very important strand of his research. Treatments included electrical aversion, electric shock aversion which was delivered to the fingers. I was with him when we investigated covert sensitisations and desensitisation or relaxation-type approaches. I think he was very much concerned to find less unpleasant approaches than apomorphine or electrical aversion therapy.

### ***He had a profound effect in enabling me to accept my own sexuality...***

I was never directly involved in the treatment. My role was only as a blind assessor and see people before they had any treatment. What would usually happen was people would come in for a week for treatment and there would be three sessions a day for the five working days. Usually they'd be inpatients unless they just lived very locally and could come in I would see them before that week, at the end of that week and then some months later – I can't remember how long the follow up went. I was kept blind to which treatment they had, because there were different sorts of treatments. Normally people were being randomly assigned to one or two different treatments.

Doing these assessments was in some ways a very strange situation for me to be in as I am gay. And actually meeting this consultant had a profound effect in enabling me to accept my own sexuality. After the particular conference I was telling you about, there was a party and I remember late in the evening telling the consultant that I was gay and

that I was considering undergoing aversion therapy. His immediate response to me was – why every would you want to do that? And I just found that wonderfully therapeutic. I guess his reaction blew me right out of the water because it certainly didn't fit the image of him. In the mid 1970s my old consultant became responsible for a new course, which they called Human Behaviour that was offered to medical students at the university. They had a couple of lectures a week and one long tutorial and each year this consultant devoted one symposium of a couple of hours or so to homosexuality. He would get several people to speak and one of the people he invited was a specialist who was well known at that time because of his book on homosexuality from a liberal perspective. I think my old consultant always takes on, or he's often taken on very unpopular and difficult cases.

***I had to go along with the idea that he's an individual who's really distressed with his sexuality...***

When I was assessing people who were coming along for aversion therapy I was clear that they had all been referred from other psychiatrists. And so I understood that all of these people had already kind of been asked to look at acceptance as an important option. I assumed that they'd dismissed that and so I guess I just felt I had to go along with the idea that he's an individual who's really distressed with his sexuality.

There were various sorts of people who came along. Sometimes there were the really obvious ones like ministers or priests who would say that my sexuality is completely unacceptable to me because of my religious beliefs and I want to get rid of this embarrassing and profoundly discomforting part of me. Or there was the sort of young man who says I'm engaged to be married and I want to do the right thing by my wife to be. Or there's the young man who's had an involvement with the gay scene and says I just don't like homosexuals and I don't like the homosexual life style and I just want to have a normal life with a wife and children and that sort of thing. Those were the sorts of people who came along and I guess, although my own life was moving in very different directions, I just had to try and support them. At that time it did seem to me a very valid way of going about things, although it's not the way I would proceed now; but I can only say that with the benefit of hindsight because the consultant's work demonstrated very clearly that it's not possible to change sexual orientation.

However, one of the most fascinating outcomes I found was that only a small percentage of the men who went through the treatment and who, when they came back, ultimately thought the treatment hadn't had any lasting effects for them. A lot of them reported that they were less interested, or not interested at all, in men and that would last for at least some months. Also, some of them would say they seemed to be more aware of women than they used to be. However, many of them, by the time I finished seeing them, thought that the treatment hadn't had any *lasting* effects and some of them actually took that as a license to fly! Basically, that they'd done what society saw was the right thing and that hadn't worked and so the only option left was just to be themselves.

***Look it's not actually possible to change your sexuality that's a given...***

In the late 1960s, early 1970s people could still argue for the possibility that early childhood experiences of one kind or another may get people to learn their sexuality somehow, and if you can learn it then presumably you can unlearn it. the consultant's

very conscientious work established very clearly that you can't. So if people say to me these days, I'm not happy about the fact that I'm homosexual, I can say very clearly to them, look, it's not actually possible to change your sexuality – that's a given, so that's a starting point. I believe very much in an evolutionary perspective on these things and although it's very hard at the moment to come up with some cohesive argument about how homosexuality, or male homosexuality in particular, fits into an evolutionary way of thinking, I think there are all kinds of fascinating clues.

I certainly had some arguments at the time with various people when I was working in the field of treatments. One really distressing argument was when I and some friends were out in a restaurant one evening. An argument ruined the dinner for everybody who was there because I and another young gay doctor were arguing about the rights of the distressed individual to try and suppress unwanted sexual feelings, versus on his side an argument about the harm to society of offering a treatment which only served to reinforce perceptions of homosexuality as a sickness. I wasn't prepared to abandon the rights of the individual or trying to help the distressed individual against the more nebulous view of harm to society.

These days it's comparatively unusual for people – maybe one or two in private practice and maybe one or two people a year – come along and say they're really unhappy about being homosexual and what to do something about that. They are particularly people who come from a religious background and they sometimes mention organisations which purport to offer comparative therapy for homosexuality. I tell people that I'm dubious as to whether they really work.

***It's where I was then and in particular where society was...***

Looking back I guess all I can say it's where I was then and in particular where society was then. In some ways it seems to me when you hear the occasional person or read somebody now talking quite savagely about aversion therapy in the 70s or 60s. I think it's very unfair the way they do that because they're not looking at the context of the time. For example, when I was growing up there were no organisations supporting somebody who was gay. When I went through medicine in the late 1960s there was no university gay society. Where I was based, there was no open (as far as I knew) gay support group until 1970. It seems incredible now but in the six years I spent in the university telling my friends that I was gay not one other person disclosed themselves to me. People were frightened. Things hadn't advanced really much beyond the 1950s where homosexuality was never even mentioned in the newspapers. Then in the 1970s there started to be a lot more information about the possibility of gay life as a real workable alternative lifestyle.