A psychological career

Many of the psychologists and psychiatrists who were involved in treatments to change homosexuality began their training just after World War II. Many of those who started their careers in psychology were ex-Royal Air-force men, who, with their practical service training, intense life experiences and an adventurous spirit embraced new ideas such as learning theory and the practical and quick treatments offered by behaviour therapy. Richard was one such psychologist who witnessed the growth of behaviour therapies in clinical psychology and their influence on the development of treatments designed to change sexual orientation.

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I was born in the 1920s. I suppose I was brought up in a fairly liberal home which was pretty tolerant of different points of view. I joined the RAF during the war and discovered a lot of interesting people some of whom were able and capable and sensible, and some whom were stupid and ridiculous and that's what made me think I'd got to study psychology because I'd like to know what makes them tick.

After World War II there were only three places where you could train in clinical psychology. One was the Tavistock, one was the Maudsley and the other was in Scotland. Those people who had serious doubts about the value of psychoanalytic procedures would not ever consider going to the Tavistock to train as a clinical psychologist, so there were only really two places.

Those of us who wanted to work on experimental psychology would want to go to the Maudsley (psychiatric hospital in South London), so I went there. I found it quite interesting when I went to the Maudsley that several of the people there had been in the RAF. There was, if you like, a sort of let's understand what's going on, linked with a practicality. There was therefore a kind of need to combine research and experimental psychology plus a need to be practical and find out what can we make work. I think that combination did a lot to help to develop the so-called behavioural approach at the time. After all, the war had ended in 1945 and this was quite soon afterwards so there was a feeling in the whole society of let's get on and get things done and be as practical as we can be as we've got a lot of problems to solve. And the other important factor I think at the Maudsley hospital at that time was that the psychiatry was grounded as far as it could be in Germanic experimental stuff.

The Maudsley's clinical course was created by Monty Shapiro under the umbrella of Hans Eysenk. The king of British Psychiatry at the time was Professor Sir Aubrey Lewis and he'd invited Hans Eysenk to go to the Maudsley to establish a department of clinical psychology especially in research, which Eysenk did. And in that wonderful atmosphere for growth, Han Eysenk invited Monty Shapiro and Monty invited other people and they established what would not be called cognitive behaviour basis of psychology – in those days behavioural psychology. But it was essentially trying to apply the experimental process instead of the psychodynamic approach. The practical approach in a sense began or appears to have begun in the Maudsley but it spread widely from the Maudsley.

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It might seem that we're over-claiming the role of the Maudsley hospital but it was to a large extent the people at the Maudsley hospital who developed the behavioural approach. Of course there was another additional important input from Wolpe, a psychiatrist in South Africa who had decided that the psychoanalytic explanations of anxiety and neurotic behaviour were not sufficient and he made an enormous contribution in his 1958 book, *Psychotherapy by Reciprocal Inhibition*. He did an awful lot to establish how we could attempt to reduce so-called neurotic behaviour, which he, and many people, saw as a learned response. Wolpe did a great deal to establish the treatment by reciprocal inhibition which was happening at the same time as the people at the Maudsley were trying to do the same sort of thing. So, some of the early work was published by people at the Maudsley, treating people with behavioural methods to reduce their anxiety.

Although I can't remember anything being taught about homosexuality in the clinical course I remember one person at the Maudsley with strong interests in different aspects of sexuality; cross dressing and people who had confusion about their sexuality. After the course I had several jobs in clinical psychology.

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Referrals from psychiatrists occasionally included a homosexual or a person with anxiety related to homosexuality. Then the Trethowan Committee considered the role of psychologists in the Health Service in their report which was published in 1972. In this report, it recommended that any medical agent could refer to psychologists in the Health Service. From then on quite a number of referrals came from GPs and that's how it continued.

I was seeing just now and again an homosexual person either referred by a GP or a psychiatrist. I can't remember how many I've seen but a fair number. When I was working at my first job we appointed a psychologist who began a research programme on the treatment of homosexuality. Therefore, I was occasionally seeing people as a part of his screening programme, or if I saw somebody who was referred for treatment with anxiety related to homosexuality or for homosexuality itself, then he might in fact ask if he could use that person, if the person agreed as part of his project.

The project on homosexuality fizzled out because it was based on a misunderstanding that some kind of aversive therapy might help and after a while it didn't seem a good idea. I was unimpressed. At the time the psychologist working on this programme was working with a psychiatrist. This psychologist had quite an elaborate procedure to try to use aversion methods to reduce the homosexual interest in these patients which didn't seem to me to be a wise thing to do. It's trying to change somebody's inevitable direction. I was already accepting that there may well be a genetic predisposition in homosexuality, that it is not something that the person has chosen to do. Therefore, just as you might have some other genetic endowment, let's accept it and do what we can to alleviate the distress that the thing causes. It never seemed to me that we should want to change homosexual people.

In 1972 I was invited to participate in a symposium where there was a lot of potential criticism from students about what psychology was going. I was prepared for a bad kind of reception – I expected criticisms or comments about aversion therapy. And in fact some of the questions I got from the audience were like, "Would you try to persuade somebody to stop being homosexual?" I replied, "No if that is their predisposition of their predilection then my job would be to help them to reduce the anxiety related to that and to make whatever adjustments were necessary." I was never much in favour of aversion therapy of any kind really and an awful lot of people had been concerned about the treatment.

Occasionally there'd be a patient who said – I want to change…

I would help the patients that I was with issues surrounding their homosexuality to stop being anxious about homosexuality. It's a lot easier these days of course, because homosexuality is much more acceptable, whereas in the 1960s there were a lot of people who were really very anxious about their sexual orientation. Occasionally there'd be a patient who said "I want to change, I want to stop being homosexual, I want to develop the heterosexual side of my nature." And if that was what they wanted I would try and help them to reduce their homosexual interests and develop their heterosexual interests.

We need to remember that the discussions that went on at the Maudsley in the early 50s were constantly searching for ways in which we could understand the relationship between events, so again referring to the ideas put forward by Pavlov, Skinner and Wolpe, if a situation produces anxiety and at the same time there is another event occurring then by the process of conditioning it's quite likely that the reaction of anxiety will become associated with the unconditioned stimulus. By thinking along those lines it seemed to me that if the process of sexual arousal and gratification is linked with something, it may well become the preferred method of seeking gratification. It seemed to me that if a person wanted to stop being involved in and interested in male figures – so long as he had bisexual potential or interests – we might be able to utilise the other half of the spectrum of potential arousal signals. And, if we did that often enough, he then might be gratified by femininity. Here, I think it might be useful to describe two particular cases.

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There was a teach who had got into trouble because of his interest in boys and wanted to stop because he wanted to carry on with his career without risk. He said, "I desperately want to stop my homosexual interests in boys and I would really like to develop and interest in a woman and get married." We ascertained that there were times when he masturbated and that when he did that he used either pictures or images of young boys or young men. I think his range of homosexual interests was from boys aged 14 upwards.

I thought of this treatment myself. I said, when you masturbate presumably you begin by imagining or looking at pictures of boys and you continue the masturbatory process to the point of ejaculation. What you need to do is introduce pictures of women or girls – but not children – at the point where you have already become sufficiently aroused that you may well be able to maintain the arousal even though you are not looking at a picture of a woman. Having spelling that out in some detail he did that. He would get himself aroused – if necessary by homosexual imagery – and then would make

himself look at a picture of a woman while he was masturbating. At that point, if he was successful, he would reach ejaculation and we were hoping that we could link the very useful gratification of ejaculation with the images of females. And I asked him to make sure that he chose feminine looking women, not masculine looking women so that he wouldn't, as it were, reduce the femininity in order to almost think of a woman as a man.

That worked very well in the space of perhaps a couple of months with him using this technique at home whenever he wanted sexual satisfaction. At follow up some several months later he had started a relationship with a woman and said that it was very satisfactory. That was one of the relatively few referrals who wanted to develop his heterosexuality. I don't know whether it lasted indefinitely but he was into a good solid relationship with this girl.

He was so pleased with the results…he rang me and said he would like to come and visit with his wife and baby…

The second case followed the same ideas, but he was probably sufficiently interested in women because he was bisexual and it wasn't as difficult in his case as it was in the other one. He was so pleased with the results that even though I'd now moved he rang me and said he would like to come and visit with his wife and baby and they came and spent half a day with me. That was a fairly long follow up in that it had been several years and he was happy. For those people who simply wanted to reduce their anxieties about homosexuality that was fairly straight forward by helping them to recognise that if that was in fact part of their nature, then let's develop it or at least let's not be afraid of it.

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I started using behaviour therapy techniques in the 50s and they were well established by many of the Maudsley psychologists then and that continued through the 60s and into the 70s. After that they tended to introduce the word 'cognitive' so that it covered behaviour therapy as if somehow it was something new.

In fact if I was asked to give a word it wouldn't be 'cognitive' or 'behavioural' it would be 'experimental,' because the notion that you can treat behaviour without treating the way the person is thinking about behaviour is obviously nonsense. It may be reasonable to start measuring behavioural responses in a dog as with Pavlov, but clearly a human being is far more likely to be reflecting on what they are doing, and on the implications of what they are doing and therefore on their thinking about their own response and other people's responses.