available for health purposes? This would, if you like, be exploring the possibility of a specific form of social contract."

Internal Conflicts

"*Once and for all, we need to put the shared aim of preventing, curing, or alleviating pain and handicap above our quarrels and our selfish interests.* Nothing has been so damaging in the last 12 months as internal conflicts—between the unions and the consultants; between the consultants and the politicians; and between the critics of the reorganized Service and those who are trying to make it work. Yet what all these have in common is far more important than what divides them, and each group at least deserves from others the trust that what motivates its members is not mere selfishness nor malice. As Benjamin Franklin put it, it is fatal 'to create and augment discord and division in a great concern, wherein harmony and union are extremely necessary to give weight to our councils, and render them effectual in promoting and securing the common good'. The N.H.S. is a great concern which can only be made effectual if people put the shared goal ahead of their sectional interest and opinions.

"The past year has conclusively demonstrated two facts: first, determined action by any one of the scores of occupational groups in the N.H.S. can cripple the efforts of all the others and reduce the services available. Second, the accumulated capital of trust is quickly eroded by such tactics, and by conflicts between any one of these groups and the Government.

"No doubt the same can be said about industrial disputes generally. But the greatest strength of the N.H.S. is that it is not just a business, that its fundamental purpose is—when the nonsense has been stripped away—one that unites. By recapturing that spirit of shared purpose we can disperse the fog and lethargy of anomie that now hang over the N.H.S., and get on with the exacting task of applying necessarily scarce resources imaginatively and equitably to the meeting of great needs."

References

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Aspects of Sexual Medicine

Problems of Homosexuality

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When the general practitioner is consulted because the patient is homosexual, or whether the fact of the patient's homosexuality is revealed to the general practitioner in the course of other transactions with him, the following questions arise. Does the homosexual need to be changed? Can a homosexual be changed? Should homosexuals be helped to accept their condition, and should society be encouraged to accept homosexuals without punitiveness or rejection and take them as they are? Heterosexual assault is an offence as also is importuning. Homosexuality should and nowadays usually does receive the same kind of treatment. At one time in Britain doctors used to come across very much more punitive treatment of homosexual men. In my view and that of most other people, however, it is much more difficult for homosexual relations to become as stable, durable, and unexploiting as good heterosexual ones can be. This is largely due to the persistence of a special kind of choice of partner and also to the relative or absolute impossibility of a homosexual relationship becoming directly creative. Much more burden, therefore, is put upon sublimatory processes. Some succeed and evoke general admiration and respect. Failures to establish or sustain homosexual relationships, however, are often associated with a steep fall in self-respect and there may be set into motion a drift into a loveless homosexual promiscuity.

Most commonly the general practitioner is confronted with the problem of homosexuality in both male and female patients purely incidentally. The complaint presented by the patient may range from venereal disease, or a fear of it, to various other physical illnesses including those well known because they have a psychosomatic component. At the other end of the spectrum there is purely psychic and emotional distress in which the patient may present with an anxiety state or a depression. The homosexual patient may be open and frank about his condition; suspicious, secretive, and evasive; or even wholly misleading. Paranoid attitudes are met with quite commonly though less so since society has become more permissive and less punitive towards those who are found to be deviating from its norm.

Despite this, it is not rare for a patient to consult his or her general practitioner with the complaints of isolation, loneliness, or depression because of homosexual preoccupations, fantasies, or excitements. These may be present in clear conscious form and therefore be well known to the patient, or they may be the dominant feature of recurrent dreams. Alternatively, some casual homosexual experience or opportunity may light up an excitement in the individual far in excess of any heterosexual excitement or desire known by him hitherto. The patient, sometimes the distinguished holder of a much respected position in the social establishment, is often horrified by what he has found in himself. He may turn away with hostility and savage conscience-inflicted self-punishment, recriminating against the new-found unacceptable parts of himself. This state usually drifts on into a depressive illness or a self-administered equivalent in the form of excessive drinking of alcoholic liquor or a

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resort to sedative or tranquillizing drugs. These are usually prescribed by some busy general practitioner, who has been told only the superficial part of the story of the patient.

At the other end of the scale of homosexuality is the lonely and sad person who cannot find a partner of like mind and who is too ashamed or too proud to seek a homosexual partner openly. Of course, sometimes the general practitioner may be called in by the police to give an opinion upon a person who has committed a homosexual offence. More usually, however, the authorities call in a psychiatrist to assess the state of mind of the alleged offender.

Degrees of Intensity

The blanket terms "homosexual" or "homosexuality" are often far too crude and uninformative, in that they make no differentiation between the many kinds and degrees of psychosexual or sociosexual homosexual involvement. Homosexuality may be the only kind of sexuality about which a given person has fantasies or sexual urges. It may be an exclusive condition, a sine-quanon of sexual arousal. This may be so in men or women who seek gratification and perhaps an on-going relationship exclusively with members of their own sex. On the other hand, perhaps, many more people can be interested in the opposite sex and also have drives towards relationships with their own sex. Sometimes a homosexual psychic drive is in the ascendancy and sometimes a heterosexual one. These individuals are practising bisexuals. A third group of persons is made of those who, though apparently heterosexual, do have episodes of homosexual behaviour. These episodes may occur under one kind of circumstance or another, usually under stressful conditions such as frustration and deprivation—but there may also be excitement and temptation. Thus one man indulged in active homosexual behaviour whenever his wife was pregnant, even though she was available to him for sexual relationships.

The psychic defence mechanisms of repression and splitting are found to be in strength in many people with problems concerning homosexuality.

These mechanisms described many years ago by Freud are unconscious and automatic. Repression consists of the pushing out of consciousness of an unpalatable, frightening, or forbidden idea, thought, wish, or impulse. When that which has been repressed comes back again into consciousness, there is anxiety and tension associated with the failure of repression. If what has been repressed consists of a psychic constellation to do with homosexuality then, as repression fails and the homosexual ideas or impulses return, there is the warning signal of anxiety. The other mechanism, "splitting," described by Freud late on in his life, but developed much further by Klein and her co-workers, is different from repression. There is splitting of the ego so that two or more different selves seem to exist. These are widely different from each other. It appears that when two intra-psychic constellations differ from each other in attitude and aims, one may not be pushed out of consciousness as it is when repression occurs, but may co-exist side by side with the other constellation, so that a sort of Dr. Jekyll and Mr. Hyde situation may exist.

Without going into further detail about how the splitting occurs the relevant effect is that in some persons one current can be homosexual and the other one heterosexual. When there is a move across a split, the individual is not anxious but presents to the world and to himself or herself an apparently different personal identity. The mechanisms of repression and splitting, of course, occur in many other psychological conditions but they have been described here so that some of the curious alternations between heterosexual and homosexual behaviour encountered in the same person at different times may be understood.

The urges in heterosexuality and in homosexuality stem from the same instinctual libidinal urges—endocrine powered—however complicated the psychic super-structure may be. The difference between the two is really one of object relationships. By object relationship one means relationships not only with another person but also with the intra-psychic mental representation of that person—that is, the memory image of that person. What sort of a person or parts of another person is sought and what avoided at all costs? Only a few persons with homosexuality as a presenting problem have physical or endocrine, or both, characteristics of the opposite sex. The problem of homosexuality is mainly one of sought and avoided relationships with other people, viewed as people, or in terms of part-objects—by which is meant specially eroticised feelings directed towards or against different parts of people—for example, breasts, penis, eyes, the bulge of the abdomen, legs, buttocks, etc. There is much evidence that during early infancy all relationships are experienced by the baby in terms of part-objects—that is, one or more parts of a person of which some have been enumerated above.

Kinds of Object-relationships

We must now classify some of the kinds of object-relationships important in the aetiology and structure of homosexuality. As Freud suggested seventy years ago, a male homosexual may seek out a person who stands for himself—that is, a person chosen in his own image—in order to give that person the love of a very similar kind to that which he feels that his mother gave to him. Alternatively, the other person is sought and loved as the subject feels that his father loved him. Possibly he seeks out a person of the same sex to love as he wishes that he had been loved by his mother, or as he wishes that he had been loved by his father. He may also choose a person standing for himself on whom to lavish his love as he felt that this was done to him by his mother, or by his father, or as he wishes that it had been so. In disturbed and tortured homosexuality the word "hate" instead of love could be substituted in each of the cases enumerated above, so that a person may seek out another of his own sex to hate as he felt himself to have been hated by mother or by father, or by a sibling. Even more complicated are the admixtures of love and hate so that the relationship sought is essentially ambivalent. It must be emphasized that these choices are made unconsciously throughout, though subsequently an individual may at times become aware of some of the features of his or her homosexual love in full consciousness.

Some of the most difficult persons to deal with are those homosexuals who seek out a person whom they admire and wish to resemble with a devouring passion. It seems as though they want nothing less than to be absorbed into the object of their desire, or to incorporate the desired object into their persons. Some serious homosexual crime shows these features most obviously.

In infancy there may be a turning away from the primal part-object—that is, the feeding aspect of mother or her surrogate, either because of an intolerance of deprivation, perhaps merely of a need not immediately satisfied, or else because of actual neglect or loss. In these circumstances the baby may turn away and take himself, or more usually a part of himself, such as the thumb, as his part-object sucking. What Winnicott called a transitional object represents a whole object (person) as a rule. The turning to the self represents a narcissistic withdrawal. If severe or pervasive this taking of the self or a part of the self as a love object does colour all the subsequent deep relationships of that individual. The outcome is that the new object, or in adolescence the sexual partner, is chosen in the image of the subject—that is, of the self. This does not necessarily mean that the partner will be of the same sex, but in people in whose psychosexual development homosexuality dominates the picture, the choice of a partner is always narcissistic: in simple terms, the individual chooses a partner representing himself as he is, feels himself to be, as he was or as he would like to be or to have been. As this situation goes on and is reinforced by practice and repetition, it is little surprise that the so-called cure of homosexuals is so difficult.

Treatment

Treatment is a problem. The person with established homosexuality usually does not want to be changed. The person who has become a sexual offender in the sense that he could or would not confine his activities to those between consenting adults in private needs some help to enable him to contain his desires without acting them out illegally. Each case should be investigated and assessed so that its essential and individual features

can be ascertained. The general practitioner may not have time or the necessary detailed knowledge of the psychopathology of sexual deviations. Nevertheless he is likely to have a longitudinal view of his patient and also the social and domestic milieu in which he lives and has lived over many years. This is extremely valuable in those many cases in which homosexual offences against the law are the first sign of some considerable distress leading to alienation about which probably something can be done. The homosexual patient is in no very different situation from that of the heterosexual except in one important way: it is more difficult for a homosexual person whose psychosexual life cannot be based upon a stable and developing family unit to grow and settle into a close and rewarding supportive system such as that provided by relatively healthy families.

At the other end of the scale is the impulsive sexual delinquent whose psychic controls do not match the strength of these urges. These urges may be acted out in various ways, each of which tends to be specific for the individual. Examples are the seduction of young boys with or without subsequent sadism, transvestitism, and importuning culminating in male prostitution (the female counterpart is prostitution with aggressive or other delinquent aims). In highly impulsive homosexual persons who cannot contain their impulses, and who cannot be contained by the caring network in their environment—and for whom long imprisonment has failed or even seemed to be inappropriate—there may be a case for hormonal treatment. Great success has been claimed in treating homosexual men with stilboestrol or stilboestrol implants. For treating a crisis hormone therapy may be useful but, though behaviour may be improved in the short term, it is unlikely that any real progress towards self-control, growth, and development will take place under such a regimen.

Homosexual Offences

What kind of person commits a homosexual offence? There is wide publicity for the scoutmaster, vicar, youth club leader, or other person who has built into his task a caring role and who betrays that caring role by homosexual seduction of one or more of his charges. More rarely one hears of women in some post of caring and seniority who seduce the younger women or girls who should normally be in their care. Do these people seek out the kind of occupation which will give them access to young people who will subsequently become "their prey"? Probably not in most cases, though there must be some exceptions. More probably the temptation and the availability so excite and stimulate that there is a breakdown of any sublimatory processes and an eruption of non-caring, powerful homosexual instinctual urges.

There is a category of homosexual offender which according to my experience and that of others has a better prognosis: the person who appears to be bisexual who acts out homosexual urges usually episodically by perpetrating offences against a young boy or early adolescent. There is often guilt and remorse and a desire to stop acting in this way. When investigated by several psychodynamically oriented interviews it is usually found that these individuals have suffered the same kind of assault or seduction during childhood or early adolescence. This is where the long-term damage of the seduction or assault by authority or caring figures has an important role. Many cases seen have been seduced by a schoolmaster, usually at a boarding preparatory school, when the young boy had left home and been sent away to school while he still needed "mother-care." He found this but with a heavy price attached to it by a homosexually seducing schoolmaster. Again, motivation—or at least conscious motivation—may not always be as bad as the evidence would indicate. Quite often the appealing, slightly feminine young boy does evoke the desire in a schoolmaster who is seeking for a boy to love either as his mother loved him or he wished she had loved him. Then into warm caring transactions an element of sexual desire, excitement, and later exploitation appears and rapidly gets uncontrollable. In the earlier event, or series of events, suffered by the individual who perpetrates actively what he formerly underwent passively, there may be fear, excitement, mutually enjoyed sexual pleasure—and sometimes pain, sometimes a concrete reward in the form of money or a gift. Often the seduction has been by an elder relative, not just an authority figure in school, at a youth club, or at a scout troop. The individual is unconsciously compelled to repeat actively that which he formerly underwent passively, and thus the cycle of repetition goes on. When such incidents come to light the doctor is provided with a good opportunity to break into the cycle and try to stop such perpetuation by giving insight-therapy. Opening up and working through the contemporary state and linking it back to the past seduction in childhood, when the seducer was the seduced, may be rewarding to the patient and to the doctor (whether he be a psychiatrist or a general practitioner specially trained in psychotherapy). In these cases, which are quite common, the prognosis is good.

This article has given much more weight to male homosexuality. This does not mean that female homosexuality is any less frequent but merely that it is less of a problem: it is less evident; it was never subjected to such severe legal sanctions as those which were applied in the case of men. Being potential mothers, women are generally more caring except in the most severely pathological and sadistic cases.

In dealing with persons who come to a doctor with homosexuality as a problem one should not undervalue the effects of palliative treatment. Such therapy aims to deflect the individual from compulsive homosexual seduction and other kinds of illegal acting out, either into a more balanced sexual continence or into the seeking and developing of a relationship between consenting adults in private. If the individual worker and the therapeutic resources are available the aim may be more ambitious. An attempt to mobilize the heterosexual elements (which are always present) may be successful, but the stable establishment of heterosexuality cannot be expected in most cases.

Nevertheless, the most modest aims of helping the individual to a better adjustment both within himself intraphysically and to his social environment psychosocially are often achieved and such results are not to be despised.