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.

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 punitive 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

References

intra-psychic image complicated person is means may mechanisms the relevant exist. intra-psychic splitting so repression occurs, one the available to with the consists of...
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 schoolmaster, 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.