'Straightening the Queers': Medical Perspectives on Homosexuality in Mid-Twentieth-Century New Zealand

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'Straightening the Queers': Medical Perspectives on Homosexuality in Mid-Twentieth-Century New Zealand

LAURIE GUY

In 1985, when New Zealand was deeply polarised over the issue of decriminalising male homosexual acts, Max Abbott, then director of the Mental Health Foundation of New Zealand, warned against believing that scientists were purely objective and rational, especially in the matter of homosexuality. He noted that 'science and scientists do not exist in a social vacuum'. It was a 'myth' to believe that researchers and clinicians operated in a special way that was 'somehow outside or, more typically, above the foibles of everyday life'. In his words:

> We take into our research and clinical practice many of the values and prejudices we have developed as citizens in this society at this time. Consequently, while there are some safeguards built into scientific and professional practice to protect against gross distortions, one would be naïve to think that bias does not exist.[1]

A modified version of a paper presented to the Auckland Medical Historical Society, 19 August 1999.

1. M. Abbott, 'Homosexuality: An Overview of Research and Professional Opinion', Address delivered at the Lower Hutt Town Hall, New Zealand, 16 April 1985, Mental Health Foundation, Auckland.

Abbott's views point to the risk that the language of scientific or medical expertise might cloak popular prejudice that the 'expert' has absorbed as a member of society. To a greater or lesser extent, scientists and medical experts are creatures of their times, and therefore sometimes express non-expert views of those times in the guise of expertise.[2] There is thus the warning *caveat lector*–let readers give careful scrutiny of scientific and medical perspectives on homosexuality. And, for that matter, such a warning may equally apply to this article itself.

Beginning with Freud, this article will survey the major change that has occurred in medical approaches to homosexuality. It will particularly focus on mid-twentieth century Western views, using New Zealand as a specific example of those attitudes. The greatest emphasis will be on the quarter century after World War II when Freudian influence and behaviourist approaches were both at their zenith. At the end of that quarter century gay liberation was emerging, bringing challenge both to medical attitudes and also to the social and political status of gay people. In New Zealand's case this led to a period of intense debate culminating in the decriminalisation of homosexual acts in 1986.

A key consideration in this article is the complex inter-relationship between social attitudes and expert medical judgment. Does expert medical pronouncement always lead public perception, or does it sometimes follow it? Positions on homosexuality and other topics have often been argued on the basis that 'all medical (or scientific) evidence indicates ...' Yet markedly different, even diametrically opposed, pronouncements have been made a decade later. This raises the question of the extent to which the opinions came from hard data, and the extent to which they reflected prejudice cloaked in the language of expertise.

The lens of the Christian church markedly coloured nineteenth-century perspectives on homosexuality. Homosexual behaviour was abhorrent, a wretched sin against God and/or nature. There was little or no perception that this behaviour was deeply embedded in the human person; nor was there any sense of homosexuality as an identity. Homosexual behaviour was simply a sinful act. It was not until 1869 that the Austrian writer Karl Maria Kertbenny coined

2. See endorsement of that perspective in transcript of taped interview with Professor Max Abbott by Laurie Guy, 15 June 1999, p. 2.

the term *homosexualität* to describe a more or less permanent state as opposed to a specific behaviour.[3] This term passed into the English language as 'homosexuality' twenty years later through the writings of Havelock Ellis.[4]

Late-nineteenth century sexologists quickly drew a distinction between two types of homosexual: there were those who were inherently, perhaps congenitally, homosexual–the 'inverts'–and those who were basically heterosexual but behaved in homosexual ways from lust–the 'perverts'.[5] In addition to a focus on behaviour (homosexuality as sin), there was also a focus on an apparent medical condition (homosexuality as sickness). Homosexuality was now seen not simply as something that one did but something that one was; a matter of orientation, even identity. Was that orientation desirable? Was it fixed? Was it 'curable'? At the end of the nineteenth century the 'medical model' was increasingly challenging the 'church model' with regard to public perceptions of homosexuality.

The significance of Sigmund Freud

Freud exerted enormous influence over changing perceptions of sexuality (and of homosexuality as a sub-set of sexuality). In the words of Gagnon and Simon: 'Freud remains the superego of nearly all researchers into the sexual, since we must in some measure conform to or rebel against his body of ideas.'[6] Freud's thought emphasised sexuality as being embedded in the very core of one's humanity.[7] Greenberg has noted the enormous implications of this perspective:

> In tracing virtually every aspect of human life back to sex, Freud implied a vast expansion of the sexual sphere. In his writings all roads lead to sex; it provides the secret of our innermost existence. It follows that our sexual orientations are not merely one attribute of many that characterize us, but the key to who we really are.[8]

3. M. Herzer, 'Kertbeny and the Nameless Love', *Journal of Homosexuality*, vol. 12, no. 1, 1985, pp. 1–26 at pp. 1ff.
4. J. Weeks, *Against Nature: Essays on History, Sexuality and Identity*, Rivers Oram Press, London, 1991, p. 16.
5. ibid., p. 59.
6. J. Gagnon & W. Simon, *Sexual Conduct: The Social Sources of Human Sexuality*, Aldine Publishing Co., Chicago, 1973, p. 9, also p. 6.
7. ibid., p. 12.
8. D. F. Greenberg, *The Construction of Homosexuality*, University of Chicago Press, Chicago, 1988, p. 428.

In contrast to earlier theoreticians, Freud viewed this sexual instinct as being present, not just from adolescence, but from infancy.[9] While sublimation and consequential latency might characterise much of later childhood, Freud regarded the earliest years (ages two to five) as full of manifest sexuality, something that was 'accessible to observation round about the third or fourth year of life'.[10] Those earliest years were autoerotic, with a wide diversity of experience and manifestation of infant sexuality: 'thumb sucking, sucking any part of one's body (even one's genitals [*sic*]), defecating'.[11] Freud's spacious view of the erotic meant that even breast-feeding was an erotic experience: 'No one who has seen a baby sinking back satiated from the breast and falling asleep with flushed cheeks and a blissful smile can escape the reflection that this picture persists as a prototype of sexual satisfaction in later life.'[12]

Freud's identifying such experiences with sexuality is clearly problematical. Is it appropriate to use adult categories of thought to describe an infant's blurry inner state, which the child itself cannot describe and later maybe cannot remember?[13] Is Freud's voice in relation to infantile sexuality that of a careful empirical scientist, or rather that of a citizen with a point of view–even an axe to grind? However, the purpose of this discussion is not so much to critique Freud as to note his enormous influence. It was Freud more than any other thinker, who caused Western society to view sexuality in such a pervasive manner, and to see it as a powerful and nearly immutable instinct, which could only be diverted, if at all, with the greatest difficulty.

Part of Freud's thinking on sexuality related directly to homosexuality. He regarded infant sexuality as lacking gender focus, and therefore as being innately bisexual:

> Psychoanalysis considers that a choice of an object independently of its sex—freedom to range equally over male and female objects—as it is found in childhood, in primitive

9. See S. Freud, *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (transl. J. Strachey), *VII: Three Essays on the Theory of Sexuality* (1901–1905), Hogarth Press, London, 1953, p. 173, where he claimed that to date, not a single author had clearly recognised the regular existence of a sexual instinct in childhood.
10. ibid., pp. 176, 178, 232.
11. ibid., pp. 179–85.
12. ibid., p. 182.
13. Gagnon & Simon, *Sexual Conduct*, p. 14.

> states of society and early periods of history, is the original basis from which, as a result of restriction in one direction or the other, both the normal and the inverted types develop.[14]

While Freud acknowledged the influence of biological factors in the development of homosexuality, he primarily attributed such development to environmental psychodynamic factors.[15] In 1915 he added this claim to his original *Three Essays*:

> In all cases we have examined we have established the fact that the future inverts, in the earliest years of their childhood, pass through a very intense but short-lived fixation to a woman (usually their mother), and that, after leaving this behind, they identify themselves with a woman and take *themselves* as their sexual object. That is to say, they proceed from a narcissistic basis, and look for a young man who resembles themselves and whom *they* may love as their mother loved *them*.[16]

Freud's focus on family dynamics was directed primarily towards the mother. He did, however, also note the absence of a strong father as a factor in producing a homosexual outcome.[17]

In Freud's understanding, the 'germs' of the 'perversion' of homosexuality were located in childhood. This led to an arrest in the development process: 'A formula begins to take shape which lays it down that the sexuality of neurotics has remained in, or been brought back to, an infantile state.'[18] Homosexuals failed to grow up, to suppress the homosexual instinct in adolescence and move on to normal heterosexuality.[19] Freud saw homosexuality as typically an immutable state; thus he was pessimistic with regard to 'cure'.[20]

14. Freud, *Three Essays*, pp. 145–6. This part of Freud's thought was added to his *Three Essays* in the 1915 edition of those essays.

15. ibid., p. 140 for Freud's awareness of both factors, and p. 236 for his acknowledgement of the role of heredity. See also R. Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis*, Basic Books, New York, 1981, p. 25. Bieber noted that Freud cited no clinical or experimental proof for his conclusions on this issue: I. Bieber et al., *Homosexuality*, Basic Books, New York, 1962, p. 3.

16. Freud, *Three Essays*, p. 145n. Emphasis original. See also Greenberg, *The Construction*, p. 425.

17. Freud, *Three Essays*, p. 146.

18. ibid., p. 172.

19. ibid., p. 176; Bayer, *Homosexuality*, p. 22; J. Dollimore, *Sexual Dissidence: Augustine to Wilde, Freud to Foucault*, OUP, Oxford, 1991, p. 176.

20. Dollimore, *Sexual Dissidence*, p. 182; Bayer, *Homosexuality*, pp. 26–7. See Freud's pessimism in 'Letter to an American Mother', written in 1935, reproduced in Bieber, *Homosexuality*, p. 275.

Freud left an enormous legacy in relation to perceptions both of sexuality generally, and of homosexuality in particular. Although he may have seen homosexuality as abnormal,[21] he denied that such persons were degenerate or mentally sick: 'Inversion is found in people who exhibit no other serious deviations from the normal.'[22] At the same time, however, the theoretical underpinnings of his conclusions opened the way for many of his disciples in psychoanalytical understanding, to view homosexuals as 'sick'. Freud's medical language, his terminology of 'neurosis',[23] his complex explanation of distorted early developmental origin,[24] and his view of continuing adult homosexuality as an 'inhibition of development',[25] all gave scope for subsequent disciples to view homosexuals as being psychologically maladjusted and emotionally ill.

Mondimore has argued that Freud's views were catastrophic for homosexuals, his writings being used by psychoanalysts to view homosexuals as disturbed in all their relations.[26] In 1956, the American psychologist Edmund Bergler, for example, claimed that there were no healthy homosexuals: all were 'sick people', having a 'neurotic distortion of the total personality'.[27] Nor did psychotherapist Albert Ellis mince words:

> Let you homosexuals face it, therefore: all of you, every mother's son of you who is exclusively desirous of homosexual relations, is indubitably neurotic ... [A]ll of you are just as neurotic as you could possibly be, and you had better run, not walk, to the nearest psychotherapist.[28]

21. He used the language of both inversion and perversion with regard to homosexuality, apparently without always making any sharp distinction between those terms. See *Three Essays*, which refers to inverts ('persons with contrary sexual feelings') at p. 138, but seems to use 'perversion' in an equivalent sense at pp. 172, 231, 236.
22. ibid., p. 138.
23. ibid., p. 172.
24. ibid., p. 146.
25. ibid., p. 208.
26. F. M. Mondimore, *A Natural History of Homosexuality*, John Hopkins University Press, Baltimore, 1996, pp. 51, 76.
27. E. Bergler, *Homosexuality: Disease or Way of Life?* Collier Books, New York, 1956, p. 9. Wilhem Stekel was an earlier psychoanalyst expressing similar views. His statements include the following: '*[A]ll* homosexuals *are* unhappy...' 'I see in every homosexual and neurotic an atavistic element ...' 'We will never find a homosexual who has not other stigmata of a neurosis': W. Stekel, 'Is Homosexuality Curable?', *Psychoanalytic Review*, vol. 17, 1930, (trans. B.T. Frohman), pp. 443–51 at pp. 444, 446; emphasis original.
28. A. Ellis, 'Are Homosexuals Necessarily Neurotic?' in D. W. Cory, *Homosexuality: A Cross Cultural Approach*, Julian Press, New York, 1956, pp. 407–14 at pp. 412–13.

In 1958 British psychiatrist Clifford Allen asserted that homosexuals were 'ill inasmuch as a dwarf is ill because he has never developed'.[29] Without supporting data Allen could write that it was usually accepted that all forms of schizophrenia appeared more frequently in homosexuals than in 'normal' people, that there was some connection between homosexuality and manic-depression, and that homosexual murder (i.e. murder within homosexual relationships) was common.[30] The views of psychoanalysts like Bergler, Ellis, and Allen were very influential in New Zealand in the early 1960s: homosexuals were psychologically retarded.

The conformist nature of mid-twentieth-century New Zealand society

New Zealanders' views, both popular and professional, were not developed in isolation from the rest of the English-speaking world. In his widely used textbook on psychiatry, which includes discussion of homosexuality, Ken Stallworthy, medical superintendent at Tokanui Hospital, explicitly linked views in New Zealand with those of the 'Anglo-Saxon' or 'English-speaking' world.[31] Moreover, much of New Zealand's medical expertise was directly gained in an international context. For example, Basil James, a senior lecturer in Psychological Medicine at the University of Otago in the 1960s, was a medical registrar in Bristol when he submitted articles on the use of aversion therapy for homosexuality to the *British Medical Journal* in the early 1960s.[32] Such connections make any argument that New Zealand had a consciously different approach from the rest of the English-speaking world of doubtful value.

At the same time New Zealand had a far more conformist social context than many other countries, which raises the question of whether there was more medical concern to change homosexuals simply because they were out of line with the rest of society. A

29. C. Allen, *Homosexuality: Its Nature, Causation and Treatment*, Staples Press, London, 1958, p. 34.

30. ibid., pp. 58–60.

31. K. R. Stallworthy, *A Manual of Psychiatry*, Christchurch, Peryer. The book was published in six editions between 1950 and 1963. For the above-described usage see 1st edn, 1950, p. 55; 6th edn, 1963, pp. 39, 76.

32. B. James, 'Case of Homosexuality Treated by Aversion Therapy', *British Medical Journal (BMJ)*, 1, 1962, pp. 768–70; 'Aversion Therapy for Homosexuality', *BMJ*, 1, 1963, p. 538.

striking aspect of New Zealand society in the early 1960s was its sense of uniformity and conformity.[33] Similarly, historian Michael King wrote of New Zealand in the 1940s as a 'single-culture society'.[34] In comparison with England, the United States, and even Australia, New Zealand had been the country most actively and consistently emphasising egalitarianism.[35] This pattern was intensified with the far-reaching social welfare legislation initiated by the first Labour Government, 1935–49. A tendency towards equalisation of income, notwithstanding markedly different skill and training levels, together with the development of a social welfare net 'from the cradle to the grave', led to historian Keith Sinclair's boast that New Zealand 'must be more nearly classless ... than any advanced country in the world'.[36]

Egalitarianism, however, can often go hand in hand with conformity, and being the same as others can become a positive virtue. Pride in equality of income can easily become pride in similarity of customs and intellectual outlook. Even in 1969, Sinclair showed sympathy with the suggestion of political scientist R. S. Milne that New Zealand was 'a country without issues'.[37] Sinclair's 1969 work is significant in its perception of New Zealand's homogeneity in the 1960s, while also hinting at change in the offing:

> Ten years ago, in the first version of this chapter, the writer agreed with an American journalist that the European New Zealanders were a remarkably homogeneous people. Clothing, for instance, seemed uniformly dowdy. This is now less true. Young people are attractively and colourfully dressed, if in the fashionable international uniforms. Nor do young (or middle-aged) men choose the traditional local short-back-and-sides haircut. Still, a certain sameness persists. Country people cannot be distinguished from 'townies' by their clothing or manners. People mostly speak alike, with few regional variations. If we ignore the Maoris, customs differ little from one locality to another.[38]

Basically, then, there was one pattern of behaviour and woe betide those who did not conform. At best they were ignored, as Sinclair

33. For the author's earlier reflection on this matter see L. D. Guy, The Cinematograph Film Censorship Debate in New Zealand, 1965–76, MA research essay, University of Auckland, 1992.
34. M. King, *Being Pakeha*, Hodder & Stoughton, Auckland, 1985, p. 9.
35. D. A. Hansen, 'Social Institutions', in A. L. McLeod (ed.), *The Pattern of New Zealand Culture*, OUP, Melbourne, 1968, pp. 49–67 at p. 58.
36. K. Sinclair, *A History of New Zealand*, Penguin, London, 2nd edn, 1969, p. 285.
37. ibid., p. 305.
38. ibid., p. 286.

proposed to do in relation to Maoris. Sinclair's perceptions highlight the high levels of uniformity and conformity that were evident at least in the earlier part of the 1960s. One conformist aspect was that of gender roles. Michael King, for example, recalled his gender-stereotyped upbringing in post-war New Zealand: '"Girls were girls and men were men" in the words of the popular song, and each sex was allocated a set of predetermined values.'[39] Homosexual behaviour was unacceptable in such a climate.

Stereotyping of homosexuals in mid-twentieth-century New Zealand

Conformist perspectives clearly shaped a 1949 study by J. Ferguson, an employee of the Child Welfare Division of the Education Department, of six boys involved with homosexuals in New Zealand.[40] The six boys were described in strikingly stereotypical terms: 'below average in intelligence', 'unstable', 'apparently lazy but probably lacking interest', unable to form 'any stable relationships with other boys', 'immature', presenting 'a more sorry picture than most adolescents'. Ferguson included a seventh boy, 'to provide an interesting comparison', who was known to have rejected the advances of an adult homosexual. This boy was 'assertive', 'sophisticated', 'sure of himself', 'alert'. Marked differences were noted between him and the other boys: 'In one word pictures the exception and the group may be placed near the extremes of an "alert-apathetic" scale.'[41]

Ferguson, in an addendum, sadly had to report that he had discovered 'a certain fickleness' on the part of the 'control' after the article had been submitted (the fickleness being the boy's involvement with adult homosexuals several months prior to Ferguson's investigative period), which would upset some of his conclusions.[42] Despite this, Ferguson re-affirmed his stereotypes, arguing that his basic conclusion remained valid:

39. King, *Being Pakeha*, p. 9.
40. J. Ferguson, 'A Study of Six Boys Involved with Homosexuals', *New Zealand Science Monthly Review*, vol. 7, 20 May 1969, pp. 70–2.
41. ibid., p. 72.
42. ibid.

> If there is amongst boys any susceptibility towards participation in homosexual practices with adults then the type of boy here described in the first six cases would appear to be more prone than some to this kind of conduct. If this conclusion is correct, then it would be advisable for social workers and those having much to do with children to be aware of this fact and so be on their guard.[43]

Ferguson's article points to the power that labelling and stereotyping exerted in relation to homosexuals in New Zealand in the post-war period.

Conformist social and legal pressures kept most homosexuals underground. When medical student G. Ngaei sought to interview homosexuals for a research project in 1967, he encountered a lot of reluctance to co-operate because of fear of possible exposure to friends, to police, and to blackmail.[44] Ngaei's experience led him to the conclusion that 'most homosexuals are constantly pre-occupied with disguising their homosexual behaviour'.[45] Invisibility made debate over the circumstances and status of homosexuality difficult. The tendency towards homogeneity was strong and favoured. Expression of diversity in such a society was very difficult. The writer Noel Virtue recalled his return to his New Zealand family in the mid-1960s after participating in the gay community in Sydney for several months:

> To be truly accepted back into the family I was expected, bluntly, to stop even mentioning anything to do with my being gay, never to talk about it in the matter-of-fact way to which I had grown accustomed, and to think seriously, now I was back in New Zealand, about marriage.[46]

Because of the high level of conformity in society at that time there was also a strong sense of homosexuality as being a departure from the normal, a 'deviation', a 'perversion'.[47] It was commonly lumped

43. ibid.
44. G. Ngaei, Homosexuality (And It's [*sic*] Social Implications), 5th year Preventive Medicine dissertation, University of Otago, 1967, pp. 2, 31.
45. ibid., p. 31. Also p. 17.
46. N. Virtue, *Once a Brethren Boy: An Autobiography*, Auckland, 1995, p. 141.
47. For example, R. W. Medlicott, 'Sociopathic Personality Disturbance', in *Mental Health and the Community: The Proceedings of a Conference for Professional Groups Organized by the Canterbury Mental Health Council as a Contribution to the World Mental Health Year*, P. J. Lawrence (ed.), Canterbury Medical Health Council, Christchurch, 1961, pp. 373–5 at p. 373 (re 'deviation'), and M. Bevan-Brown, *The Sources of Love and Fear*, Raven Press, Christchurch, 3rd edn, 1960, pp. 5–6, 61 (re 'perversion').

in with other 'perversions', and its association with some of those more loathed behaviours increased the abhorrence of homosexual behaviour. Thus, Wellington Professor of Psychology Ernest Beaglehole could explain 'sex perversions' in 1950 as being 'homosexuality, "interference" by men with young boys or girls, and the like'.[48] The notion that homosexuals were potential paedophiles also appeared in a 1962 thesis examining the aetiology of paedophilia.[49] While the thesis itself did not substantiate this claim (only two of the one hundred paedophiles surveyed were apparently homosexuals), in reviewing academic literature the author noted that 'latent homosexuals' were one of the thirteen types identified in the literature as a whole as having a propensity towards paedophilia.[50] This highlights the persistent association in the public's mind between homosexuality and paedophilia irrespective of the scientific data on the matter. Moreover, scientific and medical literature did at times make a direct link between homosexuality and paedophilia, for example, through mention of homosexuals sublimating their urges by leading scout groups or boys' choirs.[51] Such perspectives meant that homosexuality evoked a widespread response of horror and disgust in early post-World War II New Zealand.[52]

Conformism meant that even those having sympathetic concern for homosexuals might still view them as misfits on the basis that they were out of line with mainstream society. In a compassionate article in 1963, Ken Stallworthy spoke of homosexuals as 'the wrong sex', most of who 'hide themselves out of mind and create no problems'.[53] A similarly sympathetic piece by Dr E. Philipp in 1968 still referred to homosexuals as 'socially deviant'.[54] Basil James, while

48. E. Beaglehole, *Mental Health in New Zealand*, New Zealand University Press, Wellington, 1950, pp. 6–7.

49. R. F. Patchett, 'The Etiology of Paedophilia: A Descriptive Study of Two Groups of New Zealand Paedophiles', MA thesis, Victoria University of Wellington, 1962.

50. ibid., pp. 37, 64.

5. K. R. Stallworthy, *The Facts of Mental Health and Illness*, 3rd edn, Peryer, Christchurch, 1961, p. 67; K. R. Stallworthy, *A Manual of Psychiatry*, 5th edn, Peryer, Christchurch, 1961, p. 73; H. J. Wily & K. R. Stallworthy, *Mental Abnormality and the Law*, Peryer, Christchurch, 1962, pp. 35, 239, 241, 243, 250–1.

52. Beaglehole, *Mental Health*, p. 7; Stallworthy, *The Facts*, pp. 61, 66; Ngaei, 'Homosexuality', p. 40; H. E. Williams, Homosexuality: Aspects of this Problem Aboard Ships, 5th year Preventive Medicine dissertation, University of Otago, 1962, p. 49.

53. K. R. Stallworthy, 'The Wrong Sex', *New Zealand Family Doctor*, vol. 7, 1963, pp. 23–4 at p. 24.

54. E. Philipp, 'Homosexuality as Seen in a New Zealand City Practice', *New Zealand Medical Journal (NZMedJ)*, vol. 67, 1968, pp. 397–401 at p. 401.

accepting that many homosexuals were well adjusted,[55] viewed homosexuality as 'an escaping and avoidance behaviour'.[56] James has recently reflected on the extent to which prevailing popular perspectives can influence now-discarded expert medical views: 'In the 1960s I think that I rather passively subscribed to the generally prevailing view that homosexually orientated people had a "medical problem", that it was "pathological", and thus by inference that, at least on occasions, it needed to be treated.'[57]

At both a popular and a medical level, homosexuals were commonly seen as people who for some reason had not developed in a 'normal' fashion. The dominant view was that this was the result of early childhood influence, particularly from flawed family patterns, essentially from a dominant, over-smothering mother, and commonly, too, from a cold, distant or absent father.[58] So strong was this view that James asserted in 1967 that there 'seems to be complete unanimity regarding the importance of early family influences, not only in determining psychosexual identity but also in determining the sex to which the adult impulse will be directed.'[59]

It was common for this image of distorted development to be understood in terms of psychopathology. New Zealand psychiatrist Laurie Gluckman, for example, when discussing lesbianism, stated: 'Lesbianism is more commonly in my experience seen in the psychopath and in the neurotic. It may be associated with paranoid

55. He asserted at one point that there was good evidence that 'many homosexuals are well adjusted personalities accepting their sexual deviation and appearing aberrant only in terms of their preferred sexual outlet': B. James, 'Learning Theory and Homosexuality', *NZMedJ*, vol. 66, 1967, pp. 748–51 at p. 749.

56. ibid., p. 751.

57. Correspondence, Basil James to Laurie Guy, 27 May 1999.

58. J. D. Denford, 'The Psychodynamics of Homosexuality', *NZMedJ*, vol. 66, 1967, pp. 743–4 at p. 743; V. Packard, *The Sexual Wilderness: The Upheaval in Male-Female Relationships: The Breakup of Traditional Morality: New Trends Among the Young*, Longmans, London, 1968, p. 390; F. Donnelly, Factors in the Homosexuality of some New Zealand Males, Diploma in Criminology dissertation, University of Auckland, 1970, p. 9; I. Bieber, *Homosexuality*, pp. 172 and passim; I. Bieber & T. Bieber, 'Male Homosexuality', *Canadian Journal of Psychiatry*, vol. 24, 1979, pp. 409–21, passim; panel discussion of medical and psychiatric experts: Anon., 'The Male Homosexual', *The Listener* (London), vol. 73, 28 June 1965, pp. 141–3 at p. 141; C. Allen, *Homosexuality*, pp. 44–6; B. Magee, *One in Twenty: A Study of Homosexuality in Men and Women*, 2nd edn, Martin Secker & Warburg, London, 1968, p. 2.

59. James, 'Learning Theory', p. 750. Stallworthy was a little more cautious, stating that nobody was sure of the cause of homosexuality, but accepting that abnormal relations between mother and son might be a factor: Stallworthy, 'The Wrong Sex', p. 24.

difficulties and with schizophrenia ...'[60] Gluckman gave a diagnostic summary of the one hundred lesbians he had treated, labelling sixty-eight with terms such as 'psychotic and pre-psychotic disorders' (11), 'psychopathic disorders' (21), 'neurotic disorders' (18), and 'essential lesbians' (15).[61] He seemed to assume that lesbians, by definition, must have some psychopathology: 'The 32 patients incapable of classification would have fitted into one of the more defined groups had more adequate data been available.'[62] At times Gluckman invented new classifications to imply psychiatric disorder in homosexuals. He once labelled certain Maori lesbians as suffering from 'heterochromophobia', that is, from 'a sexual neurosis in which sexual expression is stimulated by a racially different skin colour to that of the patient'.[63]

The perception of homosexuality as mental illness was starkly expressed in the submission of psychiatrist S. L. Pugmire in relation to Venn Young's private member's decriminalisation bill of 1974–75. Pugmire, who was then medical superintendent of Lake Alice Hospital, a specialist psychiatric hospital for prisoners, viewed homosexuality as a 'mild schizoid' form of schizophrenia.[64] He claimed that it was a thought disorder that could be eliminated by early treatment, but was untreatable and unchangeable if allowed to persist over a number of years.[65] The latter outcome was the result of neurotic pleasure that the 'bizarre thought disorder' provided.[66] In Pugmire's words: 'Every addict, every maniac, every homosexual and every Schizophrenic prefers to remain in the happy acute phase of his illness and all these patients strongly object to being changed by mind changing drugs like Melleril which bring them back to normal.'[67] The medical expert had made his diagnosis–who dared challenge? Interestingly, Pugmire began his submission by acknowledging that his views came from his subjective experience

60. L. K. Gluckman, 'LesbianismæA Clinical Approach', *NZMedJ*, vol. 55, 1966, pp. 443–9 at p. 444.
61. ibid., p. 448.
62. ibid., p. 448. The objection might be made that 'essential lesbianism' is not a psychopathology, but the way Gluckman listed it seems to suggest he thought it was.
63. L. K. Gluckman, 'Lesbianism in the Maori', *Australian and New Zealand Journal of Psychiatry*, vol. 1, 1967, pp. 98–103 at p. 99.
64. Submission by S. L. Pugmire, re V. Young's Private Member's Decriminalisation Bill, 1974–75, p. 1.
65. ibid., p. 3.
66. ibid., p. 2.
67. ibid., p. 4.

and not from comprehensive empirical research: '[T]he following are my own personal beliefs on the subject of homosexuality, which I know from experience to be true, although I cannot prove them in a scientific manner.'[68]

The 'cure' of homosexuals

Images in the mid-twentieth century of the homosexual as neurotic and as misfit led to an intense interest in homosexuals as patients. Was their disease curable or not? Freud had given a pessimistic answer to this question. Expert opinion was much more divided on the issue in the 1960s. As a result either of Freudian pessimism,[69] or of clinical experience, many remained sceptical of cure, or viewed it as a solution for only a small percentage of homosexuals.[70] While this was probably the dominant position in the early 1960s, a new attitude, quite optimistic of long-term change or 'cure', was starting to exert significant influence. Edmund Bergler expressed this optimism as early as 1956:

> The statement that psychoanalytically oriented psychiatry can cure male homosexuality and Lesbianism [*sic*] could not have been made a decade ago. At that time, a sterile pessimism on this score pervaded science; the best science had to offer was a process by which the homosexual was reconciled to his "fate"; in other words his conscious guilt was removed ... Today, psychiatric-psychoanalytic treatment can cure homosexuality.[71]

While most did not go as far as Bergler's optimism of a potential 100 per cent success rate, successful treatment was commonly put by therapists who believed such a thing to be possible at between 20 and 50 per cent.[72] Such a view led Christchurch psychiatrist, M. Bevan-Brown, to claim in 1960 that homosexuality was 'amenable to treatment by psychotherapy provided the individual is dissatisfied

68. ibid., p. 1.

69. Anon., 'Homosexuals Can Be Cured', *Time* (South Pacific edn), vol. 85, 12 February 1965, pp. 40–1 at p. 40.

70. Beaglehole, *Mental Health*, p. 7; Stallworthy, 'The Wrong Sex', p. 24; Philipp, 'Homosexuality', p. 400; D. J. West, *Homosexuality*, Aldine Publishing Co., Chicago, 1967, p. 266.

71. Bergler, *Homosexuality*, pp. 8–9. An article in *Time*, 9 November 1959, p. 36 stated, 'Dr Bergler holds that every homosexual can be cured in about eight months of psychiatric treatment.' Another psychiatrist expressing measured optimism in 1958 in relation to cure was Clifford Allen (*Homosexuality*, p. 111).

72. Bieber in 1962 (p. 276) claimed a 27 per cent success rate with 106 patients, raised to 30 to 50 per cent success rate in 1978 (p. 416). See also I. Bieber, 'Homosexuality–

with his condition'.[73]

Standard approaches to the cure of homosexuality included psychoanalysis and group therapy. Commonly, however, aversion therapy using emetics or electric shocks came to be employed.[74] A gay Presbyterian minister noted in 1985 that he had earlier sought aversion therapy on a couple of occasions.[75] While aversion therapy was in theory self-chosen, in practice it could sometimes be less than fully voluntary because of family, social or judicial expectations.[76]

The period seemed to be one of remarkable experimentation, even recklessness, with new 'cures'. One remedy involved the use of lysergic acid diethlamide (LSD),[77] while female hormones were used in Britain on computer pioneer Alan Turing as an alternative to going to prison for 'gross indecency'.[78] The anguish caused by

A Psychoanalytic Study of Male Homosexuality', *British Journal of Psychiatry*, vol. 111, 1965, pp. 195–6. Bieber's 1962 figure was reported in 'The Third Sex', *Newsweek*, June 1964, p. 46. Samuel Hadden in 1967 considered a success rate of more than 33 per cent to be possible: S. B. Hadden, 'A Way Out for Homosexuals', *Harpers Magazine*, March 1967, pp. 1–6 at p. 3. See the *Time* magazine article, 'Homosexuals Can Be Cured', 12 February 1965, pp. 40–1, giving a popular assessment of Hadden's work. Further reference is found in *Time*, 'The Homosexual in America', pp. 52–3 at p. 53.

73. Bevan-Brown, *The Sources*, p. 62.

74. James, 'Case of Homosexuality', pp. 768–70; B. James & D. F. Early, 'Aversion Therapy for Homosexuality', *BMJ*, 1, 1963, p. 538; 'Aversion Therapy', p. 538; B. James, 'Behaviour Therapy Applied to Homosexuality', *NZMedJ*, vol. 66, 1967, pp. 752–4; W. S. Rowe, 'The Treatment of Homosexuality and Associated Perversions', *Medical Journal of Australia*, II, 14, 1967, pp. 637–8; R. J. McGuire, 'Aversion Therapy by Electric Shock: A Simple Technique', *BMJ*, 1, 1964, pp. 151–3; M. P. Feldman, 'Aversion Therapy for Sexual Deviates: A Critical Review', *Psychological Bulletin*, vol. 65, 2 (1966), pp. 65–79; N. McConaghy, et al., 'Subjective and Penile Plethysmography Responses to Aversion Therapy for Homosexuality: A Partial Replication, *Archives of Sexual Behaviour*, II, 1, 1972, pp. 65–78. For McConaghy's reversal of his earlier approach, see N. McConaghy, 'Is Homosexual Orientation Reversible?', *British Journal of Psychiatry*, vol. 129, 1976, pp. 556–63. For political factors affecting this reversal, see Bayer, *Homosexuality*, pp. 92–3. See also M. J. MacCulloch, 'Aversion Therapy in Management of 43 Homosexuals', *BMJ*, 2, 1967, pp. 594–7, where a success rate of twenty-five out of forty-three was claimed (p. 596).

75. Anon., 'The Wonder of Myself: A Pilgrimage towards Self-Acceptance', in *Forum: A Magazine for Presbyterian Ministers*, September 1985, pp. 7–10. In his case, therapists had declined to offer him that treatment.

76. Interview with Professor Max Abbott, 15 June 1999, p. 2; F. Donnelly, *One Priest's Life*, Australia & New Zealand Co., Auckland, 1982, p. 172.

77. L. H. Whitaker, 'Lysergic Acid Diethylamide in Psychotherapy', *Medical Journal of Australia*, 1964, 1, pp. 5–8, 36–41.

78. P. Gray, 'Computer Scientist Alan Turing', *Time* (NZ edn), 29 March 1999, pp. 81–4 at p. 84. For earlier brief mention in Britain of psychological treatment of persons found guilty of homosexual offences see 'Medical Notes in Parliament: Treatment for Homosexuality', *BMJ*, 23 February 1946, p. 300.

the treatment was a likely factor in his suicide two years later. Masculine hormones were apparently offered to New Zealand author Noel Virtue in his youth to cure his homosexuality,[79] and earlier he had been given shock treatment (ECT) for the same reason.[80] At times even castration was considered, though this was largely rejected or discouraged.[81] Science in the early post-war period was at the height of its reputation and many assumed scientists could do no wrong. Homosexuals were out of step with society and needed to be cured of their 'escaping and avoidance behaviour'.[82]

Such pressures meant that even if homosexuals did not have a disease, it was still exceedingly difficult for them to be at ease in society. Consequently psychiatrists such as James, while espousing liberal views on homosexuality for that time, were prepared to seek to change distressed homosexuals so that they could fit into society. James has recently noted that the homosexual patient he sought to treat with aversion therapy, and whose case he discussed in a medical journal article, was in fact in a suicidal state.[83] James went on to comment:

> This was a not uncommon event. There was, therefore, amongst the relevant health professionals, also some genuinely humanistic and compassionate motivation with the belief that the 'cause' of such misery might be alleviated. I think that the idea had not yet very fully developed that environmental (that is to say social, legislative and related) factors were also very important contributors to the misery, and might be alternative targets for change. It has to be said, too, that even if one held the view that psychosocial change was the way to go, it was often of relatively little comfort to the suicidal patient who turned up in hospital on a particular day.[84]

79. Virtue, *Once a Brethren Boy*, p. 53. For brief mention of hormone therapy for homosexuals in a New Zealand medico-legal book, see Wily & Stallworthy, *Mental Abnormality*, p. 248.

80. Virtue, *Once a Brethren Boy*, pp. 44–7.

81. The possibility of castration for homosexuals was raised in a question and answer column of *BMJ*, 4894, 1954, p. 1001. The reply rejected such treatment but the respondent acknowledged that he/she had carried out such a procedure twenty years earlier on a 'homosexual of a very low type'. The matter of castration of homosexuals was also discussed by Peter Scott in 1964. Scott, while noting that castration was illegal in England and that it did not necessarily mean loss of libido, also noted that voluntary castration was possible in Switzerland and Denmark: P. D. Scott, 'Definition, Classification, Prognosis and Treatment', in *The Pathology and Treatment of Sexual Deviation: A Methodological Approach*, I. Rosen (ed.), OUP, London, 1964, pp. 87–119 at pp. 113ff.

82. James, 'Learning Theory', p. 751.

83. Correspondence, Basil James to Laurie Guy, 27 May 1999.

84. ibid.

Thus, experts sympathetic to homosexuals might nevertheless view them as misfits. In order to fit into conformist society, they needed to be cured.

One factor fostering medical treatment of homosexuals in the 1960s was the widespread belief in the West that a change of sexual orientation was possible.[85] For example, a survey response from 129 professional therapists in the San Francisco Bay area in 1971 showed that 72 per cent believed in the possibility of changing a homosexual's sexual orientation, though only thirty-eight (just under 30 per cent) indicated that they would treat a homosexual with the direct aim of doing so.[86]

The popularity of behaviourist perspectives was also a factor in the optimism of the 1960s. Faulty behaviour was learned behaviour, and as such it could be unlearned. Behaviour patterns could be modified by behaviour therapy. Noting the dominance of psychoanalytic and behaviourist approaches to therapy in the 1960s, Max Abbott has made comment on behaviour therapists of that time:

> Behaviourists ... didn't really have a strong ... philosophical ... or theoretical position on it [psycho-social development] really ... It was just that behaviours that were deemed undesirable or that people wanted to change, they had the technology to change it, and ... they didn't necessarily go into the rights and wrongs of it too much.[87]

It was behaviourist-learning theory that underpinned Basil James' use of aversion therapy for a few distressed homosexuals in the 1960s. James now views such therapy very differently:

> The treatment of the patient which I published not only, it now seems to me, sought to incorporate some of the avant garde thinking of the day (learning theory) but much more importantly, helped me to deal with my helplessness and ignorance. It is my view to the present day that cognitive and behaviour therapy (and I was seen as something of an 'expert' in those days) serves most to provide anxious and ignorant (and I use the word in a very non-pejorative sense) therapists with structure and direction. What I myself was able later to learn was that there are other ways to deal with helplessness and

85. R. Barton, 'Social Attitudes to Homosexuality', a report prepared for the Mental Health Foundation, Mental Health Foundation, Auckland, 1982.

86. J. Fort, C. M. Steiner & F. Conrad, 'Attitudes of Mental Health Professionals toward Homosexuality and Its Treatment', *Psychological Reports*, vol. 29, 1971, pp. 347–50 at p. 348.

87. Interview with Professor Max Abbott by Laurie Guy, 15 June 1999, p. 1.

> ignorance; that the 'scientific method' was not applicable to all human affairs; that understanding and knowledge could be derived from philosophy, literature and other humanistic endeavours as it could from science; and that it was very confining indeed to address only those dimensions to which the 'scientific method' could be applied, ignoring others. My practice is now to draw on a variety of scientific disciplines, but to be much more deeply and widely embedded in a humanistic context ...'[88]

Treatment of homosexuals in the 1960s was largely based on psychoanalytic and/or behaviourist understandings, combined with a prevalent normative view of appropriate behaviour patterns. In such a climate, the therapeutic focus on altering homosexual orientation, although not commonly practised, was widely viewed as an appropriate approach to the perceived plight of homosexual people.

A shift from cure to support

A major long-term shift of perspective occurred in the 1970s, and Jeffrey Satinover has produced striking figures in relation to changing attitudes towards the 'cure' of homosexuality in the past three decades. He noted that a Medline database search for the period 1966–74 revealed 1021 articles on the treatment of homosexuality; between 1975 and 1979 only forty-two articles; and for the years 1992–94 just two articles, one of which was an historical review of Freud's attitudes.[89] Why the massive change?

Part of the answer no doubt lay in the lack of medical success in the 'cure' of homosexuals. In addition, perspectives on the nature of homosexuality were changing and it was increasingly seen as different orientation not abnormal orientation.[90] More and more, homosexuality was being viewed as irreversibly cemented into the foundations of personhood. Moreover, during the 1970s in New Zealand a major shift occurred in public attitudes towards homosexuality. Thus, a 1975 random postal survey that asked whether it should remain a crime for consenting male adults to

88. Correspondence, Basil James to Laurie Guy, 27 May 1999, p. 3.

89. J. Satinover, *Homosexuality and the Politics of Truth*, Baker Books, Grand Rapids, 1996, p. 169.

90. See, for example, the work of Evelyn Hooker which showed that homosexuals had no greater maladjustment, outside of homosexual behaviour, than the rest of society: E. Hooker, 'The Adjustment of the Male Overt Homosexual', *Journal of Projective Techniques*, vol. 21, 1957, pp. 18–31.

engage in homosexual acts in private resulted in a 55.6 per cent disagreement response from 1604 completed returns.[91] Most striking was the generational attitudinal shift, with 77.9 per cent of those aged eighteen to twenty disagreeing with continued criminalisation, while only 11.1 per cent of those over seventy-five years of age had such disagreement.[92] This generational discrepancy showed that enforced incarceration was clearly on the way out, as was socially fostered change-therapy.

A final reason for the change in perspective was political. Gay rights groups emerged in America in 1969 and in New Zealand in 1972. The power of gay liberation was soon felt by the American Psychiatric Association (APA), which voted in 1973 to remove homosexuality from its *Diagnostics and Statistics Manual of Mental Disorders*. This was a major victory for the gay cause, and contributed a great deal to removing the popular association of homosexuality with mental disorder/sickness. Although New Zealand was not directly affected by this decision, as its professional body of psychiatrists had already come to the same point as the APA a year earlier,[93] it was still significant. For the decision had come primarily not through new understandings of homosexuality but direct gay action, particularly through the disruption of annual conferences of the APA in 1970 and 1971.[94]

The advent of gay liberation meant both radically new views on homosexuality, and radically new politics in relation to those views. Anyone still arguing for a therapeutic 'cure' of homosexuality ran the risk of militant action from gay activists, as happened to Australian psychologist Nathaniel McConaghy who was shouted down during a lecture he gave on aversion therapy at a 1970 APA conference.[95] Whether this had a direct influence on his later reversal

91. S. Levine & A. Robinson, *The New Zealand Voter: A Survey of Public Opinion and Electoral Reform Behaviour*, Price Milburn for New Zealand University Press, Wellington, 1976, Chap. 6: 'Homosexuality and the Law', pp. 62–8.

92. ibid., p. 62.

93. The Australian and New Zealand College of Psychiatrists resolved in 1972 that homosexuality should not be regarded as a medical condition: P. Parkinson, 'Homosexuality as a Medical Condition', ms., Wellington, 1985, p. 5 (Lesbian and Gay Archives of New Zealand: PAM 176 PAR).

94. Bayer, *Homosexuality*, p. 102 and *passim*; S. Le Vay, *Queer Science: The Use and Abuse of Research into Homosexuality*, MIT Press, Cambridge, Mass, 1996, pp. 211ff.; Weeks, *Against Nature*, p. 104; Greenberg, *The Construction*, p. 430.

95. Bayer, *Homosexuality*, pp. 92–3.

of attitude, which had previously been in favour of such therapy, is a moot point.[96] It is certainly a possibility to be considered. Today it would take a brave therapist indeed to argue for the appropriateness of a 'cure' for those of homosexual orientation. The law has changed, social attitudes have shifted, and the experts have spoken.

There remains a nagging question as to whether the current perspectives of medical and other experts are altogether based on comprehensive, statistically sound, empirical data. That has been shown not to be the case in the past. Will future generations look back on the perspectives of our generation in a similar vein? Former surgeon Peter Tapsell warned against the dangers of relying on the evidence of apparent medical experts when he argued as a Member of Parliament against the decriminalisation of homosexual acts in New Zealand in 1985. Noting that earlier he had done some surgery later known to be worthless, and sometimes positively harmful, but which had been 'backed by irrefutable evidence', he concluded: 'Expert medical witnesses are a very useful tool in the hands of those who know something about the subject, but a fearful weapon in the hands of those who do not know a lot about it or are determined to use it to support their own case.'[97]

Freudian and behaviourist models were to the fore in medical approaches to homosexuality in mid-twentieth-century New Zealand. Popular opinion, moulded by a conformist society, also deeply influenced medical and scientific experts. Until the latter part of the century, homosexuality seemed to evoke medical concern, in part at least, because it was out of step with society. Homosexuals were, for a time, simply the wrong sex.

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96. For his earlier views see McConaghy, 'Subjective', pp. 65–78. For his reversal of that earlier approach, see McConaghy, 'Is Homosexual Orientation Reversible?', pp. 556–63.

97. New Zealand Parliamentary Debates (NZPD), 1985, 466, p. 7602. For similar earlier parliamentary scepticism, significantly also by an ex-medical practitioner, see Dr Gerald Wall, NZPD, 1975, 399, p. 2787.