

I respect the staff a great deal and am grateful to them for allowing me to share their experiences with them.

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## **Doctors' attitudes to male homosexuality: a survey**

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The topic of homosexuality has often aroused strong opinions among the public and professionals alike. In a study organised by the journal *Modern Medicine* in 1969, 17,741 physicians in the USA responded to a questionnaire. Of those who stated their speciality, 8% were psychiatrists, 26% general practitioners and 10% general surgeons. Questions sought opinions on abortion, legalisation of marijuana, legalisation of homosexual practice and other topics; 92% of psychiatrists [*n* 2,041] were in favour of legalising homosexual practices. The three specialities least in favour were general practitioners 59% [*n* 6,927], general surgeons 59% [*n* 2,580] and orthopaedic surgeons 58% [*n* 731]. The sample was self-selected and this may have introduced a respondent bias. The data were collected nearly 20 years ago when homosexuality was still seen as a psychiatric illness in the American Psychiatric Association's Diagnostic and Statistical Manuals I and II.

A study in the UK in 1973 by Morris used a postal questionnaire to enquire into the attitudes of 150 general practitioners and 150 psychiatrists selected at random. Psychiatrists were more likely to see homosexuality as inborn with development in infancy; 4% of general practitioners and 8% of psychiatrists saw homosexuality as a disease. In 1974 Barr & Catts in Australia found that 35% of psychiatrists in their sample saw homosexuality as a neurotic illness, compared to 19% of psychiatric trainees. Attitudes of doctors to homosexuality may be expected to vary according to age, sex, cultural background, training, specialty, religion, etc. Psychiatry is affected by the cultural milieu within which it is embedded, reflecting the dominant values of the time and place and perhaps tending to challenge social values and practices.

Several studies have demonstrated that homosexuals fear to disclose their sexuality to their doctors (Maurer, 1975; Morton & McManus, 1986), and that they also tend to feel that the medical profession is less geared towards their needs than to those of heterosexuals (Dardick & Grady, 1980). Yet problems experienced by male homosexuals are determined in part by public attitudes and doctors are in some respects able to lead public opinion. Therefore it is of interest to inquire into doctors' attitudes towards homosexuality.

### *The study*

The present study set out to investigate the attitudes of psychiatrists and general practitioners, the two groups most likely to be approached by homosexuals for medical help in issues concerning their sexuality. The study focused on male homosexuality because male homosexuals attract more attention and appear to arouse stronger feelings than female homosexuals.

A questionnaire was designed specifically for the study, though several items had been previously used by other authors. Respondents were asked to quantify their agreement or disagreement with a series of statements on a 5-point scale. The questionnaire was circulated with an explanatory letter and a Free-post envelope for replies to all the psychiatrists and the inceptors in the Midlands division of the Royal College of Psychiatrists [*n* 510] whose addresses had been obtained through the College. Questionnaires were sent to an equivalent number of general practitioners [GPs] from the same geographical area, randomly selected from Family Practitioner Committee lists. The 'strongly agree' and 'agree' responses were summated as were 'strongly disagree'

TABLE I

		Agree	No opinion	Disagree
I believe that male homosexuality is an illness	Psychiatrists	8	11	174
	GPs	18	17	123
			<i>P</i> < 0.005	
Male homosexuals in general are neurotic	Psychiatrists	43	52	136
	GPs	78	38	78
			<i>P</i> < 0.00001	
Male homosexuals in general are effeminate	Psychiatrists	34	31	163
	GPs	71	26	103
			<i>P</i> < 0.00001	
Male homosexuals should not be employed in schools	Psychiatrists	26	34	168
	GPs	80	29	87
			<i>P</i> < 0.00001	
Male homosexuals are a danger to children	Psychiatrists	21	34	172
	GPs	65	18	113
			<i>P</i> < 0.00001	
The subject of male homosexuality was adequately covered in my medical school curriculum	Psychiatrists	12	7	209
	GPs	12	7	179
I feel comfortable with male homosexuals	Psychiatrists	149	54	26
	GPs	64	61	71
			<i>P</i> < 0.00001	

and 'disagree', to give three-point responses to facilitate statistical analysis.

### Findings

The response rates for usable questionnaires for psychiatrists and GPs were 45% and 39% respectively.

Table I shows the summarised responses of the two groups (using chi-square analyses).

### Comment

Certain difficulties in interpreting these results must be acknowledged. The samples are not fully representative of psychiatrists and GPs; the response rates, usually poor with postal questionnaires, are even lower than expected, perhaps because of the sensitivity of the subject. Some extreme responses have been diluted in order to facilitate statistical analysis. The attributional factors for these attitudes have been ignored.

A better response could perhaps have been obtained by sending reminders. But it was necessary to preserve anonymity, and a more elaborate design was proscribed by financial constraints. Psychiatrists' higher response rate may be a reflection of their feeling more comfortable than GPs with homosexuals, as strikingly shown in the investigation. Overall

the GPs were less accepting and showed more stereotyped attitudes. Psychiatrists were less likely to see homosexuality as an illness but this particular statement had the largest number of missing responses, namely 16% for psychiatrists and 20% for GPs.

It might well be predicted that those psychiatrists and GPs who chose to respond to the questionnaire would be those with strong opinions one way or the other but the numbers of missing responses and no opinion suggest a dissonance in their acts and actual responses.

GPs were much more likely to see male homosexuals as a danger to children, hence their strong response to the question of homosexuals' employment in schools. It is likely that psychiatrists are better able to differentiate between paedophilia and homosexuality. Commonly held stereotypes elicited by Dressler (1979) included homosexuals being a danger to children and also being generally neurotic. Psychiatrists by virtue of their training may be interpreting the word neurotic in a specific rather than a pejorative sense. The present sample has only 19% of psychiatrists regarding homosexuals as neurotic compared to 35% of Barr & Catts' sample. However, the present sample makes no distinction between trainees and trained psychiatrists. Also the cross-cultural comparisons may not be entirely valid. Subsequent studies need to avoid the use of vague or ambiguous terms.

GPs saw homosexuals as effeminate – another of Dressler's stereotypes. There is no clinical evidence to suggest that such is the case. It would have been useful to have included a question about the degree of contact the individual doctor had had with a homosexual. Both groups agreed overwhelmingly with the statement that the subject had not been adequately covered in their medical school curriculum.

The present study shows some of the attitudes prevalent among the medical profession before the Human Immunodeficiency Virus [HIV] became recognised in the UK. A study is currently under way to investigate the attitudes since the AIDS epidemic became established. The questionnaire needs to be validated with interviews for subsequent use. The attitudes in the present survey may provide a baseline which can be checked regularly in association with attributional factors for these beliefs.

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*A full list of references is available from the author on request.*

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## The University of Leicester new MRCPsych academic programme

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Since the establishment of a separate Royal College of Psychiatrists and membership examination, psychiatry has been progressively acquiring a special identity of its own that bridges the social and biological sciences. The University of Leicester Psychiatric Training Scheme has responded to the recently revised Membership Examination by developing a two year modular academic programme, which complements the traditional medical (diagnostic) organisation of teaching by incorporating social and psychological views of the subject, which reflect the lessons of modern psychiatric research. It is hoped that the development of a more eclectic approach

to the subject and its practice will complement the multidisciplinary and growing community orientation of the profession. We describe here our first attempts to provide an academic programme that responds sympathetically to these important developments.

### Background

The first membership examination was held in 1972. It was closely modelled on the pattern of the diplomas in psychological medicine and remained so for almost a decade. In 1981, however, voices within