THE PSYCHOLOGICAL ASPECTS OF VENEREAL DISEASE *

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It does not require a great deal of wisdom to realize that a man who faithfully cohabitates with his legally betrothed wife stands a considerably smaller risk of contracting venereal infection than another who consorts on frequent occasions with little known partners. Hence, cases of marital infection excepted, the venereal disease specialist deals invariably with individuals who became infected during the course of a love affair or, more often, with those who were indiscriminately promiscuous.

As regards control of venereal disease, in the past two contrasting attitudes have been adopted: either the promiscuous propensities of the patients were taken for granted and tacitly condoned, as in the sale and supply of chemical and mechanical measures, arrangements for contact tracing, and provision of licensed houses; or a moralistic condemnatory attitude, with corresponding measures, was taken. Venereal disease, as far as I know, is the only disease which has been penalized by the Army.

Against these a third possibility may be offered, namely, to examine objectively (1) the type of persons who contract venereal disease; (2) the motives that lead to extra-marital intercourse and to indiscriminate promiscuity; and (3)—in view of these considerations—the steps, if any, that can be taken to curtail promiscuous propensities and, in general, to prevent the spread of the disease.

Review of Literature

Prostitutes have always received a certain amount of attention and a good deal has been written even about their psychology. But only few attempts have been made at studying the personalities, the sex-behaviour, and the driving forces in a random sample of male and female venereal disease patients. Such studies were carried out independently by Lyon and his associates in San Francisco (1945), by Rachlin (1944) in St. Louis, by Watts and Wilson (1945) in the Canadian Army,

and by Wittkower and Cowan (1944) under the auspices of the War Office during our Army service. Rachlin and the San Francisco team studied female patients, whereas Watts, Wilson, Cowan, and I confined ourselves to male patients.

The Personality of the Venereal Disease Patient

As regards the personality of venereal disease patients, agreement was obtained on the following points:

1. Venereal disease patients frequently come from "broken homes," that is, homes in which parents were separated, divorced, or dead (60 per cent. according to Lyon, and 52 per cent. according to Rachlin).

2. Eighty per cent. of the female patients examined by the San Francisco team had unresolved conflicts regarding their families. Many of them expressed a strong feeling that their parents had been too strict and repressive with regard to sex and companionship with boys and men. Incomplete and inaccurate information regarding sex matters and feminine hygiene was outstanding in this group, despite the fact that a majority had had sexual experiences far in advance of their years.

3. The work record of these girls and women was frequently unstable, a finding not confirmed in our male patients.

4. All observers agree that delinquency and criminality are common in venereal disease patients before, and unrelated to, their illness. Against 8 per cent. in a control series, 20 per cent. of our military patients had been on moderate or serious charges (verified from records), mostly for repeated absence without leave, insubordination, and drunkenness. Generally the military efficiency of the venereal disease soldiers was below par.

5. Thirty per cent. of the infected men in our series were heavy drinkers, as compared with 2 per cent. in the control group.

6. Neurotic trends in venereal disease patients have been noticed by various observers. Forty-three per cent. of Watts and Wilson's Canadian soldiers had been referred to psychiatrists before

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their infection, as compared with 5 per cent. of their control group.

7. A predominance of low intelligence in venereal disease patients, stressed by some observers, was not confirmed by us. This may be due to the fact that, at the time of our investigation, men of the lowest grade of intelligence had been weeded out of the Army.

8. The all-round picture which emerges is that venereal disease patients are often emotionally, sexually, and socially immature, whereas physically and intellectually they may have reached full maturity. As may be expected, evidence of immaturity is more striking in habitually promiscuous than in occasionally promiscuous individuals.

9. Fifty-nine per cent. of our venereal disease patients, against 19 per cent. in the control series, were found to be emotionally immature. Only 11 per cent. of the venereal disease patients, as compared with 62 per cent. in the control series, could be regarded as mature personalities.

To define more clearly what is meant by emotional immaturity we grouped our patients according to the way in which they dealt with their aggressive impulses and found that, of the immature types, 28 per cent. could be classed as unaggressive and dependent, and 31 per cent. as over-aggressive.

The following two extreme examples selected for contrast serve to illustrate the unaggressive dependent, and the over-aggressive types.

Unaggressive Dependent Type.—A soldier, aged 30, stated that he had always been a weakling. His mother had a job to rear him. Rather than play with other children, he stayed at home and lent a helping hand to his mother, who often said he might as well have been a girl. He had never been able to hold his own. Owing to ill-health he did not attend school regularly. His work record was poor.

During the two and a half years of his Army service he frequently reported sick with pain in the neck and foot trouble. He believed that the Army had done him some good, but he would rather have been at home and helping his mother. "When the fellows go on leave they go to their missus, I go to my mother. My mother is my girl," he said. After long protestations to the contrary, he admitted having been intimate with about twenty girls. "Aren't you going to do something tonight?" they said to him, whereupon he "served" the girl.

He was accosted by a woman who offered him drinks. She then asked him to take her home and made advances to him on the way. He contracted syphilis.

Over-aggressive Type.—A Rifleman, aged 19, was a baby-faced, innocent looking youth. He had been a delinquent from early childhood onwards. Since he had left school he had been six times to court for loitering with intent to commit a felony. He volunteered

for the Army because the police came for him if there was any trouble in the district where he lived.

He seemed to be utterly undismayed by his acts of delinquency and was, in fact, rather proud of them. He stated that his temper was very easily roused and that, once he lost it, it was uncontrollable. Once he slung a curved blade and a pitchfork at a schoolmate. He did not want to do it but sometimes he felt he wanted to kill someone. He drank heavily and gambled. At work he was shiftless. In the Army he absented himself without leave to help his mother, who had been accused of stealing. He had been caught by the police when he broke into a jewellery shop.

When he was examined for fitness for the court martial it was discovered that he suffered from gonorrhœa. He had not noticed it before. Since he was seventeen and a half he had had a fair number of girls.

Sex Life, Marital Status, Sources of Infection

1. (a) As regards the sex life of venereal disease patients, approximately three-quarters of the female patients studied by the San Francisco team had had voluntary premarital intercourse. One-third of them had had illegitimate pregnancies. More than half of them were habitually promiscuous. Nevertheless there was no indication that this group tended to have a higher degree of sensuality than an unselected group; 61 per cent. of these girls and women were relatively, or completely, frigid.

(b) One-third of our male patients were classed as habitually promiscuous, one-third were occasionally promiscuous before Army service, and one-third had become occasionally promiscuous since joining the Army. The corresponding figures for the control group are: 4.5 per cent. habitually promiscuous, 16.5 per cent. occasionally promiscuous before Army service, and 16 per cent. since joining the Army.

2. More than half of our military venereal patients and of the Canadian soldiers studied by Watts and Wilson were married. It goes without saying that in infected men and women alike marital difficulties were prevalent.

3. Eighty-six per cent. of our patients had been infected for the first time; 14 per cent. had been infected previously. The source of infection was a "picked-up" girl in 76 per cent. of cases, a woman friend in 18 per cent., and a prostitute in only 6 per cent. The infected consorts were picked up most commonly in public houses, or otherwise in the street, in dance halls, in cinemas, or at funfairs, in this order of frequency.

Motivating Factors in Promiscuity

Among factors which make for promiscuity, need for affection, situations which rouse anxiety, and situations which rouse resentment are outstanding.

Studies in the disabled suggest that the common

belief that the blinded and the tuberculous are unusually sex-minded arises, among other reasons, from the fact that severely disabled persons very understandably ask themselves whether they are still lovable, and wish to be reassured on this point. Also, because they feel sorry for themselves they are in need of affection. One thing leads to another, and before they know where they are, because true affection and pity for the disabled person become mixed up in the mind of the fit companion as well, events have happened which were not originally intended.

Similarly, men and women who have been separated from their married partners for prolonged periods, who, through force of circumstances, have to live in an uncongenial environment, or who are unhappily married or distressed in one way or another, are more prone to embark on amorous adventures than others.

Girls during wartime felt more or less under an obligation towards some of the generous members of the Allied Forces. The gallant soldier has always had a strong appeal for the fair sex. But direct monetary gain did not enter into these relationships. Less than 5 per cent. of Lyon's female patients were promiscuous for remunerative purposes.

The so-called biological sex-urge, strange though it may appear, plays a minor part as a motivating force for promiscuity. Nobody would seriously argue that thirst has a great deal to do with chronic alcoholism.

Drunkenness as a precipitating factor, however common, is not strictly comparable with the other factors mentioned. It includes, firstly individuals who got drunk as a result of obvious worries and, secondly, the recurrent or chronic alcoholic whose addiction is assumed to have a psychiatric basis. Alcohol could be seen to operate not only in preventing prophylaxis, before and after exposure, but also—and probably more important—in inducing a lack of discretion in the choice of consorts.

The following examples throw into relief the conflictual basis of promiscuity and the importance of need for affection, of anxiety and of resentment as factors predisposing to behaviour which leads to venereal infection.

Need for Affection.—A West Indian, aged 30, had lost both his parents early in life. Since then he had been pushed from pillar to post. He was illiterate, and his work record was very poor. He trembled a great deal and felt weak in his knees. If somebody punched him he fell to the ground. He also suffered from a frowning and blinking tic and stammered very badly. As a soldier he cut a very poor figure. If his comrades teased him he cried.

He had always been in strong need of love, and he pitied himself a great deal. If someone in the camp said to him, "Hello, darkie," he felt greatly flattered and replied by saying, "Hello, brother."

He had gonorrhoea five times and suffered from a syphilitic infection at the time of the examination. His sexual connexions had always been with prostitutes. When he was accosted by one of them, he felt so honoured by the fact that someone had taken notice of him that he could not say no.

Anxiety.—A soldier, aged 41, had always been over-attached to his mother whom, in a girlish manner, he described as the most marvellous person in the world. He was a deeply religious man, quiet, shy, and very conscientious. He disapproved of violence in any shape or form but stated that books on the French Revolution were his favourite literature. At the age of 30 he had a nervous breakdown. Since he was 20 years old he had had numerous brief love affairs during which, however, he never dared to make advances. He had postponed matrimony in view of his obligations towards his widowed mother.

Four months before the interview he obtained a compassionate posting near his mother who was seriously ill. One evening, worried about his mother's serious illness, he went into a public house and had some drinks. As he was unaccustomed to drinking the few drinks he had soon took effect. He vaguely remembers that he got into conversation with a woman and that afterwards intercourse took place.

Resentment.

(a) A soldier, aged 20, keen but very hasty tempered, was transferred to the Commandos. He enjoyed the service at his unit but did not get on with his corporal. One day on invasion exercises the patient had to jump into water and afterwards to march some distance carrying an anti-tank rifle. As he was completely drenched he did not march fast enough and did not keep pace with the others. About this the corporal made repeated sarcastic remarks. Eventually the patient lost his temper and said what I am not at liberty to repeat, whereupon he was placed on 27 days' detention and transferred from the Commandos to an infantry unit. This was a severe blow to his pride. When he came out of detention he got himself drunk and put into practice what convention does not allow me to repeat, with the result that he caught a gonorrhoeal infection.

(b) An airman, aged 26, was the offspring of a middle-class family. His parents and all his brothers and sisters, with one exception, were law-abiding, church-going people. One sister, his eldest, went astray. When the patient was a child she was ordered out of the house, and rumour had it that she had become a prostitute. The patient had always been very much attracted by her.

He was a man of considerable drive, eager to get on in the world but rather lacking in self-discipline and in self-control. If anybody dared to criticize him he flew off the handle and became rough. He had a scar on his wrist dating from his intervention in a pub brawl in which two soldiers came to blows over a woman

whom one of them had snatched away from the other during the man's absence on leave.

At 17 he fell passionately in love with a woman whom he married at 20. His married life had been very happy.

On service he was definitely an "awkward customer." He became an absentee many times. He stated that sexual deprivation after enlistment bothered him rather badly. Since then he began to masturbate, usually with fantasies regarding his ostracized sister, the prostitute.

In May, 1942, he came home unexpectedly on leave and, though it was after midnight, he did not find his wife at home. When eventually she did come back he detected on her frock unmistakable traces pointing to adultery and accused her of it. After some reluctance she admitted it. He then, in a fit of temper, "smashed her."

Before the incident he had enjoyed male companionship; afterwards he looked for women's company—"somebody to confide in." Until then he had been faithful to his wife; afterwards he started a number of affairs with "picked up" girls.

Nineteen days before the interview, feeling rather lonely, he went into a pub and had some drinks. There a vulgar type of woman was sitting who smiled at him. He stood her a drink and they got talking. On the way home he contracted syphilis from this prostitute.

Psychopathological Considerations

The evidence obtained from promiscuous men—and I doubt whether the emotional situation of promiscuous women is any different—suggests that the conflict underlying habitual, indiscriminate promiscuity arises at a very early stage of their instinctual and emotional development. Early in life men who later become promiscuous experience a sense of frustration in their relationship to their mothers which, carried over into adult life, leads to an anxious and undue attachment to their mothers—not infrequently coupled with a certain resentment; whereas their attitude towards their fathers, and hence to restricting authority in general, is characterized by an ill-concealed, if not open, hostility.

This sense of frustration affects these men in their relationship to women in two contrasting ways. If an optimistic note prevails they may continue into adult life a childlike craving for love and affection—the dependent type; or, if elements of vindictiveness predominate, they may despise women and display only a faint resemblance, or even a complete absence, of true affection—the aggressive type. Sexual intercourse in the latter type assumes almost exclusively an aggressive function. In other words, promiscuous men either resemble a beggar who begs from many what he cannot obtain from one, or they resemble a jilted lover who takes it out of many because he has been let down by one.

But even in those who apparently resign themselves to the fact that their out-of-date needs will never be gratified, there is still traceable an element of resentment, which is one of the driving forces behind the endless series of their unsatisfying sex affairs. Difficulties arising from this conflict also account for the split between affection and sexuality so commonly found in promiscuous individuals. Without recognizing the fact, they differentiate between the much coveted, but unobtainable, maternal figure and the despised, but easily accessible, woman of easy virtue. This uneasy relationship to women drives them into male companionship; but latent repugnance for what is—for them—a homosexual relationship, strongly reinforces their drive towards promiscuity.

Similarly, in these people, rebellion against their stern and pleasure-denying fathers, whether real or imagined, makes for a disproportionate reaction against disciplinary measures. Army life thus revives, on two separate counts, the ancient conflicts of these individuals. They react badly to separation from mother or wife, to the discomforts and deprivations; and, secondly, they resent unduly the strictness of their superiors. Flight from such conditions and search for a homely atmosphere drives some of them into public houses and into the arms of the woman friend, who may be infected. With others, suppressed resentment finds its outlet in repeated sexual acts with "pick-ups." Intercourse in such cases is fundamentally an aggressive act, devoid of feelings of affection. As colloquial speech so clearly testifies, the aggressiveness and resentment, originally directed towards a much hated superior, vent themselves on an unloved inferior. Thus sexual activity is used as a safety valve for pent-up tension, anxiety, and hatred.

In brief, habitually promiscuous individuals never reach full sexual maturity; each of their numerous sexual affairs has a playful character and resembles masturbatory gratification more than a mature union. In some of them their sexual activities are an expression of their need for affection, in others an outlet for aggressiveness. The multiplicity of their affairs points to a search for the unobtainable.

Psychosocial Considerations

Since the individual is part of a social group as well as an isolated unit, the problem of sex behaviour and of promiscuity can be better understood if the individual is viewed against the background of the groups—big or small—the race, class, and culture to which he belongs.

War experience has been very instructive in this respect. Factors which made for promiscuity during wartime, in men and women alike, were lack

of family relations, lack of habitual physical comforts and other gratifications, and threat to life. Some men of our series contracted the infection in a last-fling mood, for example on embarkation leave. War, in general, releases taboos which exist in a peacetime society and has, therefore, led at all times to a certain amount of licentiousness.

The bonds of marriage in newly wedded couples may not be strong enough to stand the disuniting effect of prolonged separation. Irresponsible young women argued, not entirely without justification, that the best years of their lives passed away without the pleasures and comforts of married life. Consequently, in the absence of Ulysses, Penelope was not always immune to the charm and the advances of her fervent suitors.

In Servicemen, on the other hand, apart from the factors mentioned, life in a regimented community—often abroad or on isolated posts—and boredom were, and still are, conducive to acts of promiscuity. If a unit is "browned off" soldiers are apt to "go off the rails," but when its morale goes up its venereal disease rate and general sickness rate go down. High unit morale has a restraining effect on its less disciplined members.

The situation is, of course, different in a world at peace, when factors such as those described are largely in abeyance. It would be of great value to obtain information about the incidence of promiscuity and the effectiveness of measures of prevention in a cross section of the population not dislocated nor disrupted by war conditions. Differences in the incidence of venereal disease according to culture, race, social class, and possibly religious denomination are to be expected. But, as far as I could make out, no material on any of these points is available.

Practical Conclusions

In the light of our present knowledge only very few practical suggestions can be made.

1. There is no magic formula to prevent the development of promiscuous propensities. As a long-term policy this is a matter of child guidance, sex education, and mental hygiene in general. Nor is it possible to suggest radical measures which would curtail promiscuous trends. It appears that in venereal disease propaganda more regard should be given to the neurotic motivation of promiscuity than hitherto. Realization of the motives underlying promiscuity may result in the introduction of recreational facilities and welfare measures in the armed forces which, however, could not easily be put into practice in a civilian community.

2. Since promiscuity of the types which lead to venereal disease is seldom the result of positive mature sexual interest, but mainly the result of attempts to relieve psychological stress, neither punishment on the one hand, nor evil counsel on the other, are likely to affect to any marked degree the incidence of such promiscuity. More precisely, increased propaganda favouring prophylaxis of infection by condom and by mechanical methods is unlikely to increase the promiscuity which leads to venereal disease.

For the same reasons venereal disease lectures on traditional lines are bound to be of limited value.

3. The habitually and indiscriminately promiscuous individual, who is the real menace in spreading the infection, is, as far as his promiscuity is concerned, a psychiatric problem. This does not mean, however, that he is likely to respond easily to psychological treatment, even if he could be persuaded to undergo it—he may be immensely pleased with himself and his successes as a ladies' man.

4. Occasionally promiscuous individuals are often seriously emotionally disturbed by events which precede the act which leads to the infection. They are in need of assistance and often look for guidance. By the time they could see a psychiatrist the damage has, of course, been done; but at least further damage to themselves and to others, and a good deal of unhappiness, could possibly be avoided.

5. An experimental treatment unit for promiscuous girls on these lines has been instituted at the San Francisco Venereal Disease Clinic. About one-sixth of the patients availed themselves of intensive, prolonged treatment. An additional one-half of the patients utilized consultation service. A follow-up after six months showed encouraging results; there was evidence that the patients had modified their sexual behaviour.

6. It will have been noted that nothing has been said about the patients' reaction to the diagnosis of venereal disease. This was not mentioned because, with few exceptions, our military patients accepted their illness philosophically, even in the case of syphilis. According to Dr. Marshall, with whom I discussed this point, the situation is not different as regards civilian patients; generally speaking, serious concern is expressed only in the case of marital infection. Lack of concern in cases of extra-marital infection may be due to the fact that the patients feel that he who takes risks must take the consequences. Our military patients, of necessity, attended the treatment regularly. For this reason I am not in a position to say anything about the important problem of the defaulter.

I have tried to give an outline of what is known about the psychological aspects of venereal disease. In conclusion I quote a passage from Surgeon-General Parran's foreword to Vonderlehr's and Heller's "Control of Venereal Disease": "The war experience makes clear," he says, "that more individual and community action must be directed against the moral, social and economic roots of prostitution and promiscuity. Research into the psychological causes is needed also, no less than in diagnosis and therapeutics."

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DISCUSSION ON THE PSYCHOLOGICAL ASPECTS OF VENEREAL DISEASE

DR. ROBERT SUTHERLAND said that the point which struck him most was the evidence that the problems of promiscuity and of venereal disease had their origin more often than not in deep-rooted problems of behaviour which arose in early childhood. This must be borne in mind in the health education approach. If a patient had reached the stage of becoming promiscuous the problem was so deep-rooted that the ordinary methods of propaganda were unlikely to modify his behaviour. The Central Council for Health Education had taken that point of view, and in its anti-venereal disease work had been concentrating on the one hand upon bringing possibly infected persons for treatment as soon as possible, and on the other upon educating those surrounding the child and the adolescent so that they would have a better understanding of the nature and the needs of the child: they might thus be helped to rear him in such a way as to achieve a reasonable adjustment between his own urgent needs and the requirements of society, and so as to prevent the development of some of the problems examined by the speaker.

He could not agree with the speaker, however, when he suggested that people who had venereal disease did not feel that the problem was in any way a special one. Letters which he had received in connexion with the venereal disease campaign showed that many people with venereal disease felt that the disease was something which had polluted them more or less permanently. Of course, the people who wrote were self-selected, but it was important to bear in mind that in a considerable number of cases people who had venereal disease felt that they had been polluted—that the disease had left behind it some change within themselves which was permanent. A considerable number of venereal disease patients obviously suffered very severe psychological trauma, and he thought this was directly related to the disease and not to the promiscuity. They could be promiscuous and yet not suffer from this trauma if they escaped disease, but if they contracted the disease many seemed to be affected quite seriously psychologically. It might be that they felt that the disease was an act of God.

MR. AMBROSE KING said that Dr. Wittkower, in speaking of his researches among wartime soldiers suffering from venereal disease, mentioned that 20 per

cent. of the patients whom he examined had long records of delinquency and the remainder were below average as soldiers. He was surprised to hear that and would like to know where the investigation was done because that must have an important bearing on the findings. The speaker's own impression (and this not the result of scientific study) was that, of the soldiers with venereal disease whom he saw during the war, 15 per cent. were delinquents and the remainder included a considerable proportion of fighting soldiers of the finest type. He spoke particularly of a considerable period spent in the Salisbury Plain area where the Airborne troops were in close proximity, and many patients were drawn from these units. They were fine physical specimens, and perhaps, in consequence, subjected to more temptations than the ordinary soldier. If Dr. Wittkower had worked in that neighbourhood his findings might have been different. If his work was done where depot troops were stationed it might explain his findings.

With regard to the point raised by Dr. Sutherland, it was also the case that many patients who had been promiscuous but who had not contracted venereal disease had sustained severe mental trauma. One saw such patients in the clinics in response to the kind of advertisements which now appeared freely on walls or hoardings. The advertisements were no doubt tactful and carefully worded, but the patients who came to the clinics were neurotics stirred by past anxieties, or those with the worry of more recent indiscretions on their minds. He did not think that any considerable reservoir of venereal infection was tapped as a result of this large expenditure of money in advertisement. He thought the money would be much better spent in research in the subject, for in the past organized research had been very much neglected.

SURGEON-COMMANDER COULTER supported what Mr. King had said. He was convinced that the average sailor who contracted venereal disease was a magnificent specimen. In fact he would be horrified to think that the virility which existed in his service from Nelson downwards should be in any way associated with delinquency.

DR. LETITIA FAIRFIELD said that there was one factual point on which she would like to join issue with Dr. Wittkower, and that was the percentage of prostitutes.