

'Conversion Therapy' and the University of Birmingham, c.1966-1983

June 2022

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Note: this report deals with activities aimed at changing gender identity and sexual orientation. It discusses psychological ‘treatments’ used in the past in sometimes graphic detail.

Readers affected by this material may wish to make use of this dedicated resource:

National Conversion Therapy Helpline

If you are currently experiencing abuse aimed at changing, altering, or ‘curing’ your LGBT+ identity, or think this will happen to you if you come out, Galop’s Conversion Therapy Helpline is here for you. So-called conversion therapy can have a long-term impact on LGBT+ people. If this has happened to you in the past and you are still struggling with it, you can reach out to Galop’s support services. The helpline can provide a safe, confidential listening and information service to any LGBT+ person aged 13+.

There are different ways to contact us. All of them are free:

Phone **0800 130335**

Email CThehelp@galop.org.uk

The helpline is open:

Monday to Friday 10am – 4pm

Calls will last 40 minutes.

Statement from the Vice-Chancellor

“We understand that many of our staff and students will be distressed and angered to learn of the findings of the research into these practices, where the aim is to change a person's sexual orientation or to suppress gender identity. Today I formally acknowledge and apologise for the University’s role in the historical research and practices detailed in this report and the harm that they caused.

“I would like to commend the bravery of those from the LGBTQ+ community who have spoken out about their own experience of these practices. We understand the impact that conversion therapy has on individuals and unreservedly condemn this practice. We are unequivocal that conversion therapy is unethical, degrading, and harmful.

“I welcome the recommendations from the Steering Group, and the University Executive Board will consider and respond to these over the coming weeks. We also look forward to ongoing discussions with staff, students and academics with expert knowledge in this area.

“Lastly, I would like to extend my thanks to the academics behind this important piece of research. As a university, it is essential that we can critically examine, acknowledge and learn the lessons of our past and this work enables us to do that.”

Statement and Recommendations from the Steering Group

In summer 2021, this project of research into the histories of aversion and conversion ‘therapies’ at the University of Birmingham began. As a steering group, we have met regularly to discuss the research process and findings. Our discussions have been complex and multivocal, reflecting the multiple identities and experiences in our group. Although we each related differently to this history, its visceral pain has been obvious to all of us. We have asked how it was that the University failed some of the most vulnerable people in our community in the past, and how the University might create processes that safeguard them better. We have reflected on the nature of research in an evolving society, recognising our own potential complicity in practices that might someday be understood as harmful. Our recommendations for action grow directly out of this collective process.

We offer six key recommendations for action related specifically to this history and its direct aftermath.

1. We recommend that the University of Birmingham formally acknowledge its role in the research and clinical practices detailed in this report and the harm that they caused.
2. We recommend that the University apologise for that harm.
3. We recommend that the University acknowledge and apologise for the distress caused by its initial response to media reports about this 1960s/70s research in 2020.
4. We recommend that the University make the results of this research project widely available, at the minimum through a dedicated website, public events, and, where appropriate, archival deposit within the University archives of relevant materials collected.
5. We recommend that the University develop a stated policy to provide access and material support to further academic enquiries into this history.
6. We recommend that the University support efforts and campaigns, in coalition with relevant organisations and charities, to ban so-called ‘conversion therapy’ practices aimed at ‘curing’ a minority gender identity or sexual orientation (in other words, LGBTQ+ identities). In addition, we recommend that the University state clearly that any such ban must not restrict the ability of trans and nonbinary people to access gender-affirming therapy and healthcare.

The Steering Group was chaired by Professor Sarah Beck (2021) and by Professor Elaine Fulton and Dr Mo Moulton (2022). It included representatives from the School of Psychology (staff and students), the Guild of Students, and the Rainbow Staff Network. The project’s lead researcher was Dr Rebecca Wynter.

Executive Summary:

‘Conversion Therapy’ and the University of Birmingham, c.1966-1983

The University of Birmingham agrees wholeheartedly with the British Psychological Society and the Royal College of Psychiatry and numerous other organisations and professional bodies, which state that there is no moral or ethical support for activities aimed at changing sexual orientation or gender identity (often called ‘conversion therapy’). The *Memorandum of Understanding on Conversion Therapy in the United Kingdom* is endorsed by 26 prominent health and therapy organisations, including NHS England and NHS Scotland: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Memorandum%20of%20Understanding%20on%20Conversion%20Therapy%20in%20the%20UK.pdf>. Crucially, there is no robust scientific evidence to support the use of ‘conversion therapy’. This report places that term in inverted commas, precisely because these interventions have no form of therapeutic value. Efforts to suppress same-sex desire or enforce conformity to social expectations of gender do not ‘work’ as intended; in fact there is substantial evidence that shows how harmful it is.

Background to Report

This report is the result of an investigation prompted by ‘Chris’ coming forward in 2020 to the BBC: <https://www.bbc.co.uk/news/education-55263392>. Chris reported that he had experienced ‘conversion therapy’ in the mid-1970s at the University of Birmingham. These sorts of activities were practised internationally and are increasingly banned. In the 1960s and 1970s in the UK, USA and elsewhere, a key method used to eradicate ‘homosexual’ behaviour was called ‘aversion therapy’ and involved electric shocks.

This investigation was instigated by the University of Birmingham, located in the West Midlands, UK, to address this and was encouraged by staff and students from the School of Psychology and LGBTQ+ representatives from groups across campus. LGBTQ+ is an abbreviated umbrella term for people with a range of minoritised sexual and gender identities, including lesbian, gay, bisexual, trans, queer, intersex, asexual, pansexual, and non-binary people.

This report is an overview of the findings of the study. It is based solely on 1960s—1980s publications by staff at the University of Birmingham, some items from LGBTQ+ community publications and the press, and information in the University archives at the Cadbury Research Library, University of Birmingham.

Historical Context

It was illegal for men to engage in or seek to engage in sex with other men in all circumstances in England and Wales until 1967, in Scotland until 1980, and Northern Ireland

until 1982. In England and Wales after 1967, sex between two men over the age of 21 was decriminalised, so long as it took place with a narrowly defined set of private locations.

At the same time, the public profile and presence of LGBTQ+ people in the UK were increasing, in part through the burgeoning gay liberation movement. Public attitudes towards homosexuality were also changing, though societal disapproval remained widespread. In the midst of these shifting circumstances, different ways of enforcing behaviour were used. One means was to employ procedures aimed at 'retraining'.

Whilst 'aversion therapy' already existed as part of the wider field of 'behavioural therapies', in the 1960s and 1970s it was applied to 'homosexual behaviours' in the UK. The approach was guided by the principles which held that conditioning was a means of effecting changes in behaviour. This type of 'conversion therapy' for homosexual behaviour was designed around often-erotic images of men and women. The idea was to condition people to reject individuals of the same sex and become attracted to the opposite sex. Gay and bisexual men were overwhelmingly the subjects of this technique, but transgender and gender-non-conforming people and lesbian or bisexual cisgender women were also subjects.

There tended to be significant differences between outpatient and in-patient methods, with the latter often experienced as more brutal. Outpatient appointments employed electric shocks in a series of relatively short appointments. In-patients were more likely to undergo a sustained several-day programme of active degradation through the condemnation of homosexuality and being forced to lie in their own vomit due to the directions of staff and the application of emetic drugs. Whilst 'aversion therapy' for homosexual behaviour had already fallen out of favour by the early 1960s in some nations outside the UK, it continued in the UK as well as the US.

In the 1960s, two academics, who would go on to be employed by the University of Birmingham, conducted research into a method intended to change homosexual behaviour. They called this 'anticipatory avoidance therapy' (hereafter AA). The psychologist Dr Maurice Philip Feldman worked in the Department of Psychology at the University of Birmingham between 1966 and 1983. Dr Malcolm J. MacCulloch, a psychiatrist, joined the University's Institute for Child Health in the Department for Paediatrics and Child Health in 1967 and left in 1970/early 1971.

Key Findings of the Report

- Feldman and MacCulloch met and worked together at the Department of Psychiatry at Crumpsall Hospital in Manchester. The two trials of AA took place there between 1962 and 1966. The last known follow-up of a patient from these trials happened just before Feldman began work at Birmingham in 1966.
- Feldman was one of the first external appointments at the University of Birmingham's Department of Psychology, which had opened in 1965. He had previously worked at the same time and place in London as Birmingham's new Head of Department. MacCulloch

stated that he himself was encouraged to apply for a job at the University of Birmingham by a professor there.

- The majority of Feldman and MacCulloch's publications during their time at Birmingham was based on the work they had undertaken in Manchester.
- There appear to have been at least two sets of AA apparatus on premises used by the University, one in the city and one on campus.
- The two men involved students and early-career researchers in their activities.
- Research into homosexual behaviour, sexual orientation and 'conversion therapy' took place at the University of Birmingham. Published literature makes clear that MacCulloch and colleagues offered AA to a boy of 12, who had been in trouble with the police, to direct the child's attention from older women (the focus of his exhibitionism) to girls of his own age. Around 1969/70, the boy went through a course of AA, with the agreement of his mother.
- Research in the late-1970s—1980 at the University of Birmingham, looking at hormonal pathways in men who had sex with men, was informed by the AA work of Feldman and MacCulloch.

What is Beyond the Remit of This Report

- The gay rights group, the Gay Liberation Front (GLF) made a significant protest against Feldman and AA at a conference in America in 1970. The same year saw the UK establishment of the GLF in London. GLF had a branch in the city of Birmingham from 1971 and held their national meeting in 1972 at The Guild at the University of Birmingham. It is not yet known whether GLF chose the location precisely because of the 'aversion therapy' research at the University, or whether it is a coincidence, and/or if there were any local protests against AA.
- Feldman was promoted to increasingly higher career stages throughout his time at the University of Birmingham, but the extent to which or in what forms his work was disseminated to students and/or influenced teaching cannot be answered by the written records consulted.
- It is still not known how many people underwent activities aimed at changing sexual orientation or gender identity at the University of Birmingham.
- From the written records consulted we do not know how many people more broadly were affected by the research, nor do we know the ways in which the 'conversion therapy' of the 1960s and 1970s advocated by Birmingham scholars affected the lives of those with direct experience and people whose identities and activities were threatened by AA. Talking with survivors in Manchester, Birmingham and beyond would help develop this knowledge; importantly, engagement would provide a clear space for survivors to be not just heard, but actively listened to, with any learning from their reflections put in place to protect minoritised groups going forward.
- By looking at the careers of Feldman and MacCulloch it is possible to see the multiple professional, research and organisational networks that underpinned the practice of sexual orientation or gender identity change 'therapies' in Britain and beyond—these

included, for example, individuals and groups at other universities, in the NHS, and at the Government's Department of Health. The full extent of these regional, national and global networks is yet to be mapped.

Suggested Further Reading

Sarah Carr and Helen Spandler, 'Hidden from history? A brief modern history of the psychiatric "treatment" of lesbian and bisexual women in England', *The Lancet Psychiatry*, 6 (4), 2019, 289-290.

Kate Davison, 'Cold War Pavlov: Homosexual aversion therapy in the 1960s', *History of the Human Sciences*, 34 (1), 2021, 89-119.

Tommy Dickinson, *'Curing Queers': Mental nurses and their patients, 1935-1974* (Manchester: Manchester University Press, 2015).

Michael King, Glenn Smith and Annie Bartlett, 'Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of professionals', *British Medical Journal*, Online First, 29 January 2004, doi:10.1136/bmj.37984.496725.EE.

Glenn Smith, Annie Bartlett and Michael King, 'Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of patients', *British Medical Journal*, Online First, 29 January 2004, doi:10.1136/bmj.37984.442419.EE.

Helen Spandler and Sarah Carr, 'Lesbian and bisexual women's experiences of aversion therapy in England', *History of Human Sciences* (Online First: <https://doi.org/10.1177/09526951211059422>), 2022, 1-19.

Helen Spandler and Sarah Carr, 'The shocking 'treatment' to make lesbians straight', *Wellcome Collection Stories*, 22 January 2020, <https://wellcomecollection.org/articles/XhWjZhAAACUAOpV2>.

Jeffrey Weeks, *Coming Out: Homosexual politics in Britain, from the nineteenth century to the present*. Third edition (London: Quartet Books, 2016).

Full Report:

‘Conversion Therapy’ and the University of Birmingham, c.1966-1983

The University of Birmingham agrees wholeheartedly with a range of prominent organisations and professional bodies within the fields of medicine, psychology and psychiatry, who state clearly that all forms of so-called ‘conversion therapy’ are unethical. These bodies, including NHS England, NHS Scotland, the British Psychological Society and the Royal College of Psychiatrists, concur that there is no robust scientific evidence that any method can change people’s own sense of sexuality or gender—including (but not limited to) straight, gay, lesbian, bisexual, cis- and transgender identities.¹ Whilst individual practitioners still harbour harmful beliefs around same-sex intimacy and apply their training to sexual orientation and gender identity change efforts often employing ‘talking therapies’,² professional organisations have likewise utterly refuted the historical myth that

¹Acknowledgements

Thank you to the Steering Group and others who have read this report prior to publication. Thanks to Drs Donna Drucker and Helen Spandler who shared copies of their work. Thanks to Dr Anne-Marie Akehurst for access to several digitised publications. A final and deep thanks to Helen Fisher, University Archivist at the Cadbury Research Library, who has been a fount of knowledge and hugely helpful.

British Psychological Association, Albany Trust, Association for Family Therapy, Association of Christian Counsellors, GLADD (The Association of LGBT Doctors and Dentists), British Association of Behavioural and Cognitive Therapies, British Association for Counselling and Psychotherapy, British Association of Dramatherapists, British Psychoanalytic Council, CliniQ, College of Sexual and Relationship Therapists, Gendered Intelligence, National Counselling Society, NHS England, NHS Scotland, Pink Therapy, Psychotherapy and Counselling Union, Relate, Royal College of General Practitioners, UK Council for Psychotherapy and Royal College of Psychiatrists *Memorandum of Understanding on Conversion Therapy in the UK. Version 2* (2017), <https://www.bacp.co.uk/media/11738/mou2-reva-0421.pdf> (last accessed: 15 January 2022); European Association for Psychotherapy, *EAP statement on 'conversion' or 'reparative' therapy for normal variants of sexual orientation* (2017), <https://www.europsyche.org/quality-standards/eap-guidelines/eap-statement-on-conversion-therapy/> (last accessed: 15 January 2022); American Psychological Association, *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, 2009, <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>. You can read a collection of position statements from a range of US-based bodies here: <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy> (last accessed: 15 January 2022). See also: *Royal College of Psychiatrists' statement on sexual orientation*, 2014, https://www.rcpsych.ac.uk/pdf/PS02_2014.pdf (accessed: 15 January 2022); British Psychological Society, *Guidelines for Psychologists working with gender, sexuality and relationship diversity. For adults and young people (aged 18 and over)*, July 2019, <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Guidelines%20for%20psychologists%20working%20with%20gender%2C%20sexuality%20and%20relationship%20diversity.pdf> (last accessed: 15 January 2022); American Psychological Association, *APA Resolution on Sexual Orientation Change Efforts*, 2021, <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf> (last accessed: 15 January 2022).

² From responses to their survey of mental health professionals, in 2009 Bartlett, Smith and King reported that 4% were willing to act to change a person’s sexuality, and 17% stating that they had assisted ‘at least one client’ to change their same-sex desire (Annie Bartlett, Glenn Smith and Michael King, ‘The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation’, *BMC Psychiatry*,

‘homosexuality’ was a mental illness to be ‘treated’ or ‘cured’.³ This report places the term ‘conversion therapy’ in inverted commas to demonstrate that there is, in the words of the American Psychological Association, no ‘disorder to be treated’, and that such interventions have no therapeutic value.⁴

Introduction

In winter 1962,⁵ in the midst of growing public reflection on the British state’s punishment of men for homosexual behaviour, the first of two clinical trials was initiated.⁶ The trials at the Department of Psychiatry at Crumpsall Hospital, Manchester (UK), went on to be influential in activities aimed at changing sexual orientation or gender identity.⁷ Two of the architects of the trials, psychologist Maurice Philip Feldman and psychiatrist Malcolm J. MacCulloch, became prominent international figures in so-called ‘aversion therapy’ directed at homosexual behaviour, which was a strand within the wider field of ‘behavioural therapies’. Their own technique, which they termed ‘anticipatory avoidance’ (AA), was

9(11), 2009, <https://doi.org/10.1186/1471-244X-9-11> (last accessed: 16 March 2022). Quote from 1). In 2018, the responses for *The LGBT Survey* indicated that ‘2% of respondents had undergone conversion or reparative therapy in an attempt to ‘cure’ them of being LGBT, and a further 5% had been offered it’ (Government Equalities Office, *The LGBT Survey: Summary Report* (July 2018), 3, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf (last accessed: 16 March 2022).

³ See fn.1.

⁴ American Psychological Association, *Report of the American Psychological Association Task Force*, February 2021, <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf> (accessed: 8 May 2022), 1-14, 1.

⁵ M. P. Feldman, ‘The Treatment of Homosexuality by Aversion Therapy’, Hugh Freeman (ed.), *Progress in Behaviour Therapy: Proceedings of a Symposium* (Bristol: John Wright and Sons, 1968), 59-72, 60.

⁶ Northage J. de V. Mather, ‘The Treatment of Homosexuality by Aversion Therapy’, *Medicine, Science and the Law*, 6 (4), 1966, 200-205.

⁷ For example, whilst an imperfect measure, according to Google Scholar two of their most-referenced pieces from the 1960s-1990s have garnered 379 citations (M. P. Feldman and M. J. MacCulloch, ‘Aversion Therapy in Management of 43 Homosexuals’, *British Medical Journal*, 2, 3 June 1967, 594-597; M. P. Feldman and M. J. MacCulloch, *Homosexual Behaviour: Therapy and Assessment* (Oxford, New York, Toronto, Sydney, Braunschweig: Pergamon Press, 1971). ‘Aversion Therapy in Management of 43 Homosexuals’ has received 114. Although this seems comparatively few, the research field that considered activities aimed at changing sexual orientation or gender identity was a small part of the wider field of Psychology, and in the 1960s and 1970s globally there were considerably fewer universities, staff and students to cite research. (‘In 1900, roughly 500,000 students were enrolled in higher education institutions worldwide, representing a tiny fraction of 1 percent of college-age people ... By 2000, the number of tertiary students had grown twohundredfold to approximately 100 million people, which represents about 20 percent of the cohort worldwide.’ Evan Schofer and John W. Meyer, ‘The worldwide expansion of higher education in the twentieth century’, *American Sociological Review*, 70 (6), 2005, 898-920.) Moreover, the legacy of publications is significant: those 114 works to reference (overwhelmingly in scientific publications) ‘Aversion Therapy in Management of 43 Homosexuals’ have so far received 5,715 citations, *ad infinitum*.

based on existing methods of attempting to associate same-sex attraction with an unpleasant sensation in patients, in this case by viewing often-erotic same-sex images and receiving at the same time an electric shock. However, the AA trials integrated new elements, in particular the notion of 'relief' images of the opposite sex; clicking to view these slides instead of same-sex images, offered the possibility of avoiding some electric shocks. Nevertheless, people sometimes continued to receive shocks, even if they wanted to look at pictures of the opposite sex. Underpinned by conditioning principles, the random nature of the delivery would, the researchers believed, 'avoid relapse' and promote the engaged and active learning to shed old homosexual behaviours and to encourage new heterosexual behaviours.

Under the charge of Dr Northage John de Ville Mather (a forensic psychiatrist who was Consultant Psychiatrist at North Manchester Group of Hospitals, and lectured at the University of Manchester's Department of Psychiatry),⁸ Feldman and MacCulloch were key members of the research team behind the experiments at Crumpsall. Two trials were conducted,⁹ though it is unclear how much crossover (if any) was present between them.¹⁰ In 1967, Feldman and MacCulloch reported that during the initial trial of 43 patients, AA sessions lasted 20-25 minutes and on average each person received 18-20 appointments. 'Treatment ... continued until either a change of interest [occurred] or it becomes clear that no change [was] likely.'¹¹ During the course of the initial trial the researchers determined that they required their own tailored questionnaire for patients in order to assess changes in sexual thinking and behaviour.¹² The 'Sexual Orientation Method' (SOM) was calculated to answer this need and was administered at the start, during and after treatment.¹³ The second trial was a controlled trial involving 30 people. It was designed to compare the outcomes of using 'classical conditioning' (which included more electric shocks, as there

⁸ Mather, 'The Treatment of Homosexuality by Aversion Therapy', 200; 'Obituary: Northage John de Ville Mather', *British Medical Journal*, 326, 2003, 603.

⁹ Feldman, 'The Treatment of Homosexuality by Aversion Therapy', 63; Feldman and MacCulloch, *Homosexual Behaviour*, 190, 204, 206, 219, 221 and 260.

¹⁰ See discussion in fn.51.

¹¹ Feldman and MacCulloch, 'Aversion Therapy in Management of 43 Homosexuals', 594.

¹² Feldman and MacCulloch, *Homosexual Behaviour*, 55.

¹³ M. P. Feldman, M. J. MacCulloch, Valerie Mellor, and J. M. Pinschof, 'The application of anticipatory avoidance learning to the treatment of homosexuality—III: The sexual orientation method', *Behaviour Research and Therapy*, 4 (1-2), 1966, 289-299, 292.

were no 'relief' images), AA, and psychotherapy.¹⁴ A combination of two or all three types was applied to some patients, with a number receiving up to 72 sessions.¹⁵

The University of Birmingham appointed Feldman to its newly established Department of Psychology in time for the start of the 1966/7 academic year. The initial completed study by Feldman and MacCulloch was reported in the June 1967 issue of the *British Medical Journal (BMJ)*.¹⁶ Almost exactly four weeks after 'Aversion Therapy in Management of 43 Homosexuals' was published by *BMJ*, the House of Commons voted through new legislation, which partially decriminalised male homosexuality, permitting consensual sex in private between two men aged over 21 in England and Wales. A few months later, MacCulloch arrived at the University of Birmingham, where he had been engaged as a Lecturer in Child Psychiatry at the Centre for Child Psychiatry and Mental Subnormality at the Institute for Child Health in the Department of Paediatrics and Child Health; both the appointment and post were linked with the University's Department of Psychiatry. Whilst MacCulloch left in 1970/early 1971,¹⁷ Feldman remained in Psychology at Birmingham until 1983.¹⁸

Whilst this report focuses on what occurred at the University of Birmingham, it is worth briefly summarising the subsequent careers of these researchers in order to indicate how their ideas and influence in this field continued to circulate for a time into the 1970s.

MacCulloch continued to publish on the AA research when he went to work at the British

¹⁴ Feldman and MacCulloch, *Homosexual Behaviour*, 65-94.

¹⁵ *Ibid.*, 74.

¹⁶ Feldman and MacCulloch, 'Aversion Therapy in Management of 43 Homosexuals'.

¹⁷ The precise date is unclear. MacCulloch does not appear in the 1970/1971 University Calendar (CRL AP/28/2/475 Copies of the University of Birmingham Calendar). His publications do appear in the 1970/1971 University of Birmingham: University Research Committee Report, but this may be due to co-authors being affiliated to the University, rather than MacCulloch (CRL UB/P/8/10 University of Birmingham: University Research Committee Report. Volumes 41-43, Volume 42). Indeed, whilst he is the corresponding author at a University of Birmingham address in a March 1971 publication, his corresponding author address for an article that appeared in an April 1971 journal was University of Liverpool (M. J. MacCulloch, C. Williams, and C. J. Birtles, 'The successful application of aversion therapy to an adolescent exhibitionist', *Journal of Behavior Therapy in Psychiatric Practice*, 2 (1), 1971, 61-66; M. J. MacCulloch, C. J. Birtles, and M. P. Feldman, 'Anticipatory avoidance learning for the treatment of homosexuality: Recent developments and an automatic aversion therapy system', *Behavior Therapy*, 2 (2), 1971, 151-169).

¹⁸ The final occasion Feldman appears in the University Calendar is 1982/1983 (CRL AP/28/2/475 Copies of the University of Birmingham Calendar). The latest publication co-authored by the men to have been discovered so far is from 1996, on a different subject, but rooted in their ideas around conditioning: Malcolm MacCulloch and Philip Feldman, 'Eye Movement Desensitisation Treatment Utilises the Positive Visceral Element of the Investigatory Reflex to Inhibit the Memories of Post-Traumatic Stress Disorder: A Theoretical Analysis', *British Journal of Psychiatry*, 169 (5), 1996, 571-579.

Government's Department of Health and Social Security,¹⁹ where he 'rose to be head of section as Undersecretary in charge of mental health'.²⁰ He spent ten years as Medical Director at Park Lane Hospital (Maghull, Liverpool), after which he was affiliated with the University of Cardiff.²¹ Feldman remained at Birmingham for a further thirteen years after MacCulloch left, going on to a professorship at the Hebrew University of Jerusalem,²² and eventually becoming affiliated to the University of Leeds.²³

The focus of this report, as stated at the outset, is on research into and related to 'conversion therapy' that was conducted and disseminated by members of staff at the University of Birmingham. The materials consulted during the period the project investigation ran were: pertinent 1960s—1980s scholarly publications and items from the *LGBT Magazine Archive* (available online through Proquest) and the press via the *British Newspaper Archive* online database; and information found in the University archives at the Cadbury Research Library at the University of Birmingham.

Like the practise of History and Science, language changes across time. This is especially true of the words around medical terminology, mental disorders, and behaviour formerly considered outside of accepted social norms. In this report, the word 'patient' is used for those people who underwent aversion techniques, including those who were or felt compelled to do so, and those who perceived the activity as primarily 'treatment' or research. As individuals were seen in a hospital and/or clinical context, many would have described themselves as patients at the time and it is impossible from the material looked at so far to establish who (if anyone) did not. The term 'homosexual' is used throughout, as it was the word used during the period in question and still dominates in society. However, often due to its use in pathologising same-sex love and desire, it has undergone sustained

¹⁹ See for example, Malcolm J. MacCulloch, John L. Waddington and Jean E. Sambrooks, 'Avoidance latencies reliably reflect sexual attitude change during aversion therapy for homosexuality', *Behavior Therapy*, 9 (4), 1978, 562-577.

²⁰ Christopher Jones, 'Biographical sketch', *Journal of Forensic Psychiatry & Psychology*, 22 (3), 2011, 427-436, 431.

²¹ *Ibid.*, 427 and 431.

²² Philip Feldman, *Sex and Sexuality*, Longman Applied Psychology (London and New York: Longman, 1987), rear cover.

²³ MacCulloch and Feldman, 'Eye Movement Desensitisation', 579.

challenges since at least the 1960s.²⁴ The word ‘gay’ is not used extensively: what this and other terms mean and how they are used was and is dependent on when and where they are applied.²⁵ Where other original words appear, inverted commas will be used. Elsewhere in this report, current terminology is employed only to clarify meaning.

To try to understand what happened at the University of Birmingham, the remainder of this report is divided into five sections:

- a brief overview of the historical context
- how Feldman and MacCulloch came to be employed by the University of Birmingham
- an overview of their AA technique, linking it to research undertaken at Birmingham, as well as an exploration of its reception
- concluding thoughts, and
- an Appendix containing the 34 publications so far identified that were authored by Feldman and/or MacCulloch and recorded officially by the University of Birmingham whilst they were employed by the institution.

Historical Context

Same-sex desire, the full range of sexual and gender expressions, and the personal knowledge that the gender ascribed at birth is incorrect, have historically been suppressed in European countries and the nations they colonised. This suppression was based in part on religious beliefs, which informed criminal codes. Desire, sex and non-platonic love between men was particularly targeted within British and colonial law, and the acts of ‘sodomy’ and ‘buggery’ criminalised and punished.²⁶ During the second half of the nineteenth century, new studies and definitions of sexual behaviour developed. There is evidence that same-sex

²⁴ For a deeper discussion of the issues around the term ‘homosexual’, see Jeffrey Weeks, ‘Discourse, Desire and Sexual Deviance: Some Problems in a History of Homosexuality’ (1981), republished in Richard Parker and Peter Aggleton (eds), *Culture, Society and Sexuality: A Reader*. Second Edition (London: Routledge, 2007; 1999); David Halpern, ‘How to Do the History of Male Homosexuality’, *GLQ: A Journal of Lesbian and Gay Studies*, 6(1), 2000, 87-123.

²⁵ See discussion in Katherine Hubbard, *Queer Ink: A Blotted History Towards Liberation* (London: Routledge, 2020), 12-16.

²⁶ Matt Cook, ‘Law’, in H. G. Cocks and Matt Houlbrook (eds), *Palgrave Advances in the Modern History of Sexuality* (London: Palgrave Macmillan, 2006), 64-86; Richard Davenport-Hines, *Sex, Death and Punishment: Attitudes to Sex and Sexuality in Britain since the Renaissance* (London: Collins, 1990); Jeffrey Weeks, *Coming Out: Homosexual politics in Britain, from the nineteenth century to the present* (London: Quartet Books, 1977); Jeffrey Weeks, *Coming Out: Homosexual politics in Britain, from the nineteenth century to the present*. Third edition (London: Quartet Books, 2016).

love and desire was previously discussed by the forerunners of those we would now call psychiatrists.²⁷ However, it was only in the late-nineteenth century, when medical and wider intellectual, disciplinary and professional specialisms began to multiply, that homosexuality as a behaviour was systematically investigated by ‘sexology’. Inspired by Continental psychiatrists, such as Richard van Krafft-Ebing and Karl Westphal, sexology as a field of study is widely considered to have been established in the UK through the work of physician Havelock Ellis and poet and writer John Addington Symonds. Ellis and Addington’s book was published in Britain in 1897 and was the first substantial UK study of ‘sexual inversion’, a concept that linked gender non-conformity with same-sex desire, or ‘homosexuality’, itself a term coined in 1869 in central Europe. The work of Austrian Sigmund Freud (1856-1939) also developed thinking around the diversity of sexuality.²⁸

The exploration of sexual orientation and gender expression continued into the twentieth century. Psychologists took part in the research and the conversations emerging from it.²⁹ The social and cultural impact of the Second World War (1939-1945) saw a shift in attitudes that meant research into sex and sexuality moved further into the mainstream. In 1947, in London, ‘The Social Aspects of Homosexuality’, the first UK conference on the area, was focused on the medico-psychiatric thinking around same-sex desire.³⁰ A year later, *Sexual Behaviour of the Human Man* was published in America, the first of two ‘Kinsey Reports’, named after one of the authors, the scientist and sexologist Alfred Kinsey. In 1953, *Sexual Behaviour of the Human Female* appeared. The reports were landmark studies of sexual

²⁷ Ivan Crozier, ‘Nineteenth-Century British Psychiatric Writing about Homosexuality before Havelock Ellis: The Missing Story’, *Journal of the History of Medicine and Allied Sciences*, 63 (1), 2008, 65–102.

²⁸ See Chris Waters’ overview: ‘Sexology’, in H. G. Cocks and Matt Houlbrook (eds), *Palgrave Advances in the Modern History of Sexuality* (London: Palgrave Macmillan, 2006), 41-63.

²⁹ Katherine Anne Hubbard and David Andrew Griffiths, ‘Sexual Offence, Diagnosis, and Activism: A British History of LGBTIQ Psychology’, *American Psychologist*, 8 (74), 2019, 940-953. For more about the history of Psychology, research, and clinical work, see: John Hall, David Pilgrim, and Graham Turpin (eds), *Clinical Psychology in Britain: Historical Perspectives* (London: British Psychological Society, 2015), *passim*, see especially Glenys Parry, ‘Psychologists as Therapists: An Overview’, 181-207, and Sarah Marks, ‘Psychologists as Therapists: Behavioural Traditions’, 194–207; David Pilgrim and Andy Treacher, *Clinical Psychology Observed* (London: Routledge, 1992); Graham Richards, *Putting Psychology in its Place: Critical Historical Perspectives* (London: Routledge, 2009).

³⁰ Chris Waters, ‘The Homosexual as Social Being in Britain, 1945-1968’, *Journal of British Studies*, 51 (3), 2012, 685-710.

activities based on sociological research, which also helped develop the 'Kinsey Scale'. This scale represented human sexuality as a spectrum of behaviours.³¹

In England a year later, Lord Montagu of Beaulieu, his cousin Michael Pitt-Rivers, and Peter Wildeblood were charged with 'conspiracy to incite certain male persons to commit serious offences with male persons', or 'buggery'. The case was a press sensation, and the three men were sentenced to between 12- and 18-months' hard labour. However, it also helped pave the way for the Conservative government to establish a committee in 1954, headed by Sir John Wolfenden, to investigate the law relating to homosexual behaviour. The 15-strong committee included people with backgrounds in religion, politics, the legal system, and four with medical training (two practitioners with experience in psychiatry).³² The witnesses included those with expertise in science and medicine who advocated for a change to the law based on the availability of medical treatment. Whilst it proved challenging to invite men who felt able to be open about first-hand homosexual desires and experiences, Wildeblood was one of the few to appear.³³ The resulting 1957 Wolfenden Report recommended that consensual sex in private between two men over 21 should be decriminalised.

After a decade of advocacy by groups such as the Homosexual Law Reform Society, the recommendations were implemented in England and Wales under a Labour Government by the Sexual Offences Act of 1967.³⁴ The change in outlook helped generate ideas about 'homosexuality' as a 'social problem' that might benefit from medical treatment, rather

³¹ Vern L. Bullough, 'Alfred Kinsey and the Kinsey report: Historical overview and lasting contributions', *The Journal of Sex Research*, 35 (2), 1998, 127-131. See also: Katie Sutton, 'Kinsey and the psychoanalysts: Cross-disciplinary knowledge production in post-war US sex research', *History of the Human Sciences*, 34 (1), 2021, 120-147. For issues around Kinsey and the tensions between liberation and retrenchment of (homo)sexuality, see: Heike Bauer, 'Sexology Backward: Hirschfeld, Kinsey and the Reshaping of Sex Research in the 1950s', Heike Bauer and Matt Cook (eds), *Queer 1950s: Rethinking Sexuality in the Postwar Years* (Basingstoke: Palgrave Macmillan, 2012), 133-149.

³² For more, see Brian Lewis, *Wolfenden's Witnesses: Homosexuality in Postwar Britain* (London: Palgrave MacMillan, 2016), esp. 7-9.

³³ *Ibid.*, 202-232.

³⁴ The social, cultural, political and religious landscape around both Wolfenden and the 1967 Bill was complicated, see for example: *Ibid.*; Roger Davidson and Gayle Davis, 'A Field for Private Members': The Wolfenden Committee and Scottish Homosexual Law Reform, 1950-67', *Twentieth Century British History*, 15 (2), 2004, 174-201; Kate Gleeson, 'Freudian Slips and Coteries of Vice: The Sexual Offences Act of 1967', *Parliamentary History*, 27(3), 2008, 393-409; Laura Monica Ramsay, 'The Church of England, Homosexual Law Reform, and the Shaping of the Permissive Society, 1957-1979', *Journal of British Studies*, 57(1), 2018, 108-137.

than behaviour to be uniformly punished.³⁵ This, as well as wider social upheavals in the 1960s, helped create a new mood of challenge. Reflecting radical thinking elsewhere, anti-psychiatry was a core element of the British gay liberation movement,³⁶ which expanded rapidly after 1967 as part of international civil rights activities around gender and sexuality, symbolised by the 1969 Stonewall riots in New York, USA. In 1973, the American Psychiatric Association voted largely to remove homosexuality as a mental disorder from the *Diagnostic and Statistical Manual of Mental Disorders*, the Association's deeply influential publication, which grouped behaviours and symptoms as evidence to support diagnosis.³⁷

Against this nineteenth- and twentieth-century backdrop, so-called 'aversion therapy' emerged. It rested on the work of Russian physiologist, Ivan Pavlov (1849-1936). Pavlov had conducted experiments on dogs, by which he had demonstrated that these animals could be conditioned to act in a specific way, in this case salivating with the introduction of associated cues, rather than only when food was placed before them. This 'classical conditioning' was developed by researchers in a variety of ways, shaped by the American psychologists John B. Watson (1878-1958) and Burrhus F. Skinner (1904-1990), and was the seed from which 'aversion therapy' grew.³⁸ It came to be applied to people whose behaviours were considered compulsive, including those who had issues with food and alcohol consumption. The technique of 'aversion therapy' emerged in the 1920s,³⁹ and the first paper to concentrate on its application to homosexual behaviour was in 1935.⁴⁰ In the 1950s, researchers in what was then Czechoslovakia worked intensely on the employment of 'aversion therapy' for homosexuality, before academics and practitioners, including

³⁵ Waters, 'The Homosexual as Social Being'.

³⁶ Rebecca Jennings, "'The most uninhibited party they'd ever been to': The Postwar Encounter between Psychiatry and the British Lesbian, 1945–1971', *Journal of British Studies*, 47(4), 2008, 883-904.

³⁷ Jack Drescher, 'Out of DSM: Depathologizing Homosexuality', *Behavioral Sciences*, 5(4), 2015, 565-75; Abram J. Lewis, "'We Are Certain of Our Own Insanity": Antipsychiatry and the Gay Liberation Movement, 1968-1980', *Journal of the History of Sexuality*, 25(1), 2016, 83-113. For a historical overview of the entanglements between Psychology and same-sex love and desire, see: Hubbard and Griffiths, 'Sexual Offence, Diagnosis, and Activism'.

³⁸ See the overview by Kate Davison, 'Cold War Pavlov: Homosexual aversion therapy in the 1960s', *History of the Human Sciences*, 34 (1), 2021, 89-119.

³⁹ *Ibid.*

⁴⁰ L. M. Max, 'Breaking Up a Homosexual Fixation by the Conditioned Reaction Technique: A Case Study', *Psychological Bulletin*, 32, 1935, 734.

Feldman and MacCulloch, expanded its use in the 1960s and early 1970s, especially in Britain and then beyond.⁴¹

There was clear variation in techniques, but the most substantial difference within ‘aversion therapy’ was between residential and outpatient use. Residential activities aimed at changing sexual orientation or gender identity were largely carried out at what were then called ‘mental hospitals’, where treatment tended to be more invasive and experienced as brutal. Patients were often given apomorphine, an emetic. In many cases, a recording describing their homosexual behaviour and, often, the contempt in which it was held, was played in their room. They were not permitted to leave their room, nor always their bed, and so some were forced to lie in vomit or even excreta.⁴² This methodology—sometimes called ‘classical aversion therapy’⁴³—was markedly different from that carried out at hospital outpatient appointments,⁴⁴ and distinctly unlike that experienced under Feldman and MacCulloch’s ‘anticipatory avoidance therapy’ described earlier and explored throughout the remainder of this report.

According to historian Kate Davison, ‘[t]here is an astonishing lack of historical scholarship on the history of aversion therapy’ as a whole.⁴⁵ Feldman and MacCulloch’s work has been alluded to by several historians in the US and UK,⁴⁶ but few have examined their research in

⁴¹ Davison, ‘Cold War Pavlov’.

⁴² Tommy Dickinson, *Curing Queers: Mental nurses and their patients, 1935-1974* (Manchester: Manchester University Press, 2015); Michael King, Glenn Smith and Annie Bartlett, ‘Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of professionals’, *British Medical Journal*, Online First, 29 January 2004, doi:10.1136/bmj.37984.496725.EE (accessed: 14 Oct. 2021); Glenn Smith, Annie Bartlett and Michael King, ‘Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of patients’, *British Medical Journal*, Online First, 29 January 2004, doi:10.1136/bmj.37984.442419.EE (accessed: 14 Oct. 2021).

⁴³ See, for example, Helen Spandler and Sarah Carr, ‘Lesbian and bisexual women’s experiences of aversion therapy in England’, *History of Human Sciences*, <https://doi.org/10.1177/09526951211059422> (last accessed: 12 Jan. 2022), 1-19.

⁴⁴ See descriptions in: Roger Davidson, ‘Psychiatry and homosexuality in mid-twentieth-century Edinburgh: the view from Jordanburn Nerve Hospital’, *History of Psychiatry*, 20 (4), 2009, 403-424; Spandler and Carr, ‘Lesbian and bisexual women’s experiences; Sarah Carr and Helen Spandler, ‘Hidden from history? A brief modern history of the psychiatric “treatment” of lesbian and bisexual women in England’, *The Lancet Psychiatry*, 6 (4), 2019, 289-290; Helen Spandler and Sarah Carr, ‘The shocking ‘treatment’ to make lesbians straight’, *Wellcome Collection Stories*, 22 January 2020, <https://wellcomecollection.org/articles/XhWjZhAAACUAOpV2> (accessed: 14 Oct. 2021); Helen Spandler and Sarah Carr, ‘A history of lesbian politics and the psy professions’, *Feminism and Psychology*, 31 (1), 2021, 119-139.

⁴⁵ Davison, ‘Cold War Pavlov’, 91.

⁴⁶ See especially, Simon LeVay, *Queer Science: The Use and Abuse of Research into Homosexuality* (Cambridge, MA: MIT Press, 1996), 93-94; Hubbard, *Queer Ink*, 94; Marks, ‘Psychologists as Therapists’, Hall, Pilgrim, and Turpin (eds), *Clinical Psychology in Britain*, 198.

any depth. Donna Drucker's more substantial exploration centred on the technology on which the two men relied for their aversion activities. Drucker saw their work, and 'aversion therapy' more widely, as part of the culture ushered in by the Cold War, especially in the US and UK, which emphasised the heterosexual 'nuclear family'. In Britain, Drucker argued, the Wolfenden Report led 'many physicians [to see] an opportunity to experiment with using medicine to help people conform to contemporary societal norms.'⁴⁷ For Drucker, 'medical devices [such as those used by Feldman and MacCulloch] would contain, constrain, and shape Cold War era masculinity into a socially acceptable form. Containment of bodily desire would lead to containment of personal and national risk.'⁴⁸ However, as Katherine Hubbard has observed, it is important to recognise differences in national cultures and psychological praxis.⁴⁹

Helen Spandler and Sarah Carr are the only UK-based scholars to have previously conducted focused, in-depth research into those affected by Feldman and MacCulloch's activities. Their research concentrated on revealing the activities aimed at changing sexual orientation or gender identity that were applied to women attracted to women. Feldman and MacCulloch were rare (but not unique) amongst practitioners in reporting the use of such methods on women. However, as Spandler and Carr noted, 'at least some of the people recorded as being treated as (male) transvestites [in Feldman and MacCulloch's and other aversion therapy publications] may actually have been (trans) women (or, at least, might have been if the wider culture had enabled this).'⁵⁰ Spandler and Carr have spoken to one of the between two and four women who underwent AA under Feldman and MacCulloch in Manchester.⁵¹ Alongside Chris, this testimony offers insights into the sorts of questionable practices employed and survivors' experiences of the treatment. '[S]o keen to treat her' were the researchers, wrote Spandler and Carr, 'that they offered her a temporary job as a

⁴⁷ Donna J. Drucker, *The Machines of Sex Research: Technology and the Politics of Identity, 1945-1985* (London: Springer, 2014), 22. Sincere thanks are given to Dr Drucker, who kindly shared a copy of her book with me.

⁴⁸ *Ibid.*, 28-29.

⁴⁹ Hubbard, *Queer Ink*, 39 and 61.

⁵⁰ Spandler and Carr, 'Lesbian and bisexual women's experiences', 5.

⁵¹ There is some question over if any, and if so how many people appeared in both of Feldman and MacCulloch's two Crumpsall trials. For example, two women appear in each of the two series; given the rarity of 'treating' women, this seems more than a coincidence. Sarah Carr and Helen Spandler have also considered this, and likewise found it difficult to draw a firm conclusion (Spandler and Carr, 'Lesbian and bisexual women's experiences', 7).

receptionist in the hospital during the summer of 1965, when she was 18–19 years old. This enabled her to receive the treatment, informally, during her lunch break.’ The woman relayed what happened to Spandler and Carr:

I found myself sitting in a chair, looking at a blown-up picture of an unknown, semi-clad female and waiting to receive an electric shock. The electric shock itself was not severe, but still painful. Perhaps more unpleasant was the anxiety and fear of waiting for the shock, the anxiety and fear that they were systematically trying to link with the female form on the screen....⁵²

Chris’s account of his experience at the University of Birmingham a decade later is very similar:

I would be sat in a room, with a projector screen and photographs to look through. An electrode was attached to my ankle and wrist ... A photo of a man would pop up, and if you weren't quick enough to flick to the next picture, you would get a hefty electric shock.⁵³

The Path to Birmingham

Feldman graduated from the University of Manchester in 1959. He went on to study for his PhD with Hans Jürgen Eysenck (1916-1997) at the Institute of Psychiatry (Maudsley Hospital and University of London).⁵⁴ Feldman’s 1962 doctorate was entitled, ‘The experimental measurement of motivation by means of task performance and reminiscence’.⁵⁵ He took up a job as a clinical psychologist at Crumpsall Hospital in Manchester. Shortly after, in 1962, he was part of ‘a team consisting of two consultant psychiatrists and a principal clinical psychologist [who], with the assistance of junior staff, both medical and psychological’, were

⁵² Spandler and Carr, ‘Lesbian and bisexual women’s experiences’, 10.

⁵³ Ben Hunte, ‘Gay ‘conversion therapy’: Man given electric shocks demands apology’, 16 Dec. 2020, *BBC News*, <https://www.bbc.co.uk/news/education-55263392> (last accessed: 09 Feb. 2022).

⁵⁴ Hans Eysenck’s *Race, Intelligence and Education* (London: Maurice Temple Smith in association with New Society, 1971) generated a huge amount of controversy. Tens of his papers were posthumously retracted for a series of issues; for more see *King’s College London enquiry into publications authored by Professor Hans Eysenck with Professor Ronald Grossarth-Maticek*, May 2019, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fretractionwatch.com%2Fwp-content%2Fuploads%2F2019%2F10%2FHE-Enquiry.pdf&clen=263284&chunk=true (last accessed: 18 Dec. 2021).

⁵⁵ M. Philip Feldman, ‘The experimental measurement of motivation by means of task performance and reminiscence’ (University of London Institute of Psychiatry: Unpublished PhD thesis, 1962). Information retrieved from: https://librarysearch.kcl.ac.uk/permalink/44KCL_INST/14g2lq5/alma990005998680206881 (Last accessed: 25 Oct. 2021).

working on ‘aversion therapy’.⁵⁶ The team included Mather and MacCulloch, both graduates of the University of Manchester. MacCulloch was also studying for a higher qualification as part of the research team. The final version of his dissertation was submitted to the University of Manchester in 1969 under the title, ‘Development of an Aversion Therapy Method for the Treatment of Homosexual Behaviour’.⁵⁷ Mather, Feldman, MacCulloch, and junior researchers who worked with them, published at least six pieces on ‘aversion therapy’ and AA before Feldman took up his appointment at the University of Birmingham at the start of the 1966/67 academic year. Feldman and MacCulloch had already published three articles together about the early 1960s trials, as well as appeared in the Correspondence section of the *BMJ*.⁵⁸ Whilst over the coming years at Birmingham Feldman and MacCulloch published in a number of areas— respectively on industrial psychology and crime and psychology,⁵⁹ and on laboratory technology and the physiology of childhood conditions⁶⁰— the subject on which the two men worked was therefore very clear at the time of their appointments by the University of Birmingham.

Discussions around the establishment of Birmingham’s Department of Psychology suggest at least part of Feldman’s appeal, as someone whose work was directed at a ‘social issue’ using laboratory techniques. In October 1963, the University Senate (the institution’s governing

⁵⁶ Mather, ‘The Treatment of Homosexuality by Aversion Therapy’, 200.

⁵⁷ M. J. MacCulloch, ‘Development of an Aversion Therapy Method for the Treatment of Homosexual Behaviour’ (University of Manchester: Unpublished Thesis, 1969). Information retrieved from: https://www.librarysearch.manchester.ac.uk/permalink/44MAN_INST/bofker/alma9925561294401631 (last accessed: 25 Oct. 2021).

⁵⁸ M. P. Feldman and M. J. MacCulloch, ‘A systematic approach to the treatment of homosexuality by conditioned aversion: Preliminary report’, *American Journal of Psychiatry*, 121 (2), 1964, 167-171; M. P. Feldman and M. J. MacCulloch, ‘The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality: 1. Theory, Technique and Preliminary Results’, *Behavioural Research and Therapy*, 2 (3), 1964, 165-183; M. J. MacCulloch, M. P. Feldman and J. M. Pinshoh, ‘The application of anticipatory avoidance learning to the treatment of homosexuality—II: Avoidance response latencies and pulse rate changes’, *Behaviour Research and Therapy*, 3 (1), 1965, 21-43; Malcolm J. MacCulloch and M. P. Feldman, ‘Origins of Homosexuality’, Correspondence, *BMJ*, 2 (5473), 1965, 1308-1309; M. P. Feldman, ‘Aversion therapy for sexual deviations: A critical review’, *Psychological Bulletin*, 65(2), 1966, 65-79; Mather, ‘The Treatment of Homosexuality by Aversion Therapy’.

⁵⁹ See, for example: M. P. Feldman, *Psychology in the industrial environment* (London: Butterworths, 1971); M. P. Feldman, *Criminal Behaviour: A Psychological Analysis* (New York: John Wiley and Sons, 1977); M. P. Feldman (ed.), *Developments in the Study of Criminal Behaviour. Volume 2: Violence* (New York: John Wiley and Sons, 1982).

⁶⁰ M. J. MacCulloch, C. J. Birtles and Sarah Bond, ‘A free space-time transversal data-logging system for two human subjects’, *Medical and Biological Engineering*, 7(6), 1969, 593-599; M. J. MacCulloch, C. Williams, and Pat Davies, ‘Heart-rate Variability in a Group of Cerebral Palsied Children’, *Developmental Medicine & Child Neurology*, 13 (5), 1971, 645-650;.

body) appointed a committee “To examine the possible scope of the proposed Department of Psychology in the Faculty of Science and its bearing on related work in other Faculties”⁶¹. The committee was small and comprised the Vice Chancellor, Pro-Vice Chancellor, Vice Principal, and four professors with what was considered relevant expertise. These included William Trethowan. One of the leading psychiatrists in twentieth-century Britain, Trethowan had trained at Maudsley Hospital, worked at the University of Manchester’s Department of Psychiatry (c.1951-1956), and was professor at the University Birmingham from 1962, before becoming Dean of the Medical School at Birmingham (1968-1974).⁶² The key tasks for the group were: to amass information about the psychological work already happening at the University; seek out staff for the Department; and to solicit information from departments of psychology elsewhere to help shape Birmingham’s.

Early in the discussions there were challenges to a department of psychology based solely on a laboratory, initially by Dr H. Maddox, Senior Lecturer in Psychology at the University’s Department of Education: ‘If Birmingham ... decides belatedly to follow the example of Cambridge and London, which have had experimental departments for almost 50 years, the new department can only be a pale echo’. A department that could ‘tackle questions which are still very inadequately dealt with in this country, such as race relations, the social consequences of technical change in industry, social factors in mental illness etc.’ would distinguish Birmingham.⁶³ It was proposed that Heads of Department from six other universities be consulted, including the University of Manchester. Maddox continued to press for a unified department at Birmingham, and the recommendations of those he spoke with supported his concern. Professor Smith (University of Durham) argued ‘that the suggestion of splitting Psychology, so that Social Psychology is taught in Social Studies and Experimental Psychology in the Faculty of Science is completely fatuous ... The splitting or

⁶¹ Cadbury Research Library (hereafter CRL), UB/COM/110/1, Committee on Proposed Department of Psychology, ‘Committee on Proposed Department of Psychology, 5 November 1963’.

⁶² ‘Sir William Henry Trethowan’ biography, *Inspiring Physicians*, Royal College of Physicians, <https://history.rcplondon.ac.uk/inspiring-physicians/sir-william-henry-trethowan> (accessed: 30 Nov. 2021); Robert Cawley, ‘Obituaries: Professor Sir William Trethowan’, *The Independent*, 30 Dec. 1995, <https://www.independent.co.uk/news/people/obituaries-professor-sir-william-trethowan-1527810.html> (accessed: 30 Nov. 2021).

⁶³ CRL UB/COM/110/1, Committee on Proposed Department of Psychology, Dr H. Maddox, ‘The Place of Psychology in the University’, 3 December 1963, 1-6, 5.

divorcement moreover tends to deprive the social applications of the full weight impact from experimental and empirical methods.’⁶⁴

Dr P. L. Broadhurst—a Senior Lecturer in Anatomy at the University of Birmingham, who had previously been at the Institute of Psychiatry in London,⁶⁵ at the same time as was Feldman—was appointed Chair in Psychology and the head of Birmingham’s new department, which opened in 1965. Initially, the Department funnelled in a small number of extant staff from across the University. Feldman was one of the first external appointments to the Department.⁶⁶ He took up his post in time for the start of the 1966/67 academic year in October—the month after the final patient follow-ups for the early-1960s AA trials were reported to have been made.⁶⁷

Malcolm MacCulloch arrived at the University of Birmingham the following year.⁶⁸ He was appointed as a Lecturer in Child Psychiatry at the Centre for Child Psychiatry and Mental Subnormality at the Institute for Child Health, then allied with the Department of Paediatrics and Child Health in the University’s Medical School. He also delivered lectures in the Department of Psychiatry. In 2011, MacCulloch gave an interview in which he recalled the transition between Manchester and Birmingham.

I had done my DPM [Diploma in Psychological Medicine] and passed it and so my registrarship had come to an end, but I was locked into this study of aversion therapy. And so, I thought, I need a job that will allow me to go on doing this research, and I took an appointment as a child guidance consultant, which allowed me, because it was part-time, to go back to Crumpsall Hospital and continue with that work in my own time and at my own expense. So I was doing child psychiatry and I was asked by Bill Trethowan, who was professor of

⁶⁴ CRL UB/COM/110/1, Committee on Proposed Department of Psychology, ‘Committee on Proposed Department of Psychology. Information Regarding Departments of Psychology in the Other Universities. Report of Enquiries by Dr. H. Maddox, Department of Education’, 1-2, 2.

⁶⁵ ‘News and Views. Psychology in the University of Birmingham: Prof. P. L. Broadhurst’, *Nature*, 4980, 10 Apr. 1965, 137.

⁶⁶ CRL UB/COM/110/1, Committee on Proposed Department of Psychology; CRL UB/P/9/71-75 University of Birmingham Syllabuses, 1963-1968.

⁶⁷ Feldman and MacCulloch, *Homosexual Behaviour*, 31 and 54.

⁶⁸ His publications are listed in the *Research and Publications Reports*—the hardcopy list equivalent of a university online repository for publications—for 1967/8 (CRL UB/P/8/8, 181). He is listed for the first time in the ‘Paediatrics and Child Health’ section in the *University of Birmingham: Faculty Handbook, 1968-1969* (CRL UB/P/9/76), 20; presumably MacCulloch was appointed after the *Faculty Handbook* had already gone to the printers in 1967.

psychiatry in Birmingham, if I'd apply for the lectureship in Child Psychiatry in Birmingham, which I did and duly got.⁶⁹

Key Information from the Publications: AA Research and Beyond

The Appendix at the end of this report contains a list of the 34 publications by Feldman and MacCulloch included in official University documentation as having been produced during their time at the University of Birmingham.⁷⁰ This number incorporates edited collections Feldman co-edited, as well as his contribution to those collections. The areas on which they published were varied. However, fourteen explicitly named and/or centred on 'aversion therapy'; thirteen of these centred on 'homosexuals' or homosexuality. A further five named in their title the broader theme of 'behaviour therapy', in which 'aversion therapy' and conditioning sat. Dealing with all the outputs together offers an insight into how the two men saw the trajectories of their research at Birmingham. The publications have been studied in an attempt to discover what activities happened at the University of Birmingham, rather than evaluated for their scientific quality.

The Trials

The early 1960s trials at Crumpsall were based on one series of 43 patients, and another of 30.⁷¹ In Feldman and MacCulloch's 1971 book, they reported that the first series of 43 were given AA between July 1963 and August 1965.⁷² 'Treatment was offered to all who appeared for interview; no selection criteria other than self-selection (two potential patients declined the offer) have been used. ... Thirty-six patients completed the full course of treatment.'⁷³ Several reasons why people presented to Crumpsall were reported in the book: 11 due to 'an order of the court' (i.e. their homosexual behaviour was or had at least been part of the

⁶⁹ Jones, 'Biographical sketch', 430.

⁷⁰ CRL, UB/P/8/8-18, University of Birmingham: University Research Committee Reports, Volumes 38-54 (1966-1983). Further publications may surface, for example this correspondence is not listed: M. J. MacCulloch and M. P. Feldman, 'Aversion Therapy of Homosexuality', Correspondence section, *British Journal of Psychiatry*, 116 (535), 1970, 673-676. Nor is this article in Spanish: M. J. MacCulloch and M. P. Feldman, 'Sobre la etiología de la homosexualidad', *Revista Latinoamericana de Psicología*, 9(1), 1977, 101-115.

⁷¹ Feldman and MacCulloch, *Homosexual Behaviour*.

⁷² There is therefore a question around who (if anyone) was being treated between Feldman's earlier claim of 'the winter of 1962' and the start of Feldman and MacCulloch's reported trial in July 1963. (Feldman, 'The Treatment of Homosexuality by Aversion Therapy', 60; Feldman and MacCulloch, *Homosexual Behaviour*, 31.)

⁷³ Feldman and MacCulloch, *Homosexual Behaviour*, 31.

reason for their arrest and legal proceedings); 7 'As a sequel to court appearance'; 2 'Pressure by wife or girl friend [*sic*]'; 4 'Originally referred to [*sic* for] psychiatric illness'; and 19 'Entirely on own accord'.⁷⁴

The anticipatory avoidance technique formulated in the early-1960s was described in Feldman and MacCulloch's AA publications, most of which were published whilst in Birmingham's employment and were listed by up to three separate departments at the University as their own research (Psychology; Paediatrics and Child Health and the Institute for Child Health; and Psychiatry—see Appendix for details). At the heart of the AA technique was apparatus that included a chair and screen, slides and a projector, leads that could deliver electrical charges through bands attached to the bodies of subjects, and a means of control and delivery; this came to be refined over the years, especially in relation to automation and computing.⁷⁵

Unlike classical 'aversion therapy', Feldman and MacCulloch framed their AA technique as offering choice and lending some degree of control to patients. According to their publications, patients decided whether they would try the treatment when it was suggested, and the outpatients at least (who seem to have made up the overwhelming majority of those involved) could walk away at any point they chose.⁷⁶ The publications reported that patients were consulted about how attractive they found images of men and women and chose those they liked best and least. It was also stated that it was the people under treatment who established the level of electric shock to their own pain threshold.⁷⁷ Feldman and MacCulloch said that patients exerted at least some control over whether they received a shock by looking at a slide picturing the same sex as them for too long, or elected to obtain relief by clicking quickly to move the slides on to view an image of the opposite

⁷⁴ *Ibid.*, 34.

⁷⁵ M. P. Feldman, M. J. MacCulloch, J. F. Orford and V. Mellor, 'The application of anticipatory avoidance learning to the treatment of homosexuality—IV Developments in treatment technique and response recording', *Acta Psychiatrica Scandinavica*, 45 (2), 1969, 109-117; M. J. MacCulloch, C. J. Birtles, and M. P. Feldman, 'Anticipatory avoidance learning for the treatment of homosexuality: Recent developments and an automatic aversion therapy system', *Behavior Therapy*, 2 (2), 1971, 151-169.

⁷⁶ See the various tables of results in their publications, including: Feldman and MacCulloch, 'Aversion Therapy in Management of 43 Homosexuals', 596; Feldman and MacCulloch, *Homosexual Behaviour*, 45-51, see also comments for: Series Case 11, 22; Series Case 41, 219.

⁷⁷ This is described in the publications relating to the application of AA to homosexual behaviour (see, for example, Feldman, 'The Treatment of Homosexuality by Aversion Therapy', 60-61).

sex.⁷⁸ Even if the technique followed the descriptions presented by Feldman and MacCulloch, any sense of control patients may have had was broken by the researchers, who would shock at random, based on extant conditioning principles, in the belief that this would encourage the retention of heterosexual behaviour.⁷⁹

In the first series of 43 subjects, all were spoken to about their private and social situation and undertook personality testing and testing on the Kinsey Scale to measure sexual preference.⁸⁰ The second series of 30 patients was a controlled trial, with some receiving ‘classical conditioning’ and/or psychotherapy aimed at changing sexual orientation or gender identity in order for the researchers to ascertain how effective AA was, compared to other means. The second trial also involved the ‘Sexual Orientation Method’ (SOM), the questionnaire that had been developed as part of the research.⁸¹ The data from the responses to the questions about sexual orientation (by those involved in the trial and a group of control subjects outside) was run through the Atlas supercomputer at the University of Manchester.⁸² The application of these questionnaires, like that of assessments on the Kinsey Scale, was intended to assess ‘homo- and hetero-erotic orientation at the outset of treatment, and to show any changes in these relative levels as treatment proceeds.’⁸³ The difference, the researchers argued, was that SOM was more objective than the Kinsey Scale.⁸⁴

It was clear, however, that the researchers in both of the two trials were also engaging in what is widely known as ‘talking therapy’,⁸⁵ and that through both forming a relationship with patients and their framing of the intervention the researchers would arguably have influenced people.⁸⁶ Nevertheless, SOM was thought to be considerably more efficient than

⁷⁸ *Ibid.*, 60.

⁷⁹ *Ibid.*, 63.

⁸⁰ Feldman and MacCulloch, ‘Aversion Therapy in Management of 43 Homosexuals’, 595.

⁸¹ Feldman, MacCulloch, Mellor, and Pinschof, ‘The application of anticipatory avoidance learning to the treatment of homosexuality—III’.

⁸² *Ibid.*, 293-294.

⁸³ *Ibid.*, 290.

⁸⁴ *Ibid.*, *passim*, esp. 289 and 297.

⁸⁵ The information extracted from patients is indicative of how much contact and, from the sensitivity of the subject, how much investment was made in the medical encounter, even during the first trial (Feldman and MacCulloch, *Homosexual Behaviour*, 31-49).

⁸⁶ For example, even the post-session interviews lasted between 30 and 60 minutes. The men described these sessions as incorporating ‘supportive psychotherapy in that a fair degree of verbal communication of the

psychotherapeutic intervention.⁸⁷ In tandem with the Kinsey Scale, the research team were convinced that they could predict which patients would secure what they felt were the 'best' outcomes from AA.⁸⁸ Whilst they said that SOM was 'not intended for the purpose of detecting homosexuality in those otherwise not presenting with it',⁸⁹ Feldman and MacCulloch believed, alongside excluding people with personality disorders, it offered a pre-treatment 'sieve' to 'predict ... successful response to treatment'.⁹⁰

Complicating Feldman and MacCulloch's Research

All those who received AA were considered by Feldman and MacCulloch to be voluntary, as people who sought help and chose the treatment offered.⁹¹ However, how much decisions were a real choice in the context of ongoing criminalisation and stigmatisation of much homosexual behaviour is deeply questionable. Indeed, one contemporary reviewer of the 1971 book noted that '42 per cent had requested treatment following Court referral' (i.e. a substantial number of people were compelled to seek medical intervention).⁹² Whilst it should not be forgotten that countless researchers and practitioners around the world were employing 'aversion therapy' for homosexual and numerous other behaviours,⁹³ the methodology, claims and reporting of Feldman and MacCulloch specifically were met with robust challenge.⁹⁴ Moreover, there was already the sense in some quarters that the

approving sort took place, i.e., if patients described facts indicative of improvement, this was met with encouraging remark or nods' (Feldman and MacCulloch, *Homosexual Behaviour*, 44).

⁸⁷ *Ibid.*, 159 and 163-164.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*, 63. Their italics.

⁹⁰ Feldman and MacCulloch, *Homosexual Behaviour*, 159.

⁹¹ This is how the matter is framed through Feldman and MacCulloch, *Homosexual Behaviour*. One of their earlier publications from 1964 clarifies: 'Each patient is offered treatment, and is told that we are trying out a new technique, so that we cannot in any sense guarantee success, but that we will do our best to help him. He is also told initially that the treatment is unpleasant, and that it involves electric shocks. To date about five out of those interviewed have decided to embark upon treatment. We offer all patients treatment because we do not wish to bias further the process of self-selection which inevitably has gone on, and we hope as far as possible to be able to generalize our conclusions, as to the efficacy of our treatment, to the sample of homosexuals who present themselves at psychiatric clinics.' (Feldman and MacCulloch, 'The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality', 169).

⁹² John Johnson, 'Homosexual Behaviour: Therapy and Assessment. By M. P. Feldman and M. J. MacCulloch. Pergamon Press, Oxford. 1971. Pp. 1288' (book review), *British Journal of Psychiatry*, 21 (560), 1972, 109.

⁹³ See discussions in: Davison, 'Cold War Pavlov'; Drucker, *The Machines of Sex Research*, 19-44, *passim*; LeVay, *Queer Science*, 87-107, *passim*.

⁹⁴ See, for example: Dr Irving Bieber, 'Aversion Therapy of Homosexuals', Correspondence, *British Medical Journal*, 3 (5561), 05 Aug. 1967, 372; and Tomi S. MacDonough, 'A Critique of the First Feldman and MacCulloch Avoidance Conditioning Treatment for Homosexuals', *Behavior Therapy*, 3, 1972, 104-111. The

intervention was behind the curve; one 1967 correspondent to *BMJ*, an outlier to many commentators who were often fellow ‘aversion therapists’, wrote excoriatingly:

If this treatment gives such satisfactory results is there any reason why enthusiasts should not extend it to conditions such as promiscuity and adultery? And if we extend it to people with less conventional views than ourselves in general we will be in 1984 [*sic*]. At a time when lay people begin to have enlightened views on sex and sexuality is it too much to expect the profession at least to follow suit if it is unable to be in the forefront?⁹⁵

The routes that brought people to Crumpsall Hospital were also complicating factors: aside from encounters with the police and courts,⁹⁶ referrals were made by local Manchester GPs,⁹⁷ psychiatrists,⁹⁸ consultants,⁹⁹ psychiatric hospitals,¹⁰⁰ a factory medical officer,¹⁰¹ and staff at a University Health Service.¹⁰² These multiple pathways in Manchester amply demonstrate the pervasiveness of the belief that desire and sex between men were unacceptable and might be treated clinically. It is also important to recognise that the 73 patients were seen at a time, pre-1967, when all forms of male homosexual sex were against the law.

Feldman and MacCulloch believed the results that they reported were encouraging. The researchers also stated that they seemed to indicate there were two different types of homosexuals: ‘primary’, who had only ever fantasised, been attracted to, and engaged in sexual activity with the same sex; and ‘secondary’, who had a history of fantasies, attractions and sexual activities with the opposite sex.¹⁰³ To their mind, ‘secondary

former commented that ‘the authors would do well to report results factually and in greater detail’. The latter dismantled many of the ideas behind the trials, the methodology, the results and their reading, and the challenge to replicability, but not the issue of wanting to discourage same-sex love and desire.

⁹⁵ B. Kalcev, ‘Aversion Therapy of Homosexuals’, Correspondence, *British Medical Journal*, 12 August 1967, 436.

⁹⁶ For example, ‘Case 11’, Feldman and MacCulloch, *Homosexual Behaviour*, 199.

⁹⁷ For instance, ‘Case 4’, *ibid.*, 195.

⁹⁸ See ‘Case 22’, *ibid.*, 210.

⁹⁹ ‘Case 27’, *ibid.*, 212.

¹⁰⁰ For instance, ‘Case 17’, *ibid.*, 205.

¹⁰¹ ‘Case 31’, *ibid.*, 215.

¹⁰² ‘Trial Case 2’, *ibid.*, 219.

¹⁰³ These were noted as ‘A’ and ‘B’ types in 1968 (Feldman, ‘The Treatment of Homosexuality by Aversion Therapy’, 70). By the time their book was published in 1971, the terms used were ‘primary’ and ‘secondary’ (Feldman and MacCulloch, *Homosexual Behaviour*, *passim*).

homosexuals' were more likely to have increased heterosexual thoughts and actions as a result of their anticipatory avoidance technique.¹⁰⁴

Whilst from the 1960s, Feldman and MacCulloch used scales of sexuality that recognised diversity (Kinsey and their own SOM), their groupings of 'primary' and 'secondary homosexuals' elided a range of sexual and gender identities, including trans and bisexual, which had the effect of flattening several decades of thinking and, potentially, patients' self-identification.¹⁰⁵ Those who became part of the early-1960s trials at Manchester entered them in this atmosphere, and it is worth pausing here to understand a little more about their lives— though no one person can represent the diversity of experiences, thoughts and desires. Feldman and MacCulloch and other contemporary publications framed the people involved in the 'aversion therapy' through a scientific lens; they were subjects of research— patients to be assessed and studied. It is, however, possible to read against the grain and understand the difficult situations that legal and social restrictions introduced, which forced people to internalise guilt and suppress their own sexuality and gender expression. 'Cases' were reported throughout publications that discussed aversion techniques, with Feldman and MacCulloch's monograph containing rich details of life experiences and even a partial three-and-a-half-page transcript of a first-person narrative. 'Series Case 13', born 'during the 1914-18 war', recollected how happy his childhood had been and how he felt he had 'let down' his family by being homosexual and being reported to the police. In spite of the social and familial pressures he felt, he found happiness with same-sex partners, and one in particular from whom he was 'inseparable ... and we more or less lived for one another'.¹⁰⁶ As well as being able to glean information about people's lives, there is also substantial evidence of possible resistance to AA within these reports: the researchers themselves reported that the 'treatment' had no influence on the sexual orientation of '13' and many others;¹⁰⁷ numerous patients elected to walk away from the trials (together these two groups amounted to 18 in the first study);¹⁰⁸ some did not keep follow-up appointments and

¹⁰⁴ Feldman and MacCulloch, *Homosexual Behaviour*, see esp. 86-94.

¹⁰⁵ Feldman and MacCulloch, 'Aversion Therapy in Management of 43 Homosexuals'; Feldman and MacCulloch, *Homosexual Behaviour*. For their discursive definitions of 'primary' and 'secondary homosexuals', see 176-180.

¹⁰⁶ Feldman and MacCulloch, *Homosexual Behaviour*, 201-204.

¹⁰⁷ *Ibid.*, 205.

¹⁰⁸ Feldman and MacCulloch, 'Aversion Therapy in Management of 43 Homosexuals', 596.

may have left AA behind them. For others, though, the legacies of the treatment likely lingered, as Chris's testimony about his experiences at Birmingham amply demonstrates.¹⁰⁹

However, for Feldman and MacCulloch their technique promised to be a breakthrough for what they thought of as homosexual behaviour and the mental health issues associated with it. For the two men and other researchers, aversion methodologies using images could access homosexual behaviour in a measurable way in the laboratory.¹¹⁰ AA was framed by Feldman and MacCulloch as: quick outpatient appointments; 'clean' and medication-free; and for the NHS—for which both men worked at Crumpsall—it meant cheaper interventions that could be rolled out in any hospital setting, and so simple, it was claimed, that junior psychologists and nurses could administer the sessions.¹¹¹

Other forms of 'deviancy', and what were considered by some as related obsessive and compulsive behaviours, were also assessed by Feldman and MacCulloch for potential wider application. A 1966 paper, published whilst at Crumpsall, had studied four people described as 'alcoholics', whose 'relief' slides were of orange squash. From this, AA was deemed to be a failure for alcohol issues.¹¹² In 1968, Feldman and MacCulloch published 'The Aversion Therapy Treatment of a Heterogeneous Group of Five Cases of Sexual Deviation'. The five people received AA for compulsive masturbation, 'transvestism', fetishism, sadism, and paedophilia. The images delivered in the sessions were tailored to their behaviour, and the authors felt encouraged by the results in two cases.¹¹³

Indeed, the results as assessed by Feldman and MacCulloch sustained their adherence to AA for homosexuality. By the time they arrived at Birmingham, to their mind, they had established proof of concept. Central to their Birmingham work was, therefore, the refinement of the technique with the aim of wider use. The ways in which this work might

¹⁰⁹ Hunte, 'Gay 'conversion therapy''.

¹¹⁰ Feldman and MacCulloch, *Homosexual Behaviour*, 16.

¹¹¹ Feldman, 'The Treatment of Homosexuality by Aversion Therapy', 63-64; Feldman and MacCulloch, *Homosexual Behaviour*, 21, 163-164; M. J. MacCulloch, C. J. Birtles, and M. P. Feldman, 'Anticipatory avoidance learning for the treatment of homosexuality: Recent developments and an automatic aversion therapy system', *Behavior Therapy*, 2 (2), 1971, 151-169, *passim*, esp. 157, 158-159 and 167.

¹¹² M. J. MacCulloch, M. P. Feldman, J. F. Orford and M. L. MacCulloch, 'Anticipatory Avoidance Learning in the Treatment of Alcoholism: A Record of Therapeutic Failure', *Behaviour Research and Therapy*, 4 (1-2), 1966, 187-196.

¹¹³ M. P. Feldman, M. J. MacCulloch, and Mary L. MacCulloch, 'The aversion therapy treatment of a heterogeneous group of five cases of sexual deviation', *Acta Psychiatrica Scandinavica*, 44 (2), 1968, 113-123.

develop was articulated by Feldman in 1968. He stated that ‘the most immediately practical research need is the development of techniques to build heterosexual approach behaviour into those individuals who have never displayed this, and who wish to alter the pattern of their sexual outlet.’ Plans for the programme of research also included

1. An analysis of the relationship between child rearing practises and the development of sexual object choice.
2. A longitudinal study of the relationship between the friendship choices made by children and the development of their sexual object choices.
3. A longitudinal study of the relationship between the developing self-concepts of children, their role-taking behaviour, and their eventual sexual object choices.
4. A large-scale analysis of heterosexual social behaviour as a function of affective display, and of both verbal and non-verbal social skill techniques. ... It is hoped that this will increase the ability of therapists to specify for their patients some, at any rate, of the necessary social skills required in making heterosexual contact.¹¹⁴

In this paper, Feldman also responded to social shifts in attitude: ‘it is suggested that we should remove the subject of sexual behaviour as far as possible from the arena of legal and moral controversy ... While it is wrong to impose alterations on behaviour on those who have not sought help, it would be equally wrong to withhold the chance of changing their behaviour from those who have done so, because of a belief that it is not the individual who is out of joint but society itself.’¹¹⁵

Elements of Feldman and MacCulloch’s research plans for Birmingham, set out by Feldman’s 1968 paper, were realised. In particular, refinements centred on the expansion of AA to children considered to be ‘sexually deviant’; automating the aversion apparatus; and improving the reading and understanding of the results. MacCulloch seems to have been the engine for plans coming to fruition. From one 1969/70 case study reported by him and other colleagues at Birmingham, it seems that aversion apparatus was present at the Institute for Child Health, at a premises in the city used by the University. According to the researchers, a 12-year-old boy was referred to the clinic there for exhibitionism, initially by his GP. He and his family later re-engaged in order to avoid court attendance—all of which happened with his mother’s agreement.¹¹⁶ Psychotherapy techniques and then

¹¹⁴ Feldman, ‘The Treatment of Homosexuality by Aversion Therapy’, 70-71.

¹¹⁵ *Ibid.*

¹¹⁶ M. J. MacCulloch, C. Williams and C. J. Birtles, ‘The Successful Application of Aversion Therapy to an Adolescent Exhibitionist’, *Journal of Behavioural Therapy and Experimental Psychiatry*, 2, 1971, 61-66, 62.

AA were employed to direct the child's attention from older women (the focus of his exhibitionism) to girls of his own age.¹¹⁷

MacCulloch stated he left the University of Birmingham when 'the way ahead was blocked to a senior lectureship I was invited to apply for the senior lectureship in adult psychiatry' at the University of Liverpool.¹¹⁸ In the late-1960s and early-1970s, Feldman and MacCulloch worked closely with students and other early career researchers, and these included people who joined MacCulloch at Liverpool.¹¹⁹ MacCulloch continued to publish on homosexuality, sexual preference, and with Feldman about AA,¹²⁰ several years after the point at which historians tend to agree 'aversion therapy' for homosexual behaviour as a whole disappeared from the literature.¹²¹ Importantly, however, in 1974, MacCulloch denounced the use of aversion techniques to change people's sexuality.¹²² Indeed, the technique of the two men had stimulated fresh research, most notably by a Birmingham 'mental hospital' team at Hollymoor, members of which had been affiliated with the Department of Psychiatry at the University of Birmingham.¹²³ In 1977, the claims of Feldman and MacCulloch were refuted. The Hollymoor team wrote that 'it is easy to be critical of

¹¹⁷ *Ibid.*

¹¹⁸ Jones, 'Biographical sketch', 430.

¹¹⁹ M. J. MacCulloch, C. J. Birtles, and M. P. Feldman, 'Anticipatory avoidance learning for the treatment of homosexuality: Recent developments and an automatic aversion therapy system', *Behaviour Therapy*, 2 (2), 1971, 151-169; J. E. Sambrooks and M. J. MacCulloch, 'A Modification of the Sexual Orientation Method and an Automated Technique for Presentation and Scoring', *British Journal of Social and Clinical Psychology*, 12, 1973, 163-174.

¹²⁰ Sambrooks and MacCulloch, 'A modification of the sexual orientation method'; M. J. MacCulloch and J. E. Sambrooks, 'Sexual interest latencies in aversion therapy: A preliminary report', *Archives of Sexual Behavior*, 3 (3), 1974, 289-299; J. E. Sambrooks and M. J. MacCulloch, 'Sexual orientation method questionnaire and its use in the assessment and management of cases of sexual dysfunction', *Behavioral Engineering*, 2 (1), 1974, 1-6; Malcolm J. MacCulloch and M. P. Feldman, 'Sobre la etiología de la homosexualidad', *Revista Latinoamericana de Psicología*, 9 (1), 1977, 101-115; Jean E. Sambrooks, Malcolm J. MacCulloch, and John L. Waddington, 'Incubation of sexual attitude change between sessions of instrumental aversion therapy: Two case studies', *Behavior Therapy*, 9 (3), 1978, 477-485; Malcolm J. MacCulloch, John L. Waddington, and Jean E. Sambrooks, 'Avoidance latencies reliably reflect sexual attitude change during aversion therapy for homosexuality', *Behavior Therapy*, 9 (4), 1978, 562-577; Malcolm MacCulloch, 'Biological aspects of homosexuality', *Journal of Medical Ethics*, 6 (3), 1980, 133; M. J. MacCulloch, 'Male homosexual behaviour', *The Practitioner*, 225 (1361), 1981, 1635-1641; Malcolm J. MacCulloch and John L. Waddington, 'Neuroendocrine mechanisms and the aetiology of male and female homosexuality', *The British Journal of Psychiatry*, 139 (4), 1981, 341-345.

¹²¹ Smith, King and Bartlett, 'Treatments for Homosexuality in Britain', 2; Dickinson, 'Curing Queers', 222; Davison, 'Cold War Pavlov'.

¹²² 'Medics think-in', *Gay News*, May 9 1974, 46, 5; 'Friend aids University seminar', *Gay News*, May 20 1976, 95, 5.

¹²³ The Department of Psychiatry listed the team's outputs as departmental publications in the 1974/5 and 1975/6 (CRL UB/P/8/8/10-11, University Research Committee Reports, Volumes 46-47 (1974-1976)).

Feldman and MacCulloch for promoting a method that ... relied too heavily on the findings of experimental psychology; for their optimism over its therapeutic efficacy; and for claims of general applicability.¹²⁴ The team concluded that AA highlighted the ‘dangers of transposing the findings of experimental psychology to the clinical arena without taking cognizance [*sic*] of factors which operate outside the “stripped down” experiments of the laboratory’.¹²⁵ It bears repeating that today a raft of professional bodies and organisations condemn all such interventions as, in the words of the British Psychological Society, ‘unethical, potentially harmful’ and ‘unsupported by ... evidence’.¹²⁶

However, the publicity around AA and the attention and legitimacy lent by the platforms of Crumpsall, the University of Birmingham, and other organisations through the employment of the two men, broadcast the notion that aversion techniques offered ‘treatment’ and even a ‘cure’ for same-sex desire and intimacy. Indeed, in 1971 ‘A Conditioning Experiment on Two Normal Volunteers’ (using images of what were effectively considered attractive and unattractive animals), was reportedly prompted by a comment from the producer of a BBC programme and used ‘volunteers from a Midlands University ... aged 19’.¹²⁷ The profile gained by aversion methodologies in the 1960s and 70s also mean it lies within recent memory, and that there was and is a social and cultural legacy, as can be seen, in part, in the mainstream press.¹²⁸ Despite the publicity, no information from the published sources has yet been discovered about what routes may have been present in Birmingham that could have led people to Feldman and MacCulloch for reasons of sexual orientation,

¹²⁴ Sheelah James, A. Orwin and R. K. Turner, ‘Treatment of Homosexuality: I. Analysis and the Development of an Alternative Treatment System’, *Behavior Therapy*, 8 (5), 1977, 840-848, 847.

¹²⁵ *Ibid.*

¹²⁶ ‘Psychologists back call for end to conversion therapy’, BPS News, *The British Psychological Society*, 21 October 2017 (accessed: 12 May 2022), <https://www.bps.org.uk/news-and-policy/psychologists-back-call-end-conversion-therapy>.

¹²⁷ Feldman and MacCulloch, ‘A Conditioning Experiment on Two Normal Volunteers’, Appendix B, *Homosexual Behaviour*, 264-73, 264.

¹²⁸ See Davis, ‘Cold War Pavlov’. The number of newspaper articles that reported on ‘aversion therapy’ for a variety of behaviours is significant (see, for example: ‘A Cure for Thugs—Vomit Drugs’, *Sunday Mirror*, 29 Dec. 1963, 5; ‘The Shock Puts A Man Off Drink’, *Belfast Telegraph*, 7 Apr. 1964, 3; Arthur Smith, ‘Gambler’s Tough Cure—Non-Stop Losers’, *Daily Mirror*, 18 Nov. 1966, 7; Alfred Green, ‘They Have Ways of Making You Slim’, *Liverpool Echo*, 7 Dec. 1973, 16; Marje Proops, ‘Family Affair: Talking Point’, *Daily Mirror*, 3 Aug. 1973, 9; Arthur Smith ‘John Is Turned On To The Girls’, *Daily Mirror*, 10 May 1975, 13).

though in Chris's case he was directed by a GP.¹²⁹ Unlike at Crumpsall, however, to date no evidence has been found of any referral from Birmingham's University Health Service.¹³⁰

After the Birmingham 'mental hospital' team published their study challenging the early-1960s trials, Feldman continued to draw on publications about AA. In 1980, for example, with colleagues in Endocrinology at the University of Birmingham's Medical School, he conducted experiments. Little information about this has been found to date, as the study was not published. The research involved ideas about the physical build of 'gay men' being indicative of hormone delivery in the womb; the theory was that injecting oestrogen into gay men would see a biological 'female pattern of response ... In this study the male homosexual sample was divided very carefully into primary and secondary individuals, as defined by Feldman and MacCulloch'.¹³¹

However, the activities of Feldman and MacCulloch were not hidden from view. Feldman was the first speaker at the University of Birmingham Psychological Society's inaugural event on campus in 1967. Almost 100 people listened to him talk about the potential 'remarkable new cure for homosexuality'.¹³² The composition of the audience was not recorded. In 1973, however, the *Guild of Students Handbook* listed departmental societies, including the Psychological Society, and stated that 'membership' was 'not compulsory. These departmental societies aim on the whole to approach their subjects from a wider angle than the course necessarily allows, and also to give social unity to the department'. It continued, 'Membership of these societies is open to all members of the University and some of them have large extra-departmental memberships'.¹³³ Much more information is available for the audience of Feldman's presentation at the Second Annual Behavioural

¹²⁹ Hunte, 'Gay 'conversion therapy''.

¹³⁰ Nothing has been found in: the *British Newspaper Archive*, the publications of Feldman and MacCulloch (see Appendix), and at CRL—CRL UB/P/9/73-92, University of Birmingham: Faculty Handbook, academic years 1965-1982; UB/P/8/8-18, University of Birmingham: University Research Committee Reports, Volumes 38-54 (1966-1983); UB/COM/101 Records of University of Birmingham Recognised Chaplains committee, 2 Vols, 1961-1981; UB/COM/148/1-3, Minutes of University of Birmingham Joint University Health Service Committee, 1961-1983; UB/GUILD/A21/4 St Francis Hall committee minutes, 1964-1976.

¹³¹ Philip Feldman, *Sex and Sexuality*. Longman Applied Psychology (London and New York: Longman, 1987), 146-147, referring to M. P. Feldman, M. A. McGivern, R. W. Shaw and W. R. Butt, 'Oestrogen feedback effects in homosexual males' (Unpublished study: Departments of Psychology and Clinical Endocrinology, University of Birmingham, 1980).

¹³² Jeremy Laurence, 'New Cure for the English Disease', *Redbrick*, 22 Nov. 1967, 3.

¹³³ CRL UB/GUILD/E/3/32 *Guild of Students Handbook*, 1973-1974.

Modification Conference in Los Angeles, USA, in 1970. The paper included the showing of a filmed session of AA to around 140 delegates ‘when gay activists in the audience raised shouts of “Barbarism!” “Medieval Torture!” and “This is disgusting!” ... “This is the same situation that happened in Nazi Germany. You wonder why we are here with hostility. You are wanting to burn our brains out because you don’t like the way we live”’. The meeting broke down amidst the vocal but peaceful protests of the Gay Liberation Front (GLF), creating ‘dozens of discussion groups’ of psychologists and protestors about both the medicalisation of same-sex desire and the use of aversion techniques with sexual orientation change aims.¹³⁴

It is clear, then, that Feldman and MacCulloch’s activities aimed at changing sexual orientation or gender identity were very much part of their research. Unlike MacCulloch, Feldman remained at Birmingham and was serially promoted, becoming Reader in Psychology and Head of Training in Clinical Psychology.¹³⁵ Feldman’s career progress and promotion demonstrates the recognition and appreciation of his work by the Department and the wider University, which was rewarded by directing the training of the next generation of psychologists. What is not yet clear is whether any local activism reflected that taking place internationally and nationally. In 1972 there were GLF protests in London against Eysenck and aversion techniques by Peter Tatchell, one of the founders of GLF in the UK and a lifelong LGBTQ+ activist.¹³⁶ The annual meeting of the GLF was held at The Guild at the University of Birmingham in 1972. After the protests and the apparent disavowal by MacCulloch, Feldman had, according to the content of his 1987 book, tried to understand ‘homosexual lifestyle’.¹³⁷ Since the beginning, and repeated in 1987, he had emphasised the ways in which moral, legal and social pressure were exerted over same-sex attraction and homosexual sex.¹³⁸ Until at least the late-1970s, his rationale for treating people engaged in

¹³⁴ ‘Psychologists get Gay Lib ‘therapy’’, *The Advocate: Newspaper of America’s Homophile Community*, 4 (19), 11-24 Nov. 1970, 1, 8, 31.

¹³⁵ CRL UB/P/9/73-92, University of Birmingham: Faculty Handbook, academic years 1965-1982. Additional and confirmatory information on the dust jackets of Feldman, *Sex and Sexuality*; Philip Feldman and Malcolm MacCulloch, *Human Sexual Behaviour* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1980).

¹³⁶ ‘Aversion Therapy Like Going to the Dentist’, edited version of an article that appeared in *Gay News* in 1972, reproduced on Peter Tatchell’s own website:

https://www.petertatchell.net/lgbt_rights/psychiatry/dentist/ (accessed: 30 Oct. 2021).

¹³⁷ Feldman, *Sex and Sexuality*, 124-163.

¹³⁸ *Ibid.*, 125-129.

or with thoughts about homosexual behaviour remained the same as in his pronouncement in 1968: that people should not be forced or compelled to undertake activities aimed at changing sexual orientation or gender identity, but that to remove the option of assistance from people who sought it was inhumane. In 1977, in response to mounting criticism from within the field of Psychology, Feldman wrote:

Many therapists will simply find distasteful ... assisting a client to change his sexual orientation. There are then four possibilities: (a) persuade the client to “accept” his sexuality; (b) refuse to help him change; (c) refer him to another therapist; or (d) carry out the treatment despite distaste. The first two alternatives are a reduction of client rights, the last asks too much in the way of self-abnegation for most of us frail humans. On balance, the third is the least unsatisfactory: The client has the access he seeks to reduce his distress as he perceives it, and the therapist partially avoids his own distress and may be comforted by the knowledge that he has helped a client ... therapists prepared to offer reorientation to clients who seek it should (a) also offer greater ease to those who seek that treatment goal—this may involve seeking the assistance of a gay organization or individuals—and (b) ensure that *whatever* the goal the client states he has, the therapist has carefully considered the alternatives. Finally, of course, the choice is not confined to greater ease or total reorientation; an increase in heterosexual behaviour coexisting with continued homosexual behaviour, is in my view an entirely legitimate treatment goal ... It is in any event an assertion, as yet quite unsupported by empirical evidence, that the existence of therapists prepared to help homosexuals reorient their sexual behavior [*sic*] increase the social disabilities of homosexuals in general. Even if the evidence existed that did so, we would still have to think very carefully indeed before sacrificing the aspirations of individual clients to the long-term triumph of the general cause.¹³⁹

The tide, though, had already turned more forcefully against the use of AA and other ‘aversion therapies’ for sexual and gender diversity. Indeed, the issue of the journal which published Feldman’s 1977 defence was entirely dedicated to discussing the dubious ethics around the practice. Drawn from papers delivered to the 1975 Ninth Annual Convention of the Association for the Advancement of Behavioural Therapy in the US, Gerald C. Davison, Charles Silverstein and D. A. Begelman railed against the view of sexuality as rigid and not on a sliding scale, alongside other elements of ‘aversion therapy’, with Feldman a target for their ire.¹⁴⁰ ‘Under no circumstances’, said Silverstein, ‘should a therapist attempt to change

¹³⁹ Philip Feldman, ‘Helping Homosexuals with Problems: A Commentary and A Personal View’, *Journal of Homosexuality*, 2 (3), 1977, 241-249, 247-249.

¹⁴⁰ Gerald C. Davison, ‘Homosexuality and the Ethics of Behavioural Intervention: Paper 1, Homosexuality, The Ethical Challenge’, *Journal of Homosexuality*, 2 (3), 1977, 195-204; Charles Silverstein, ‘Homosexuality and the

the sexual orientation of a patient, including those circumstances where the patient requests such a change.’¹⁴¹

Concluding Thoughts

There is no doubt that research into aversion techniques used to suppress sexuality and gender took place at or were conducted by affiliates to the University of Birmingham. From the surviving records, as well as the course of Feldman’s career, it seems that the Department of Psychology and the wider University had no official issue with the work at the time. Indeed, Feldman and MacCulloch were both appointed by Birmingham despite evidence that their work was already generating controversy. That they were both employed by the institution guaranteed the two men were able to continue their AA work together. Moreover, the ideals behind the 1965 establishment of the Department of Psychology were cemented by Feldman becoming one of the first external appointments, as someone who was conducting psychology that considered what were then framed as ‘social issues’ in tandem with laboratory-based behavioural psychology.

Feldman was promoted to the level of Reader in Clinical Psychology and was Head of Training in Clinical Psychology; from this it is apparent that he had would have had contact with clinical services in the city of Birmingham, and that he was responsible for directing the training of a generation of clinical psychologists. The position awarded to him by the University opened doors, ensuring that he was lent credibility by the association, for example in being given a platform at the Second Annual Behavioural Modification Conference. Indeed, Feldman attracted a large audience and vocal protests against ‘aversion therapy’ more broadly and against the homophobic views underpinning the medical classification of homosexuality as a ‘mental disorder’ and a ‘sexual deviation’. That Feldman and MacCulloch’s publications continued to be referenced extensively points to the influence of the research; some of the subsequent literature, including that at a Birmingham

Ethics of Behavioural Intervention: Paper 2’, *Journal of Homosexuality*, 2 (3), 1977, 205-211; D. A. Begelman, ‘Homosexuality and the Ethics of Behavioural Intervention: Paper 2’, *Journal of Homosexuality*, 2 (3), 1977, 213-219.

¹⁴¹ Charles Silverstein, Personal Communication with Philip Feldman, 29 January 1976, as quoted in Feldman, ‘Helping Homosexuals with Problems’, 241.

mental hospital by NHS colleagues affiliated with the Department of Psychiatry, ensured that AA and 'aversion therapy' expanded into new areas and places.

What remains unclear from the textual sources is who and how many people received AA on University premises and/or directly from staff employed by the University. Nevertheless, Chris's reporting of his experiences is clear. It is evident that there was apparatus on University of Birmingham premises aimed at sexual orientation or gender identity, and that a child was subjected to the aversion technique. Refinements in the equipment and methodology took place at the University. Three Departments—Psychology; Paediatrics and Child Health and the Institute for Child Health; and Psychiatry—claimed credit for the publications of the two men. Colleagues elsewhere at the University advised or helped develop the various strands of research of the two men.

Moreover, Feldman and MacCulloch wrote books about sexual behaviour (employing their research around homosexuality), which were intended to broadcast their ideas widely, not only to 'students of psychology and the social sciences', but also 'clinical psychologists, social workers, doctors, and all those in the helping professions concerned with sex therapy'.¹⁴² Their work was internationalised through their presentations at conferences, their teaching, and their publications. Certainly, countless people around the globe were actively employing 'aversion therapy'. However, Feldman and MacCulloch were two of the biggest international names in 'aversion therapy' aimed at homosexual behaviour and, irrespective of where this form of 'conversion therapy' was conducted, their research was enabled by the support they received from the University of Birmingham.

¹⁴² Feldman and MacCulloch, *Human Sexual Behaviour*, front inside dust jacket.

Appendix

This Appendix contains all the publications that appeared in University documentation and involved authorship by M. Philip Feldman and Malcolm J. MacCulloch during their employment at the University of Birmingham (Cadbury Research Library, UB/P/8/8-18, University of Birmingham: University Research Committee Reports, Volumes 38-54 (1966-1983)). There are further publications that were overlooked by the official record, for example: M. J. MacCulloch and M. P. Feldman, 'Aversion Therapy of Homosexuality', Correspondence section, *British Journal of Psychiatry*, 116 (535), 1970, 673-676; M. J. MacCulloch and M. P. Feldman, 'Sobre la etiología de la homosexualidad', *Revista Latinoamericana de Psicología*, 9(1), 1977, 101-115.

Please note: some 1966-1971 publications are listed under different departments for different dates in the University reports, meaning that the publications appeared as the outputs of up to three different departments at Birmingham.

Academic Year	M. P. Feldman	M. J. MacCulloch	Other author/s	Title details	Listed under Department of Psychology
1966/67	x	x	x	M. P. Feldman, M. J. MacCulloch [Valerie Mellor, and J. M. Pinschof not mentioned in citation], 'The application of anticipatory avoidance learning to the treatment of homosexuality—III: The sexual orientation method', <i>Behaviour Research and Therapy</i> , 4 (1-2), 1966, 289-299.	x
	x	x		M. J. MacCulloch and M. P. Feldman, 'Aversion therapy in management of 43 homosexuals', <i>British Medical Journal</i> , 2 (5552), 1967, 594-597.	x
1967/68	x	x	x	M. P. Feldman, M. J. MacCulloch, and Mary L. MacCulloch, 'The aversion therapy treatment of a heterogeneous group of five cases of sexual deviation', <i>Acta Psychiatrica Scandinavica</i> , 44 (2), 1968, 113-123.	x
	x	x		M. J. MacCulloch and M. P. Feldman, 'Personality and the treatment of homosexuality', <i>Acta Psychiatrica Scandinavica</i> , 43 (3), 1967, 300-317.	x
		x		M. J. MacCulloch, 'Aversion therapy in management of 43 homosexuals', <i>British Medical Journal</i> , 2 (5552), 1967, 594-597. [NB this is the same article as that cited in 1966/7, but in this case Feldman not mentioned.]	
1968/69	x			M. P. Feldman, 'The treatment of homosexuality by aversion therapy', Hugh Freeman (ed.), <i>Progress in Behavior Therapy: Proceedings of a Symposium</i> (Bristol: John Wright & Sons, 1968), 59-72.	x
		x	x	M. J. MacCulloch [and June Atkinson, not mentioned by the UoB citation], 'A simple method for adapting a	

				portable EEG machine for use as polygraphs', <i>Acta Psychiatrica Scandinavica</i> , 4 (44), 1968, 410-414.	
	x	x	x	M. P. Feldman, M.J. MacCulloch, J.F. Orford and V. Mellor, 'The application of anticipatory avoidance learning to the treatment of homosexuality— Developments in treatment technique and response recording', <i>Acta Psychiatrica Scandinavica</i> , 45 (2), 1969, 109-117.	x
1969/70		x	x	M. J. MacCulloch, C. J. Birtles and Sarah Bond, 'A free space-time transversal data-logging system for two human subjects', <i>Medical and Biological Engineering</i> , 7(6), 1969, 593-599.	x
	x	x	x	M. P. Feldman, M. J. MacCulloch, J. F. Orford and V. Mellor, 'The application of anticipatory avoidance learning to the treatment of homosexuality—IV Developments in treatment technique and response recording', <i>Acta Psychiatrica Scandinavica</i> , 45 (2), 1969, 109-117. [NB this is the same article as that cited in 1968/9.]	x
1970/71	x	x	x	M. J. MacCulloch, M.P. Feldman and J. Sambrooks, 'A dual theory of homosexuality: implications for research and treatment', <i>Bulletin of the British Psychological Society</i> , 24 (1971), 251-2.	x
	x			Maurice P. Feldman, <i>Psychology in the Industrial Environment</i> (London: Butterworths, 1971).	x
	x	x		Maurice Philip Feldman and Malcolm John MacCulloch, <i>Homosexual Behaviour: Therapy and Assessment</i> (Oxford, New York, Toronto, Sydney and Braunschweig: Pergamon Press, 1971).	x
	x	x	x	M. J. MacCulloch, C. J. Birtles, and M. P. Feldman, 'Anticipatory avoidance learning for the treatment of homosexuality: Recent developments and an automatic aversion therapy system', <i>Behavior Therapy</i> , 2 (2), 1971, 151-169.	x
		x	x	M. J. MacCulloch, C. Williams, and Pat Davies, 'Heart-rate Variability in a Group of Cerebral Palsied Children', <i>Developmental Medicine & Child Neurology</i> , 13 (5), 1971, 645-650.	
		x	x	M. J. MacCulloch, C. Williams, and C. J. Birtles, 'The successful application of aversion therapy to an adolescent exhibitionist', <i>Journal of Behavior Therapy in Psychiatric Practice</i> , 2 (1), 1971, 61-66.	x

M. J. MacCulloch left the University of Birmingham in 1970/early-1971. To date, no publications have been found by M. P. Feldman in the year 1972. To avoid confusion, the subsequent publications by Feldman are simply listed in chronological order, as many were counted twice because of the overlap in academic years (e.g. the same 1981 publications appeared in both 1980/81 and 1981/82).

1973

M. P. Feldman, 'Abnormal sexual behaviour – males', H. J. Eysenck (ed.), *Handbook of Abnormal Psychology* (London: Pitman, 1973), 131-170.

1974

John F. Allsopp and M. Philip Feldman, 'Extraversion, Neuroticism, Psychoticism, and Antisocial Behavior in Schoolgirls', *Social Behavior & Personality: An International Journal*, 2 (2), 1974, 184-190.

1976

John F. Allsopp and M. Philip Feldman, 'Personality and Anti-Social Behaviour in Schoolboys-Item Analysis of Questionnaire Measures', *British Journal of Criminology*, 16 (4), 1976, 337-351.

M. P. Feldman and A. M. Broadhurst (eds), *Theoretical and Experimental Bases of Behaviour Modification* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1976).

M. P. Feldman, 'Social Psychology and the behaviour therapies', M. P. Feldman and A. M. Broadhurst (eds), *Theoretical and Experimental Bases of Behaviour Modification* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1976), 227-268.

M. P. Feldman, 'The behaviour therapies and society', M. P. Feldman and A. M. Broadhurst (eds), *Theoretical and Experimental Bases of Behaviour Modification* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1976), 405-434.

1977

Philip Feldman, 'Helping Homosexuals with Problems: A Commentary and a Personal View', *Journal of Homosexuality*, 2 (3), 1977, 241-249.

Maurice Philip Feldman, *Criminal behaviour: A psychological analysis* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1977).

I. G. McPherson and M. P. Feldman, 'A preliminary investigation of the role of the clinical psychologist in the primary care setting', *Bulletin of the British Psychological Society*, 30, 1977, 342-346.

1980

M. P. Feldman, 'Behaviour Therapy', M. Jeeves (ed.), *Psychology Survey: Number 3* (London: George Allen and Unwin, 1980), 146-58.

Maurice Philip Feldman and Jim Orford (eds), *Psychological Problems: the Social Context* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1980).

M. P. Feldman, 'The making and control of offenders', Maurice Philip Feldman and Jim Orford (eds), *Psychological Problems: the Social Context* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1980), 185-218.

J.F. Orford and M. P. Feldman, 'Overview and implications: towards an applied social and community psychology', Maurice Philip Feldman and Jim Orford (eds), *Psychological Problems: the Social Context* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1980), 185-218.

M. P. Feldman, 'Frame of Reference in Training: Behaviour Therapy', W. DeMoor and W. E. Wijngarden (eds), *Psychology: Research and Training* (Amsterdam: Elsevier, 1980), 259-68.

M. P. Feldman and M. J. MacCulloch, *Human Sexual Behaviour* (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1980).

M. P. Feldman, 'Clinical psychology at Birmingham: The first 100 graduates', *Bulletin of the British Psychological Society*, 33, 1980, 85-8.

I.D. Reid, M.P. Feldman and E. Ostapiuk, 'The Shape Project for Young Offenders: Introduction and Overview', *Journal of Offender Counselling, Services and Rehabilitation*, 4, 1980, 233-46.

1981

William Davies and Philip Feldman, 'The diagnosis of psychopathy by forensic specialists', *British Journal of Psychiatry*, 138 (1981), 329-331.

M. P. Feldman, 'The employment of clinical psychologists: past and future', I. McPherson and A. Sutton (eds), *Reconstructing Psychological Practice* (London: Croom Helm, 1981), 130-144.

1982

M. Philip Feldman and Jill Peay, 'Ethical and legal issues', A. S. Bellack, M. Hersen and A. E. Kazdin (eds), *International handbook of behaviour modification and therapy* (New York, NY: Plenum Press, 1982), 231-261.

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