

Surviving a Therapeutic Cult

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I WAS 24 YEARS OLD. It was 1989, and I had just moved from my hometown in Canada. I had come out to my Catholic family two years earlier, and since then our relationship had escalated from constant criticism to outright rejection. Isolated and confused, I sought professional help in the person of psychiatrist “Dr. Alfonzo.” In turmoil, I asked this doctor how I could best come to terms with my homosexuality as well as with the psychological effects of the sexual abuse I had endured as a child.

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Within the first few months, Alfonzo told me that I would never be happy as a homosexual, presented me with conflicting causation theories, and directed me to release my anger and to feel my pain in an effort to “unlearn the error” of my homosexuality. If I dared say that I really was gay, Alfonzo became enraged and threatened to throw me out of therapy. If I persisted in arguing with him, his loud, accented voice would overshadow my own. He would point his finger down at me in a menacing and condescending manner, cocking his head to one side. I would know enough to stop talking immediately—or else. No one had the last word when it came to Alfonzo. The end result was that my already low self-esteem plummeted.

Six months later, Alfonzo ordered me to move, along with four of his other patients, into a therapeutic house which he called the Styx. At his instruction, we built a makeshift 4' x 6' sound-insulated “screaming room” in the basement that we used for self-administered primal sessions. Alfonzo had us compose a written charter, detailing his expectations about what foods we would eat (vegan), and what activities would not be tolerated (smoking, drinking, sex in the house). Nightly meditation was implemented. Members were discouraged from leaving the house during non-work hours except in the company of other members, and from having social contact with anyone outside the therapy. Visitors were forbidden, except for other patients sent by Alfonzo for three-week residential stays or “intensives.”

Alfonzo prescribed increasingly higher doses of medications, which he said were necessary if I was to benefit from his therapy. The medications included a combined or overlapping use of Rivotril, Surmontil, Elavil, Sinequan, and Anafranil. Weekly intra-muscular injections of ketamine (a dissociative anesthetic,

sometimes used in veterinary practice) soon followed. The drug was administered immediately prior to each re-parenting (“nurturing”) session, though he never received proper informed consent to administer this drug. Often he double-prescribed my monthly prescriptions, instructing me to bring the extra medication back to him for his personal use. Years later, I was to learn that he double-prescribed for many of his patients.

In private, he disclosed intimate details of his life to me, including facts about his own breakdown from which he claimed never to have fully recovered. Styx members were referred to as “family.” We were required to spend time with him at house meetings and during visits to his private home. We were given chores—to cook his meals, to clean his office and home, to care for his pets (one of which, a dog, he’d had us drug and steal from a nearby farm), to help him write his autobiography, and to renovate his retirement home on a remote island (where he said we’d all one day live communally). If any of us had “a feeling” about any of our many duties, Alfonzo told us to “work it in private,” and not in front of patients who weren’t “part of the family.”

Over the next two years, Alfonzo systematically denigrated my homosexuality, characterizing it as learned behavior and comparing it to a drug addiction. He told me that I needed to carry my “cross” with dignity (remain celibate) and not act on my “insanity.” In deep primal sessions, howling and beating a mattress in Alfonzo’s office, I began to accept—or, at least, not contradict—the doctor’s beliefs that I had self-identified as gay because of

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poor parental role modeling, the childhood sexual abuse I suffered at the hands of a stranger in a public washroom, and the consequent years I spent “acting out” that abuse by training my body to respond only to men.

As my primal sessions deepened, Alfonzo prescribed ever higher doses of medications, and I became increasingly unable to function. By late 1992, the side-effects I suffered included short-term memory loss, breathing difficulties, blurred vision, dry mouth, constipation, urinary retention, involuntary twitching, excessive sweating, weight gain of almost forty pounds, and visual hallucinations. Generally, I felt numb and “spaced out” all the time.

In 1993, I suffered a breakdown, brought on largely by extreme medication toxicity. Alfonzo added an anti-psychotic to my regime of daily medications and placed me on medical disability. He prescribed yet more medication to deaden my sex drive, saying that I would never be able to “flip to the other side” as long as I was obsessing about “the gay side.” In the most bizarre form of treatment yet, he ordered me to bottle my feces and sniff them whenever I was attracted to a man, in order

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Chincoteague Island, 1989

I'd like to believe the one where Spanish galleons crash off the Virginia coast and hundreds of horses rock the waves in their yellow, foamy manes.

Or, at least enough of the legend to tie pony to water to pedal. I was a little girl in the hotel feeding sugar cubes to a domesticated colt out of the well in my

palm. There was wooden fence all around the island until we reached the bridge that carried us, automobile and camera, through the wild fields and hooves marking

duned beach. Every year the animals are rounded up, pricked into the bay and forced to swim nearer the auction. For a minute after splash, when the backs appear like reefs in the water,

the horses break for the shore, salted and sunned, their tails blooming in the current, bodies weightless and born as their first spill.

DANIELLE AQUILINE

to help remind me "where homosexual men stick their penis." When none of that worked, the doctor threatened to hook my genitals up to electrodes. "Without my help," he told me once, "you'll probably just get AIDS and die."

In 1994, Alfonzo placed me on what he described as a short therapeutic holiday, during which time my primal sessions were reduced and the medication dosages lowered. Consequently, as the fog of the medications waned, my sexual desires intensified. Despite five years of so-called therapy, I was still attracted to men. I began to spend longer hours away from the Styx, struggling to accept my homosexuality, all the while becoming ever angrier over what I'd been doing in an effort to kill that part of myself.

In early 1995, Alfonzo told all of us at the Styx that unless we corrected our life patterns by practicing more "tough love" on one another outside of our workroom, none of us would make it in the world "out there," nor would we ever be allowed to live with him in his new home. We took his advice to heart. No longer did we work out our feelings in the basement; instead, we brought our primal rage upstairs into our living room, our kitchen, and our bedrooms. We became like caged primates, and the house structure quickly disintegrated. Finally, in late 1995 we agreed to disband.

I returned for prescriptions regularly during the next year. During each of these visits, the doctor continued to make derogatory comments about gays. I said nothing, feeling numb inside when he spoke.

By the time I visited Alfonzo in mid-1996, I realized how many years I'd lost in a futile effort to change. I dreaded returning to his office but knew that I had to be weaned off the

medications. My best defense seemed to be to say as little about my life as possible, get my prescription, and leave. During our last visit, he told me he was concerned for all his former "children," but in particular for me, since I had stepped back out into the world "with all those homosexuals." His words sent a jolt through my body, as if I was hearing the hatred in his voice for the very first time.

"I'm one of those homosexuals," I snapped back at him. "And nothing's going to change that fact. I can't hide from the world my whole life, and homosexuals are as much a part of the world as anyone." I continued to look him in the eyes, not backing down. He said nothing; then, a moment later, he turned back to his desk, wrote another prescription, and made an appointment for the following month. I never kept it.

I spent much of the next two years in solitude, feeling shell-shocked, weaning myself off all the medications while struggling with memories of Alfonzo and "the family." Despite the doctor's ongoing attempts to revert my sexuality to its "base heterosexuality," there had been no heterosexual in me waiting to emerge. The

truth was, I felt more like a shell that had had its innards scooped out.

Gradually, I thawed out and deprogrammed from the therapy. The panic attacks I'd suffered through for years soon dissipated, despite Alfonzo's constant warnings that they would necessitate a lifetime of medication. In other friendships and in work relationships, I was accepted as a gay man, and this assisted in challenging my own homophobia. I continued to fluctuate between feelings of outrage over what had occurred and a great deal of loyalty toward Alfonzo. With the assistance of a new, healthier counselor, I not only dealt with issues relating to my childhood sexual abuse but also with Alfonzo's systematic attempts to erase my gay identity.

IN MAY 1997, I mailed a five-page letter of complaint to one of Canada's colleges of physicians and surgeons. Essentially, the complaint stated that the doctor ran a cult in which I was excessively overmedicated, forced into providing free labor, subjected to his homophobic dogma, and treated in an effort to "cure" me of my homosexuality. Alfonzo was given fourteen days to respond. Seven months later the college received his 500-page rejoinder, in which he denied all inappropriate conduct. The college consulted an independent psychiatrist, who advised them that Alfonzo's behavior was considered "acceptable within the framework of his therapeutic model."

Following a twenty month investigation, Alfonzo was directed to attend a conduct review before the college's Ethical Standards & Conduct Review Committee. Comprised of four senior physicians and two public representatives, the Ethical

Conduct Review, I was told, was intended to be educational and remedial, and to provide advice, guidance, and criticism as warranted to the physician to avoid the recurrence of similar complaints at the college.

I was there for the review in March 1999. Alfonzo was asked first about his attitude toward homosexuality. He spoke at length, saying that he had no particular attitude: that twenty percent of his clientele were homosexual; that he did not know the causation of homosexuality because nothing was known; that he was aware of theories such as the way in which childhood damage can cause a person to be gay, but that he did not regard homosexuality as an illness, because homosexuality itself was no longer in the DSM. "How could I treat someone for a disease that no longer exists?" he asked.

The chair spent several minutes reviewing the Canadian Medical Association's view on homosexuality. She said that homosexual orientation was considered neither a mental illness nor moral depravity. "In fact, homosexual orientation has been found to be in place very early in the life cycle," she continued, "possibly even before birth; and research strongly suggests that efforts to repair homosexuals are nothing more than social prejudice and could result in severe psychological damage inflicted onto the individual."

Alfonzo was asked about the power difference between therapist and patient—the "slave and daddy role" within his therapy. He was reminded that his patients underwent regression, were therefore extremely vulnerable to suggestion, and could be easily damaged. He was asked about using abusive language on his patients; whether he kept his beliefs to himself; the fact that patients may have witnessed his own ketamine-enhanced therapy, where he told us he was Christ, that he had been crucified in a past life, and that this was the world's last chance to hear his message.

One by one Alfonzo denied each of the allegations. He pretended to be particularly horrified at the idea that patients may have witnessed his own therapy. When asked why I would say that this had occurred if it had not, the doctor replied that I had the ability to blend fact and fiction and vice versa, which was characteristic of my sort of personality disorder. "For a patient to witness his therapist's own treatment would not be therapeutic," he said. "It would break all the rules. It would be traumatic for the patient, not to mention unethical and a violation of trust."

Alfonzo was asked whether he was doing research with the ketamine and whether he'd had any peer review. He said that research in psychiatry was not the same as in other branches of medical science—a statement the chair quickly rebuked—and that he conducted "continuous research" on his patients, who in turn gave him feedback on their therapy. He was asked about his use of ketamine and the general use of anesthesia. Alfonzo told them that he utilized very small doses of ketamine in order to avoid the hallucinogenic effects, and that it had also been used thirty years ago in Russia to enhance psychotherapeutic processes. When asked why he did not use benzodiazepines, Alfonzo said that he did not wish to use a medication with a sedating property; that he did not wish to "dampen the feelings and emotions" of his patients. Considering that I had been well beyond sedated for the majority of our time together, this comment, in particular, left me dumbstruck.

The chair noted that at one point I was prescribed up to 550 milligrams of Elavil every day, in addition to other medications, and that such dosages would normally be restricted to the most severe patients in hospitals or institutions. Alfonzo said that there were very few outpatients who required such high dosages but that they were needed for me because I was "quite mentally ill." There was a suspended moment where I looked at each committee member, and each of them looked back at me. I had worn my best suit that day, was freshly shaven, and my eyes, I knew, had the clarity and sparkle of a very sane human being.

"Are you trying to tell us, Dr. Alfonzo," the chair responded, her inflection rising dramatically, "that this young man sitting before us here today, that this man is a very, very, very damaged human being who required 550 mg of medication per day just to function?"

For a moment every person in the room had turned and looked at me, and I, in turn, had looked at them. It was as if the entire moment was happening in slow motion: the chair's question; the members' glances at me; all of us waiting for Alfonzo's response. Then Alfonzo turned to me as I turned to him, and we all turned back to the chair as he responded to her.

"Yes," he replied. Some of the members shook their heads in what appeared to be bewilderment. I caught the eye of one Committee member, a doctor herself. She winked at me. "He looks great now," Alfonzo added as an afterthought. "Obviously my therapy worked."

The chair asked Alfonzo if he denied all of my allegations. The members seemed amazed when he said he did. "Dr. Alfonzo," the chair asked, "tell me, please, what could possibly motivate any person to invent, and then spend years of their life pursuing a complaint of such magnitude, unless at least some part of it was true?"

"I currently have 65 patients," the doctor responded. "None of them are complaining. Most of my referrals are self-referrals that have come to me from other patients."

"Dr. Alfonzo," the chair stressed, "complainants come to the college without any thought of gain for themselves but out of concern for the physician's behavior: even one complaint is cause for concern." She told Alfonzo that his was an unorthodox form of therapy. "It has never been properly investigated," she advised, "and leaves much to be desired at the scientific level. The fact that an experimental program of this type of therapy was run almost thirty years ago in Russia is not sufficient, nor is the Committee even interested in such research. Scientific knowledge must be continuously evaluated and re-evaluated in order for advances to be made. Furthermore, we are concerned that you are isolated from the psychiatric community in that you've had no conversations with other psychiatrists in the previous two years. We are particularly concerned about your future group work with patients, and your individual therapy, your use of ketamine."

One Committee member spoke up and added that he was not at all comfortable with Alfonzo's style of practice; that he personally found it very distressing. "Tell me, Dr. Alfonzo," he said, "when exactly do you plan on retiring?"

"In ten years or so," the doctor replied.

The conduct review concluded two hours after it had begun when the chair told Alfonzo that the college would arrange for

his practice to be reviewed by two “independent psychiatrists.” Five months later I received a copy of that review. It amounted to a slap on the wrist and concluded that Alfonzo was “clearly trying his best with a difficult patient mix,” and that he was “well intentioned and approached his work with diligence.” At no time was he asked to alter his practice.

I FILED a medical malpractice suit against the doctor in 1999, four years after I left the Styx. Particulars of the doctor’s claimed negligence included that he failed to act in accordance with general and approved practices in the field of psychiatry; prescribed psychiatric medication (ketamine) no longer in use in medical practice; prescribed medication in inappropriate dosages; double-prescribed medication for his own personal use; failed to explain or warn his patients of the side-effects of prescribed medication; treated homosexuality as an illness or disease; allowed the plaintiff to care for his pets, provide editorial services for his book, domestic services for himself and his other patients, landscaping services and household renovations to his personal property—all without remuneration; intentionally inflicted mental suffering upon the plaintiff contrary to his duty not to inflict harm; and committed battery by injecting the plaintiff with the drug ketamine without his knowledge or informed consent.

In their response to my statement, defense denied every allegation of fact contained in my claim. The court scheduled a four-week trial. Months later, two independent psychiatrists (one hired by my lawyer, the other by defense) interviewed me for over twenty hours. In December 2001, I attended the defense’s Examination of Discovery, where I was asked about everything from my childhood sexual abuse to my active sexual history, my coming out process, and my deteriorating relationship with my family—all of which, I was well aware, had nothing to do with the facts of my claim. When asked about my “visiting bars frequented by male homosexuals,” suddenly it struck me just how homophobic the context of the suit truly was: would anyone ever be asked if they visited bars “frequented by female heterosexuals”?

Defense spent several hours having me review numerous consent forms—all signed by me, although I had no memory of having signed any of them. I explained that this must have been due to the excessive amount of medication I was taking, and that most days I could hardly remember what I’d eaten for lunch, let alone the details of a contract. I had also trusted Alfonzo like a father: I would have signed anything he put in front of me.

I was shown multiple self-rated progress reports, all written while I was under Alfonzo’s care, and asked if I was truthful in the many positive comments I made with respect to the therapy, and, if not, why. I answered: “I was lying to myself about who I was. Based on that, I could not have been truthful in a lot of aspects of my life. ... I also wasn’t honest about how scared I was of the doctor. I never mentioned the way he screamed at me, how humiliated I felt when he told me I was ‘crazy’ for saying that I was gay, that I was ‘insane’ for desiring to have an intimate relationship with a man.”

For over six hours, I answered every one of defense’s questions, and with each passing minute I felt myself being opened up and ground down: I felt exposed and exhausted, had trouble

focusing, remembering, understanding what could possibly have motivated me to stay with this doctor, to have said that he was helping me, that I felt safe with him, that I was better off with his therapy. I wanted to say that I did not understand or remember any of it; that I was drugged and regressed and that self-hatred can make a sane person do and say just about anything: that I cannot be held entirely responsible for the internalized homophobia that was now being used against me. But most importantly, that none of that meant that Alfonzo had not been unconscionable in his treatment of me—that he had not been abusive and unethical. When defense asked what harm or ill effects the doctor had caused, I felt as if I were being asked to articulate how my rapist had damaged me—what ill effects had been caused by being raped. I tried to tell them something of the emotional harm his therapy caused, but after so many years and all that had happened, my words felt stilted, inadequate, pointless.

The first half of 2002 was spent waiting for the phone to ring. In July, my lawyer Mackenzie called me down to his office. I had hardly sat down when he announced that there was no incentive for his firm to take my case to trial: we would have to settle out of court. I was in shock—considering that Mackenzie had told me, when I first sought his firm’s advice, that medical malpractice suits are rarely settled out of court.

With respect to my case creating legal precedent, Mackenzie explained that the Canadian Medical Protective Association—the mutual defense organization responsible for providing indemnification to all licensed doctors in the country—sent out details of all malpractice suits to all their members, including causes of action and information about settlements, excluding amounts. In that way, he assured me, physicians would be dissuaded from practicing similar types of therapy in the future. Based on everything Mackenzie told me, especially that my case’s outcome would be documented in one of the Association’s bulletins, I agreed to settle. After months of offers and rejections, in December 2002, I received a settlement of \$30,000.

Thirteen months later, in January 2004, I called Mackenzie to ask for more information on any bulletin distributed by the Association that might have detailed my case’s outcome. Mackenzie would not take my call but relayed through his secretary that if the Association chose not to document my case, there was nothing he could do about it “after the fact.” On top of that, ever since my first complaint against Dr. Alfonzo in 1999, I had been reading through every bulletin from the College of Physicians and Surgeons—bulletins sent out to every medical practitioner in the province containing decisions of complaints brought before the same committee that reviewed my complaint. The details of my complaint to the college were never outlined, not once.

So I am left to wonder, who other than me has learned from my experience? What has changed? How many more men and women will have to suffer the manipulation of their sexuality because of someone else’s intolerance combined with faulty science? The American Psychiatric Association may have ceased classifying homosexuality as a mental illness over thirty years ago, but this has not stopped some of its practitioners from treating it as one. My hope now is that one day soon there will be laws prohibiting this kind of “therapy,” and that those who do practice it, unlike Dr. Alfonzo, will be held accountable for their actions. ■