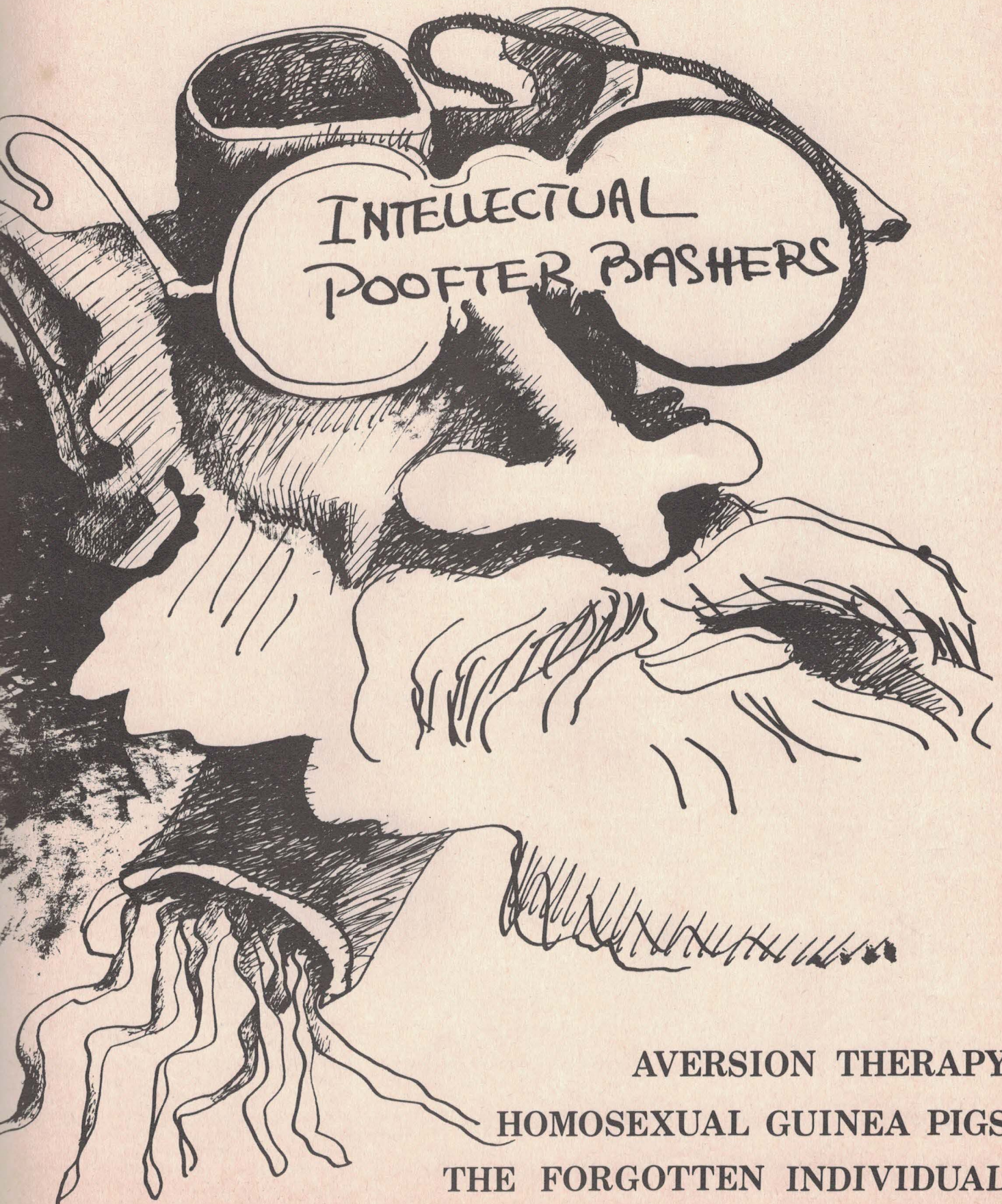


CAMP INK

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AVERSION THERAPY
HOMOSEXUAL GUINEA PIGS
THE FORGOTTEN INDIVIDUAL

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Contributions are more than welcome, but should arrive with stamped self-addressed envelope, if you value them.

The magazine is to be found at Box 5074 GPO Sydney 2001, and Sydney 665-8935, where volunteers can make themselves known. Your magazine needs you; you have nothing to lose but your nerves.

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Editors

THE DUNCAN INVESTIGATION

At 11.00 p.m. on May 10, 1972, thugs threw Dr. George Duncan into the Torrens River and he drowned. During the inquest the activities of Adelaide's Vice Squad were highlighted. Many began to suspect that the thugs who threw Duncan into the river were members of the Vice Squad. As a result of these suspicions the South Australian Government called in two New Scotland Yard detectives to investigate.

Three months and \$20,000 later their investigations are completed and their report submitted.

The report, it was decided, is not to be made public.

And that is supposed to be that.

The entire exercise can hardly be seen as clearing up either the death of Dr. Duncan or the suspicion surrounding the activities of Adelaide's vice squad. Indeed it has increased suspicion. The Nation Review, October 28, ran an article which claimed that in fact the report did contain new evidence and that there were reporters on at least two of Adelaide's three papers who knew the facts of the report's recommendation for the prosecution of three men on charges of manslaughter. Most homosexuals who have been following the case would have few doubts as to who the three men were.

Robin Millhouse, attorney general in the Liberal government in South Australia before Dunstan's Labor party took office, has called for the report to be made public. And this would seem to be the only sensible solution to the whole affair.

DOUBLE STANDARDS

Producers of movement publications are frequently faced with the problem of censorship. Camp Ink has consistently, and loudly condemned censorship in the past, and rightly so. The problem arises when one is presented with advertisements that one would rather not print, for example, advertisements for commercial publications such as "Butch" or "William & John" have appeared in Camp Ink despite the fact that these publications go against the aims of Camp in that they are exploitative. We could hardly refuse these ads while at the same time protesting against publications that refuse to publish paid ads for Camp.

The Editors of the October 72 Sydney Gay Liberation Newsletter found themselves faced with a similar problem. Their solution was to run the ad along with an editorial comment. The comment read:

"Doubtless, gay liberationists will not be very enamoured with this approach to social change. However, David Widdup asked us to run this advertisement, and we didn't want to become censors in refusing it, even if we feel that the terms he is working within are too limited for effective change."

The oddity is that the ad they referred to was David Widdup's appeal for help in his election Campaign.

This is the more puzzling when we consider the stand Sydney Gay Lib appears to have taken on the publication "William & John." Many of the heavies within Sydney Gay Lib are enamoured of W&J and have promoted it by lending their names and using it as their forum. They have done this consistently since Vol 1 No 3.

To Sydney Gay Lib heavies and any others who fail to see the contradiction between Liberation and "William & John" we point out a few facts. Their main selling point is that they were until recently the only well known sellers of naked male pin ups in this country; magazines that feature naked women are held up by gay libbers as exploiting women as sex objects; until Camp Ink in "The great sex rip-off" Volume 2 No. 8/9 protested William & John were selling, at enormous profits, books designed to appeal only to homosexuals. They were also selling "Lesbian Secrets", "Lesbian Capers" and other gems that to say the least, degrade female Homosexuality.

But probably the most disturbing feature of W&J is the fact that it is printed, distributed and it is rumoured, partly owned by Bertram Horne & Co.

Avid readers of "The Nation Review" will recall that Bertram Horne was written up as having been seen at The Springbok tours last year carrying a banner with the edifying slogan "Bash a Demonstrator" while rubbing shoulders with the Nazis.

It is strange indeed that Sydney Gay Lib can promote William & John while refusing to promote David Widdup.

All of us involved in the movement must be continually on guard against double standards. Camp Ink attempts to face this problem by being open and consistent. We appeal to the heavies of Sydney Gay Lib to try to do the same.

SORRY

All of us at the production end of the journal wish to apologise for being a month late with the last journal. Due to circumstances beyond our etc.

Actually what happened was that the printer refused to print it. The excuse given was that Lex Watson said fuck twice and that the cartoon on page nine was obscene. However, considering that they have printed fuck in almost every issue in the past, we feel that they objected because of the political content. In any case its an issue that University of NSW Gay Lib might like to take up, after all part ownership of UNSW Press Limited is held on their behalf by the Students' Union Council.

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Letters

The Editors,

Please allow me a little space to voice my support of Minnie Drear and my condemnation of Tim Corbin (C.I. Vol 2, No. 10).

To my mind the Minnie Drear column is little short of brilliant. Whoever writes it has a marvellous sense of language ("... they have the hide to call it Mother church - male chauvinists. And they refer to their members as Micks - the pigs.") and a wit which is almost unique.

However, it appears that for the Tim Corbins of the world Minnie Drear commits the crime of failing to conform to stereotype University satire.

Instead Minnie's self image is one of a homosexual completely ignoring the sex roles. A dizzy queen, if you like. But at the same time he is obviously very intelligent.

It is the concept of intelligent dizzy queen that I suggest is at the root of Corbin's complaint (and I might add, bigotry). Convinced that he is right and superior to those who he sees are "unnecessarily role-playing", he would like to pity, but Minnie does not lend himself to pity, rather he demands respect.

I suggest that Tim Corbin do a little bit of honest "soulsearching" before he next glibly scribbles off university jargon. He might then see himself as a slavish conformer to radical left wing role dictates and as authoritarian and oppressive as any to be found on the radical right.

Tony Hayworth (South Australia)

Miss Sue Wills,
Co-President,
Campaign Against Moral Persecution,
Box 5074 G.P.O. SYDNEY NSW 2001

Dear Miss Wills,

In reply to your letter of 17/8/1972, I would advise that The Australian and New Zealand College of Psychiatrists strongly condemns community attitudes and laws which discriminate against homosexual behaviour between consenting adults in private.

Yours faithfully,

Pam Seabrook (Mrs),
Executive Secretary,
The Australian and New Zealand
College of Psychiatrists, Carlton, Vic.

The Editors,

The undertyped is a copy of one letter we sent to the Newcastle Morning Herald. It, unfortunately, did not appear in print.

Dr. Frank S. Caprio MD,
c/o Goldstar Publications,
6 Montrose Street,
Hawthorn, VIC., 3123.

Dear Sir,

We write to you, in the trust that you will consider, with deepest meditation, our opinion re. your publication "The Lesbian".

From the outset, assuming the 'cover-flap' is correct - that your book is a "frank, full and complete" study of the subject, most CAMP people agree it is definitely an outrage: obscene to the point of incompatibility with the very matter on which you respectfully dub yourself a world authority.

Firstly, your cases seem based on perverse, mis-orientated, and quite sorrowful results of a minority of the minority. (Actually, Lesbians aren't really too few and far between, - yet that is not the point.) As Freud did with his psychoanalytic studies assume subjects and conclusions from mental asylums, workhouses, the depravity of humankind; so you too live and study within a dark-age of your own creation.

We are not man-haters, amazons in crude form, sexual perverts - or any of the deviations of almost bestial sex relationships proffered within your text.

Why have you, as the so-called world authority, not yet thought to explore the other side of the railway-track? The happy, normal marriage ties built upon trust, understanding, complete human love, that bind woman to woman! Those ties, for reasons which lay not within the boundaries of your terms of reference, who have chosen the lesbian way of life.

No, indeed, you have not presented a model study of this mode of living. Why instead, have you not delved into perversities, deviations and the unchaste actualities of today's heterosexual norms? Permissiveness? That's where you'll find it! Sensationalism? Read a newspaper! Divorce? Cut from the 'normal' columns of all legal warfare!

No Sir, you do not go one step toward a full explanation of our relations. And why need you? That is the point!

Why the need for us to be justified? Is it because we cannot procreate? If so, normality can be declaimed! Many orphaned, neglected, battered children already, or yet to be, brought to existence, can and shall we vow, one day find every form of social welfare, discipline, freedom of religious persuasion, and tutored up-bringing, in most lesbian homes! Homes, sir, that are no less equivalent in value, warmth nor security and love, than any heterosexually-founded homes today!

Thus, it is with courtesy, we ask you to revise, revise. You then will be better informed and lose that sense of tension, factual misrepresentation; and the tones of ancient myth and fiction that pervade your text. In 320 pages of informative text, you have only laid a heavy sub-text, a black soul upon one subject that, if at all, needs much less sensationalism and more devotion to task.

C (aroline) A (insley)
M (adeline) P (eterson)

The Editors,

Again, an open letter. Quite a lot at stake here, so much so I ask the president of N.S.W. or Victoria Society 5 to take note.

Last week I wrote ALM (Australian Lesbian Movement) because I knew nix of them as an organisation. It must be mentioned here their ads are common, appear in the Nation Review. My reply came today in curtness, and sheds little light on the matter.

In short ... (a) the envelope addressed to me held a crude "Aust. Lesbian Movement" stamp ... (b) it questioned me and my position within Camp Ink ... and (c) referred to a quote I'd supposedly made in Camp Ink Vol. 1. No. 1 on the movement.

If I'd known they existed this may have been so; I'd have drawn attention to them. Publically I say this is not so. Publically I speak for those foolish enough to write to their P.O. Box No. without first contacting local branches of Camp.

We're most of us all for 'coming-out'. I've done my T.V. interview, lectured (but only in things I'm qualified to handle and attended the latest Writers Convention as Stefanie Bennett ... poet, and not least, Editor of poetry for Camp Ink. Because I happen to be brash it need not mean others are or want to be. Here we come to ALM's greatest flaw.

Suppose I'd NOT BEEN Stefanie-all-feet! Suppose I was a housewife corresponding for the first time with a lesbian movement; unsure whether I was or not. Suppose I had children or husband. Suppose I just happened to be a matron or nurse applying for information. Supposing the postman found the envelope (well stamped in blue) interesting.

Suppose I'm a 17 year-old living at home. Whatever I AM that stamp brands me; all three inches of it.

Adrienne Currie (President) you've a lot to learn in dealing with people. My husband could well have thumped hell out of me, I may have lost my job, my children could have been thrown into chaos, the postman may have had a big mouth, parents could have turned me out: all this to the people you supposedly lend a hand! Come off it; where is ordinary common sense? It's enough for any practicing lesbian to take (should she live in a flat or rent a room) and too much for someone who's still not sure what she is.

I am NOT decrying them. I wish only that they stand up and be counted. This is important to women, but possibility could have it that another group, male this time, may set themselves up in the same way. Camp Ink is the NATIONAL homosexual magazine and should get to the bottom of any other movement within Aust.

Stefanie Bennett, (Qld.).

Intellectual Poofster Bashers By Sue Wills

To call these practices 'therapy' is insane. In what sense are these practices different from institutionalized 'poofster bashing' or 'corrective torture'? (Winkler Paper)

Attempts to 'cure/treat/help' homosexuals by 'changing' them into heterosexuals have been going on for a long time — the particular methods used have varied with the fashionability or otherwise of the various schools of psychiatry/psychology at the particular time. The psychoanalysts had a bash at us, then the psychotherapists and now 'behaviour modification' is all the rage. It is only fairly recently that some people have become aware of the implications simply of offering treatment to homosexuals and others labelled as 'deviants' from 'accepted' standards of behaviour. There are three major areas of concern arising from the treatment of homosexuality:

(1) The idea of forcing people to conform to social norms (those norms going for the large part, unquestioned) through the use of techniques which would not generally be regarded as 'legitimate' agents of social control;

(2) The use of homosexuals as 'human guinea pigs' in research (which can only be said to be at an experimental stage) to further the pursuit of scientific knowledge;

(3) In all the argument over the efficacy and the ethics of the different treatments, the individual homosexual is completely forgotten.

All three are obviously related, for only those whom society labels as deviant, and therefore, somehow 'subhuman' can act, with the blessing of society, as a ready source of 'material' on which to experiment. At the same time society can feel justified and even self-righteous about doing this because it is offering these 'misfits' an opportunity to participate in 'the good life' by adjusting themselves to societal norms.

1: The General Idea

Professor Lovibond, comfortably cardigened, down to earth, knows more about the disturbing problems of sex and violence than most men. A humanists, he is concerned about the suffering caused to so many individuals by their deviations in behaviour from what society regards as acceptable. (Beveridge)

Clearly, the institutions of medicine, science and law have combined to create a situation where people who are not acceptable to society's standards are forced to suffer 'correction pain' for their transgressions of societal codes. (Winkler Paper)

To concentrate one's attack on aversion therapy for homosexuals implies acceptance of the idea that if the therapy could be done in a less unpleasant way, it would be alright. To argue over which is more painful — aversion therapy = physical pain or psychotherapy = emotional pain — also bypasses the real issue, and assumes that aversion therapy is not emotionally stressful. So too the argument over which method is more effective, misses the point. The real question is, of course, that whether we have a completely painless, 100% effective money-back-guaranteed method of 'curing' homosexuality or not (and we do not) why should it be used at all?

Society has in its midst persons with one blue eye and one brown eye and it also has at its disposal a method of cure which is completely painless (courtesy of anaesthetics) and 100% effective — you simply remove the person's eyes. An extreme solution? Not really when compared with the solution for homosexuality still being offered by some people — castration. Why in fact does society not remove the eyes of those persons who have one blue eye and one brown eye? Simply because society does not label them 'deviants'. If it did, there would be a vast body of literature devoted to an examination of its causes, consequences, side effects etc., it would be given an obtuse name such as 'Divergent Chromatic Occular Endowment' (DCOE); the theologians would, by now, have scoured the Bible for references to it and suggested remedies — perhaps the most quoted would be from Matthew "And if thy right eye offend thee, pluck it out and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that the whole body should be cast into hell"; historians would have accumulated an 'overwhelming mass of evidence' to show that the Ancient Greek and Roman societies showed evidence of tolerating DCOE just before they collapsed; the medical profession would have cross-indexed thousands of irrelevant studies on DCOE with such esoteric titles as "The Differential Relationships between Eidetic Imagery, Geotatic Responses and Divergent Chromatic Occular Endowment and Associated Disorders as Measured by the EGNA and TUNTIM Tests (Revised) — A Survey of the Literature"; the anthropologists would have searched for evidence of the existence of DCOE among primitive peoples; the anthropomorphists would have observed it in various animal species closer to or further removed from *homo sapiens* on the evolutionary scale; the moralists would be vociferously debating the dangers of letting 'there

people' near minors; the collators of folk-wisdom would have collections of cliches concerning the 'evil-eye', and persons 'unable to look you in the eye', ready to roll out at the appropriate moment; the parents of the DCOEs would constantly be on the look out for those first tell tale signs; and the 'poor unfortunates' themselves, heavily indoctrinated by their society into believing in their inherent inferiority and their complete moral and spiritual degeneracy would be seeking ways of camouflaging 'their shame' — coloured contact lenses, dark glasses at all times, or walking around with their eyes shut or even submitting themselves to 'the cure'. There may be those who would dare to argue that 'the cure' has deleterious side-effects, such as blindness, but from the point of view of society such trivialities

Understatement of the year: I suppose the fact that I use aversion therapy seems terrible to lots of people. (McConaghy Interview)

would be of marginal importance when compared with the prime objective of ensuring the eradication of DCOE whenever and wherever it reared its ugly head.

An absurd analogy? Why? It simply points to the validity of Becker's proposition that deviance is created: "The central fact about deviance is that it is created by society social groups create deviance by making rules whose infraction constitutes deviance, and by applying those rules to particular people From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to 'an offender'." (Becker pp 8-9) That deviance can actually be created is seen from an investigation carried out in the United States by Freedman and Doob (Doob p 47f).

Society has labelled various groups as 'deviant' at different times and treated them accordingly. For example, until recently, there was a San Francisco city ordinance which read: "It shall be unlawful for any person who is diseased, maimed, mutilated or deformed as to be an unsightly or improper person to be allowed in or on public streets thoroughfares or public places, or to expose himself/herself, or his/her injury to public view." (Doob p 47)

Psychotherapy or behaviour change serves the function of maintaining the status quo of the society. The network of theory, research, institutions and roles that make up the 'behaviour change profession' is one of the active agencies by which the powers that be in society preserve the smooth running of the 'status quo'. (Winkler Paper)

I suppose this ultimately fits in with what I see as the purpose of any scientific knowledge, that is, that we can control the area of behaviour or human behaviour. I think if we are to have a scientific psychology we must be

able to control human behaviour.
(McConaghy Interview)

Such is the position in our present day society not of deformed persons or those with one blue eye and one brown, but of homosexuals. Society labels homosexuals as 'deviants' and 'treatment' aimed at 'curing' — be it psychoanalysis, psychotherapy, or aversion therapy — is simply a more concentrated dose (with the acquiescence and/or positive approval of society) of the general persecution and oppression that homosexuals experience daily at the hands of a society determined to 'convince' them that they should conform to the statistical norm of heterosexuality. And the therapists actively participate in maintaining this 'deviant' status of the homosexual by their unthinking application

I think that as much as possible in one's writings that one should try to present no value judgements about homosexuality, but I suppose I agree with you that there is some implicit value judgement in treating homosexuals. (McConaghy Interview)

of labels, and by using arguments to support their claims for the necessity of 'treatment' which are based on assumptions about the nature of man. The main problem is that these are not seen as assumptions but rather as statements of fact. Unless two rather dubious assumptions about the nature of man are made, the argument for the necessity and desirability of attempting to 'cure' homosexuality falls rather flat. These assumptions are:

(1) that there is a single 'normal' pattern of sexual development which results in a single 'normal' sexual orientation:

(2) That the single 'normal' sexual orientation is heterosexual.

Once these assumptions are accepted as 'truths', heterosexuality is the norm, but more, it becomes 'normal' and therefore

good; and homosexuality becomes deviant, and therefore 'bad', 'treatment' is made available for this deviance and homosexuals, by whatever means felt necessary are 'encouraged' to take up the offer of 'help' with appropriate gestures of gratitude.

Psychologists and psychiatrists live in, and are part of the societies in which they work and are therefore subjected to the same socialization pressure as regards social mores etc., but

I take for granted that science includes theory, logic, empirical study — and luck. I shall insist that (1) it also includes social pressures, personal emotions and cultural predispositions; and (2) without them it could not exist. (Perry p xiii)

If we know fully and scientifically the area well, then value judgements disappear. The more one adopts a scientific attitude over an area, the more one moves away from value judgements. (McConaghy Interview)

more importantly, they in turn influence the values, mores, norms etc., of that society in which they live and work. Psychologists and psychiatrists, and the medical profession in general, are in an extremely powerful positions in this regard for a variety of reasons:

(1) They are the ones who apply the label 'sick' and provide 'cures' for whatever they so label;

(2) They are revered by the general public as experts, not only in their own fields of specialisation but on any topic under the sun. According to Congalton's 1969 survey of status

It does seem to me possible that there may be something biologically disturbing to people, but they will always need to have strong feelings against homosexuality and that sort of thing. I don't think that there has ever been a society where it has turned out that homosexuality has ever been seen

as something other than a bad thing or at least a contemptible thing or a laughable thing. (McConaghy Interview)
In a recent survey of anthropological literature the investigators Ford and Beach found that in 49 out of 76 (that is, 64%) of the primitive societies about which information was available some form of homosexual activity was considered normal and acceptable. In some societies male homosexuality was universal. (West p 17)

of occupations in Australia, the two most highly regarded occupations were first, doctors and second, university professors;

(3) They are in direct liaison with the legal system — the 'official' law enforcers — which will defer to the judgement, in many cases, of the experts in the medical profession.

I do think that at the moment that Magistrates would be more likely to appeal to this kind of treatment which is effective, than say if the patient said he was having psychotherapy or something of that sort because I suppose I think that this treatment does do something, whereas no one really knows very much about psychotherapy in terms of the average patient. (McConaghy Interview)

Though at follow-up only seven patients in the present study (of 40) considered that their sexual orientation had changed from predominantly homosexual to predominantly heterosexual Of the 35 whose subject reports were accepted at follow up, 10 patients showed marked, 15 some and 10 no improvement. (McConaghy 1970 p 560)

Q: What is the chance of the patient lying? McConaghy: You would think, at a conscious level — some; and at an unconscious level — a lot. (McConaghy Interview)

It is not necessary for the Courts to directly refer people for treatment, for the entire system itself encourages it — "Their solicitors would say that they are, I suppose to put it cynically, in a much stronger position if they are having psychiatric treatment than if they are not doing anything about it, so they can say when they go along to Court that they are having treatment, and they would have a much better chance which is true, of not being convicted." (McConaghy Interview);

(4) The whole medical profession, is surrounded by an aura of noble intentions and dedication to humanity and is not seen as an agency for social control. No one, it is argued, can be forced to submit themselves to treatment — it is up to the individual to make up his or her own mind.

One of the major malpractices of our era consists of the engineering of consent. (Pappworth p 233)

I think the only type of patients to have are voluntary patients. (McConaghy Interview)

No pain or treatment is ever administered to any person without their total agreement. Lovibond in Beveridge)



In what meaningful sense of the world 'voluntary' can you argue that people, pressurised directly by their families and friends and indirectly by society in its almost total condemnation of homosexuality, 'voluntarily' submit themselves to this painful treatment? If homosexuality were accepted as an equally valid life style as heterosexuality, if it were accepted as being as equally unimportant as being left handed or having blue eyes instead of brown, how many homosexuals would 'volunteer' for aversion therapy. (Letter to Editor of Australian 28/8/72)

By and large, the general public is unaware of the implications for itself of these far more subtle techniques of attempting to 'persuade' deviants to conform — and so long as the techniques are applied to homosexuals, they don't care. They will become indignant when they read how political prisoners are committed to mental asylums in Russia for 're-education'; they will be horrified about the brainwashing techniques employed by the Communist Chinese on those who 'deviate' from the party line — and yet they cannot and/or will not see that behaviour modification for deviants in Australia could be the thin edge of the wedge that leads to Orwell's 1984.

My opinion is that I hope society's attitude will change rapidly enough so people don't have to do these kinds of things, or will develop better techniques of doing them All psychiatry and psychology is based on understanding and controlling human behaviour. (McConaghy Interview)

The availability of an effective means of changing homosexuals to heterosexuals does not mean that it ought to be used (Winkler Paper)

2: Aversion Therapy

Conditioning therapy is based completely on the work of Pavlov and Bekhterev and the developments of their associates and followers. Ivan Petrovich Pavlov (1894 — 1936) experimented with dogs. He observed that dogs salivated at the sight of a piece of bread — which it was later allowed to eat. He extended the idea by showing the dog the piece of bread and simultaneously starting a metronome ticking. After a series of runs, pairing the sound of the metronome with the sight of the bread, he was able to make the dog salivate to the sound of the metronome. Vladimir Bekhterev (1857 — 1927) worked with goats in studying association-reflexes. He was able to induce the goat to twitch and withdraw his leg by delivering an electric shock to the leg via an attached electrode. He also went further by pairing the metronome with the delivery of the shock and was able to induce the goat to twitch and withdraw the leg simply by starting the metronome ticking.

Such were the beginnings of behaviour modification therapy in general and aversion therapy for homosexual in particular. Today the subjects are 'deviant' humans — homosexuals, drug takers, alcoholics etc — and the techniques are more sophisticated.

For homosexuals the procedure is basically as follows: the person is asked to rank in order of attractiveness a series of slides of clothed and naked men (least attractive used first) and women (most attractive used first); the level of shock (30 — 140 volts) is set by the therapists; the male slide is shown and on some occasions, if he turns it off quickly he will avoid

shock and on other occasions (he not knowing which) he will get a shock as soon as the slides comes on and if he turns the slide off, the shock stops; whenever he turns the male slide off to stop the shock, the slide of the female comes on. The shocks are delivered through electrodes attached to the fingers and a penile plethysmograph is attached to the penis to record the level of arousal produced by the slides.

Some of the problems associated with aversion therapy can be briefly listed:

(1) Slides of nude males shown in a laboratory setting are symbolic representations only of actual behaviour and so the learned aversion is supposed to generalize to fully clothed males in the 'real' world. The suggestion that the patient may learn an aversive response to nudity *per se* is discounted by McConaghy who argues that patients respond to the sexually arousing properties of the slide rather than the nude properties;

(2) The suggestion that aversion therapy for homosexuals works by reducing sexuality in general rather than homosexuality in particular, is also discounted by McConaghy — "Originally I put it up that the total sexuality was reduced by the treatment but that doesn't seem to be the case." (McConaghy Interview)

(3) Eysenck has argued that "a high degree of neuroticism usually leads to a condition in which symptoms may be worsened rather than abolished through the use of aversion techniques". And there appears to be a good case for arguing that homosexuals who seek treatment may be rather anxious individuals. McConaghy argues that he has not found this to be the case. (Eysenck quoted in Thorpe et al p 72)

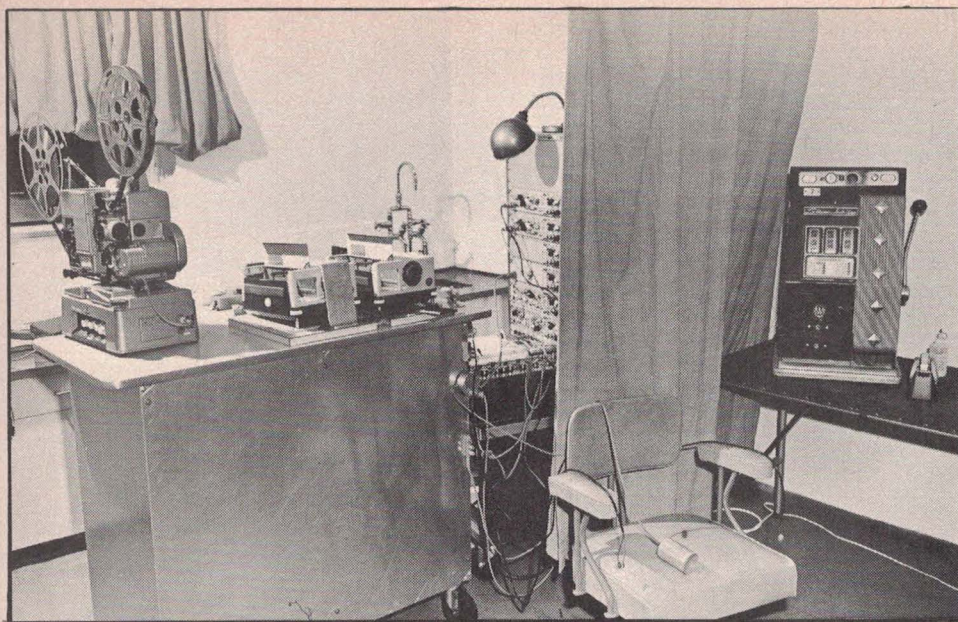
(4) The side effects of aversion therapy:

— Thorpe et al reported that their homosexual patients after aversion — relief therapy became hostile and aggressive in their attitudes towards homosexuals, i.e., the poofers became poofster-bashers, (perfect re-socialization?) One reported "I never think about homosexuals now and when I meet one, all I feel is aggression and disgust"; another that he found thinking about homosexuals "frightening and sickening" (Thorpe et al pp 75 — 75) McConaghy claims that with his patients this has not happened.

— for the individuals who have had it, one man had been given aversion therapy by the Nazis during the Second World War and ever since, whenever he says or hears the word homosexuals, he breaks into tears and cannot speak about it without crying; another was left, with aversion therapy, with his homosexuality in tact but he acquired a trembling hand and a twitching arm.

These are some of the individuals who, for the most part, go unreported in the literature.





3: Homosexual Guinea Pigs

The extreme instance of neglect of accepted ethical principles in the pursuit of scientific knowledge is furnished by the terrible example of certain German doctors under Hitler. Not one of the convicted doctors ever acknowledge that they had done anything wrong whatsoever or expressed the slightest remorse. Yet these professors claimed that they did not aim to cause suffering but that their aim was to serve medical science. Their guilt was that they ignored the suffering they caused in following this aim and that they persisted in practices which they knew were certain to cause suffering. And this, though . . . the extreme instance of a disregard of medical morality is not in principle different from an experimenting doctor . . . ignoring the suffering he causes and persisting in experiments which he knows will cause suffering. (Pappworth pp 225-226)

I think it is a valid point of view for all scientists, you know, that science must never stop. (McConaghy Interview)

Neil McConaghy is Associate Professor of Psychiatry at the University of New South Wales and an Honorary Psychiatrist at Prince Henry Hospital where he 'treats' homosexuals by the use of aversion therapy. McConaghy's attitude towards his work is perhaps the clearest expression of the problems involved in the pursuit of knowledge. A major part of his interest in treating homosexuals is as a means of finding out about the mechanisms of the brain – and in the strict senses of the words, he is amoral rather than immoral for he sees no moral issue involved. He appears at times, to be a man dedicated to the pursuit of knowledge – **regardless.**

What are the permissible limits and

proper conditions for experimentation on human beings? (Quoted in Pappworth p 9)

What I'm tempted to do is to evaluate these treatments which are claimed to reduce homosexual behaviour to see if they do so, and if so, how they do so. (McConaghy Interview)

We got halfway through the treatment sessions and he could see it wasn't working so he stopped them and said it was a pity he didn't have any slides of nude blacks 'cause maybe then it could have worked. (Claim by Ex-McConaghy Patient)

McConaghy does not like the label behaviourist because of the connotations with Watsonian Behaviourism. He prefers to be called an s-O-r behaviourist (stimulus-ORGANISM-response) insisting that the O be very large.

Basing his current work directly on Pavlovian theory McConaghy has been working on psychological approaches to schizophrenic thought disorders for about 20 years and physiological approaches for about 10 years, his interest in conditioning being "as much as a therapy as in this idea of what are the actual mechanisms involved and will that let us know anything more about the mechanisms of the brain as a whole and the sorts of drives that activate the brain". (Interview)

There is not much difference whether a human being is looked upon as 'a case' or as a number tattooed on the arm. These are only two aspects of the faceless approach of an age without mercy . . . This is the alchemy of the modern age, the transmogrification of the subject into object, of man into a thing, against which the destructive urge may wreck its fury without restraint. (Quoted in Pappworth p 227)

The initial aversion treatment study investigates the response of 40 homosexual patients . . . The primary aim of the first treatment study was to compare the efficacy of two forms of

aversion treatment . . . A secondary aim was to obtain evidence for or against their theory. (McConaghy 1971 p 142)

The impression that homosexuals are used as suitable guinea pigs for purposes of 'experimentation' comes through very strongly. For example: "We are using it on the entire range of psychiatric symptoms that seem as if they might be helped by aversion therapy. But the main area we have published any sort of detailed sort of results in is homosexuality because it has the objective sort of advantage that you can measure sexual responses and see how these change under the influence of treatment. And also in terms of patient numbers. With all the other conditions you tend to get at most, over ten years, say 10 or 15 patients with condition A, 10 or 15 with condition B, so you can't use this sort of controlled technique of allocating patients to a particular treatment and comparing their responses to another treatment. Whereas with homosexual patients we do get enough so that you can do that, so that it's about the only condition that we know of that a large number of people will present themselves with say, to a University, like this". (McConaghy Interview)

Who are the homosexuals who present themselves to him for 'treatment'? All told, McConaghy claims to have worked on about 150, and to have published results on 126 all of whom were males because "we haven't developed techniques to measure sexual changes in women, largely because they were not enough women presenting themselves to justify it in terms of a research technique" but, he adds, "it should be done, of course." (McConaghy Interview)

Some of the men have been recommended by other psychiatrists, some to lawyers or some referred from the Courts, treatment being a condition of a good behaviour bond in lieu of a jail sentence. In one study of 40 men – the ages ranged from 17 to 56 years, with the average age being 26.5 years; 10 were married; 18 had been arrested by the Police for homosexual behaviour; legal action had led six of these 18 to come for treatment. (McConaghy 1969 p 725) In his present work the patients "are fairly similar to the patients we've had before". (McConaghy Interview)

The difficulty finding to interpret is that 9 of the total of 37 patients with pre and post treatment assessments showed a change in the homosexual direction. (McConaghy 1969 p 727)

Q: The nine out of 37 was a random (statistically) change?

McConaghy: Yes, well that's right. (McConaghy Interview)

I'll tell you why you get bloody increased homosexual behaviour during aversion therapy. You've just had a session, right, and you've got another bloody session tomorrow and you've got to get through the night alone. So what do you do? You hit the beats. You

need someone, anyone, to get you through those nights. (Ex-patients who had unsuccessfully undergone aversion therapy at a Sydney Hospital other than Prince Henry)

The material McConaghy uses in his slides, some of it courtesy of the Customs Department, would be described by some as pornographic — simply slides of nude males and females and, for the follow up studies, movies of males and females in sexual situations. He has used both the drug apomorphine and electric shock, but no longer uses apomorphine “having shown in the early stages that it is no more effective than the using of electric shocks.” (McConaghy Interview)

If you believe certain groups of people are unimportant, and less than human, you will use more of the research techniques used with laboratory animals that you would use with groups you felt to be more human Those whom society presently rejects e.g. homosexuals, members of other races, people in institutions etc., are used most harshly in the name of obtaining hard facts. (Winkler Paper)

If the nausea produced by the apomorphine was not sufficiently unpleasant, the dose was increased with subsequent injections up to 6 mg. Severe nausea lasting about ten minutes without vomiting was considered a satisfactory response, and continual modification of the dose was necessary throughout the treatment so that an approximation to this response continued to be produced or the patient received a painful electric shock through electrodes attached to the finger tips. The level of shock delivered was such as to produce a marked flinch reaction and the patient was told that it would be painful, but not unbearable The voltage of the stimulus was determined for each patient, and varied from 30 to 140 volts. The voltage usually needed to be increased throughout the week's treatment. (McConaghy 1969 p 724)

McConaghy has tried out a variety of treatment techniques on homosexuals — avoidance learning, classical conditioning, and backward conditioning — but “having evaluated them all and having found them no better than the simple techniques, we are now using simple techniques which you can immediately relate back to experiments in the laboratory”. (McConaghy Interview)

No new medical technique or treatment should be undertaken on any patient unless it is strictly necessary for the treatment of the patient. (Quoted in Pappworth p 242)

To investigate further, a third study was embarked upon. This employed a similar design to that of the second study except that three aversive techniques were compared: avoidance learning, classical conditioning, and backward conditioning. (McConaghy

What appear necessary at the present study is the publication of further controlled studies and the use of more and more objective methods of assessing responses It was decided to compare one form of behaviour therapy with another, as it was believed that some forms were superior to others 40 male homosexual patients referred for aversion therapy were randomly allocated to four groups — immediate apomorphine therapy, delayed apomorphine therapy, immediate aversion-relief therapy and delayed aversion-relief therapy. (McConaghy 1969 p 723)

McConaghy carried on this research as part of his duties as an Honorary Psychiatrist at Prince Henry Hospital with the National Health and Medical Research Council subsidizing hospital funds by providing the finance to pay the salary of a research assistant.

Many experimental workers (e.g., laboratory technicians) are not qualified in medicine and yet they take part (under medical supervision) in hospital work and experiments on 'normal' people. Could they conceivably be regarded as 'unqualified assistants' and what would be the position if an accident were found to be due to one of them? (Quoted in Pappworth p 240)

Q: Do you have assistants to administer the treatments?

McConaghy: Yes, we divide it up, because it is a fairly boring technique . . . (McConaghy Interview)

The whole thing was a bloody shambles. The bloke left the slide on for 10 minutes and the shocks came at the wrong time or sometimes not at all”.

(Ex-patient who had unsuccessfully undergone aversion therapy at a Sydney Hospital other than Prince Henry.)

If you put to McConaghy the proposition that instead of trying to ‘cure’ homosexuals, he could perhaps spend his energies better in trying to help them cope with the social pressures placed upon them simply because they are homosexuals — helping them to drop the ‘Neurotic’ aspects of their personality while retaining their homosexuality, he will tell you that he is “very sceptical at the moment about our ability to change those aspects of personality”. (McConaghy Interview)

If you suggest outright that he stop all aversion therapy for homosexuals because by offering treatment he is ensuring the perpetuation of the notion that homosexuality is a sickness in need of ‘cure’, he answers by arguing that the individual distressed by his homosexuality has a right to receive help to remove the causes of the distress. Besides resting on rather dubious assumptions (e.g. (i) that it is the homosexuality *per se* that is causing the distress rather than society's reaction to it; and (ii) that he can actually, by his methods, alleviate the distress), this answer could be interpreted as a socially acceptable rationalization, for by far the

strongest impression one gets of McConaghy is his insatiable curiosity.

Q: Your interest in this derives not purely from a desire to ‘cure’ people but to ‘find out’ from a research point of view?

McConaghy: Yes, I think that is a major part of my interest because I feel ultimately hopeful that the time could come when public attitudes to homosexuality are such that people won't get so distressed about their homosexuality that they have to be changed, so that I wouldn't like to think all this work is pointless. I would like to think it has some value in our understanding of the entire mechanisms of the human brain and the role that conditioning therapy plays in helping to understand how the brain works. (McConaghy Interview)

What is new in medicine is research by fraud. The performance on patients who have come to us in good faith for the cure of their ailments, of any number of tests and investigations . . . which are performed in a general search for information, or merely as a bit of practice in technique. (Quoted in Pappworth p 233)

In fact, one gets the distinct impression that McConaghy would not entirely welcome the day that homosexuality were not considered as deviant for on that day he would lose a large proportion of the material which he is currently using to ‘find out how the brain works’.

If you point out to him the social implications of his work — that his work and that of others in his field can and is being used to manipulate human behaviour, he will argue the analogy of the constructive and destructive uses of atomic power — “I suppose at times I'm one of those people who believe our entire living process is a process of exploring reality and knowing more and more about it and you just can't call a halt in one area and say because this could be used in a bad way we must stop.” (McConaghy Interview)

He does not seem to understand that as far as aversion therapy is concerned, we have already reached that point in time — that aversion therapy is being used in a bad way (to enforce conformity) and that he himself is using it. To use his own analogy, to some people, he is the one who is using atomic power destructively.

Just how many human beings are to be ‘used up’ in this pursuit of knowledge? Which group will society, with the aid and support of the psychiatrists, next label as deviant and so make available for research purposes?

One of Holden's homosexual patients said to him, ‘If they can do this to me, if they can force me against my conscious inclinations to change my sexual orientation from men to women, what is to prevent them from changing it to cows?’ The answer is of course the humanity and common sense of the investigator, but I am not so trustful of

human nature that I can believe implicitly that no investigator in the name of science might not one day do just that in order to see what would happen." (Quoted in Lovibond p 173)
Q: If a heterosexual came along to you and asked you to change him into a homosexual, would you do it?

McConaghy: I suppose I would be puzzled. I find that a difficult question. Certainly we are prepared to treat people who feel their heterosexual feelings are excessively disturbing to them.

Q: I mean a straight change because he couldn't get a job in the arts of theatre. It has been reported that in some parts of America certain aspects of the arts and theatre are regarded as closed to anyone who is not a homosexual. Now if a fellow wanted to get a job in the theatre and it was the only thing he could do and he came along and sincerely wanted to be a homosexual, would you do it?

McConaghy: Given that I don't believe that this would happen, I would be very tempted to treat him, I must say.

Q: You would?

McConaghy: Oh yes, because if this treatment works, one would want to know whether it works equally in reverse because this would indicate something about the nature of heterosexuality and homosexuality, wouldn't it. (McConaghy Interview)

the fulfillment of this mission.

The Declaration of Geneva of The World Medical Association binds the doctor with the words: "The health of my patient will be my first consideration" and the International Code of Medical Ethics which declares that "Any act, or advice which could weakened physical or mental resistance of a human being may be used only on his interest."

Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and to help suffering humanity, The World Medical Association has prepared the following recommendations as a guide to each doctor in clinical research. It must be stressed that the standards as drafted are only a guide to physicians all over the world. Doctors are not relieved from criminal, civil and ethical responsibilities under the laws of their own countries.

In the field of clinical research a fundamental distinction must be recognised between clinical research in which the aim is essentially therapeutic for a patient, and the clinical research, the essential object of which is purely scientific and without therapeutic value to the person subjected to the research.

1. Basic Principles

1. Clinical research must conform to the moral and scientific principles that justify medical research and should be based on laboratory and animal experiments or other scientifically established facts.

2. Clinical research should be conducted only by scientifically qualified persons and under the supervision of a qualified medical man.

3. Clinical research cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.

4. Every clinical research project should be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subject or to others.

5. Special caution should be exercised by the doctor in performing clinical research in which the personality of the subject is liable to be altered by drugs or experimental procedure.

II. Clinical Research Combined with Professional Care

1. In the treatment of the sick person, the doctor must be free to use a new therapeutic measure, if in his judgement it offers hope to saving life, re-establishing health, or alleviating suffering.

If at all possible, consistent with patient psychology, the doctor should obtain the patient's freely given consent after the patient has been given a full explanation. In case of legal incapacity, consent after the patient has been given a full explanation. In case of legal incapacity,

consent should also be procured from the legal guardian in case of physical incapacity the permission of the legal guardian replaces that of the patient.

2. The doctor can combine clinical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that clinical research is justified by its therapeutic value for the patient.

III. Non-Therapeutic Clinical Research

1. In the purely scientific application of clinical research carried out on a human being, it is the duty of the doctor to remain the protector of the life and health of that person on whom clinical research is being carried out.

2. The nature, the purpose and the risk of clinical research must be explained to the subject by the doctor.

3a. Clinical research on a human being cannot be undertaken without his free consent after he has been informed; if he is legally incompetent, the consent of the legal guardian should be procured.

3b. The subject of clinical research should be in such a mental, physical and legal state as to be able to exercise fully his power of choice.

3c. Consent should, as a rule, be obtained in writing. However, the responsibility for clinical research always remains with the research worker; it never falls on the subject even after consent is obtained.

4a. The investigator must respect the right of each individual to safeguard his personal integrity, especially if the subject is in a dependent relationship to the investigator.

4b. At any time during the course of clinical research the subject or his guardian should be free to withdraw permission for research to be continued.

The investigator or the investigating team should discontinue the research if in his or their judgement it may, if continued, be harmful to the individual.

Adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964.

Behaviour Modification, Research Using Homosexuals and Medical Ethics

The Australian Medical Association applies a uniform Code of Medical Ethics throughout Australia. It is published in the form of a 30 page booklet entitled **Code of Ethics**. (1969) Its main concern is to regulate the behaviour of doctors vis-a-vis advertising, relations with other professionals (such as dentists, chemists and clergymen), commercial undertakings, publicity in general, their practices, and the doctor-patient relationship. This last section covers matters such as professional confidence, emergency attention and the right of the patient to expect the best treatment possible.

So, as far as anyone wishing to argue that aversion therapy is unethical, the A.M.A. Code of Ethics appears by and large to be irrelevant.

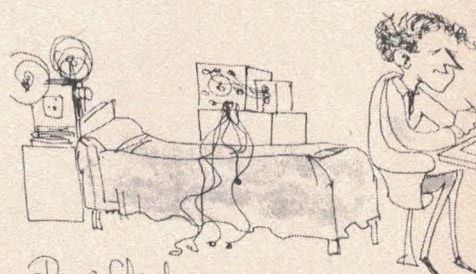
What perhaps is more relevant to look at, although it is drafted "only as a guide to physicians all over the world" is the Declaration of Helsinki. Below is a copy of that Declaration - how many of its principles are being violated by the behaviour modifiers?

DECLARATION OF HELSINKI

Recommendations Guiding Doctors In Clinical Research

Introduction

It is the mission of the doctor to safeguard the health of the people. His knowledge and conscience are dedicated to



Dear Charles,
Since my treatment
I think I have found a new
way to orgasmic joys.....

4: The Forgotten Individual

Transcript of tape recorded interview with Kevin.

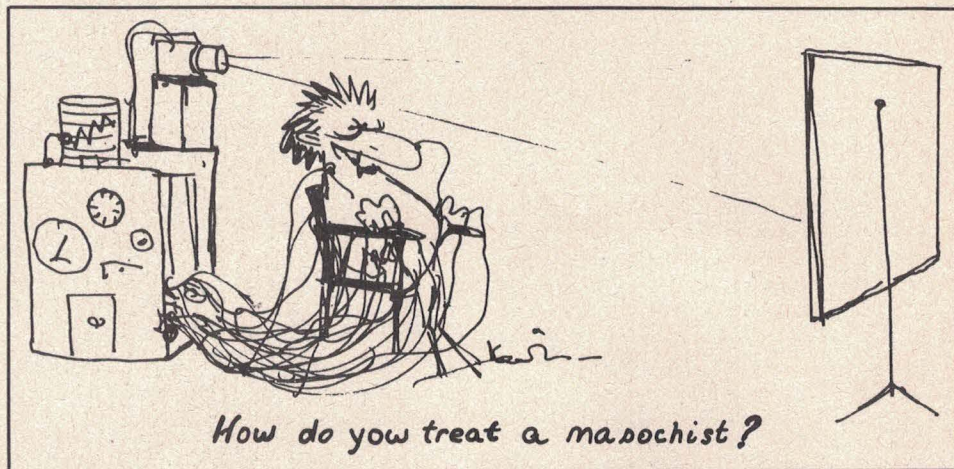
"I saw McConaghy about two and a half or three years ago. I went to a psychiatrist, a private one, and he told me that my homosexuality was a symptom of some sort of deep rooted psychological problem. He sort of implied that aversion therapy was a short cut way of curing it. That was the first one. I got him through a friend who was having problems. He was camp too and went to McConaghy too and now he's married but I haven't seen him for a long time. I left home because my mother found out that I was camp and the pressure was pretty strong, facing her everytime I came home from somewhere. I felt that was what she wanted – for me to see a psychiatrist. "I only saw the first psychiatrist about three or four times and he sent me to McConaghy. I was interviewed once by McConaghy for about a quarter of an hour. He suggested I come back and go into hospital for a week for the electric shocks and the nausea making drug as well – both. I'd have the shock therapy in the morning and in the afternoon I'd go up to the place and have the drug. On one occasion McConaghy was there, he was doing it, once. But the other times there were all different people for the shocks. I don't think they were doctors, students maybe, I'm not sure. That was really horrible, you know – they didn't speak to you or anything. Just brought you in and sat you down, they never showed any sort of, they never tried to be kind to you or anything like that.

"I just had male slides, no female, dozens of them, all nude, and they were all hideous. I had the thing strapped around my penis, and electrodes on my hands. I had to choose a whole lot of slides and the ones that I chose were put into the projector and they automatically went on when I was having the shocks. I can't quite remember some of the things that went on because later one, after I had the aversion therapy, I had a breakdown and I had shock treatment (ECT) and there are some things I can't remember.

"I can remember that it was an incredibly traumatic experience. Before each session I felt terrible. I don't know why I kept going – I was frightened and anxious. The drugs went on for ages, or seemed to go on for ages – an hour or an hour and a half, that was awful. I think that was worse than the shocks. I stayed in the hospital for a full week. Just one or two nurses were quite helpful sometimes. I think I saw McConaghy two or three times during the week for a few minutes. The guys administering it were slightly behind me. The whole thing was cold and

mechanical. On a couple of occasions, the guys that were giving the shocks seemed scared or something, embarrassed, there was something about them that was very strange, embarrassed about actually doing it to me.

"I did go back to see McConaghy because when I came home I took an overdose. I came home on Friday or Saturday and was back on Sunday and stayed there for another week. When I first saw him, McConaghy didn't say thing about the success or failure rate. He seemed quite confident that it could work – he didn't exactly say it would work, he just said he was quite confident that it could. When I came back after the overdose I saw him and he just said stay here for a week for a rest, and nothing happened. I



just sat around, went to some groups once or twice and then I left. I didn't see him again after that. I think the whole bill I had from him was about \$50 or \$60.

"I had a nervous breakdown a few months after that and I went to St. John of God Private Hospital. I was in there for about six months. This incredible man there kept saying that my homosexuality was a symptom of this deep rooted psychological problem, like the first one said. It was just a sort of vicious circle and I kept thinking I must have a deep rooted psychological problem and just going round and round. I had the truth drug and I had shock treatments (ECT), I had about eighteen of them. One day I just walked out and didn't go back. That's the last time I had treatment, I'm coping now, with the help of Gay Lib, it's really great. Now, I wouldn't go near McConaghy. At the time I was sort of, I knew I was camp but I was searching for some sort of identify, I was alone except for one or two friends, I thought there was something wrong. When my family found out I was camp they sort of went all hysterical. My brother wouldn't have anything to do with me and wouldn't let me touch his children and things like that. My brother married a strict Catholic, maybe that had something to do with their attitude, I don't know.

"During the first interview with McConaghy he asked me whether I was an active or passive homosexual. During the therapy he increased the voltage, I'm sure,

I could feel it. At one stage I was going to rip the whole thing off, it was incredible, it hurt to much, it really did. What stopped me, I don't know. At the time I really hoped it would work.

"After the overdose, when I left the hospital the second time, I think he just wanted me to go back and see the other guy, the first psychiatrist. When I left the hospital the first time, after the aversion therapy, he asked me how I felt, and I said I was felling pretty terrible and he said to contact him if anything was wrong. He didn't say whether he thought it had worked or not, it didn't.

"I remember one day when I was having the injection, the nausea making stuff, I was working the slides and the slide stuck and I didn't know what to do, I was by

myself and so I had to call the nurse in to fix it. It was so embarrassing another time. There's a sign on the door 'Do Not Disturb'. I had the slide on and the nurses' aide walked in to see what was happening. I think the slides were supposed to be on for a set time and I was to keep going until I felt sick, with the drugs you were in a room by yourself.

"The rubber thing on my penis snapped once during the electric shocks session – I didn't even have an erection or anything I always had to wait a fair while. Getting it all set up was a real hassle, putting the things on the fingers, that was pretty awful. I think I had an electrode or something on the ankle as well, I think that was to measure something. I used to sweat a lot. Sometimes it was just a very slight shock and at other times it was stronger. A couple of times it was really painful, I sort of felt it all over. I was sort of interspersed strong and weak shocks and I didn't knew when. When the shock stopped the slide went off, I had no way of turning it off.

"I began to hate McConaghy towards the end. I think I hated the assistants just as much, sometimes more, the sort of cold attitude they had, some of them. The impression McConaghy gave me was that it was possible that it could work and I was hoping.

"I think after the aversion therapy I found it harder to communicate with camp people, it's still a problem, I think. It was hard before, but after that, it was worse. I

think after aversion therapy I really hated myself, I don't know why, I just did. Going through that was like an incredible nightmare, I just didn't think I could face anyone after that. I don't think I'll ever get over it really. I think about it, not a lot, just now and then, it's like a nightmare, like a Fellini movie or something. I'd never go through it again. McConaghy didn't seem to care. I think originally when I went to a psychiatrist I just wanted someone to talk to really, to help me sort of find myself, and then when they started saying that deep rooted psychological problem stuff, that screwed me up — I believed it. "My mother found out later about the aversion therapy, she didn't say anything to me about it."

All references to McConaghy Interview refer to an interview the author had with Assoc. Prof. Neil McConaghy at Prince Henry Hospital on Thursday, 20th April, 1972.

All references to Winkler Paper refer to a paper given by Dr. Robin Winkler, School of Applied Psychology, University of New South Wales, at the CAMP SEX LIB WEEK FORUM on "Aversion Therapy for Homosexuals" (McConaghy vs Winkler) at University of New South Wales. Saturday, 22nd July, 1972.

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Sydney

ABC TV's programme in the Chequerboard series, "This just happens to be part of me" which was recently filmed around four Sydney members, is doing the rounds of Aunty's State channels. (Details will be in your TV guide). Shown in NSW on Oct 31, the segment of the series dealt with the relationships of Bonsall & Peter, and Gabbie & Sue, and the whole concept of homosexual relationships in our antagonistic society. Reactions so far seem to be mostly 'on side', although it's early days yet. Maybe I'm being unfair, but wait for the screams from Queensland. So, it's up to you who've seen it to write to your local ABC TV (don't write to ABC Radio, they won't have a clue what you're talking about, such is Aunty's communication gap) and tell them what you thought of it, and why. NSW Branch is attempting to get a print of the film from the ABC, and State secretaries will be advised if one becomes available in due course. Congratulations to Bonsall, Peter, Gabbie, Sue and all who took part in the filming. None of you can act!!!! Our thanks too, to the director and crew, for their integrity and sensibility in putting to air a programme which grasped, and accurately conveyed, the concept of the homosexual as a person, and our homosexuality as a plain, unsensational fact of life. Something which is, after all, just a part of us.

SPEAKING

CAMP continues to receive requests for representatives to address various groups within the community, and our happy band of talkers talk on. Sue and Lex have, over the last couple of months addressed some dozen or so groups, while Dennis, Bonsall, Barry and myself have had slightly fewer to contend with. Perhaps our most significant 'in' to date, has been a series of four discussions organised by the NSW Dept of Public Health on the Sociological, Legal, Psychological and Religious aspects of homosexuality. Reception was generally good, and we hope that this will lead to greater things in the future.

NEW EXECUTIVE

Two members of the executive have recently left Sydney, and a further two resigned due to pressure of work. Their resignations are accepted with regret, and the vacancies have been temporarily filled pending our next Annual General Meeting. Details of the AGM will be published as soon as a decision on the date is made.

"William & John" a commercially backed homosexual (male) magazine which was recently started by two young Sydney guys has fallen foul of the law. Currently they are facing trial on an obscenity rap. At a hearing in mid August, it was established that certain contents in Issue

No. 3 constituted a *prima facie* case of obscenity. Consequently "William & John" have elected to go for trial by judge and jury (sometime later this year). Details of the trial will be given in our issue following the trial. Although some may think "W&J" is sexist, exploitive, pornographic crap, the issue at stake here is **censorship** and the freedom to print and read whatever you wish — something which should be your right; not a privilege granted to you by higher powers. Who knows, CAMP INK could be "done" for publishing the cover photo of Vol. 2 No. 6 (April 72).

A Bugger of an Act

South Australia has not legalised male homosexual acts, nor anything like it. Thanks to the Legislative Council, under the guidance of Renfrey DeGaris and prompted by Moral ReArmament, they have added precisely two new clauses to the S.A. Criminal Law Consolidation Act. They are —

1. Section 68a — 'Where a male person is charged with an offence that consists in the commission of a homosexual act, it shall be a defence for that person to prove that the homosexual act was committed with another male person, in private, and that both he and the other male person consented to the act and had attained the age of twenty-one years.'

2. Section 69a — 'A good defence to a charge relating to that act, or proposed act, of buggery or gross indecency could be made out under section 68a of this Act.'

The *intention* of all this was to 'decriminalise' but not 'legalise' such acts under those circumstances, because while it was agreed that they should not be punished, to 'legalise' them was to 'condone' such behaviour.

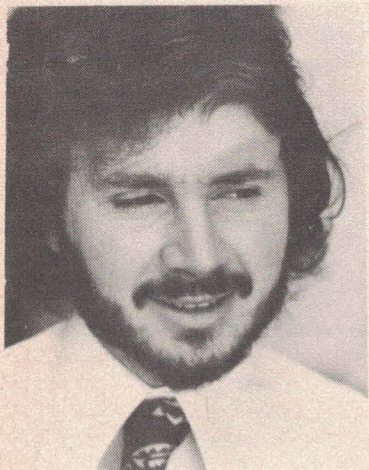
Originality is the keynote of these new changes. This is believed to be the first time in Western legal memory that there has been an official category of 'crimes without penalties.'

It is also worth comment that, contrary to the basic principles of British justice, the onus of proof is on the accused, not the prosecution. Guilty until proved innocent.

In *practice* these laws, if they are used, and it seems likely on past precedent, will encourage people to plead guilty and then enter a defence. It will still allow all the attendant publicity, the loss of jobs, the police spying, and the blackmail. It will still help the public coffers and the pockets of the legal profession. And it will not help the homosexual one iota.

If the new law were not so dangerous, it would be a bad joke. As it is, it stands as a monument to obscurantism and human stupidity, ignorance and possibly vindictiveness.

The Lowe Camp Campaign



David Widdup, the acknowledged homosexual candidate for Lowe has started his campaign for Billy's seat. He has been a guest on the "Bob Rogers Show", written up in "Digger" — and the campaign has only just started.

David has been teaching in Tasmania this year and doing a Dip. Ed. He has appeared recently on "T.D.T." in Hobart and featured on the front-page of the Hobart "Saturday Evening Mercury", as a Launceston school-teacher, self-professed homosexual; a story of his election stand. This has thrown the Tas. Ed. Dept into a flap. They have known all year that David is a poofster, but while he wrote only the occasional newspaper article and was discreet they were prepared to be tolerant.

If David is told by the Tas. Ed. Dept that he is not wanted next year it will be for political reasons only. We await the decision of the Tas. Ed. Dept to see if they have been encouraged from "tolerance" to "acceptance" and public acknowledgement.

The campaign in Sydney has been

helped by some donations, which have enabled us to place advertisements in the local suburban throw-aways in Lowe and also in national newspapers. A lot more money is needed to make this an effective campaign. Members have responded to the request to help on election day but more helpers are required. There are many polling booths and these are open all day on Dec. 2nd. Helpers are also needed to hand out pamphlets and stick up posters.

The campaign is what we make it. David has been accused of being bourgeois — and what is more bourgeois than standing for Parliament against the Prime Minister as a homosexual (David that is). However, if the more "radical" members of the camp community want to hold demonstration in the electorate we welcome it. If people want to come in drag, good and if the camp electors of Lowe disguised as squares sneak into the ballot booth and "come-out" on the voting slip that's also good. Whatever way people care to help we can use this campaign to show our solidarity.

Minnie Drear

"The Liberal Party Is Just A Wake," said Sunday morning Min.

Apart from having a good time at our party, we had to show the squares what we were on about, and Joanna has asked so many beautiful people. I made all the square men kiss me. One after another they were coerced, then I went back to square one. Deep down, I felt I was straightening one or two out as we kissed, though they swore they weren't bent. Most of them blushed and got scared, but went through with it. One even said it was "pleasant".

I plied some of the men with liquor trying to take advantage of any drunken laps. I can always hold my liquor, Darls — usually by the ears — and in the U.S. it was fun to be on a drunk — nothing like a nice yank.

Spent a fortune on hash for one of Joanna's guests and he collapsed over some sweet dish she had spent hours preparing. Talk about a queen losing her head — and over a trifle — a just dessert according to Joanna. She stuffed an Olive. Last party she made a pavlova, but she is always philosophical about square men wanting to cream her sweet dishes.

Joanna started the pianola. The only time she's ever had an orgasm while roll playing was with her old player. She reckons all roles are ham ones, and since she went Jewish she hasn't bothered. A guest consulted about masculine roles replied that he wasn't getting into a sandwich with Minnie, no matter how desperate he was for a roll.

When I started kissing the women I was accused of being bi. Joanna and I have agreed that we will never go bi and deplore the "compulsory bi" — you must get off with both and preferably simultaneously. We also hate the "with-it bi". Joanna's friend, Mary Goldman, is a red and black "withered by"; actually a square but will sleep with a lady in the "grit yer teeth and think of the Empire, Queen Vic." tradition. As a younger queen, I was quite a good buy. Mind you a set square is nothing more than a mathematical instrument. A real queen is probably a true ruler and much the same. However, if I'm sick, then I am enjoying ill-health.

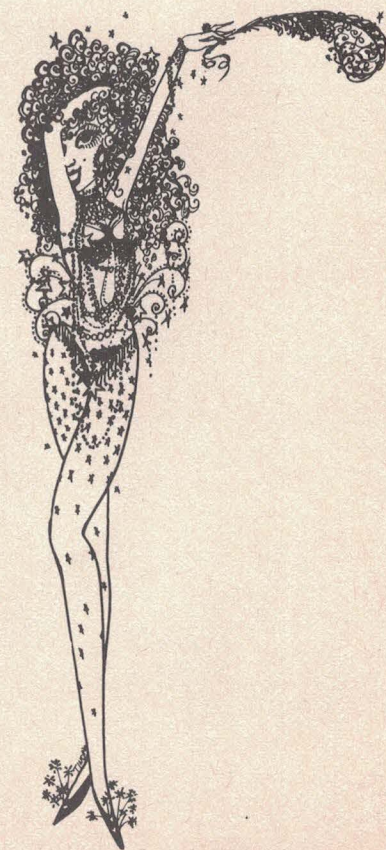
The party went well but next day Joanna was a bit put out by what she had to put in, two days early. She came into my room to make a periodical attack, "Did you have to play 'Alexander's Rag-time Band' and 'the Lost Chord'. What are you, a bloody Med student?"

"A thing of beauty is a joy forever. No flowers by request," replied Minnie, the worse for ware and still under the weather, her man, and the blankets.

"Especially where you stick your stalk, you bloody pansy." Joanna never was poetical.

"Well what else are you supposed to do to get rooted?"

She heard only the last two words and went off to lay the carpet she had rolled the previous evening, revealing bare boards for dancing — she'll stoop to anything. Seeing a door with a loose knob in her route, she banged it violently.



The Law is not Dead

'The police are not used to spy on people's bedrooms. Homosexuals are only prosecuted if they are public nuisances. Therefore there is no reason to change the laws on this subject.'

If not the exact words he used, that is the exact sense of the comments of Mr. William McMahon, Prime Minister, on homosexual law reform. He said this on 'A Current Affair' on September 11, 1972, and subsequently at at least two public meetings in Sydney.

Law and Order aspects — this position held by McMahon is curious because it amounts to saying that there are certain laws which can be, and are, broken with total impunity by a significant number in the community. Yet amongst all the bumph in their 1972 Federal Election propaganda, the Liberals attack the ALP for allegedly condoning conscientious law breaking and put themselves up as the Law and Order party. 'A Liberal government will uphold the law' are the exact words they use in one leaflet circulated throughout the country.

Both McMahon and his Attorney General Greenwood, the man whose name is synonymous with Law and Order today, have pointedly refused to answer questions put by this writer to them at public meetings asking for an explanation of this contradiction in their policy. McMahon thought it sufficient to say that anyone who thought of himself in the same context as draft resisters was not worth speaking to, so he needn't answer.

Factual aspects — Do the police spy on people? Are there prosecutions under these laws for private consenting sexual behaviour? Do they only apprehend 'public nuisances'?

It is becoming increasingly apparent that the Australian Security and Intelligence Organisation (ASIO), the Joint Intelligence Organisation, State Police Special Branches and other governmental agencies spend very considerable amounts of time and money spying on private lives, and homosexuals more than most. This information is used to deny homosexuals the right to jobs, the rationale being allegedly security.

That information is rarely used to launch actual prosecutions. But prosecutions do occur. They occur more frequently than most people believe. They occur for private, consenting behaviour, quite often when both or all parties are adult. The extent to which they occur is dependent on directives from within the police force itself, and occasionally or more frequently from directives from the politicians of the day.

The NSW and McMahon's own ACT police forces have the reputation of being most keen on anti-homosexual drives, though the SA police force's activities are

now being recognised as being the equal of those two States. Some figures may help here —

NSW — Courts of Petty Sessions

Prosecutions for Buggery

Year*	No. Prosecuted	Convicted	Discharged or withdrawn
1962	106	91	15
1963	117	94	23
1964	64	60	4
1965	37	31	6
1966	68	64	4
1967	42	38	4
1968	101	92	9
1969	57	51	6
1970	52	49	3
1971	43	39	4

NSW — Courts of Petty Sessions

Prosecutions for Indecent Acts between Males

1963	44	43	1
1964	30	27	3
1965	85	77	8
1966	32	31	1
1967	48	37	11
1968	56	51	5
1969	64	57	7
1970	29	25	4
1971	27	26	1

The SA police force offers its statistics in such a way that they approach incomprehensibility. Much of the data is meaningless, and classification practices are inconsistent. But it seems that the following can be taken as a reasonably reliable guide:-

SA — Total Prosecutions for Buggery by Males

Year*	No. Prosecuted	Convicted	Discharged or released on bond
1963	44	43	1
1964	55	50	5
1965	21	21	0
1966	16	15	1
1967	23	22	1
1968	34	33	1
1969	30	29	1
1970	41	40	1
1971	41		
1972	46		

SA — Total Prosecutions for Gross Indecencies Between Male Persons

1963	47	24	23
1964	55	52	3
1965	26	24	2
1966	29	27	2
1967	24	22	2
1968	19	18	1
1969	21	18	3
1970	20	17	3
1971	19		
1972	24		

*NSW figures are for the year ending December 31, while SA figures are for the year ending June 30.

These figures can be contrasted with WA, where in the last year there has, according to the Premier, been a grand total of nought (0) prosecutions under the comparable sections of the WA Criminal Code. Clearly both the variations between years and between States is more than accident. It is probably accurate to say that the two men over eighteen who in SA last year were charged with three counts each of buggery committed on the other in private and with consent, would in Perth never have been charged, let alone sentenced to the eleven months gaol that they suffered in SA.

It is also clear that not all Australian police forces would boast, as has the NSW force in these terms — 'Constant supervision is given by members of the Vice Squad to places where homosexuals are known to congregate.' or 'As much attention as possible was given to

"I'VE LIVED HERE
IN THIS CITY
FOR OVER 40
YEARS...AND
NEVER ONCE
HAVE I BEEN
BRUTALIZED
BY THE
POLICE!!"



homosexual offences'. or 'Offences denoting homosexuality and other forms of perversion receive special attention by members of the Vice Squad.' or the previous year when the term was 'utmost attention.'

And when police reports use that terminology, you had better believe it. Because this does not just mean patrolling public toilets and that sort of absurd hassle, it means the sort of intimidating tactics, the sort of illegal search of private premises, and the use of other breaches of civil liberties that are used in NSW and elsewhere to gain prosecutions and convictions where absolutely no public complaint or nuisance or any other such consideration is involved.

Homosexual law reform is only part of the answer. The figures on soliciting and other so-called offences are equally a matter for disgust, the way in which female impersonators are harassed by a gross public abuse. Further, the police are only agents of public policy and public attitudes, not better but sometimes worse than the rest of the community. But it is high time that the politicians and others realised the extent to which those laws are being used.

Lex Watson

Adelaide: Some Reflections on a Letter to the Clergy

Between May and July of this year the Religious and Moral Issues working group of the S.A. branch of C.A.M.P. sent out a statement with covering letter to all parish clergy of the Anglican, Methodist, Roman Catholic, Presbyterian and Congregational churches in the Adelaide metropolitan area — a total of 370. By the middle of August more than 30 replies had been received, either by letter or reply sheet, nearly half of which were from Anglicans. Taken together they provide a useful index of contemporary Christian thinking on homosexuality in our society.

The most striking feature of the letter replies is their lack of unanimity, thus reflecting the current questioning and re-evaluation of traditional sexual ethics inside as well as outside the Christian church.

Despite our forbodings no hostile replies were received, probably because our severest critics, believing us to be perversely resistant to traditional arguments, thought it wasn't worth the effort. At the other extreme, we did receive a good number of assurances of full support, and indeed six clergymen (so far) have joined the Campaign. 'Your statement agrees very much with my own theology', wrote one minister, 'and I am chastized by its logic'. As might be expected, however, the majority of replies contained a mixture of agreement and criticism, with the latter tending to focus on the same points.

First, it was said that our interchangeable use of 'homosexual' and 'homosexual behaviour' was ambiguous and misleading. 'As I see it', wrote an Anglican rector, 'the Church does not condemn homosexuality as such any more than it condemns heterosexuality as such. . . . What the Church has condemned (and still does) is illicit homosexual behaviour — specifically sodomy and lesbianism. The Church also condemns illicit heterosexual behaviour — specifically fornication and adultery.' The distinction is a valid one — but only in theory. In reply we would maintain that the church's traditional condemnation of homosexual behaviour (whatever its context) has in practice fostered a general condemnation of the homosexual condition in itself, whatever the theologians may say, as an inherently evil tendency. Homosexuals themselves — who should know — are certainly under no illusions; and those who for any reason have decided to remain celibate are just as reluctant as

any other to allow the fact of their homosexuality to become known.

It was also objected that, whatever the church's part in contributing to the suspicion and hostility which surrounds homosexuality in most European thinking, its present-day pastoral attitude does not lack in compassion and understanding. 'The attitude you say the church has certainly does not represent the church as I know it', wrote a Catholic curate, 'though I can see how such false impressions could exist, especially if a person was embarrassed to frankly to discuss this with a priest. I feel that often a person does not come along with a homosexual or any other concern because they prejudge what the priest is going to say. How false.' We would tend to agree. Unfortunately — so great is the weight of accumulated social and religious pressures — most homosexual Christians have assumed, without themselves experiencing it, an attitude of condemnation and rejection from their priest or minister, and have therefore gone to great pains to conceal their sexual identity within the church context. Of those homosexuals who have remained in the church relatively few appear to have discussed their sexual 'problem' with a Christian counsellor. Their fear is understandable but, it would now seem, not always justified. From the letters we have received and from subsequent discussion with groups of clergy from all churches, it would appear that a substantial proportion — though not a majority — of Adelaide clergy are prepared to suspend past judgements and hostile attitudes and to counsel homosexuals with sympathy, sensitivity and Christian charity.

This is all that most homosexuals ask from the church: not to be exhorted yet again to renounce their sexual instincts or to cease from giving them overt expression, but rather to be accepted as they are and encouraged to use their capacity for love in the best possible way, recognising the validity of mature homosexual relationships. But more of this later.

Another point of disagreement was the implication of our statement that homosexuality and heterosexuality are equally valid sexual identities. A few deplored the suggestion. Homosexuality, claimed one Methodist minister, is a 'personality disorder' and a 'social deviation' which can be overcome to a large extent by a fundamental 'change in attitude'

though he also (illogically?) assured us of his wish that homosexuals should find acceptance within the wider community. 'I can of course understand your view', wrote an elderly Anglican with a generous spirit, 'It might even turn out to be the right one, but at the moment I am not prepared to embark on a campaign for the sanctification of sodomy Well, you cannot expect too much of an old boy in his sixties.' Others, however, welcomed the idea. 'It seems to me', said one (highly respected) Anglican priest, 'that homosexual relations should be as acceptable as heterosexual ones, but I am afraid there is probably much to be done before society's attitudes will change.'

Finally, some clergy felt we had ignored traditional Christian teaching on the need for self-discipline, thereby opening the door to unregulated license. 'I do not agree with the contemporary view that self-fulfilment can only be realized through doing everything we feel like doing', as one letter put it. Others have expressed similar views in private discussions. Behind this objection seemingly lies the assumption that a homosexual orientation consists essentially of a desire for physical sexual contact, which can and should be controlled just like any other socially undesirable predisposition — for example, alcoholism or the propensity to lose one's temper. 'An irascible man is genetically and environmentally predetermined too', pointed out a Catholic priest in his long and closely argued letter. 'But he has to battle to overcome it. Predetermination to an act doesn't make it morally right — even though irascibility would obviously seem to be much simpler and much more easy to cope with than homosexuality. The principle is the same.'

These two latter criticisms raise serious theological issues which deserve consideration at length. It is not intended here to embark on a full-scale discussion but merely to indicate the outline of a possible argument. I have drawn freely on Norman Pittenger's book **Making Sexuality Human** (Pilgrim Press, Philadelphia, 1970).

The essential difference between homosexual and heterosexual people is a small one. Both want to develop themselves as total personalities, to move towards the future fulfilment of their potentialities, to love and to be loved. A Christian may see this search for fulfilment as aiming ultimately at communion with God. Relationships with other men and women are the means through which ultimate fulfilment in God can be helped and even to some extent achieved, in that in every particular experience of human loving there is also working the love of God. Both homosexual and

heterosexual people possess the same sexual nature which is deeply instinctive in man — that is, the desire to unite oneself with another member of the race. Because man is a physiological as well as a psychological being, human sexuality has a strong and essential physical component — so that when a man or woman is excited sexually the whole body is included in the responses which are made. For most men and women, therefore, some expression of their sexual nature in physical ways is both natural and inevitable. This for two objectives: the experience of ecstasy which accompanies human sexual activity, and the realisation of the feeling of union with another being. The biological purpose of sexual union — the procreation of new life and the continuance of the human race — although it may be prior to anything else in terms of historical development in the species, is by no means the only reason for sexual expression and is certainly not the central objective which is sought.

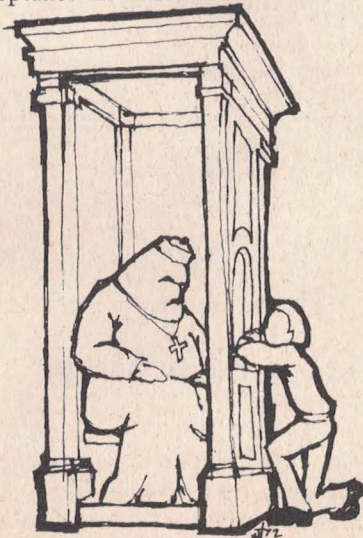
The only difference between homosexual and heterosexual is the particular type of sexual drive: that whereas the heterosexual person is drawn to intergrate himself (or herself) with somebody of the opposite sex, the homosexual person finds himself drawn to a relationship with someone of the same sex. It is wrong to think, as so many people do, that the homosexual confines his interest to the body of another. His sexual drive is not simply a matter of physical desire, but is a matter of his whole personality. Essentially he is seeking a personal relationship on a more or less permanent basis — a companionship, with each partner responding to the total personal impact of the other. In all this he is no different from his heterosexual brother. Most homosexuals do not consider their sexual interests a symptom of sickness and accordingly do not wish to be 'cured'. As far as his own feelings go, the homosexual is entirely normal, and he sees no reason at all why he should not be accepted by his fellow men and women as such. He asks that he be allowed by society to love and to be loved in the way that is possible and natural for him.

Everything else follows from this. The homosexual way of 'making love', the interests which he has, the habits which are proper to him, can only be understood when they are set in this context. All must be seen as expressions of a much deeper way of feeling and responding to other people. It is therefore totally inadequate to judge the morality of homosexuality solely in terms of the physical sexual act. Every human person wants acceptance, emotional stability, deliverance from loneliness and isolation, liberation from anxiety and fear, and most of all,

freedom to be himself and to become the man he would like to be — all qualities required if a human life is to move towards its ultimate fulfilment. If homosexual love can provide these, then it is a good thing.

Conversely, the wrongness or 'sin' in homosexuality is to be found in exactly the same place as the wrongness in heterosexuality — that is, not in the condition (and most Christians would in theory agree with this); not in the accompanying desire for and the practice of physical contact (and here we must part company with the traditional moralists); but in so far as the homosexual, like the heterosexual, fails to be a responsible person, refuses to exercise control over his actions and lacks a real respect for other people. With these limitations, therefore, homosexual love in the context of a committed relationship can be and often is as good an expression of human sexuality as heterosexual love. Certainly it is not inferior. There is therefore no reason for the homosexual man or woman to feel ashamed of himself. On the contrary, there is every reason for him to accept himself, and there is every reason for society and the Christian church to accept him too. What is required of him is that, being a homosexual, he will be the best sort of homosexual possible.

In conclusion it would appear that by increased communication with the Clergy, the barriers of prejudice cannot be but reduced. From our survey it is obvious that much of clerical thinking derives from purely theoretical considerations with little or no relevance to the present reality. Thus the Religious Work Group within the S.A. Branch of the CAMP consider that increased contact and a regular dialogue between Christian homosexuals and members of the clergy cannot but result in an increased understanding and acceptance on both sides.



...and yesterday I loved my neighbour as myself... twice."

The Letter

The traditional attitude of the Christian Church to homosexuality has been one of condemnation. This judgement has neither understanding, given the insight into human psychology now available, nor love, which at all times should have been the basis of the church's approach to moral questions.

A result of this condemnatory attitude has been the alienation of homosexual men and women from the pastoral care of the church. Many homosexuals are completely out of touch with the church, while some remain members, but keep secret and in isolation the entire sexual side of their personalities. Neither of these situations can be considered pastorally satisfactory.

The church's traditional teaching is usually defended on the basis of such scriptural passages as Leviticus 20:13, and Romans 1:26-28. Quite apart from difficult problems of biblical inspiration and interpretation, however, this appeal to isolated verses ignores the fact that the Bible condemns many things, notably in the Law section of the Old Testament and in the letters of St. Paul, which the church today either ignores, or does not regard with the severity it has attached to homosexuality. Furthermore, the history of the church shows that Christian judgments on human conduct — whether sexual, economic, racial, military or political — are subject to change, as the Christian community modifies its judgements in the light of new experiences and new insights.

From what we know of Christ's words and works, it seems to us impossible to deduce a total prohibition of homosexual behaviour. Christ's constant emphasis in the judgement of human acts was on their intention and inner spirit, rather than on the outward action. His criterion for the worth of human activity was whether or not it was based upon love, rather than whether it observed certain forms.

For these reasons, it is wrong for the church to condemn homosexual people outright. Rather they should be accepted into the Christian community as they are, to be encouraged in personal growth and in Christian responsibility. Certainly this will involve moral restraints upon behaviour not motivated by love. But at the present time the church offers to homosexuals merely negative advice, which, not unreasonably, most reject. Regrettably, in rejecting the life-denying law of the church, they also exclude themselves from the life-fulfilling message of Christ.

Adelaide Religious and Moral Issues Work Group.

WAITING, STILL WAITING

Let us not waste our time
in idle discourse! Let us
do something while we have
the chance! It is not
every day we are needed.

Not indeed that WE person-
ally are needed. Others
would meet the case equally
well, if not better.

TO ALL MANKIND they were
addressed, those cries
for help still ringing in
our ears! But at this place
— at this moment of time,
all mankind is us, whether
we like it or not. Let us
make the most of it before
it's too late! Let us re-
present worthily for once
the foul brood to which
a cruel fate consigned us!

The tiger bounds to the
help of his congeners with-
out the least reflection,
or else slinks away into
the depths of the thickets.

BUT that is not the questio-
n! WHAT ARE WE DOING HERE;
... that's the question.

VLADIMIR O (copyright)

COME CHANGES

Time holds no wager on
your journey's round:
Now-royager forth upon
the stream of life;
an older boat accustomed
to the sound,

the younger
craft

tossed high
above the strife

KEVIN DAY 72

TIME IS

'Time' is the eternal ticking
of a clock;

'Time' is a rusty key
in a rusted lock;

'Time' is the shepherd
watching his flock;

'Time' is laughing gay
& to mock;

'Time' is a statue
born from this block;

'Time' is the hand of a stranger
that comes to knock;

'Time-Is' our solid
invincible rock.

LESLEY WINTERS 72

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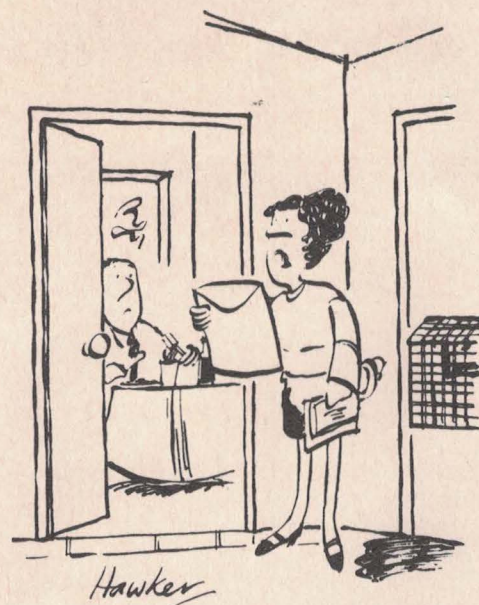
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together with the lawyers and the women
throughout their cases. They attempt to
retain contact with these women after their
cases have been completed and offer
whatever help they can e.g. information on
social services, help to find accommodation
and employment.

The Women's Bail Fund works in
solidarity with other prison struggles
throughout the world, demanding an end
to dehumanizing and demoralizing
conditions, physical and mental brutality.
They demand the right to protest; religious
and political freedom, adequate food and
medical care, freedom from censorship of
mail and literature, standard working
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within prison and parole board hearings.

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support for these demands by addressing
organisations, disseminating literature and
urging people to work for changes in the
present legal and penal system.

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sufficiently urgent to warrant a major
response from all concerned human beings.
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Phone: 347-3693.

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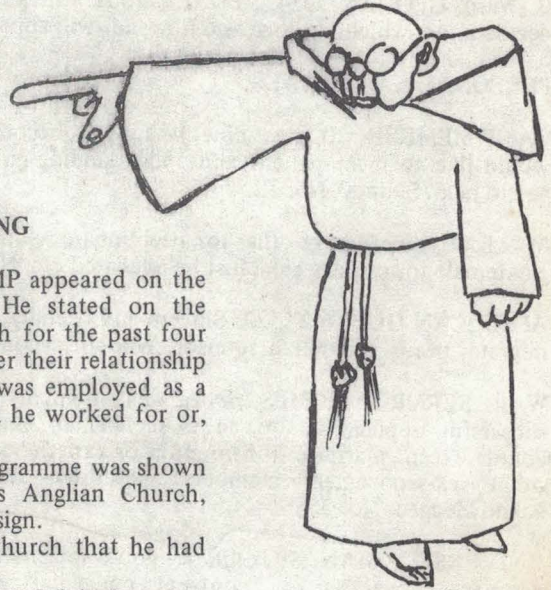
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AND IT'S NOT BECAUSE YOU'RE
A HOMOSEXUAL, O'SHANNESSY.



PETER BONSTALL-BOONE SACKING

Peter Bonsall-Boone a founder member of CAMP appeared on the ABC TV programme "Chequerboard" recently. He stated on the programme that he and the man he had lived with for the past four years were very happy and that they did not consider their relationship either sick or simple. He also mentioned that he was employed as a church secretary. He did not indicate which church he worked for or, indeed, the denomination of the church.

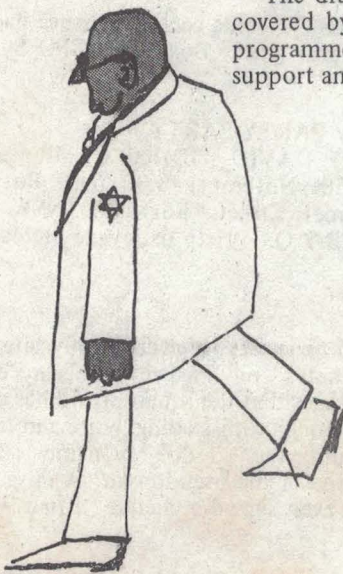
On the 5th November, the Sunday after the programme was shown in N.S.W. the Rector's Warden of St. Clement's Anglian Church, Mosman, rang Peter at his home and asked him to resign.

On the following Sunday Peter notified the Church that he had decided not to resign and was immediately sacked.

All of this happened after the present issue of Camp Ink had gone to press. We will be following up the drama in our next issue and have invited Peter to write the editorial.

One important factor has emerged and should be central to any discussion. Peter was not sacked because he is homosexual but because he dared to state publicly that he is homosexual and worse — that he is a happy homosexual. Peter had told the Rector of St. Clements long ago that he was homosexual. Further Peter and the man he lives with Peter de Vall had addressed the Moral Questions Committee on 23 June 1972, as a homosexual and as a Church Secretary. The Reverend Bruce Smith, who has stated on TV that he cannot understand how Peter could work for the Church if his employers knew he was homosexual, was on that Committee and was present on June 23. Rev. Smith spoke with Peter after the address and Peter assures us that there can be no doubt that he knew Peter worked at St. Clements.

The drama has generated intense public interest. The story has been covered by many newspapers and TV channels; entire radio "ring-in" programmes have been given over to the issue and Peter is finding support and abuse in the most unexpected places.



ADS: Less than 30 words may be placed free of charge. Over 30 words, a fee of \$1.00 will be charged. Any advertisement placed by an individual or on behalf of a business for a purely commercial concern (or any advertiser who does NOT want a reply number, but wishes his/her own name and address published) will be charged at the rate of \$2.50 for the first 30 words and \$1.00 for every ten words thereafter. Copy MUST include the clearly worded ad, and a legible name and address (not for publication unless requested). Unless requested ALL ads will have a reply number supplied.

REPLIES: The reply procedure seems to be causing some people a bit of trouble still. **TO REPLY TO AN ADVERT:** Write your reply; place it in a BLANK, STAMPED, SEALED envelope. Write the reply number of the ad you are replying to in the top left hand corner of this envelope. Place this, plus the 50 cent reply fee for each reply in another envelope, which is then addressed to B. Ward, GPO Box 5074, SYDNEY 2001. Cheques and postal orders must be made out to CAMP INK. I reserve the right to decide under which heading, and how, ads will appear in print.

PERSONAL & GENERAL:

CAMP MEMBER, 20, masculine, wishing to become bisexual, would like to meet patient and understanding girl near same age to help. Sydney. No. 225.

MALE 30, quiet, seeks other for affectionate relationship, and gay female for outings etc. Must be educated etc. No. 256.

AMERICAN GUY, 6'2", 23. Sincere and friendly. Anxious to migrate, needs Australian sponsor. Will correspond. No. 257.

WAR SERVICE HOMES. Does any member know of a successful application by an ex-serviceman eligible on all counts except marriage. Information or experiences from any other ex-servicemen members gratefully received and acknowledged. No. 258.

UNIVERSITY MAN, 39, athletic, good appearance, pleasant company, wants to contact congenial mates for correspondence and annual visits to Sydney, Melbourne and Canberra. No. 259.

INTELLIGENT (undoubtedly), good looking (competitively) and 27. Travelling length of New Zealand early December. Hoping to meet/stopover with likewise people. Eager to know and enjoy Kiwi country. No. 260.

MELBOURNE BATCHELOR, young 40, like to meet/correspond other guys who are interested in classical music, theatre and films. Want sincere relationship with guy to 45. Would make a very understanding listener for those who may need someone more mature to listen to your troubles. No. 261.

JORGE is 27, camp, and lives in Buenos Aires, Argentina. He is coming to Australia next year and would like correspondence (in English) with members of CAMP. Replies to this ad should be written on an aerogramme, or 35 cent stamp in the inner envelope as a reply. **REPLIES TO THIS ADVERT ARE FREE.** No. 262.

GENTLEMAN, 38, interested in books, travel, films, theatre. Job includes travelling over most of Australia. Would like to correspond with others, all States for genuine meaningful relationship. No. 263.

ADELAIDE GUY, 21, very kinky, wishes to meet others interested in discipline, leather and motorbikes. No. 264.

MALE MEMBER, 30, wants to form group of amateur musicians, either sex. Violin, flute, cello, clarinet, voice etc., for their own entertainment. Interested in people please contact No. 265.

SWINGING, middle-aged bachelor, fond surfing, driving etc., offers sincere male member free accommodation comfortable unit Gold Coast, Qld. on occasional weekends. No. 266.

HAVING A PARTY? Camp stewards and waiters will do ALL the work and allow you to enjoy yourself. Reasonable rates. Enquiries No. 267.

THANKS TO ALL CONTRIBUTORS to "Over There", who have sent names and addresses of overseas clubs and bars. All gratefully received. Still more needed.

INFORMATION/Replies free

HAVE YOU HAD A BRUSH WITH THE LAW? If so, your experiences may help save others from similar terror. All names kept strictly confidential, facts are what we need. Write to NSW Legal Action Group at Box 5074 Sydney, NSW 2001.

SUPPORT YOUR HOMOSEXUAL MEMBER DOWN LOWE. We need time, money and votes. Hand out leaflets for David Widdup the acknowledged homosexual candidate contesting Lowe. Send donation to Box 5074 GPO, Sydney. Tel. 665-8935. Let us know if you will be available to help on Election Day and before.

CAMP INK BACK ISSUES 30 cents each. All issues back to Volume 1, Number 4, are in stock. Box 5074 GPO Sydney 2001.

PARTY PARTY PARTY

PARTY IN SUPPORT OF DAVID WIDDUP CAMP member for Lowe, Saturday, 25th November 8.00 p.m. Burwood Council Chambers, Conder Street, Burwood. NSW. Tel. 665-8935. \$1 donation. B.Y.O.G. Help us invade McMahon's seat.

Before I sign off this month, one or two notes about this column generally, in response to letters received. I only alter the wording of ads which I consider offensive or unnecessary. Such phrases as "No Effeminate" or "Passive Male" are crude categorizations, and serve no useful purpose — except maybe to reinforce the stereotyped images that the square world has of us. Hence they are vigorously deleted whenever and wherever they appear. If you think this is wrong or misleading, write and let me know. Finally to those of you who wonder if BRIAN WARD really exists, let me assure you — I do! My name is Brian Woodward, and from next month, the ads will appear under my proper name. The reason for the pseudonym? A misguided method for separating "classifieds" mail from NSW Editor mail. Too confusing though, I even signed a cheque "Brian Ward" recently! So, exit Brian Ward and enter Brian Woodward. A pox upon pseudonyms.

BRIAN WOODWARD