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Davison, Katherine Maeve

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Sex, Psychiatry and the Cold War: A Transnational History of Homosexual Aversion Therapy, 1948-1981

Katherine Maeve Davison

Orcid ID: 0000-0002-4931-6124

Student number: 57606

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University of Melbourne



Figure 1: Clinical assistant administers aversion therapy, Prince Henry Hospital, Sydney, 1970. ABC Archives.

Abstract

Aversion therapy was a method of ‘treatment’ for sexual ‘deviation’ adopted by some psychiatrists and psychologists in the decades following the Second World War. There were several variations of the procedure, but most involved subjecting a patient to nausea or electric shocks while showing them erotically stimulating images in order to de- and re-condition their sexual behaviours. Aversion therapy enjoyed two short but intense waves of clinical experimentation, first in Czechoslovakia (1950-1962), and then in the British world, including Australia (1962-1975). The Sydney psychiatrist Dr Neil McConaghy, a self-declared ‘Marxist’ and himself bisexual, was directly inspired by the Czechoslovakian experiment led by Dr Kurt Freund and promoted the practice in Australia. McConaghy, Freund and some other practitioners of aversion therapy believed themselves to be sympathetic to sexual minorities, rejected the idea that sexual orientation could be changed and supported decriminalisation. How was this possible?

The explanation is to be found in the specific context of its emergence: the geopolitical polarisation of the Cold War and a parallel theoretical polarisation within psychological medicine. A behaviourist paradigm based on the ideas of Russian physiologist Ivan Pavlov gained popularity in contradistinction to Freudian psychoanalytic theories favoured in the United States, and from 1949 was the unofficial doctrine of the Eastern Bloc. As homosexuality became a crucial area for expert research by intelligence and security organisations, technologies of detection and diagnosis turned to behaviourism through emotional observation, visual surveillance, psychometric testing and physiological measurement. In a therapeutic context, the Pavlovian framework was taken up in Western countries by practitioners who sought a more empirical and scientific – and therefore ‘humane’ – approach to clinical practice. Patients, however, did not view the procedure as ‘humane’. Nor did activists in the new social movements for gay and women’s liberation and in 1972 in Australia Neil McConaghy became their number one target.

This thesis draws on intelligence documents, medical and psychiatric literature, gay print and radio media, oral history interviews, and a newly discovered archival collection: Neil McConaghy’s personal papers. My research charts shifting understandings of sexual orientation from endocrinological and psychoanalytic theories that were dominant in the first half of the twentieth century, to more emotional and behavioural theories in the post-war period. This shift was accompanied by the development of new technologies of detection and treatment which tied in with post-war modernity’s promotion of scientific and materially efficient machines and methods. My contention is that the influence of Pavlovian ideas in post-war therapeutic approaches to homosexuality can only be understood as part of the transnational Cold War circulation of sexological knowledge. By focusing on the movement of this knowledge from East to West, I hope to contribute to the project of ‘decentering Western sexualities’ (Mizlielinska & Kulpa, 2011) and to emerging scholarship charting the global histories of sexology.

Declaration

- (i) This thesis comprises only my original work towards the PhD except where indicated in the preface;
- (ii) Due acknowledgement has been made in the text to all other material used; and
- (iii) Except where otherwise indicated, all translations of non-English sources are my own.

Preface

Research for this thesis was supported financially with an Australian Postgraduate Award from the Commonwealth government of Australia. Several funding grants for travel to archives and conferences were provided by the Arts Faculty and the School of Historical and Philosophical Studies at the University of Melbourne.

Publications

Earlier versions or excerpts of Chapters 1, 3 and 4 have been published as follows:

Kate Davison, 'Cold War Pavlov: Homosexual Aversion Therapy in the 1960s', *History of the Human Sciences*, Special Issue: Histories of Sexology (Online First, 6 May 2020; print edition in 2021).

Kate Davison, 'Neil McConaghy's Penile Plethysmograph', in Chris Brickell & Judith Collard (eds.), *Queer Objects* (Manchester University Press, 2019), pp. 286-95.

Kate Davison, 'The Sexual (Geo)Politics of Loyalty: Homosexuality and Emotion in Cold War National Security Policy', in Sean Brady & Mark Seymour (eds.), *From Sodomy Laws to Same-Sex Marriage: International Perspectives since 1789* (Bloomsbury, 2019), pp. 123-40.

Kate Davison, Marja Jalava, Giulia Morosini, Monique Scheer, Kristine Steenbergh, Iris van der Zande & Lisa Fetheringill Zwicker, 'Emotions as a Kind of Practice: Six Case Studies Utilizing Monique Scheer's Practice-Based Approach to Emotions in History', *Cultural History* 7/2 (2018), pp. 226-38.

Media

Research for this thesis has featured on public radio and blogs:

'The Ruins of Science', *Shooting the Past*, season 2, episode 1, radio broadcast hosted by Clare Wright, prod. Michelle Rayner, with guests Kate Davison, Fabian LoSchiavo and Dr Sue Wills, ABC Radio National, 22 January 2019, 30 minutes.
<https://www.abc.net.au/radionational/programs/shootingthepast/shooting-the-past-the-ruins-of-science/10665804>.

Farz Edraki and Clare Wright, 'This "penis lie detector" helped doctors conduct gay aversion therapy', ABC Radio National website, *Shooting the Past* blog, 31 January 2019, <https://www.abc.net.au/news/2019-02-01/penis-lie-detector-helped-doctors-conduct-gay-aversion-therapy/10768044>.

Kate Davison, 'Power Flip: Intimate Archives and the Ethics of History', Queer History Warwick blog, University of Warwick (UK), 6 May 2020,
<https://queerhistorywarwick.wordpress.com/2020/05/06/event-review-power-flip/>.

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* * *

First and foremost I want to thank **Finola McConaghy** and **Suzi McConaghy** for granting me access to the astonishing archive that forms the basis of this thesis, and especially Suzi for opening her home to me with such *joie de vivre* in December 2015 and later shipping the archive to me in Melbourne at her own cost. I likewise want to thank **Sue Wills** for granting me access to the ‘other side’ – her home archive – and for her endlessly generous fighting spirit and piercing honesty. I hope this thesis does justice to you all.

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* * *

Some of these contacts were generated through the public exposure my project received on an episode of the ABC Radio National program *Shooting the Past* called ‘The Ruins of Science’, based on a photograph I supplied from the Neil McConaghy papers. I thank host Clare Wright and producer Michelle Rayner for their careful work and encouragement.

I am grateful for a range of institutional support and recognition, including: visiting fellowships at the Centre for the History of Emotions at the Max Planck Institute for Human Development in Berlin (August-December 2014) and at the SFB ‘Vigilanzkulturen’ (Special Research Area ‘Cultures of Vigilance’), Ludwig-Maximilians-Universität Munich in cooperation with the Collegium Carolinum for Czech and Slovak Studies (October-

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* * *

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* * *

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* * *

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* * *

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Abbreviations

ABC Australian Broadcasting Commission (after 1983, ‘Company’)

AHS Australian Humanist Society

ALGA Australian Lesbian and Gay Archives (currently undergoing name change)

APA American Psychiatric Association

ASIO Australian Security Intelligence Organisation

AUS Australian Union of Students

BJP *British Journal of Psychiatry*

BMJ *British Medical Journal*

BND *Bundesnachrichtendienst* (FRG Federal Intelligence Service, pre-1956 ‘The Org’)

BRT *Behaviour Research and Therapy* journal

CAMP Campaign Against Moral Persecution

ČSR Czechoslovak Socialist Republic

DND Department of National Defence (Canada)

DPM Diploma of Psychological Medicine

DSM *Diagnostic and Statistical Manual of Mental Disorders*

ECT Electro-convulsive therapy

FRG Federal Republic of Germany (West Germany)

GAP Group for Advancement of Psychiatry

GDR German Democratic Republic (East Germany)

HUAC House Un-American Activities Committee

IASR International Academy of Sex Research

LGBT / LGBTIQ Lesbian, Gay, Bisexual, Transgender, Intersex and Queer

MfS *Ministerium für Staatssicherheit* or ‘Stasi’ (GDR Ministry for State Security)

MI5 / MI6 British Security Service

MJA *Medical Journal of Australia*

M-O Mass Observation

NSA National Security Agency

PHG Pride History Group (Australia)

RANZCP Royal Australian and New Zealand College of Psychiatrists

RCMP Royal Canadian Mounted Police

SOCE Sexual Orientation Change Efforts

UNSW University of New South Wales

UQ University of Queensland

USSR Union of Soviet Socialist Republics

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‘I’ve always felt optimistic about what science has done for people.’

—Neil McConaghy¹

‘Human misery must somewhere have a stop; there is
no wind that always blows a storm.’

—Euripides²

¹ ‘Aversion Therapy: An Old Shocker Swaps His Electrodes for Golf Clubs’, *Capital Q*, 10 April 1992.

² Amphitryon in *Herakles*, lines 101-102.

Introduction: Rethinking ‘Sexpertise’ and the Cold War

At a border crossing between Austria and Hungary in June 1962, eight-year-old Australian boy Peter Lovibond peered out the window of his family’s campervan through swarms of summer mosquitoes at the heavily armed guards.¹ They were on a holiday – a road trip through Europe, including a week in the Eastern Bloc. His father Sydney (Syd) Lovibond, a psychologist, had just spent a year at London’s famous Maudsley Institute under the leadership of the German interwar émigré Hans-Jürgen Eysenck, who was spearheading international research in the emerging field of behaviourist psychological medicine.² For Syd Lovibond, the road trip was more than tourism. A member of the Australian Communist Party, he was keenly interested in how psychologists and psychiatrists in the Eastern Bloc were using the theories of Ivan Pavlov. He had even reportedly attempted (unsuccessfully) to obtain a visa to visit the famous Russian-Soviet neuropsychologist Aleksandr Luria in Moscow.³ Once in Prague, Syd disappeared. Instead of sightseeing at Charles Bridge, he went on a tour of the Charles University Medical Faculty, home of the Sexological and Psychiatric Institutes, where he met another former Maudsley guest, the Czechoslovakian psychiatrist Kurt Freund (1914-1996), and learned about Freund’s innovative application of Pavlovian conditioning to ‘treat’ homosexuality.

This narrative, befitting a John Le Carré novel – swapping spies for sexologists – is also how Lovibond himself liked to tell it, though on one occasion he misremembered it as ‘a visit to Hungary’ where he had ‘called on Karl Freund’.⁴ In truth, Lovibond was vicariously networking on behalf of a friend back home in Australia, the psychiatrist Nathaniel (Neil) McConaghy (1927-2005). Syd had a hunch that his friend Neil, another self-described Marxist who had spent time at Maudsley and was developing a strong clinical interest in behaviour therapy, would find Freund’s work appealing.⁵ For over a

¹ Peter Lovibond, personal communication, 30 June 2015 and 10-11 July 2020.

² Hans Jurgen Eysenck, ed., *Behaviour Therapy and the Neuroses: Readings in Modern Methods of Treatment Derived from Learning Theory* (London: Pergamon Press, 1960).

³ Malcolm Macmillan, personal communication, 2 July 2015.

⁴ Syd Lovibond, ‘The Melbourne Years’, in *Neil McConaghy: A Tribute to the Man and His Science*, ed. Alex Blaszczyński et al. (Sydney: School of Psychiatry, University of New South Wales, 1997), 15.

⁵ Syd Lovibond’s published annotations on Robin C. Winkler and Len Krasner, ‘A Social History of Behaviour Modification in Australia’, *Behaviour Change* 4, no. 3 (September 1987). See also Syd Lovibond, ‘The Development of Behaviour Therapy in Australia’, *Behaviour Change* 10, no. 1 (March 1993).

decade, Freund led a groundbreaking clinical research project into whether same-sex desire in men could be scientifically detected and diagnosed and, more significantly, whether it could be changed.⁶

Lovibond was right. His scientific match-making sparked a lifelong professional relationship between McConaghy and Freund. McConaghy became the most internationally recognised Australian practitioner of aversion therapy with (male) homosexual patients, inspired by his Czechoslovakian colleague. Yet they both publicly expressed liberal views regarding homosexuality, were both involved in efforts to remove same-sex desire from its categorisation as a mental disorder requiring treatment and they both promoted decriminalisation of homosexual acts. Freund played a pivotal role in Czechoslovakia's decision to decriminalise male homosexuality in 1961, and in 1974 McConaghy reaffirmed that the 'social disapproval of homosexuality cannot be justified on scientific grounds'.⁷ Alongside John Money and Evelyn Hooker, they were founding members of the editorial board of the liberal sexology journal *Archives of Sexual Behaviour*, initiated by Richard Green in 1971. During the 1970s McConaghy became interested in the intersections between erotic attraction and gender identity and led or supervised groundbreaking work. From the mid-1970s, the primary research focus of both Freund and McConaghy shifted from homosexuality to the treatment of child sexual abusers and rapists.

Several seeming incongruities emerge here. First, the idea that psychiatrists who were spearheading therapeutic techniques designed to suppress homosexual desire and eradicate homosexual behaviour could simultaneously have advocated de-pathologisation is jarring. It supports an uncomfortable suggestion that the psychiatric and medical establishments were not invariable enemies of historical queer subjects, which seems to provide scope for revisionist apologism on behalf of these practitioners of harmful methods. This is dangerous terrain considering the current *growth* in use of so-called 'conversion therapy' reported to lawmakers by human rights organisations in collaboration with university researchers as an increasing number of countries move to

⁶ Kurt Freund, *Homosexualita u Muže* (Prague: Státní Zdravotnické Nakladatelství/State Medical Publishers, 1962).

⁷ Neil McConaghy Archive, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES', Neil McConaghy, draft 'Editorial Comment'.

impose bans.⁸ ‘Conversion therapy’, also known as ‘cure therapy’, ‘reparative therapy’, or ‘ex-gay therapy’, but now widely referred to as ‘sexual orientation change efforts’ (SOCE) in recognition of the fact that no therapeutic value has been demonstrated, encompasses ‘any treatment aiming to change a person’s sexual orientation or suppress their gender identity [...] from an app offering a 60-day “gay cure” [...] to spiritual interventions, talking therapies, drugs and, more rarely, extreme physical measures such as electric shock treatment, aversion techniques and “corrective rape”’.⁹ Exorcisms have also been reported.¹⁰ SOCE is spreading despite high-profile closures of former ‘ex-gay ministries’ that have operated primarily, while not exclusively, within evangelist Christian communities, though the inception of these organisations in the 1980s and 1990s was abetted or promoted by qualified, practicing psychiatrists.¹¹ It was not until 2016 that the World Psychiatric Association declared that any form of conversive, ‘reparative’ or reorientation therapy was ‘unethical, unscientific and harmful to those who undergo it’.¹² In December 2019, the right-wing party Alternative for Germany invited as their expert witness to a German parliamentary committee hearing on sexual and gender discrimination the ‘gender critical’ German-Austrian psychiatrist Christian Spaemann, who in a 2008 interview for the right-wing populist site ‘kath.net’ said that ‘the possibility of permanently altering sexual orientation has been scientifically proven many times’.¹³

⁸ *It’s Torture, Not Therapy - A Global Overview of Conversion Therapy: Practices, Perpetrators, and the Role of States* (Copenhagen: International Rehabilitation Council for Torture Victims (IRCT), 2020); Peer Briken, Arne Dekker, and Klaus Michael Reininger, Zentrum für Psychosoziale Medizin, Universitätsklinikum Hamburg-Eppendorf, ‘Gutachten im Auftrag der Bundesstiftung Magnus Hirschfeld (BMH) zur Fragestellung von so genannten Konversionsbehandlungen bei homosexueller Orientierung’, in *Abschlussbericht*, ed. Jörg Litwuschuh-Barthel and Christoph R. Alms (Berlin: Bundesministerium für Gesundheit, Bundesstiftung Magnus Hirschfeld, 2019); Timothy W. Jones et al., *Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia* (Melbourne: GLHV@ARCSHS and the Human Rights Law Centre, 15 October, 2018), ; *Report of the APA Taskforce on Appropriate Therapeutic Responses to Sexual Orientation* (Washington: American Psychological Association, 2009). The primary focus of this thesis evolved in connection with paid research work I conducted for Timothy W. Jones on this topic.

⁹ Chitra Ramaswamy, “I Still Have Flashbacks”: The “Global Epidemic” of LGBT Conversion Therapy’, *Guardian* (online), 8 August 2018, UK, <https://www.theguardian.com/world/2018/aug/08/i-still-have-flashbacks-the-global-epidemic-of-lgbt-conversion-therapy>.

¹⁰ Anthony Venn-Brown, *A Life of Unlearning: A Preacher’s Struggle with His Homosexuality, Church and Faith*, 3rd ed. (Sydney: New Holland Publishers Australia, 2014; [2004]).

¹¹ In 1992 Charles Socarides, who is mentioned several times throughout this thesis, founded the ‘National Association for Research & Therapy of Homosexuality (NARTH)’, Alliance for Therapeutic Choice and Scientific Integrity, <https://www.narth.com/>. Accessed 1 March 2018.

¹² Patrick Strudwick, ‘Exclusive: Gay “Cures” Are Harmful And Don’t Work, Says World’s Largest Body Of Psychiatrists’, *BuzzFeed* (21 March 2016), <https://www.buzzfeed.com/patrickstrudwick/gay-cures-are-harmful-and-dont-work-says-worlds-largest-body>. Accessed 14 June 2020.

¹³ Quoted in Tilmann Warnecke, ‘AfD lädt Vertreter von “Homo-Heilung” in den Bundestag’, *Tagespiegel*, 16 December 2019, online,

Public awareness of SOCE has consequently risen and prompted a variety of responses, from memoirs, semi-autobiographical novels and feature films to documentaries, popular non-fiction, and graduate historical research projects.¹⁴

Many contemporary accounts, fictitious or otherwise, collapse all forms of SOCE into one indistinguishable mass of harms. There are often legitimate legal, compensatory and emotional imperatives at work. However, while ‘aversion techniques’ live on under the broad SOCE descriptor, this thesis is concerned specifically with *aversion therapy*, a set of techniques under the umbrella of behaviour therapy – the parent of today’s cognitive behaviour therapy (CBT) – used to treat compulsive, obsessional, neurotic and phobic symptoms such as alcoholism, gambling, enuresis (bed-wetting), agoraphobia and eating disorders, as well as ‘paraphilic’ behaviours including frigidity, exhibitionism, fetishism, voyeurism, transvestism, homosexuality and transgender feelings, and practiced in recognised mental health institutions by psychiatrists and psychologists from 1950 to 1980, but petering out from the mid-1970s onward. The application of behavioural conditioning to so-called ‘disorders’ of sexuality and gender challenges the popular assumption that mid-twentieth-century understandings of homosexual desire were primarily framed by Freudian psychoanalytic ideas and requires us to dissect and differentiate varied trends within the medical establishment and motivations of individual practitioners.

Equally surprising is the apparent ease with which sexological knowledge and research transcended the East/West divide, since it contradicts perceptions of the Iron Curtain as impermeable, especially in the area of scientific research. Just over a year before the Lovibond family trip, in August 1961, the Berlin Wall had been hastily erected, escalating not only the militarisation of the border but its concomitant infrastructure such as surveillance, espionage and detection technologies, and intensifying industrial, military

[https://www.tagesspiegel.de/gesellschaft/queerspiegel/anhoerung-ueber-aktionsplan-fuer-sexuelle-
vielfalt-afd-laedt-vertreter-von-homo-heilung-in-den-bundestag/25339942.html](https://www.tagesspiegel.de/gesellschaft/queerspiegel/anhoerung-ueber-aktionsplan-fuer-sexuelle-
vielfalt-afd-laedt-vertreter-von-homo-heilung-in-den-bundestag/25339942.html)

¹⁴ Garrard Conley, *Boy Erased: A Memoir* (New York: Riverhead, 2016); Emily M. Danforth, *The Miseducation of Cameron Post* (New York: Balzer & Bray, 2012), both adapted as feature films; Bernard Nicolas, ‘Homothérapies, conversion forcée’ (France: Ego Productions and ARTE France, 18 November 2019). German-Canadian doctoral student Merle Ingenfeld at Carleton University in Ottawa is in the early stages of a dissertation project, ‘“The Cure”: A Transnational History of (Homo-)Sexual Conversion Therapy, 1933-1973’, while American doctoral student Chris Babits at University of Texas at Austin is preparing a book manuscript for University of Chicago Press titled *To Cure a Sinful Nation: A History of Conversion Therapy in the United States* alongside his dissertation. A research proposal for the south German state of Baden-Württemberg is in preparation.

and scientific competition and secrecy. Sexuality in general and queer sexuality in particular during the Cold War remains under-researched. As Odd Arne Westad has argued, this ‘war’ was hardly cold, nor singular; rather, it was constituted by a series of conflicts and smaller hot wars as part of a global reorganisation of power after 1945.¹⁵ It was also characterised by a realignment of market-based capitalism and state capitalism with respect to social reproduction: a crucial period for redefining and reasserting the family’s centrality to economic planning and the ideological framework of gender and sex divisions.¹⁶ Changes in official and public attitudes towards gender and sexuality meant that non-reproductive sexuality could be strategically mobilised in new ways, and from the early 1950s to the mid-1960s, the homosexual body, mind, personality, character and emotions were variously defined, shaped and reshaped as a threat to national security, a tool of state security, a laboratory subject in the creation of the new man (and, secondarily, woman), a figure of propaganda and caricature, and as a pathological abnormality necessitating medical intervention – but never as a subject with agency. There are, therefore, continuities and discontinuities between East and West in the ways homosexual desire was handled, stigmatised, instrumentalised and investigated.

These apparent incongruities raise questions concerning the sharing and transportation of sexological knowledge around the globe, and the role of personal allegiances, political views and feelings in these processes. They prompt a reassessment of the character and scope of mid-twentieth century behaviourist psychiatry, psychotherapy and psychological medicine in transnational perspective, following well-established scholarship on psychoanalysis. In their 2008 volume on psychoanalysis and transnationalism, Joy Damousi and Mariano Ben Plotkin argued that it was ‘no exaggeration to define the twentieth century as the “psychoanalytic century”’.¹⁷ Emanating from Vienna, psychoanalysis quickly ‘transcended national and cultural boundaries’ to become ‘a transnational system of beliefs and thought’ compared to which few other systems ‘have been as influential or enduring’.¹⁸ As a body of knowledge, it reflects a ‘second wave of modernity’ represented by twentieth century ‘industrialization, mass production and

¹⁵ Odd Arne Westad, *The Cold War: A World History* (New York: Hachette, 2017), 4-7, 16-17, 127-157.

¹⁶ Lise Vogel, *Marxism and the Oppression of Women: Toward A Unitary Theory* (New Brunswick: Rutgers University Press, 1983).

¹⁷ Joy Damousi and Mariano Ben Plotkin, ‘Introduction’, in *The Transnational Unconscious: Essays in the History of Psychoanalysis and Transnationalism*, ed. Joy Damousi and Mariano Ben Plotkin (Basingstoke: Palgrave Macmillan, 2008), 1.

¹⁸ *Ibid.*, 2-3.

consumption'.¹⁹ For Damousi and Plotkin, 'transnational' refers both to 'a quality of an object and a particular historical approach'; a system of thought is transnational 'first, if it circulates across national and cultural boundaries; second, if its analytic units transcend cultural limits; and third, if the center of production and diffusion (and the languages in which it is disseminated) change over time and therefore its development is not attached to any particular national space'.²⁰ This definition broadly matches others in the field of transnational historical studies.²¹ Damousi and Plotkin's volume was part of a 'contextualist' reappraisal of the 'cultural, political and social conditions' that not only made the appearance of Freud's thinking in a certain time and place possible, but also led to a 'less studied dimension': its international 'circulation and appropriation', focusing especially on 'geographical areas that are usually considered "marginal" and therefore left out of the established historiography'.²²

Behaviourist psychiatry and psychology in the tradition of Ivan Pavlov cannot make the grand cultural claims Damousi and Plotkin make for psychoanalysis. The figurative nature of the latter lends itself organically, indeed intentionally, to symbolism and poetics in philosophies of the self and society. A behaviourist paradigm, by contrast, is resolutely empiricist and informed by physiological determinants and manifestations of the psyche, and for this reason is closer in scope and methodologies to science than philosophy. This thesis does not consider the whole of the Pavlovian paradigm, yet given the relative paucity of scholarship on this non-Freudian paradigm, any dimension of the behaviourist past is a 'less studied' one.²³ Similar trends to those observed by Damousi and Plotkin about psychoanalysis and modernity apply; as Sarah Marks recently observed, psychotherapy in all its varieties was 'quintessentially an invention of European

¹⁹ Ibid., 7.

²⁰ Ibid., 4.

²¹ Alecia Simmonds, Anne Rees, and Anna Clark, 'Testing the Boundaries: Reflections on Transnationalism in Australian History', in *Transnationalism, Nationalism and Australian History*, ed. Alecia Simmonds, Anne Rees, and Anna Clark (Singapore: Palgrave Macmillan, 2017).

²² Damousi and Plotkin, 'Introduction', 3.

²³ Three recent special issues have begun to address this gap. Sarah Marks, 'Editorial: Psychotherapy in Historical Perspective', *History of the Human Sciences* 30, no. 2 (2017); Sarah Marks, 'Editorial: Psychotherapy in Europe', *History of the Human Sciences* 31, no. 4 (2018); Peter Hegarty and Alexandra Rutherford, 'Histories of Psychology after Stonewall: Introduction to the Special Issue', *American Psychologist* 74, no. 8 (2019). Eric Engstrom has contextualised the neglect of physical and biological branches of psychiatry in both Anglo-American and especially German historiography up to and beyond the 'Freud Wars' of the 1990s within a broader, delayed reckoning with the legacy of Emil Kraepelin and German psychiatry's role in the Holocaust. See Eric J. Engstrom, Wolfgang Burgmair and Matthias M. Weber, 'Archiving Psychiatry's Past: Emil Kraepelin's Archive and Papers', *Revue d'histoire des sciences* 70, no. 2 (2017), 289-290.

modernity’, yet if we trace how it ‘crossed national and continental borders’ throughout the twentieth century, ‘its goals and the particular techniques by which it operated become harder to pin down’.²⁴ Behaviourist research and Pavlov-informed therapeutics were likewise linked to post-war modernity, manifested among other things in cybernetic theories and new clinical technologies, including what Donna Drucker has called the ‘machines of sex research’.²⁵ Not all behaviourist research was instrumental and dehumanised, as were the infamous experiments of Stanley Milgram or B. F. Skinner; on the contrary, Freund and McConaghy asserted themselves as humanists. Nevertheless, they were less interested in the whole personality structure than in specific symptoms. Behaviourist sexual psychiatry was therefore much closer to investigative projects broadly known as sexology or sexual science, to which ‘the (always gendered) body’ – in the words of Katie Sutton and Kirsten Leng – has been far more central.²⁶ Accordingly, this thesis is primarily located within a still-emerging field of interdisciplinary historical scholarship aimed at ‘Rethinking Sexology’, as the title of one project led by University of Exeter researchers Kate Fisher and Jana Funke attests.²⁷

Research in this field is contributing to, and deeply informed by feminist, queer and transgender perspectives. In a recent special issue ‘Rethinking the Gendered History of Sexology’, editors Sutton and Leng observe how the history of sexology has too often ‘focused on male-bodied and male-identified sexual subjects’.²⁸ Scholars are only just beginning, they observe, ‘to explore the possibilities of a truly intersectional historiography of modern sex’, with reference to ‘discourses of race, whiteness and empire’ and in terms of gender diverse subjects. Aren Z. Aizura’s recent book *Mobile Subjects: Transnational Imaginaries of Gender Reassignments* is crucial and pioneering in this respect.²⁹ Among numerous groundbreaking interventions – asserting the centrality of mobility and border-crossing (whether for surgery or as part of diasporic processes) to

²⁴ Marks, ‘Psychotherapy’.

²⁵ Donna J. Drucker, *The Machines of Sex Research: Technology and the Politics of Identity, 1945-1984* (Dordrecht: Springer, 2014).

²⁶ Katie Sutton and Kirsten Leng, ‘Forum Introduction: Rethinking the Gendered History of Sexology’, *Gender & History* 31, no. 2 (July 2019).

²⁷ Adjacent history projects at the University of London, Birkbeck – ‘Sexual Harms and Medical Encounters’, led by Joanna Bourke, on the role of medicine and psychiatry in sexual violence, and ‘Hidden Persuaders’, led by Daniel Pick, exploring connected themes of behavioural conditioning, brainwashing and securitisation – further broaden the scope.

²⁸ Sutton and Leng, ‘Rethinking’.

²⁹ Aren A. Aizura, *Mobile Subjects: Transnational Imaginaries of Gender Reassignment* (Durham: Duke University Press, 2018).

trans embodiment and subjectivity; identifying the historical and conceptual erasure inherent in ‘ground zero’ narratives of Christine Jorgensen as the ‘first public American trans woman’ – Aizura seeks to ‘provincialize transsexuality’, to question cultural and temporal accounts of transsexuality as a ‘signifier of a global transition from modernity to postmodernity’ which uncritically centre the United States.³⁰ This thesis is about the history of homosexual aversion therapy, whose main targets were cis-gendered men with predominantly or exclusively homosexual feelings, practiced almost exclusively by white, cis-gendered male medical professionals. By reading my archive through an intersectional lens, however, I have sought not only to unearth and (where possible) foreground women in the narrative – as scientists, psychologists, researchers, patients, partners and wives of patients, and activists leading the sexual liberation struggle – but also to read sources in ways that permit gender diverse voices and subjectivities to be identified and acknowledged; not all of the patients grouped in the literature under the category of ‘men’ would today be read or identify that way.³¹ The key players are European or of European heritage, however, like Damousi and Plotkin, my focus is on geographical areas more marginal – in this case – to the power poles of the Cold War.

Queering the geopolitical past, or situating queer history in geopolitical context

The transnational, cross-border sharing of sexological knowledge early in the Cold War, prior to the sexual revolutions of the 1960s, challenges a dominant narrative within LGBT history that sexual science in the Eastern bloc mirrored repressive government policies in the Soviet Union, and that sexual liberalisation and enlightenment arrived there only in 1989.³² This perception is a product of Cold War propaganda. Josie McClelland observes the ‘Western sexual revolution is usually linked to liberalising tendencies within government and civil society’, yet her research on intimacy and sexuality in the German Democratic Republic (GDR) reveals a similar liberalisation there too, ‘in the absence of

³⁰ Ibid., 50. Cf. Dipesh Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference* (Princeton: Princeton University Press, 2000).

³¹ On adopting new lenses to write trans history, see Noah Riseman, ‘Searching for Trans Possibilities in Australia, 1910-39’, *Journal of Australian Studies* 44, no. 1 (March 2020): 37. On women sexologists, see Kirsten Leng, *Sexual Politics and Feminist Science: Women Sexologists in Germany, 1900-1933* (Ithaca: Cornell University Press, 2018).

³² This periodisation has been critically deconstructed in Dan Healey, *Russian Homophobia from Stalin to Sochi* (London: Bloomsbury, 2018).

many of the things which are assumed to have driven the sexual revolution in the West – a free press, the sex industry, the student movement, an independent judiciary'.³³ One response to this unevenness has been to claim that Western states were as interested in surveillance, pathologisation and repression as they accused Soviet or allied states of being.³⁴ In a similar vein, other studies have foregrounded homosexual communists in the West and tackled homophobia within domestic leftist political networks.³⁵ There have also been efforts to recover the *anti*-homophobic histories of Western trade unions and left-wing groups.³⁶ These studies emphasise the persistent effects of national borders on the past and on historiography. As Keely Stauter-Halsted and Nancy Wingfield have noted, our understanding of how 'interest in sexuality evolved is relatively deep for the countries of western Europe'.³⁷ Historiography on Central and Eastern Europe remains minimal, but rapidly growing.

Such contrasts have led Dagmar Herzog to speculate that, in terms of sexual cultures and moral economies surrounding sexuality, developments in East and West may 'need to be periodised quite differently'.³⁸ Citing the growing scholarship on post-war Czechoslovakia, Herzog suggests that the late 1940s to the early 1960s constituted 'in some ways a more sexually liberal period than the era of "normalization" which succeeded it in the 1970s'.³⁹ She notes the 'strong parallelism' between Eastern and

³³ Josie McLellan, *Love in the Time of Communism: Intimacy and Sexuality in the GDR* (Cambridge: Cambridge University Press, 2011), 3. See also Paul Betts, *Within Walls: Private Life in the German Democratic Republic* (Oxford: Oxford University Press, 2010).

³⁴ Gary Kinsman, *The Regulation of Desire: Homo and Hetero Sexualities* (Montreal: Black Rose Books, 1996); Gary Kinsman and Patrizia Gentile, *The Canadian War on Queers: National Security as Sexual Regulation* (Vancouver: UBC Press, 2010).

³⁵ Harry Oosterhuis, 'The "Jews" of the Antifascist Left', *Journal of Homosexuality* 29, no. 2-3 (1995); Manfred Herzer, 'Communists, Social Democrats, and the Homosexual Movement in the Weimar Republic', *Journal of Homosexuality* 29, no. 2-3 (1995).

³⁶ Evan Smith and Daryl Leeworthy, 'Before *Pride*: The Struggle for the Recognition of Gay Rights in the British Communist Movement, 1973-85', *Twentieth Century British History* 27, no. 4 (December 2016).

³⁷ Keely Stauter-Halsted and Nancy M. Wingfield, 'The Construction of Sexual Deviance in Late Imperial Eastern Europe', *Journal of the History of Sexuality* 20, no. 2 (May 2011): 217.

³⁸ Dagmar Herzog, 'What Incredible Yearnings Human Beings Have', *Contemporary European History* 22, no. 2 (2013): 313.

³⁹ *Ibid.* Herzog cites Kateřina Lišková, "'Against the Dignity of Man": Sexology Constructing Deviance during "Normalisation" in Czechoslovakia', in *Queer Presences and Absences*, ed. Yvette Taylor and Michelle Addison (London: Palgrave Macmillan, 2013). See also Kateřina Lišková, "'Now you see them, now you don't": Sexual Deviants and Sexological Expertise in Communist Czechoslovakia', *History of the Human Sciences* 29, no. 1 (2016); Kateřina Lišková, 'Sexological Spring? The 1968 International Gathering of Sexologists in Prague as a Turning Point', in *Global Transformations in the Life Sciences, 1945-1980*, ed. Mat Savelli and Patrick Manning (Pittsburgh: University of Pittsburgh Press, 2018), unpublished paper obtained courtesy of the author; Jan Seidl, 'Decriminalization of Homosexual Acts in Czechoslovakia in 1961', in *Queer Stories of Europe*, ed. Kārlis Vērdiņš and Jānis Ozoliņš (Newcastle: Cambridge Scholars Publishing, 2016); Věra Sokolová, 'State Approaches to Homosexuality and Non-Heterosexual Lives in

Western European sexual cultures, which does not contradict evidence that the trajectory of moral attitudes in these spheres was often the ‘exact opposite’ of one another.⁴⁰ This unevenness demonstrates the need for historians of post-war sexuality and sexual cultures ‘to complicate the liberalisation paradigm’.⁴¹ It has been common, for example, for analyses of post-war homophobia in the West to focus on the legal status of homosexuality and domestic law enforcement and their effects upon social life, thus anchoring narratives of change around decriminalisation efforts.⁴² Yet the limitations of these accounts become apparent when contrasted with early decriminalisation (or the absence of criminalisation) beyond Western Europe and the Anglophone world, not to mention the contradictory and uneven trajectories of medical, scientific and psychiatric research.⁴³

Legal status alone is an inadequate metric for explaining relative levels of ‘progress’. Nevertheless, it is material. In the period of reconstruction and transition from Soviet administration to self-government following the Second World War, homosexuality by various definitions was effectively illegal across the region later covered by the Warsaw Pact. By the end of the 1960s the picture in Communist Central Europe differed significantly. Although male homosexuality remained criminalised in the Soviet Union, several allied states had removed homosexual acts by men over 21 from their criminal codes, or at least removed mandatory sentencing. This was true in the GDR from 1957.

Czechoslovakia during State Socialism’, in *The Politics of Gender Culture Under State Socialism: An Expropriated Voice*, ed. Hana Havelková and Libora Oates-Indruchová (New York: Routledge, 2014). See also emerging research on prostitution and sexual health policy in 1950s Czechoslovakia: ‘Hüter der sozialistischen Moral: Prostitution und Vigilanzpraktiken in der Tschechoslowakei (1945/48–1989)’, Martin Schulze Wessel and Christiane Brenner, SFB 1369 Vigilanzkulturen (Cultures of Vigilance), Ludwig-Maximilians-Universität, Munich, 2019–2023.

⁴⁰ Herzog, ‘Incredible Yearnings’, 313.

⁴¹ Ibid., 304. Damousi and Plotkin likewise note the differential uses of psychoanalysis for repressive agendas as well as liberalising narratives. Damousi and Plotkin, ‘Introduction’, 10.

⁴² Andreas Pretzel and Volker Weiß, eds., *Ohnmacht und Aufbegehren: Homosexuelle Männer in der frühen Bundesrepublik* (Hamburg: Männerschwarm, 2010); Yorick Smaal and Graham Willett, eds., *Intimacy, Violence and Activism: Gay and Lesbian Perspectives on Australasian History and Society* (Clayton: Monash University Press, 2013); Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (Essex: Longman Group, 1981, 1981); John D’Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States 1940–1970* (Chicago & London: University of Chicago Press, 1983, 1983).

⁴³ On the other hand, there is only one reference to psychiatry in a recent edited volume on Central and Eastern Europe: Kārlis Vērdiņš and Jānis Ozoliņš, ‘The Latvian LGBT Movement and Narratives of Normalization’, in *LGBTQ+ Activism in Central and Eastern Europe: Resistance, Representation and Identity*, ed. Radzhana Buyantueva and Maryna Shevtsova (Cham: Palgrave Macmillan, 2020), 40.

Poland, where homosexuality had never been criminalised, re-affirmed pre-war statutes.⁴⁴ Along with Czechoslovakia, Hungary decriminalised homosexual acts in 1961. Bulgaria followed in 1968.⁴⁵ Change took longer in non-Communist Central Europe. From 1969 homosexual acts were permitted in the Federal Republic of Germany for men over the age of 21, reduced to 18 in 1973, and in Austria from 1971, although most Swiss cantons removed same-sex acts from the criminal code as early as 1942.⁴⁶ Reform in the United Kingdom occurred in 1967, but in Australia dragged on from 1973 (South Australia) to 1997 (Tasmania). In France homosexuality had been free from legal restriction since the French Revolution. In short, the legal situation for same-sex attracted and gender non-conforming people between state-socialist and capitalist countries varied. The Berlin Wall was therefore a less significant dividing factor in the international landscape of homosexual repression in the 1950s and 1960s. Reverse trends witnessed in recent years, for example in ‘gay propaganda’ laws, bans on gender studies in universities and schools, and ‘LGBT-free zones’ must not be afforded retroactive explanatory power.

In recent years, historians of sexuality have argued the importance of linking research into the queer past with broader historical developments and events.⁴⁷ In her introduction to a 2016 special queer issue of *German History*, Jennifer Evans described ‘queering history’ as ‘not just [adding] more people to the historical record, it is a methodological engagement with how knowledge over the past is generated in the first place’.⁴⁸ As Dagmar Herzog has noted, ‘we are living in an era of “the geopoliticization of sex and

⁴⁴ Krzysztof Tomasiak, *Gejerele: Mniejszości Seksualne w PRL-u* [Gejerele: Sexual Minorities in the People’s Republic of Poland] (Warsaw: Wydawnictwo Krytyki Politycznej, 2012); Lukasz Szulc, *Transnational Homosexuals in Communist Poland* (Cham: Palgrave Macmillan, 2018).

⁴⁵ Gudrun Hauer et al., eds., *Rosa Liebe unterm roten Stern: Zur Lage der Lesben und Schwulen in Osteuropa*, Frühlings Erwachen 7 (Vienna: Homosexuelle Initiative (HOSI) Wien/ Auslandsgruppe & Libertäre Assoziation, 1984), 29.

⁴⁶ Lucas Ramon Mendos, *State-Sponsored Homophobia 2019: Global Legislation Overview Update* (Geneva: ILGA, December 2019); Phillip M. Ayoub and David Paternotte, eds., *LGBT Activism and the Making of Europe: A Rainbow Europe?* (Basingstoke: Palgrave Macmillan, 2014).

⁴⁷ Marga Vicedo, ‘Cold War Emotions: Mother Love and the War over Human Nature’, in *Cold War Social Science Cold War Social Science: Knowledge Production, Liberal Democracy, and Human Nature*, ed. Mark Solovey and Hamilton Cravens (New York: Palgrave Macmillan, 2012); Naoko Shibusawa, ‘The Lavender Scare and Empire: Rethinking Cold War Antigay Politics’, *Diplomatic History* 36, no. 4 (September 2012); David Minto, ‘Mr Grey Goes to Washington: The Homophile Internationalism of Britain’s Homosexual Law Reform Society’, in *British Queer History: New Approaches and Perspectives*, ed. Brian Lewis (Manchester: Manchester University Press, 2013).

⁴⁸ Jennifer Evans, ‘Why Queer History?’, *OUPblog*, Oxford University Press, 28 February 2017, <https://blog.oup.com/2017/02/queering-history/>. Accessed 28 February 2017. Jennifer Evans, ‘Why Queer German History’, *German History* 34, no. 3 (June 2016). Similar points were made by Jeffrey Weeks, *Making Sexual History* (Cambridge: Polity, 2000), esp. ch.6, ‘Sexuality and History Revisited’, 125-141.

gender”); her point that ‘scrambling our own prematurely secure presumptions about the sex of others is always a good thing’ can be applied temporally as well as geographically, both in analysing past sexual cultures and across regions or geopolitical spheres.⁴⁹

Decentring Western sexualities – globalising historical understandings of Cold War sexual science & politics

Given its global perspective in theorising the intersections between sex and empire, postcolonial theory has informed contemporary and historical investigations of sexuality and sexual cultures. Pioneering work by Gayatri Spivak and Edward Said was followed in the 1980s by Chandra Talpade Mohanty’s analysis of the entanglements of racism, sexual oppression and Empire and George Mosse’s analysis of nationalism and masculinity, and in the 1990s by Anne McClintock and Laura Ann Stoler’s studies of colonisation processes through the lenses of gender and race.⁵⁰ More recently, Joseph Massad has identified the ways in which homophobia has been inflected by imperialism, and vice versa, while Jasbir Puar’s concept of ‘homonationalism’ offers a popular framework for investigating sexual oppression’s functions within the geopolitics of late capitalism, helping us to ‘understand and historicise how and why a nation’s “gay-friendly” status has become desirable’, while lambasting queer scholarship that fails to interrogate Western-centric logic.⁵¹

What Elizabeth Povinelli and George Chauncey identified in 1999 as a ‘transnational turn’ in LGBTIQ studies owes much to this tradition. Observing how most historians ‘still frame their subjects in a national field’ – American gay historians, for example, ‘typically explain the Cold War antigay politics and discourse of the 1950s with reference

⁴⁹ Herzog, ‘Incredible Yearnings’, 310.

⁵⁰ Chandra Talpade Mohanty, ‘Under Western Eyes: Feminist Scholarship and Colonial Discourse’, *Boundary 2* 12, no. 3 (1986); Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke, 1995); Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995); George L. Mosse, *Nationalism and Sexuality: Respectability and Abnormal Sexuality in Modern Europe* (New York: Howard Fertig, 1985, 1985); George L. Mosse, *The Image of Man: The Creation of Modern Masculinity*, ed. Guido Ruggiero, *Studies in the History of Sexuality* (New York: Oxford University Press, 1998); Joseph Massad, ‘Re-Orienting Desire: The Gay International and the Arab World’, *Public Culture* 14, no. 2 (2002 2002); Gayatri C. Spivak, ‘Can the Subaltern Speak?’, in *Marxism and the Interpretation of Culture*, ed. Cary Nelson and Lawrence Grossberg (Chicago: University of Illinois Press, 1988).

⁵¹ Massad, ‘Re-Orienting’; Joseph Massad, *Desiring Arabs* (Chicago: University of Chicago Press, 2007, 2007); Jasbir Puar, *Terrorist Assemblages: Homonationalism in Queer Times* (Durham: Duke, 2007); Jasbir Puar, ‘Rethinking Homonationalism’, *International Journal of Middle East Studies* 45, no. 2 (2013): 336.

to the internal logic of American post-war culture and politics’ – they urged historians of sexuality ‘to think more broadly about the imperatives of social reconstruction in the post-war, post-Depression world and about the transnational circulation of ideas, political ideologies, and fears’.⁵² In the intervening 20 years, feminist and queer scholarship has extended to international relations and women’s, gay and transgender human rights campaigns through supranational bodies such as the United Nations, the European Union and the African Union.⁵³ Francesca Stella and colleagues, for example, have proposed uniting ‘trans-national’ and intersectional perspectives in order to challenge ‘the Orientalism and racism of Cold War-era “Three Worlds” ideology’, in which postcoloniality is associated with the Third World and post-socialism with the Second World.⁵⁴ Nevertheless, as recently as January 2020, Anjali Arondekar challenged queer history’s continued stonewalling of intersectional perspectives. The Stonewall riots, she observes, ‘had no significant impact on the narration of histories of sexuality in South Asia, beyond their generalized role as an imagined event through which some approximation of global struggles for queerness can be managed’.⁵⁵

Frustration over dominant accounts of the queer past that place ‘the’ moment of the Stonewall riot as their symbolic centre and the sparseness of historical research on sexuality in post-war state-socialist contexts led Johanna Mizielińska and Robert Kulpa in 2011 to embark upon ‘decentring Western sexualities’.⁵⁶ They describe theirs as a ‘geotemporal’ rather than ‘geopolitical’ approach, which seeks to move away from not only monolithic and historically simplistic assessments of Central European queer history but also to reject Orientalist assumptions about queer scholarship in the region.⁵⁷ These

⁵² Elizabeth A. Povinelli and George Chauncey, ‘Thinking Sexuality Transnationally: An Introduction’, *GLQ* 5, no. 4 (1999): 443.

⁵³ Francisca de Haan, “‘Tapestries of Contacts’: Transnationalizing Women’s History’, *Journal of Women’s History* 26, no. 2 (2014); Leila J. Rupp, ‘The Persistence of Transnational Organizing: The Case of the Homophile Movement’, *American Historical Review* 116, no. 4 (October 2011); Minto, ‘Grey’; Cynthia Weber, *Queer International Relations: Sovereignty, Sexuality and the Will to Knowledge* (Oxford: Oxford University Press, 2016); Ayoub and Paternotte, *Rainbow Europe?*

⁵⁴ Francesca Stella et al., eds., *Sexuality, Citizenship and Belonging: Trans-National and Intersectional Perspectives* (Milton Park: Routledge, 2016), 11.

⁵⁵ Anjali Arondekar, ‘The Sex of History, or Object/Matters’, *History Workshop* 89 (January 2020): 1.

⁵⁶ Robert Kulpa and Joanna Mizielińska, eds., *De-Centring Western Sexualities: Central Eastern and European Perspectives* (Farnham: Ashgate, 2011).

⁵⁷ Catherine Baker, ed., *Gender in Twentieth-Century Eastern Europe and the USSR* (Basingstoke: Palgrave, 2016); Francesca Stella, ed., *Lesbian Lives in Soviet and Post-Soviet Russia: Post/Socialism and Gendered Sexualities* (Basingstoke: Palgrave, 2015); Sandra Ponzanesi et al., eds., *Postcolonial transitions in Europe: contexts, practices and politics*, *Frontiers of the political* (London ; New York : Rowman & Littlefield International, [2016], 2016); Hadley Z. Renkin and Agnieszka Kościńska, ‘The

scholars propose not so much *decentering* Western sexualities as asserting Central and Eastern European sexual subjectivities between 1945 and 1989 as worthy of study. In a critical historiographical review of post-1989 scholarship on ‘Eastern European sexuality’, Rasa Navickaitė has aimed at the ‘epistemic framework of *Eastern European backwardness versus Western-oriented progress*’, noting how the ‘binary logic of “the West versus the Rest,” which apparently relies on a *spatial* partition of the globe, always operates in *temporal* terms as well, constructing the non-Western other as a backward other’.⁵⁸ This periodisation has little to offer scholars seeking to investigate the queer past in contexts where social movements did not emerge as they did in capitalist countries. However, Navickaitė cautions against East European ‘exceptionalism’ which replaces the ‘unexamined framework of *Eastern European backwardness versus Western-oriented progress*’ with a narrative that risks ‘romanticizing and idealizing East Europe as a “liberating alternative” to Western identity politics and activism’.⁵⁹ It is, in other words, neither possible nor desirable to ignore the fact that Stonewall is integral to queer history in the East, even by fact of its impact upon the US government. Yet historians needn’t feel straitjacketed by a Western-centric ‘Stonewall narrative’. Arondekar suggests that ‘instead of thinking Stonewall globally’ we can ‘rethink the very geo/epistemology founding that formulation’.⁶⁰

This echoes recommendations by the historian of nineteenth-century sexology Howard Hsueh-Hao Chiang in 2009, when he asked, ‘Without assuming the modern system of nation states as the only naturalized, inevitable framing historiographic backdrop, what can a global history of sexuality look like?’⁶¹ Though the rise of transnationalism and globalism as methodological frameworks had ‘prompted historians of sexuality to consider non-Western regions of the world ever more seriously’, there was still a lack of clarity over ‘what one is writing the history of’ when writing a global history of sexuality: a global history of homosexuality, for example, could ‘simply be a history of

Science of Sex in a Space of Uncertainty: Naturalizing and Modernizing Europe’s East, Past and Present’, *Sexualities* 19, no. 1-2 (2016). The project been built especially through the Q*ASEEES network within the Association for Slavic, East European, & Eurasian Studies.

⁵⁸ Rasa Navickaitė, ‘Under the Western Gaze: Sexuality and Postsocialist “Transition” in East Europe’, in *Postcolonial Transitions in Europe: Contexts, Practices and Politics*, ed. Gianmaria Colpani and Sandra Ponzanesi (London: Rowman & Littlefield, 2016), 119, 129.

⁵⁹ *Ibid.*, 130.

⁶⁰ Arondekar, ‘Object/Matters’, 6.

⁶¹ Howard Hsueh-Hao Chiang, ‘Double Alterity and the Global Historiography of Sexuality: China, Europe, and the Emergence of Sexuality as a Global Possibility’, *e-pisteme* 2, no. 1 (2009): 34.

homosexuality that covers as much world geography as possible, without even attempting to question or historicize the nation-state system itself. To overcome this limitation, Chiang developed the idea of ‘double alterity’ – ‘a hybrid concept that merges Foucauldian claims about the history of Western sexuality with post-Saidian claims about the discursive function of the Orientalist discourse’.⁶² His argument was that the ‘corpus of statements that help constitute the domain’ of sexuality emerged ‘as a global possibility at a critical conjuncture of double alterity in the nineteenth century, when the alterity of the temporal past and the alterity of the distanced Other converged to generate a new *condition of possibility* for certain statements to claim the comprehensibility of a science’.⁶³

This concept, Chiang argued, could expose ‘the persistent blind spot’ of post-colonial historians of sexuality who take for granted the ‘Orient-versus-Occident binary opposition’ and its temporal implications, but also fail to examine the concept of sexuality itself, ‘without probing the epistemological preconditions’ that made its articulation possible.⁶⁴ Such a failure perpetuated a division between the *ars erotica* of the Orient and the *scientia sexualis* of the Occident – in such a binary, a historical study of sexology in China, including its transmission from the West, local adaptation and onward movement, would be impossible. In the same way, much (Western) historiography gives the impression that sexual epistemologies in Central and Eastern European socialist countries suffered arrested development. Considerable scholarship exists dedicated to the impact of the Second World War and Nazism on the shift of psychoanalysis from its hometown Vienna to New York, but almost no attention has been paid to the circulation and adaptation of Pavlovian ideas. Furthermore, what scientific conversation could be possible between these countries and Australia? Chiang anticipated questions posed in a critical review of transnational perspectives in Australian history by Alecia Simmonds, Yves Rees and Anna Clark, who likewise urge a shift in historians’ thinking about global temporality.⁶⁵ Chiang’s framework is helpful in making sense of the transnational connections at play in my opening anecdote between two Pavlovian psychiatrists in Australia and Czechoslovakia.

⁶² Ibid., 35.

⁶³ Ibid.

⁶⁴ Ibid., 35-36.

⁶⁵ Simmonds, Rees, and Clark, ‘Testing’.

Chiang's 'double alterity' formulation pre-empted the temporal question tackled later by Mizielinska and Kulpa. Yet even Chiang falls victim to an elision: throughout his discussion, 'Europe' appears as a singular entity, such that he speaks of the need for a 'critical positioning of Europe against the *geospatial* alterity of a distanced Other'.⁶⁶ Transnational or global histories of sexology during the Cold War cannot afford such an elision. In their study of sexual science in Central European state-socialist contexts, Agnieszka Kościańska and Hadley Renkin describe sexuality as 'a crucial hinge of moral and political boundary making between Europe's East and West'.⁶⁷ There is dual meaning here. Firstly, historical attitudes and social structures toward sexuality in former Soviet and state socialist contexts share features that distinguish them from developments in capitalist and democratic Western countries. These cannot and should not be glossed over; revisionist attempts to ignore the differences between East and West are as misguided as those that deny any commonality. Secondly, these boundaries continue to carry weight in scholarship.⁶⁸ Recent analyses of homophobia in post-Soviet Ukraine and Russia are critical of how this East/West polarisation manifests in present-day LGBT movements, defining this conceptual division itself as homonationalist.⁶⁹ For Ivan Boldyrev and Olessia Kirtchik the 'remarkable' thing about 'the extensive literature on Cold War social science is the lack of attention to what was going on the other side of the Iron Curtain'.⁷⁰ They observe that the 'political divide symbolized by the Iron Curtain has thus also separated historiographies of the social and human sciences in capitalist and socialist countries' whereby 'the latter are virtually absent from standard historiographic accounts'; histories of social science in former state socialist and still existing Communist countries 'have presented the development of these disciplines as abnormal and isolated from what was going on in the rest of the world'.⁷¹ If, on the other hand, they are 'addressed from the viewpoint of comparative and/or entangled histories of the social

⁶⁶ Chiang, 'Double Alterity', 38.

⁶⁷ Renkin and Kościańska, 'Science'.

⁶⁸ Kristen Ghodsee and Kateřina Lišková, 'Bumbling Idiots or Evil Masterminds? Challenging Cold War Stereotypes about Women, Sexuality and State Socialism', *Filozofija i Društvo* 27, no. 3 (2016).

⁶⁹ Tamara Martsenyuk, 'The State of the LGBT Community and Homophobia in Ukraine', *Problems of Post-Communism* 59, no. 2 (2014); Adriana Helbig, 'The Struggle for LGBT Rights in Post-Euromaidan Ukraine', *Perspectives on Europe* 44, no. 2 (2014).

⁷⁰ Ivan Boldyrev and Olessia Kirtchik, 'On (Im)permeabilities: Social and Human Sciences on Both Sides of the 'Iron Curtain'', *History of the Human Sciences* 29, no. 4-5 (2016): 5.

⁷¹ *Ibid.*

and human sciences, the Cold War presents itself much more as a story of transfers and exchanges, multiple connections and mediators'.⁷²

Historical accounts of Western medical homophobia and pathologisation have overwhelmingly been separated from geopolitical context.⁷³ Most studies examining Western contexts have focused *either* on the medical establishment *or* on state surveillance and intelligence authorities.⁷⁴ Less attention has been paid to the overlaps in Cold War sexual politics, illegality and the psychiatric establishment's proscription of homosexual desire. Such a disconnection is impossible for scholars researching pathologies of homosexuality in Soviet, state socialist and Communist contexts.⁷⁵ For example, Ineta Lipša explores the differences and similarities in the Baltic socialist republics after the 1960-61 introduction of national penal codes modelled on but independent of the Soviet Union's code, focusing especially on the Latvian SSR, where surveillance operated through collusion between health authorities and law enforcement under venereal disease laws: records of sex workers and homosexually active men were forwarded from the Health Ministry to the Riga police, who raided queers' meeting places to force them into a health clinic for an examination; from there they were 'treated by force' in a special hospital, 'similar to a prison'.⁷⁶ Judit Takács examines Hungarian state security discussions of psychiatric advice on homosexuality in the 1950s contemporaneous with the UK Wolfenden inquiry and a 'Wolfenden-like' inquiry in Austria, and Anna Borgos investigates how the representation of women's desire in Hungarian psycho-medical

⁷² Ibid. This problem has begun to be tackled in a recent special issue: Hegarty and Rutherford, 'Histories'.

⁷³ Exceptions include Jennifer Terry, 'Siting Homosexuality: A History of Surveillance and the Production of Deviant Subjects (1935-1950)' (Doctor of Philosophy University of California Santa Cruz, 1992); Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999); Miriam G. Reumann, *American Sexual Character: Sex Gender and National Identity in the Kinsey Reports* (Berkeley: University of California Press, 2005, 2005); Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton: Princeton University Press, 2009).

⁷⁴ Tommy Dickinson, *Curing Queers: Mental Nurses and Their Patients, 1935-74* (Manchester: Manchester University Press, 2015); Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books Inc., 1981); Douglas M. Charles, *Hoover's War on Gays: Exposing the FBI's 'Sex Deviates' Program* (Lawrence: University Press of Kansas, 2015); Patrick Higgins, *Heterosexual Dictatorship: Male Homosexuality in Post-War Britain* (London: Fourth Estate, 1996).

⁷⁵ Dan Healey, 'Sexual and Gender Dissent: Homosexuality as Resistance in Stalin's Russia', in *Contending with Stalinism: Soviet Power and Popular Resistance in the 1930s*, ed. Lynne Viola (Ithaca & London: Cornell University Press, 2002).

⁷⁶ Ineta Lipša, 'Homosexuals and Soviet Power: Suppression Mechanisms in the Latvian SSR, the 1960s-1980s' (European Social Science History Conference, Valencia, 1 March 2016). Many thanks to Ineta Lipša for providing me with a copy of this paper.

literature shaped state policy.⁷⁷ Hongwei Bao has analysed the use of aversion therapy by the neurologist Lu Longguang of Nanjing Medical University – labelled ‘*shudao jiaozheng xinli zhibiao*’ (guided corrective psychotherapy) – as part of ‘post-Mao China’s modernization drive in the 1990s, when Chinese medical professionals were especially committed to “catching up” with Western interventions by importing an “advanced” medical science’.⁷⁸

In 2018, almost a decade after Chiang’s call for a history of sexology that is both transnational and attentive to geopolitical temporalities, Veronika Feuchtner, Douglas Haynes and Ryan Jones collected a volume titled *A Global History of Sexual Science*, showcasing scholarship that seeks to ‘expand our understandings of global circuits of knowledge and also complicates a narrow version of the “West” as directing sexual science and disseminating it elsewhere’.⁷⁹ Rather than ‘transnationality’, they advocate using the concept of ‘circuits of sexological knowledge’, as it permits forms of exchange with less straightforward trajectories and greater levels of permutation and adaptation. While noting that Berlin – and especially Magnus Hirschfeld’s Institute for Sex Research⁸⁰ – was ‘one of sexual science’s most important early centers’, they trace how Nazi persecution of sexual scientists like Hirschfeld meant that new ‘places like Bombay (where the most important English-language sexual science journal was published during the 1930s), Mexico City, Buenos Aires, Shanghai, and Tokyo developed into nodes where ideas were appropriated, transformed and retransmitted’.⁸¹ The idea of a Latin sexology, as distinct from the Anglo-German tradition of Hirschfeld, Carpenter, Ulrichs and

⁷⁷ Judit Takács, ‘Decriminalisation of Homosexuality in Hungary in the Light of Recently Discovered Archive Records’ (Queering Memory: LGBTQ Archives, Libraries, Museums and Special Collections, Haus der Kulturen der Welt, Berlin, 28 June 2019); Anna Borgos, ‘Homosexuality and Psychiatry in State-Socialist Hungary: Representing Women’s Same-Sex Desire in the Psychomedical Literature’, *American Psychologist* 74, no. 8 (2019). See also Judit Takács, Roman Kuhar, and Tamás P. Tóth, “Unnatural Fornication” Cases Under State-Socialism: A Hungarian-Slovenian Comparative Social-Historical Approach’, *Journal of Homosexuality* 64, no. 14 (March 2017); Judit Takács and Tamás P. Tóth, ‘Az „Idegbizottság” szerepe a homoszexualitás magyarországi dekriminalizációjában’, *Socio.hu Társadalomtudományi Szemle* 6, no. 2 (2016).

⁷⁸ Hongwei Bao, ‘On Not To Be Gay: Aversion Therapy and transformation of the Self in Postsocialist China’, *Health, Culture and Society* 3, no. 1 (2012): 134.

⁷⁹ Veronika Feuchtner, Douglas E. Haynes, and Ryan M. Jones, eds., *A Global History of Sexual Science, 1880–1960* (Oakland: University of California Press, 2018).

⁸⁰ One of the earliest global histories of sexuality from a queer health perspective was by Magnus Hirschfeld himself. Magnus Hirschfeld, *The Sexual History of the World War* (New York: Cadillac, 1946). See also Ralf Dose, *Magnus Hirschfeld and the Origins of the Gay Liberation Movement*, trans. Edward H. Willis (New York: Monthly Review Press, 2014).

⁸¹ Feuchtner, Haynes, and Jones, *Global*, 17.

Krafft-Ebing, is raised by Chiara Beccalossi in the same volume.⁸² Elsewhere, Heike Bauer re-reads Hirschfeld from a post-colonial perspective to address his European sexological gaze, his radical, socialist and internationalist politics notwithstanding.⁸³ Such projects inspire models for ‘rethinking sexology’ transnationally and make the inclusion of Australia in this project less like the gauche attempt to follow a methodological fad that Simmonds, Rees and Clark warn against.⁸⁴

Thesis structure and sources

In exploring the ‘conditions of possibility’ (Chiang’s terms) that could make the opening vignette intelligible – the transfer of psychiatric and sexological knowledge regarding homosexuality from the sexological and psychiatric clinics of Charles University in Prague across the Berlin Wall to the behavioural sciences building of Prince Henry Hospital in Little Bay, Sydney in 1962 – this thesis seeks in Part I to understand how homosexuality and the figure of the homosexual was constructed during the Cold War and how these phenomena were shaped by the rise of behaviourism in medicine, psychology, psychiatry and social science. Chapter 1 analyses two intelligence reports – one compiled for the East German Ministry for State Security and the other for the Australian Security Intelligence Organisation, between 1958 and 1963 – to investigate how security agencies imagined and sought to detect potential homosexuals through behavioural and emotional observation. Chapter 2 uses a report compiled by a psychiatrist for Canadian security services between 1959 and 1962, which catalogued state-of-the-art homosexual diagnosis and detection mechanisms, to explore how in grappling with detection and diagnosis, security agencies, psychiatrists and other medical professionals turned towards empirical surveys of large subject pools to establish patterns of (homosexual) behaviour.⁸⁵ Part II turns to treatment, examining the therapeutic approaches of Kurt Freund and Neil McConaghy. Chapter 3, which focuses on what I

⁸² Chiara Beccalossi, ‘Latin Eugenics and Sexual Knowledge in Italy, Spain and Argentina: International Networks Across the Atlantic, 1916-46’, in *A Global History of Sexual Science, 1880–1960*, ed. Veronika Feuchtnner, Douglas E. Haynes, and Ryan M. Jones (Oakland: University of California Press, 2018).

⁸³ Heike Bauer, *The Hirschfeld Archives: Violence, Death, and Modern Queer Culture* (Philadelphia: Temple University Press, 2017).

⁸⁴ Simmonds, Rees, and Clark, ‘Testing’.

⁸⁵ Cf. Clellan S. Ford and Frank A. Beach, *Patterns of Sexual Behavior* (New York: Harper & Row and Hoeber, Medical Division, 1951).

have called the ‘Prague experiment’ – Freund’s homosexual aversion therapy trial – examines the creation of transnational ‘networks of expertise’ emanating from Czechoslovakia and the United Kingdom, and how their interpretations of Pavlovian conditioning were shaped by geopolitical circumstances and the ethical and moral principles of their practitioners. Chapter 4 charts the spread of Pavlovian ideas and the lifespan of homosexual aversion therapy in Australia. After focusing on the approaches of nation-states in Part I and psychiatrists in Part II, Part III reorients its attention to the voices outside institutional power. In Chapter 5 the subjects of homosexual aversion therapy – patients and their loved ones – speak either through first-person accounts, or through an innovative reading of published psychiatric literature. Chapter 6 returns to Australia to describe the resistance movement and activist challenge to the medical proscription of homosexual desire in general, and aversion therapy represented by Neil McConaghy in particular.

My research was dramatically altered and enriched by the discovery of McConaghy’s previously unseen papers after contacting his two daughters, Finola and Suzi, in late 2015.⁸⁶ The latter generously permitted me to visit her home in December that year to examine the collection, of which nine archive boxes have been on loan to me since February 2016. Other sources include published medical literature, security and intelligence files, gay press and radio, mainstream press, radio, TV and film, oral histories, email communication with former patients and practitioners of aversion therapy and some co-workers, family and friends, and with activists in the gay and women’s liberation movements; sometimes these categories overlapped.⁸⁷ I draw inspiration from critical historians who have unmasked or dismantled veneers of power and interrogated popular

⁸⁶ For an account of this see Kate Davison, ‘Power Flip: Intimate Archives and the Ethics of History’, Queer History at Warwick blogpost, 6 May 2020, <https://queerhistorywarwick.wordpress.com/2020/05/06/event-review-power-flip/>.

⁸⁷ These materials have been sourced from the Bundesarchiv in Germany, the National Archives in the UK, the National Archives of Australia, the National Film and Sound Archive, the national library of the Czech Republic, the National Library of Australia, the Schwules Museum and Archive in Berlin, the Berlin Staatsbibliothek, the National Library of Australia, the University of Melbourne Archives, Australian Lesbian & Gay Archives (a good deal of which provided by Nick Henderson) and the Pride History Group in Sydney, and the personal archive of Sue Wills. The Canadian security report was posted to me by Gary Kinsman in Canada, Alan Fewster provided me with some National Archives of Australia material I wasn’t able to obtain myself, Rod Buchanan permitted me to copy the Maudsley annual reports, I received cassette tapes of an oral history interview from Robert Reynolds, I obtained report from the Radio Free Europe archive from Ira Rodulgina and some Czechoslovakian medical reports from Christiane Brenner.

assumptions that ‘psychiatry’ was globally unified in its methods and intentions with respect to homosexual desire and gender non-conformity between 1948 and 1981.

Kurt Freund and Neil McConaghy, whose professional careers and relationship form the narrative arc of this thesis, saw themselves as part of a liberal progressive historical tradition of sexology represented by Magnus Hirschfeld and Alfred Kinsey, working within a therapeutic framework informed by Ivan Pavlov (and in the case of McConaghy, Henrik Ibsen and Euripides, too), and publicly rejected homophobic attitudes, while simultaneously subjecting hundreds of homosexually attracted men to what many described as torture. In a 2018 interview about her book *Cold War Freud*, Dagmar Herzog described liberal US post-war psychoanalysts such as Karen Horney and Robert Stoller as ‘imperfect heroes’.⁸⁸ This thesis shines a light on two ‘imperfect villains’.

⁸⁸ David Gutherz, ‘*Cold War Freud: Psychoanalysis in an Age of Catastrophes* - Interview with Dagmar Herzog’, New Books in History podcast, 7 September 2018, 43 mins.

Part I – The Cold War Context of Homosexual Surveillance and Diagnosis

Chapter 1 – The Sexual (Geo)Politics of Loyalty: Homosexuality and Emotion in Cold War Security Policy

It is no secret that the biggest concentration of homosexuals can be found in the diplomatic services of Western countries. [...] The Soviet Intelligence officers were amazed at the sense of mutual consideration and true loyalty among homosexuals.

—Alexander Orlov, *Handbook of Intelligence and Guerrilla Warfare* (1963)

‘They picked me up this morning. A man called Ashe.’ He lit a cigarette.

‘A pansy. We’re meeting again tomorrow.’ [Leamas to Control]

—John le Carré, *The Spy Who Came In From the Cold* (1963)

On 12 September 1962, British civil servant John William Vassall was arrested in London and charged under the Official Secrets Act. In 1954, while on assignment to Moscow, Vassall had become drunk at a party, was photographed in ‘a homosexual orgy’, and subsequently blackmailed into spying for the Soviet Union.¹ On 22 October 1962 (the same day that news of the Cuban missile crisis broke), he was sentenced to 18 years in prison, and branded a traitor. This breach of national security was an embarrassment for the conservative Macmillan government. After a decade of positive security vetting in staff recruitment, how had they failed to detect his sexual perversion? The report of the investigative tribunal, released on 25 April 1963, found that ‘there was nothing either in Vassall’s conduct or conversation that indicated even to a sharp observer a man addicted to homosexual practices’.² The problem of inadequate detection methods was seized upon by the *Sunday Mirror*, which published a contemptuous how-to guide for the

¹ NAA A4940/1 Item C643, ‘Communists and Communist Sympathisers in the Employ of the Commonwealth – Policy’.

² *Report of the Tribunal Appointed to Inquire into the Vassall Case and Related Matters* (London: H.M.S.O., April 1963); ‘Vassall Case (Tribunal’s Report)’, House of Commons Debate, 7 May 1963, Hansard, vol. 677, cc240-372. See also Rebecca West, *The Vassall Affair* (London: Sunday Telegraph, 1963); ‘The Scandalous Case of John Vassall: Sexuality, Spying and the Civil Service’, National Archives UK blog, 17 December 2012, <http://media.nationalarchives.gov.uk/index.php/the-scandalous-case-of-john-vassall-sexuality-spying-and-the-civil-service/>. Accessed 24 May 2016.

Admiralty, Foreign Office and MI5 under the heading ‘How to Spot a Possible Homo’.³ ‘They are everywhere’, the article panicked, ‘and they can be anybody’. Had Vassall’s sexuality and his ‘vain and greedy’ demeanour been detected, went the narrative, so would his likely betrayal have been.

Vassall was by no means the only person to have spied for the Soviet Union, but around the globe, the particular circumstance of his case – that is, his homosexuality – lent renewed fervour to hard questions about whether traitorous behaviour could be predicted in sexual orientation, following earlier revelations and public profiling of the bi- and homosexual orientations of the Cambridge defectors Guy Burgess and Donald Maclean. It symbolically reflected anxious concerns in this period within both government administration and medical science around how homosexuality and homosexual behaviour could be detected, determined and handled or treated – especially among psychiatrists influenced by behaviourism – and indeed, whether the Communists were better at it.

This chapter analyses how homosexuality as a Cold War issue extended beyond the Anglophone world and across the so-called iron curtain. Because the ‘homosexual’ seemed to fit unnoticed into society more easily than other ‘deviants’, invisibility and detection became direct concerns for security agencies – indeed, the entire spying apparatus was built upon disguise, deception and the ability to assimilate unnoticed. Security and intelligence agencies sought expert advice, at first from psychiatrists and medical professionals, but later, influenced by behaviourism, first-hand observation of homosexuals’ emotional behaviour and motivations.

We know from the work of David K. Johnson, Patrick Higgins, and Gary Kinsman and Patrizia Gentile, among others, that the phenomenon of pursuing anti-homosexual policies in connection with national security was a trend common across Anglophone countries in the post-war decades on the basis that they constituted a ‘security risk’, reaching a climax in the early to mid-1960s before being destabilised by the Gay Liberation Movement.⁴ This process, known in the United States as the ‘lavender scare’,

³ ‘How to Spot a Possible Homo’, *Sunday Mirror*, 28 April 1963.

⁴ The case of continental Europe bears some contrast to this; cf. Dan Healey, ‘Sex and Socialism’, Review, *Contemporary European History* 22, no. 2 (May 2013): 289-293; Dagmar Herzog, *Sexuality in Europe: A Twentieth-Century History* (Cambridge: Cambridge University Press, 2011). On the US: David K. Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago:

came to be typified by the portrayal of homosexuality as a ‘character weakness’ or ‘character defect’ which seriously jeopardised its bearer’s ability to exhibit loyalty to the nation or sovereign. Homosexuals, somewhat akin Communists, constituted ‘a select clique which extends internationally’, as the Australian security chief Charles Spry put it in April 1964, loyal to one another rather than their country; that is, they could not be trusted with state secrets.⁵ Collectively, the work of these scholars gives us a broad overview of the unique domestic circumstances of such practices. Yet while inter-state entanglements have been treated as axiomatic given the national security context of these homophobic policies, a more attentively transnational approach to the history of homosexuality can offer new insights into the geopolitical dynamics of the Cold War.

It is also worth revisiting these historical developments using insights from the field of the history of emotions. As Dagmar Herzog observed in 2013, it is ‘not least because sexual matters evoke complicated feelings that human beings are, apparently, so politically and socially manipulable in this area’; nevertheless, historians have ‘too rarely reflected openly on this complicatedness when trying to explain why and how sexual cultures change’.⁶ While analysing the connections made by security agencies between sexual deviance and disloyalty or untrustworthiness has been central to the work of several historians, to date this has not extended to the historicisation of emotional

University of Chicago Press, 2004, 2004); Reumann, *American Sexual Character*; Charles, *Hoover’s*. On the UK: Leslie J. Moran, ‘The Uses of Homosexuality: Homosexuality and National Security’, *International Journal of the Sociology of Law* 19, no. 2 (1991); Higgins, *Heterosexual Dictatorship*. On Canada: John Sawatsky, *For Services Rendered: Leslie James Bennett and the RCMP Security Service*, vol. Penguin (Harmondsworth, 1983); David Kimmel and Daniel Robinson, ‘The Queer Career of Homosexual Security Vetting in Cold-War Canada’, *Canadian Historical Review* 75, no. 3 (1994); Kinsman and Gentile, *Canadian War*. On Australia: Kate Davison, ‘Pinks Under the Bed? Homosexuality, Communism and Nationalist Sentiment in Cold War Australia’ (Honours, University of Melbourne, 2005); Graham Willett, *Living Out Loud: A History of Gay and Lesbian Activism in Australia* (St Leonards: Allen & Unwin, 2000, 2000); Dino Hodge, ‘Homosexuality: The Makings of a Cold War Threat to State Security’ (Australian Homosexual Histories Conference, University of Melbourne, November 2013); Robert French, ‘“Persons With Serious Character Defects”: Homosexuals in the Commonwealth Public Service, 1953-1974’, in *Intimacy, Violence and Activism: Gay and Lesbian Perspectives on Australasian History and Society*, ed. Graham Willett and Yorick Smaal (Clayton: Monash University Press, 2013); Garry Wotherspoon, ‘*This Nest of Perverts’: Policing Male Homosexuality in Cold War Australia*’, vol. 52, Working Papers in Australian Studies (London: Sir Robert Menzies Centre for Australian Studies, University of London, 1990, 1990).

⁵ NAA, A6122/26, Item 1194, ‘Policy or directives about the employment of homosexuals’, correspondence dated 15 April 1964, Melbourne.

⁶ Herzog, ‘Incredible Yearnings’. The title is a quote from Kurt Starke, the leading empirical sexuality researcher in the former German Democratic Republic, in a post-unification interview with Uta Kolano. Uta Kolano, ‘Ein Romantisches Ideal’, in *Nackter Osten*, ed. Uta Kolano (Frankfurt/Oder: Frankfurter Oder Editionen, 1995). Cf. Kurt Starke, *Schwuler Osten: Homosexuelle Männer in der DDR* (Berlin: Ch. Links Verlag, 1994).

concepts such as loyalty and trust themselves in light of changing understandings of sexuality and the body, nor has it yet fully connected the security arena with the rise of behaviourist thinking specifically.

This chapter offers a close reading of two selected security documents, one from the files of Australian Security Intelligence Organisation (ASIO) and one allegedly created on behalf of the East German *Ministerium für Staatssicherheit* (MfS, commonly known by its abbreviation ‘Stasi’). By doing so, it is hoped that we can gain an insight not only into continuities and differences in how sexuality was approached by states in East and West, but also into how understandings of emotion were linked to understandings of sexuality, and seen to be relevant to a geopolitical security context. This will be preceded by a short discussion of theories of emotion and the body, and addressing the emerging historiography on concepts such as loyalty and trust. Perhaps influenced by what Naoko Wake and colleagues have called the ‘behaviourist *Zeitgeist*’⁷ of the mid-twentieth century, these security agencies sought advice on the identification of homosexuals by their emotional dispositions and behaviour based on field observation (as distinct from psychiatric knowledge), indicating that understandings of both sexual and emotional orientations became ontologically bound up with one another. It is useful, therefore, to historicise post-war incoherence around whether homosexuality was a sign of psychosexual arrest, a physically detectable state, an emotional disposition, a genetic trait or some other phenomenon.⁸ In order to be of practical use in national security and/or espionage, either to predict their likelihood of betrayal or degree of utility, emotional and behavioural knowledge of homosexuals – knowing how they *feel* – was key.

Sexuality, the body and emotions in international Cold War security policy

The analysis developed here has been influenced by theoretical developments within the history of emotions, particularly around the body. Monique Scheer advocates the use of a Bourdieuan approach through the concept of *habitus*, in order to overcome methodological and conceptual difficulties seen in the dissonance between biologist and

⁷ Naoko Wake et al., ‘Kinsey’s Biographers: A Historiographical Reconnaissance’, *Journal of the History of Sexuality* 12, no. 3 (July 2003).

⁸ See for example the range of theories gathered in Hendrik Ruitenbeek, ed., *The Problem of Homosexuality in Modern Society: An Anthology* (New York: Dutton, 1963).

cognitivist definitions of emotion.⁹ According to Scheer, historians of emotion have tended towards a cognitive framework whereby emotions are defined primarily as mental processes or judgements, due to an assumption that in order to historicise emotions, they must be separated from a seemingly ahistorical or unchanging bodily organism. Bourdieu's concept of habitus, by contrast, refers to the effect of structural processes by which human agents come to *both* embody and perpetuate social relations through practices.¹⁰ Another method suggests that historians look for patterns of 'emotional styles'. According to Benno Gammerl, whereas 'emotional habitus' implies a unitary ontological state, the concept of 'emotional styles' enables a plurality of emotional strategies by actors depending on location and context.¹¹ It recognises that emotional patterns and practices develop within 'spatial constellations' which 'depend on historically specific economic, cultural and political conditions and are thus subject to variability'.¹²

These methods can assist us in unpacking transnational Cold War attempts to develop a taxonomy of the homosexual based not only on body, appearance or psychology but emotions as well. A further method proposed by Barbara Rosenwein more closely addresses the social relations of emotion through the concept of 'emotional communities', groups built around 'fundamental assumptions, values, goals, feeling rules, and accepted modes of expression'; like Benedict Anderson's 'imagined communities', they are 'created and reinforced by ideologies, teachings and common presuppositions' yet offer a specific focus on bodies and emotions and how they manifest collectively or socially.¹³

Together, these approaches can help us to analyse and historicise notions of sexuality, body and emotion evident in security discourse, and how they contributed to the construction of both hegemonic and subordinate emotional communities in relation to geopolitical and nation-building processes. Was loyalty or disloyalty, for example, a feeling, style of behaviour, or practice, and could it be detected in the body or in sexual

⁹ Monique Scheer, 'Are Emotions A Kind of Practice (and Is That What Makes Them Have A History)? A Bourdieuan Approach to Understanding Emotion', *History and Theory* 51, no. 2 (May 2012).

¹⁰ Pierre Bourdieu, *Outline of a Theory of a Practice* (Cambridge: Cambridge University Press, 1977), 93-94.

¹¹ Benno Gammerl, 'Emotional Styles: Concepts and Challenges', *Rethinking History* 16, no. 2 (June 2012): 162-164.

¹² *Ibid.*, 164.

¹³ Barbara H. Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca: Cornell University Press, 2006, 2006), 24-25.

orientation? Is this what enabled the construction of post-war nations as emotional communities that excluded sexual ‘deviance’? In applying the methods outlined here to an investigation of Cold War sexual politics, we can begin to identify how various actors (both governmental as well as their subjects of observation) were cognisant of the possibility and necessity of employing a variety of emotional styles, and that it may have been precisely this aspect that was so concerning to especially Western security agencies, perhaps explaining their attempt to pin down a definition of a homosexual habitus for the purposes of national security policy.

Definitions and dispositions

Like all emotions, loyalty, trust, patriotism and other emotional concepts relevant to the geopolitical sphere are historically dynamic ideas subject to continual definitional debate.¹⁴ The question of whether they properly constitute ‘emotions’ is far from settled, yet it is arguable whether such categorisation is even necessary. Philosopher John Kleinig suggests that while loyalty certainly entails ‘strong feelings and devotion’, the absence of a verb to match the feeling one has when one feels loyalty means that ‘the test of loyalty is conduct’, and he therefore describes it as ‘a practical disposition’.¹⁵ In tracing the history of trust, Ute Frevert suggests that under the conditions of modernity, due to altered class compositions and political formations, trust emerged as ‘an attitude, an emotion, or emotional practice’ in a social sense, whereas it had previously entailed a primarily spiritual connection with God.¹⁶ Martin Schulze Wessel, who identifies ‘loyalty’ (*Loyalität*) as both the language of historical sources and a term of social scientific analysis, notes how behaviours motivated by loyalty ‘always have a history’ – a past in which loyalty has been able to develop. Questions about the role and function of loyalty can be applied vertically – to investigate emotional relationships between states and populations – and horizontally – to examine the extent to which loyalty has bound groups of people

¹⁴ Cf. Morton Grodzins, *The Loyal and the Disloyal: Social Boundaries of Patriotism and Treason* (Chicago: University of Chicago Press, 1956); John Schaar, *Loyalty in America* (Berkeley: University of California Press, 1957).

¹⁵ John Kleinig, ‘Loyalty’, in *Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2013).

¹⁶ Ute Frevert, ‘Does Trust Have a History?’, *European University Institute Max Weber Program Lecture Series* (2009), <http://cadmus.eui.eu/handle/1814/11258>, accessed 10 July 2017; Ute Frevert, ed., *Vertrauen: historische Annäherungen* (Göttingen: Vandenhoeck & Ruprecht, 2003).

together and required the exclusion or stigmatisation of others.¹⁷ In this chapter, these concepts will be treated as practical emotional dispositions: attitudes implying a certain set of behaviours and feelings involving the body, which then interact with other concepts that fit more straightforwardly into the category of emotion.

This approach is useful when thinking about the relationship between emotions and social rules governing moral conduct. Scholars broadly agree that there is a decidedly moral element to concepts such as trust and loyalty.¹⁸ International relations scholar Torsten Michel points out that in the absence of this moral element, which can only exist between human actors (as distinct from nation-states, for example), one can no longer speak of ‘trust’ but rather ‘reliance’ – that is, trust is a human phenomenon.¹⁹ Yet the moral element can also be more explicit. For example, historian Nachman Ben-Yehuda has described betrayal, which is ‘intimately connected to both loyalty and trust’ as ‘a form of deviance’.²⁰ Ute Frevert suggests that trust is commonly found to involve mutual cooperation and dependence, and is also highly contingent on matters of class, age, sexual orientation, and other markers of distinction.²¹ In defining national character, such mutual cooperation might conceivably imply upholding a certain moral framework or sexual mode in practice, whereby trust would constitute a kind of covenant to maintain a certain mode of intimacy based on heterosexual reproduction. In this framework, it would be a kind of betrayal to deviate sexually, and it is precisely this idea that emerges in Western security discourse.

Methodology and context

It is difficult to overstate the importance of security documents to how the anti-homosexual atmosphere within Cold War security policy unfolded. Gary Kinsman has

¹⁷ Martin Schulze Wessel, ‘“Loyalität” als geschichtlicher Grundbegriff und Forschungskonzept: Zur Einleitung’, in *Loyalitäten in der Tschechoslowakischen Republik 1918-1938: Politische, nationale und kulturelle Zugehörigkeiten*, ed. Martin Schulze Wessel, Veröffentlichungen des Collegium Carolinum (Munich: R. Oldenburg, 2004), 1-2, 14.

¹⁸ Geoffrey Hosking, *Trust: A History* (Oxford: Oxford University Press, 2014); Torsten Michel, ‘Time to Get Emotional: Phronetic Reflections on the Concept of Trust in International Relations’, *European Journal of International Relations* 19, no. 4 (2012); George P. Fletcher, *Loyalty: An Essay on the Morality of Relationships* (New York: Oxford University Press, 1993); Nachman Ben-Yehuda, *Betrayal and Treason: Violations of Trust and Loyalty* (Boulder: Westview Press, 2001), 310.

¹⁹ Michel, ‘Time’, 873.

²⁰ Ben-Yehuda, *Betrayal*, 311.

²¹ Frevert, *Vertrauen: historische Annäherungen*, 7-9.

highlighted such texts were ‘mobilized’ by state security regimes in ways that proved devastating to the lives of their subjects: they formed ‘an integral part of the construction of heterosexual hegemony’.²² Naoko Shibusawa, noting the ‘slim documentation’ available to historians interested in the post-war anti-homosexual security panic, argues it is therefore necessary to ‘analyze more deeply’ the few documents we do have, especially from the perspective of investigating the sexual politics of ‘Empire’, because they often ‘articulate[] what was seldom articulated in a coherent argument’: the perceived connections between homosexuality and the ‘decline’ of the nation state.²³ Security policy and practices thus offer a useful case study in identifying precisely what moral ideas were or were not connected to ideas of nationhood or the body politic.

Echoing Kinsman, Shibusawa reminds us that such memos are not mere administrative artefacts; rather, they are ‘imaginative acts’ with palpable consequences for those affected.²⁴ While any claims about the material consequences of the two documents analysed here can only be speculative, it is nevertheless valid to view them as *suggestive* of ‘coherent’ views held by the organisations that commissioned them, and indicative of how dominant moral politics seeped into strategic geopolitical considerations. They also offer insights into the impact that these ‘imaginative acts’ were able to have *within* the security and intelligence establishment.

For example, from a transnational perspective there emerges a sense that, sometime in the late 1950s and early 1960s, an interest in behaviourist approaches based on longer-term observation of homosexual networks became more prevalent than medical or psychiatric diagnoses. Documents produced in the United States between 1950 and 1955 indicate that psychiatric advice was important.²⁵ Likewise in Canada, Dr. Frank Wake, a professor of psychiatry, was specifically employed by the government to develop homosexual detection methods, after a 1959 Security Panel memorandum warned of the

²² Gary Kinsman, “‘Character Weaknesses’ and ‘Fruit Machines’”: Towards an Analysis of The Anti-Homosexual Security Campaign in the Canadian Civil Service’, *Labour/Le Travail* 35 (Spring 1995): 134.

²³ Shibusawa, ‘Lavender Scare’.

²⁴ *Ibid.*, 742.

²⁵ For example, ‘Employment of Homosexuals and Other Sex Perverts in Government: Interim Report Submitted to the Committee on Expenditures in the Executive Departments’, 81st Congress, 2nd session, doc. 241, 15 December 1950; ‘Report on Homosexuality with Particular Emphasis on This Problem in Governmental Agencies’, Committee on Cooperation with Governmental (Federal) Agencies of the Group for the Advancement of Psychiatry, Report no. 30, January 1955; ‘Infiltration of subversives and moral perverts into the executive branch of the United States Government’, March 1950, discussed in Johnson, *Lavender Scare*, 80; see also Kinsman and Gentile, *Canadian War*.

extreme security risk homosexuals posed. Common characteristics included ‘instability, willing self-deceit, defiance towards society, a tendency to surround oneself with persons of similar propensities [...] none of which inspire the confidence one would hope to have in persons required to fill positions of trust and responsibility’.²⁶

This memorandum remains one of the most coherent examples of the conflation of sexual deviance with an inherent or in-built emotional disposition of disloyalty and untrustworthiness in the Western intelligence establishment. It was this description that was quoted by ASIO Director Charles Spry in his submission to have ‘Communist sympathisers’ and those with ‘character defects’ – homosexuals – banned from the Australian public service.²⁷ But by the early 1960s, security agencies were seeking more practical, direct and eye-witness knowledge of homosexual milieus.

Security-intelligence practices and emotions across the Iron Curtain

The two documents selected for analysis here include one briefing paper entitled ‘Some Notes on Homosexuality’, created by ASIO as part of the background research for its call to ban homosexual employees from high security positions, and one allegedly recreated from an original draft report for the MfS in East Germany on the ‘usability of homosexuals within an intelligence framework’.²⁸

ASIO’s Submission 199 in 1964 was the first time in Australia that ‘homosexuality’ was explicitly identified as a discrete category of security risk. Originally drafted in 1952 with a focus on Communists, homosexuality was later elevated to the primary threat. For Spry, the recent Vassall case was proof that the Russians ‘were successfully exploiting

²⁶ Library of Parliament, Ottawa, Canada, JL110.5 H6 A35, Privy Council Office Security Panel and Royal Canadian Mounted Police, Directorate of Security and Intelligence, Security Cases Involving Homosexuality, Meeting to Consider Reports of Mr. Don Wall and Dr. F. R. Wake on the Problem of Character Weaknesses in the Government Service, ‘Memorandum for Mr D. F. Wall: “Security Risks – Homosexual” and “Report on Special Project by Dr. F. R. Wake”’. Many thanks to Gary Kinsman for providing me with a copy of the entire memorandum.

²⁷ NAA, A4940/1, C643, ‘Communists and Communist Sympathisers’. This goal was pursued by Spry for twelve years from 1952 to 1964.

²⁸ NAA, A6122/26, 1856, ‘Security Personnel’, document ‘Some notes on homosexuality’; “‘Homosexualität vom nachrichtendienstlichen Standpunkt’”: Bericht über eine Ausarbeitung für das MfS-Berlin in der Zeit 1962/63 auf Anforderung des MfS-Offiziers WOLF vom MfS-Berlin - Bonn im Okt/November 1965’, in *Homosexualität in der DDR: Materialien und Meinungen*, ed. Wolfram Setz (Hamburg: Männerschwarm, 2006). Published with an introduction by Florian Mildener, ‘Die Stasi und die Homosexuellen: Ein Überläufer berichtet (1965)’, in *Homosexualität in der DDR: Materialien und Meinungen*, ed. Wolfram Setz (Hamburg: Männerschwarm, 2006). Translations my own.

homosexuality for the purpose of espionage’, a claim that was bolstered in 1963 by ex-NKVD major and defector to the United States, Alexander Orlov.²⁹ Spry believed that not only could Communists adeptly identify the weak links in the Western services, but that they employed ‘a group of homosexuals for the express purpose of compromising Westerners’ and could actually induce homosexuality in those already displaying other weaknesses such as drunkenness.³⁰ ASIO sought an ‘expert’ opinion – but rather than consulting medical and psychiatric professionals, they commissioned ‘a male homosexual’ to advise them, whose own homosexuality constituted the core of his expertise. Across 17 pages of transcribed text, the author (whose identity remains redacted) offers ASIO officials a detailed overview of different kinds of homosexuals, their aspirations, feelings, motivations, behaviours and likely allegiances – in other words their emotional habitus – within the context of their relationship to ‘Queen and country’ and society at large.

The German document was created a bit later, with the intention to offer ‘an assessment of which types of homosexuals would in principle be worthy of consideration for intelligence work’.³¹ The title page identifies it as a ‘Report on a draft prepared for the MfS-Berlin during the period of 1962-3 at the request of MfS Officer WOLF’, reconstructed three years later in ‘Bonn, October/November 1965’ by the author after his ‘escape’ to the Federal Republic of Germany (FRG), or West Germany.³² These details contain a strong implication that it was reconstructed for the *Bundesnachrichtendienst* (BND), the West German security and intelligence agency.³³ This aspect itself requires further investigation, but raises questions about as yet under-researched contrasts and

²⁹ NAA, A6122/26, 1194, ‘Policy or Directives’. Cf. Alexander Orlov, *Handbook of Intelligence and Guerilla Warfare* (Ann Arbor: University of Michigan Press, 1963). NKVD stands for *Naródní komissariát vnútrenníkh déł*, the Soviet secret police from 1934 to 1946. According to former Soviet intelligence officer Boris Volodarsky, Orlov had been a co-handler of Guy Burgess in Moscow in the 1930s. Boris Volodarsky, *Stalin’s Agent: The Life and Death of Alexander Orlov* (Oxford: Oxford University Press, 2015). See also Stewart Purvis and Jeff Hulbert, *Guy Burgess: The Spy Who Knew Everyone* (London: Biteback, 2016).

³⁰ NAA A4940/1 Item C643, ‘Communists and Communist Sympathisers’.

³¹ ‘Homosexualität vom nachrichtendienstlichen Standpunkt’, 205.

³² Probably Markus Wolf: Martin Ebert et al., ‘Markus Wolf’, *DDR-Lexikon* (29 July 2004), http://www.ddr-wissen.de/wiki/ddr.pl?Markus_Wolf. Accessed 10 July 2017. Cf. Jens Gieseke, *The History of the Stasi: East Germany’s Secret Police, 1945–1990* (Oxford: Berghahn, 2014).

³³ My discussions with Florian Mildener suggest that it was typed up in its existing form at the explicit request of the BND, yet this remains to be confirmed by other sources. Personal communication, 14-20 October 2014.

connections between the two countries in the history of sexuality.³⁴ In comparison with ASIO's 'Notes', this report was a much longer dossier – surviving now only in truncated form. At first glance it seems to confirm Spry's assertion that the intelligence services of the Communist Bloc countries had established targeted commandos of homosexual 'Romeos'.³⁵

Written in very different political contexts by authors with different relationships to the matter at hand, the similarity in their explicitly emotional – as distinct from psychological – descriptions of their homosexual subjects is striking. Read side-by-side, they serve as veritable catalogues of how the 'amateur expert' authors understood homosexuality in emotional terms, but also how the state apparatus itself viewed homosexuals' emotions with respect to geopolitical and intelligence concerns. Where they differ is in considerations of national or political loyalty. While the 'Report on a draft' for the MfS speaks of trying to flush out individual citizens guilty of anti-state bias, its author refrains from drawing a general conclusion that homosexuals per se were anti-Communist, indicating that political loyalty took priority over sexual orientation. By contrast, the ASIO document is deeply preoccupied with the connection between sexual deviance and civilisation, national honour, pride and loyalty, suggesting a more ontologically integrated belief that homosexual desire was a key indicator for eventual disloyalty.

It should be noted that such documents entail critical methodological challenges for the historian, given the scarcity of reliable information on their provenance. ASIO's 'Notes on homosexuality', though contained in the ASIO file on Submission 199, is not directly referred to in any correspondence, nor in the Submission itself. The provenance of the German 'Report on a draft' is even more elusive. According to an introductory note by

³⁴ There is a growing body of historical research in this area. On the FRG: Pretzel and Weiß, *Ohnmacht und Aufbegehren: Homosexuelle Männer in der frühen Bundesrepublik*; Jennifer Evans, *Life Among the Ruins: Cityscape and Sexuality in Cold War Berlin* (Basingstoke: Palgrave Macmillan, 2011); Clayton J. Whisnant, *Clayton J. Whisnant, Male Homosexuality in West Germany: Between Persecution and Freedom, 1945-69* (Basingstoke: Palgrave Macmillan, 2012); Clayton J. Whisnant, *Queer Identities and Politics in Germany: A History, 1880-1945* (New York: Harrington Press, 2016). On the GDR: Gudrun von Kowalski, *Homosexualität in der DDR: ein historischer Abriss*, ed. Wolfgang Abendroth et al., Schriftenreihe der Studiengesellschaft für Sozialgeschichte und Arbeiterbewegung (Marburg: Verlag Arbeiterbewegung und Gesellschaftswissenschaft, 1987); Jennifer Evans, 'Decriminalization, Seduction, and "Unnatural Desire" in the German Democratic Republic', *Feminist Studies* 36, no. 3 (October 2010); McLellan, *Love*. See also Dagmar Herzog, *Sex After Fascism: Memory and Morality in Twentieth-Century Germany* (Princeton: Princeton University Press, 2005, 2005); Alison Lewis, 'En-Gendering Remembrance: Memory, Gender and Informers for the Stasi', *New German Critique* 86 (Spring/Summer 2002).

³⁵ On heterosexual 'Romeos': Elizabeth Pfister, *Unternehmen Romeo: Die Liebeskommandos der Stasi* (Berlin: Aufbau, 1999).

historian Florian Mildener, it was handed to him by the widow of a personal acquaintance who had worked for the BND, yet Mildener himself was not in a position to conduct further research on the document's background.³⁶ In anticipation that further research will yield more reliable information, both documents nevertheless offer a rich discursive source for insights into the symbolic connections drawn between sexual deviance and emotions or emotional dispositions within a Cold War context.

ASIO: 'Some notes on homosexuality'

All of what we know about the author of this document is by his own admission: an Oxford-educated journalist of 40, he had spent five years in the United Kingdom from 1946-1951, evinced an obvious interest in literary culture and, politically, was a 'Tory by temperament'.³⁷ A willing and generous consultant, he emphasised to his ASIO interlocutors that he possessed no medical training or specialist knowledge.

Throughout the notes, emotional factors are central to his description of the homosexual habitus. The author repeatedly refers to desires, senses and feelings in describing likely motivations for a homosexual in his or her relationship with state and nation. These include loneliness, shame, pride, trust, cynicism, suspicion, self-love or esteem (*'amour-propre'*), patriotism, resentment, embarrassment, cowardice, courage, spitefulness, fear (of police), panic, a yearning for national belonging, and what he calls 'bullyable temperament[s]'.³⁸ A list of behaviour-based 'signs which lead one to suspect a person of Prevailing Homosexuality', are emotionally evocative, such as drinking 'alone in pubs' and keeping 'a dog which is large or of a reputedly ferocious breed'.³⁹

Several direct questions appear to have been put to him by ASIO, ranging from the general – 'Is homosexuality a voluntary condition?' and 'Are "queers" physical cowards?' – to more pragmatic queries designed to aid detection – 'Is there some mystic link which always enables an homosexual to know and discern another at sight', and 'Can one infallibly detect a "queer" to refuse his application for a Service or afterwards to screen

³⁶ Mildener, 14-20 October 2014. See also Mildener, 'Die Stasi'.

³⁷ NAA, A6122/26, 1856, 'Some notes'.

³⁸ Ibid.

³⁹ Ibid.

him from Security-sensitive Material?⁴⁰ Many of these questions echoed those being asked in this period by psychiatrists debating treatment methods and conducting early behavioural research into sexual reorientation. The author's primary commission, however, was to give ASIO an educated opinion on the likelihood of homosexuals to betray their country, either by committing treason or allowing themselves to be exposed to blackmail. He offered practical steps to be taken in 'Breaking Down a Homosexual who is Suspected of Being Subject to Espionage Blackmail', and enumerates general 'Points Apt to be Helpful to Security Officials'.⁴¹ One final section, 'Homosexuality and Patriotism', concluded that due to their sense of social exclusion, homosexuals were even more likely to feel patriotic and were no more likely to become traitors than their fellow citizens.

These questions and section headings speak volumes about the emotional focus of ASIO's inquiries. Nowhere in the Submission 199 files is there any reference to ASIO officials consulting medical or scientific personnel – their priority was to gain an amateur expert's perspective based on first-hand experience. They did not accept all of their consultant's information at face value, however, intervening at several points in the transcription to dispute his claims. Despite the author's efforts to discourage the perception of homosexuals as a homogenous and shady group, insisting that 'differences of race, creed, language, class, etc. are as divisive between homosexuals [...] as between quite heterosexual people; t]here is no freemasonry', ASIO was of a different view: '(NOTE by Headquarters: This is not agreed)'.⁴²

Although the author in principle rejected the concept of a homosexual typology, he nevertheless offered a rudimentary outline of three basic categories. Non-covert types included 'screamers' – those who 'tacitly admit their condition', and were therefore probably 'less dangerous [...] than the covert "queer" whom you might never detect'.⁴³ The other two categories were covert types who were timid and less predictable, prone to desperate acts of 'bumbling ineptitude'. One covert type was likely to live a 'peculiarly dangerous sex life [...] apt to bring him scandalously to the notice of the police', while the other might for medical reasons be 'to all intents and purposes sexless', described

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

euphemistically as a ‘confirmed bachelor’, and therefore ‘quite safe and trustworthy’.⁴⁴ In other words, *active* homosexuality was linked to untrustworthiness – sexual deviants could only be trusted if they were medically celibate.

The main distinguishing feature between types was neither class nor cultural literacy or education, but the intensity of shame and loneliness felt by the individual, and their desire to restore dignity and pride. The author thus advocated that the ASIO interrogator should at least pass as a homosexual, because ‘one homosexual is far more likely to confide in another’. Furthermore, ‘most people snared up in treason [...] are likely to feel a strong need to confide in somebody’: to secure cooperation, it was best ‘to save his pride and to win his confidence’.⁴⁵

But shame and pride only came into play once the homosexual was already within the purview of ASIO – in terms of *motivations* for treason or patriotism, loneliness played a far greater role. Loneliness, the author cautioned, ‘can scarcely be over-emphasized’, especially in ‘covert’ homosexuals. ‘It is far easier to be celibate’, he opined profoundly, ‘than to be lonely in the desolate sense known to the “queer”’. It was therefore a crucial emotion for security officers to exploit, yet it could just as well be a point of extreme vulnerability. Homosexuals could be very trusting of those who might have ulterior motives, and although generally ‘open-eyed’ when it came to blackmail, ‘security blackmail’ might be different, because it was more ‘artful’: ‘it studies the subject more and knows better the kinds of disclosure – to family, to normal friends, to his service, etc. – the “queer” is least willing to face’. In other words, a long process of study, assessment and groundwork was necessary if a strong enough feeling of trust was to be successfully induced in the ‘queer’, but the same was true if he was to be induced to breach his loyalty to his country.

Contrary to ASIO assumptions, it was precisely this loneliness, this feeling of social exclusion and a sense of ‘deracination’ that could lead a homosexual to feel patriotic, loyal, and to want to fulfil a ‘duty’ to the nation. ‘Far from making them traitors’, the author implored, this lack of belonging ‘usually makes them eager to belong to a Service, armed or otherwise, which will give them a clear and honourable place in the order of

⁴⁴ Ibid.

⁴⁵ Ibid.

things where they were born'.⁴⁶ Candidly, he described his own act of providing these notes to ASIO as an attempt to find one such honourable place, as an antidote to his own loneliness.

It is thus perhaps unsurprising that the document was not referred to in the Submission. The author's responses contradicted Director Spry's belief in an international homosexual clique standing in opposition to national loyalty, and rejected the pathologising idea that sexual deviance would, by default, lead to national betrayal. On the question of a transnational network of homosexuals, there was some truth in the idea – though not in the way ASIO feared. Themes of betrayal, blackmail and patriotism were already being critically discussed in well-established homophile publications in both Europe and the United States, several of which had international subscriber lists.⁴⁷ These magazines and newsletters occasionally published one another's material proving the idea of information sharing; not out of national disloyalty, but solidarity and a belief in the right to sexual self-expression. Whether or not the American *ONE* magazine and the trilingual Swiss periodical *Der Kreis* (The Circle) reached audiences in the Eastern Bloc remains unclear and the likelihood negligible.⁴⁸ The important point for ASIO's consultant was that immediate determinations of whether an individual was loyal or patriotic based on sexual practice or visual cues alone were impossible and would anyway be of little use. Far more important was a method of long-term observation of the subject's emotional habitus.

It is this kind of long view that was both recounted and further advocated by the German author of the 'Report on a draft for the MfS-Berlin'. This shared feature, as noted earlier, compels a comparative analysis that extends transnationally, particularly into the increased focus on field observations of behaviours and emotions. Importantly, it compels an analysis that avoids the trap of perpetuating the polarisation that was so central to the Cold War ideological framework.⁴⁹ The influence of behaviourism in the

⁴⁶ Ibid.

⁴⁷ See for example 'Are You Now or Have You Ever Been A Homosexual?', *ONE*, April 1953; Harry Johnson, 'And A Red Too...', *ONE*, September 1953; David L. Freeman, 'How Much Do We Know About the Homosexual Male?', *ONE*, November 1955; 'Erpresser sofort anzeigen!', *Der Kreis*, September 1960, [Press charges against blackmailers immediately!]. On early transnational homophile networks: Rupp, 'Persistence'; Minto, 'Grey'; Marc Stein, 'Introduction: U.S. Homophile Internationalism', *Journal of Homosexuality* 64, no. 7 (2017): and other contributions in that special issue.

⁴⁸ Copies of both are held by the Australian Lesbian and Gay Archives.

⁴⁹ Cf. Ghodsee and Lišková, 'Bumblng'; Renkin and Kościńska, 'Science'.

study of sexuality appears to have enjoyed a significant transnational growth in the mid-twentieth-century human sciences, not least in the wake of Kinsey's reports on *Sexual Behavior in the Human Male* (1948) and *Female* (1953; German translations 1955 and 1954 respectively), extending to the development not only of technologies of detection and surveillance, but also of behaviour modification techniques on both sides of the Berlin Wall. As the following comparative discussion of the East German MfS document shows, the behaviourist framework dovetailed neatly with the empirical imperatives of Cold War security concerns in relation to the uses or dangers of homosexuality, albeit with very different policy implications.

'Report on a draft prepared for the MfS-Berlin'

Although the context of its creation is more ambiguous, this 20-page report indicates a more sustained period of observation than that undertaken by the ASIO consultant, labelled 'Assignment D'. Following his move from Dresden to Berlin in 1958, the author himself recommended the investigation to the MfS (this was the same year in which Walter Ulbricht, in his speech to the 5th congress of the ruling Socialist Unity Party, had exhorted East German citizens to 'live cleanly and decently'⁵⁰). Written up in 1965 but based on an earlier text from 1962-3, the report thus represents four to five years of fieldwork, for which it was necessary to start from scratch, with the help of the East Berlin vice squad. The author's brief did not rule out sexual contact as part of his field research, if beneficial and/or necessary.

The only known extant copy of the 'Report on a draft' is incomplete, but the heading of the second section where the text breaks off indicates that it was originally much longer and more comprehensive, with sections organised according to homosexual 'type'. There is little indication of what specific circumstances motivated the author to recommend the survey. Homosexuality had been a cause for concerns over security in the early years of the GDR as a new state apparatus was being established. Personnel records from the Central Commission for State Control (*Zentrale Kommission für Staatliche Kontrolle*) held at the German Federal Archives show 'homosexuality' as the reason for sacking five male

⁵⁰ Jennifer Evans, 'The Moral State: Men, Mining, and Masculinity in the Early GDR', *German History* 23, no. 3 (2005): 355-356.

employees (presenters) from the newly established state radio station Berliner Rundfunk between December 1950 to March 1951, one of whom, Dr Rudolf Pallas, was deputy head of his department and even a member of the SED, while another was described as ‘politically unreliable’.⁵¹ Jens Gieseke has noted how, starting in 1957, the MfS expanded its remit from security concerns to a ‘breadth and variety’ of issues and tasks that ‘extended well beyond its classic secret-police and intelligence-gathering functions of the initial years’.⁵²

The author held that there were ‘certain psychological idiosyncrasies’ and ‘behaviours typical to such persons’, but most crucially, the instincts, feelings and emotions he believed were common to homosexuals meant that they often already behaved in a way that is akin to intelligence workers. The homosexual’s ‘natural aptitude for covert conduct [...] the gift of imagination, a general ability to fit in or blend in, and an instinct for the emotional impulses of [his] contacts’ made him a worthy potential recruit. Sexual perversion would be advantageous in compromise-operations, given that ‘such types are only very rarely able to fall in love [...] meaning the risk of exposure is limited’. Widespread social condemnation ‘coerces’ homosexuals ‘into a way of behaving that, by its very nature, is similar to that practised within the intelligence service’, a similarity which even extended to his ‘covert conduct in choosing a partner, in the carrying out of sexual activity, in the formation of social networks, and so forth’. In other words, homosexual men and spies had both developed a kind of habitus which encompassed not only professional behaviour but emotional decisions and interaction as well.

⁵¹ Bundesarchiv, DC 1/1945 1 & 2, Zentrale Kommission für Staatliche Kontrolle, f. 4 (date range 1950-1951). These were part of a larger purge of 70 employees from across the Information Bureau (*Amt für Information*). The most common reasons for dismissal were absenteeism and ‘flight to the West’, followed by such things as smuggling, theft or ‘undemocratic’ attitudes, but other moral reasons included ‘character weaknesses’, drunkenness, ‘immoral’ or ‘undignified’ behaviour, which could include poor treatment of a spouse. According to the CV on file, Pallas was a qualified physician, committed anti-fascist, survivor of the Sachsenhausen concentration camp under Paragraph 175, former Soviet POW, presenter on the Soviet-supported German-language propaganda station *Freies Deutschland* and later journalist for the GDR newspaper *Junge Welt*, who after the war lived in the queer Berlin neighbourhood of Schöneberg. Bundesarchiv DC 1/2546 1 & 2. See also DY 30 / 24870 (Pallas), Bundesarchiv R 9361/V/50739 (Gerlach), Bundesarchiv R 9361/V/117004 (Jaenisch), and Bundesarchiv R 9361/V/149910 (Ressel). Many thanks to Ralf Engel at the *Bundesarchiv* for his assistance with these records. In 1952, after moving to the West, ‘Rudi’ Pallas committed suicide when police began pursuing him for contact with a young man. Carola Gerlach, ‘Anträge auf Anerkennung als “Opfer des Faschismus” (OdF) und “Politisch, rassistisch oder religiös Verfolgter” (PrV)’, in *NS-Opfer unter Vorbehalt: Homosexuelle Männer in Berlin nach 1945*, ed. Andreas Pretzel (Münster: Lit, 2002), 214-216.

⁵² Gieseke, *History of the Stasi*, 8.

Not every type of homosexual was equipped with the emotional skill-set required for intelligence work, however. Setting aside the minority of men whose homosexuality was ‘genetically determined’, men exhibiting ‘acquired’ homosexuality were of the greatest interest, because the traits required for this line of work were ‘traits acquired through assimilation’, and could easily be re-oriented for intelligence purposes. Fear of public attention, anxiety to fit in or assimilate, shame arising from failed efforts to suppress or displace desire which could possibly lead to suicidal feelings, and a yearning for close friendship were all key aspects for the intelligence establishment to comprehend in their subject of observation, as well as the fact that when the subject did find an ‘ideal candidate’ for intimate partnership, he would be ‘eager for his partner to ‘share in his private and occupational or professional experiences’.

The homosexual’s ability to induce trust meant that he could be strategically deployed in operations targeting women, given that the contact often ‘unconsciously feels like she is understood’ by homosexuals. Likewise, men with acquired homosexuality would often ‘trust women with their most intimate secrets’ and for this reason female intelligence workers could be deployed to make contact with homosexual men.

While the word ‘loneliness’ (*Einsamkeit*) does not appear, the author asserts that the homosexual constantly seeks society within homosexual circles which serve ‘the individual’s need for social contact’. It also served his need ‘for information relevant to his orientations’, which was why the homosexual was in possession of so much valuable information (to the MfS) about those in his milieu and beyond. It was thus crucial for intelligence officials to properly grasp the almost ‘seismographic sensitivity’ of the homosexual along with their ‘need to share’.

The substantive section of the surviving copy focuses on what the author calls the ‘transvestite homosexual’ – not to be confused with the ‘true transvestite’. This type – due to his ‘obsession with personal hygiene, the craving for admiration, vanity, and so on’ – was well-represented in fashion, theatre and retail, often rising through the ranks to ‘higher’ social networks. His ‘tremendous’ need for information meant that he knew ‘everything about everyone, down to the most intimate details [...and] his knowledge about homosexuals and their private lives [was] not confined by any state or national border’. Yet while this homosexual type could be used well as an unknowing source of information, his ‘need to share’ meant that he was rarely appropriate for recruitment.

Here it was emotional, sexual and material needs, rather than any moral, legal or political considerations, that motivated him. Even ‘absolute opponents’ of the GDR were more likely to be apolitical than actively sympathetic to the West. It was of utmost importance, argued the author, for the MfS agent to understand the homosexual’s ‘emotional world’, which was intensely felt and often polarised. While his spectrum of emotional expression was narrow, ‘the depth-effect [was] all the more intensive’. Establishing trust and gathering information was relatively easy, provided the MfS agent ‘possesses precise knowledge about the mentality and modes of behaviour of homosexuals’.

From the document itself, it is impossible to ascertain the extent of the author’s knowledge of psychiatric and medical literature, aside from a brief reference to Freud. Was he, for example, familiar with the work of East German physician, sexologist and neurologist Rudolf Klimmer, West German sociologist Helmut Schelsky and physician and sexologist Hans Giese?⁵³ Was he familiar even with the work of Czechoslovakian psychiatrist Kurt Freund, whose research on diagnostics and treatment of homosexuality was first published in German by the GDR, and who had played such a pivotal role in the decriminalisation of homosexuality in Czechoslovakia in 1961?⁵⁴ The absence of references to medical literature is likewise conspicuous in ASIO’s commissioned briefing paper, and although the Australian author made repeated cultural references, there is no indication that he or his commissioners sought information from available medical, psychological and psychiatric publications.⁵⁵

These questions notwithstanding, the German author’s overall recommendation for the MfS was for long-term observation of the homosexual’s emotional motivations, in order

⁵³ Klimmer’s book was published in Hamburg in 1958 after failing to secure permission to publish from East German censors. Bundesarchiv DY 24 / 11962 / I-III and DQ 1 / 14216 Ministerium für Gesundheit, 18.2 Organisation und Planung der medizinische Forschung, Schriftwechsel 1956-1961. Rudolf Klimmer, *Die Homosexualität als biologisch-soziologische Zeitfrage* (Hamburg: Kriminalistik Verlag, 1958); Helmut Schelsky, *Soziologie der Sexualität* (Hamburg: Rowohlt, 1955); Hans Giese and Victor E. von Gebattel, *Psychopathologie der Sexualität* (Stuttgart: Enke, 1962); Hans Giese, *Der homosexuelle Mann in der Welt* (Stuttgart: Enke, 1958). Cf. Robert G. Moeller, “‘The Homosexual Man Is a ‘Man’, the Homosexual Woman Is a ‘Woman’”: Sex, Society, and the Law in Postwar West Germany’, *Journal of the History of Sexuality* 4, no. 3 (January 1994); Dagmar Herzog, ‘The Reception of the Kinsey Reports in Europe’, *Sexuality & Culture* 10, no. 1 (Winter 2006).

⁵⁴ See Chapter 3.

⁵⁵ Published medical discourse on homosexuality in Australia was sparse, yet British and American literature was readily available, including papers by psychiatrists and others who had made submissions to the Wolfenden Committee from 1954-1957. Behaviour-modification and bodily detection methods were not introduced until 1962, when Sydney-based psychiatrist Neil McConaghy learned of Freund’s work. See Chapter 4.

to ultimately put them to use for state interests. Importantly, he drew similar conclusions to ASIO's amateur expert: his assertion that 'the homosexual possesses a kind of special receptor for the psychological impulses of men' echoes the 'mystic' sixth sense mentioned in the ASIO 'Notes'. He further concluded that homosexuals had better skills in terms of emotional manipulation, but were simultaneously more emotionally vulnerable in terms of needing close companionship and friendship, and due to their conditions of social isolation and loneliness, had already developed an emotional habitus that closely resembled that of the spy.⁵⁶

Emotional observation, surveillance and cross-border 'sexpertise'

Despite the widely divergent contexts in which these two documents were produced, their major agreement, based on first-hand observation rather than medical or psychiatric knowledge, was that there was a particular affinity between the emotional disposition of the homosexual and the requirements and dangers of the national security environment. In the East, it was thought that the homosexual's abilities to hide true emotion and to be particularly attuned to (especially) other men's emotional needs – skills borne of and necessitated by his social isolation – meant these people were especially suited to intelligence work or at the very least, exploitation by intelligence agencies as a source of information both domestically and abroad. For ASIO, it was feared that the homosexual's emotional disposition – his unpredictability in terms of national loyalty and general untrustworthiness – was precisely the thing that was feared within a security framework, yet their expert consultant emphasised loneliness, rather than perversion, as a key motivating factor for homosexuals to want to seek society and fulfil a service to his country of birth.

Yet a major divergence between the two documents is over the question of loyalty. The 'Report on a draft' for the East German MfS barely touches upon the question of national loyalty. The only mention of the homosexual's emotional relationship with the state (as

⁵⁶ Fay Bound Alberti has described 'loneliness' as a 'neglected' subject in the history of emotions; interestingly, though Alberti's work focuses heavily on the body and gender, sexuality, sexual orientation and queerness does not feature in her work, an omission which hopefully other scholars will begin to address. Fay Bound Alberti, 'This "Modern Epidemic": Loneliness as an Emotion Cluster and a Neglected Subject in the History of Emotions', *Emotion Review* 10, no. 3 (July 2018); Fay Bound Alberti, *A Biography of Loneliness: The History of an Emotion* (Oxford: Oxford University Press, 2019).

distinct from his emotional habitus or his emotional relations with peers) is in the author's assertion that the 'transvestite homosexual' is 'indifferent' to politics, and that 'genuine civic attitudes are not within [his] purview'. It was not political motivations that led numerous homosexual men to flee the GDR, but pragmatic considerations of the possibilities of emotional and sexual fulfilment; and yet 'anti-Socialist' views were not thought to constitute a characteristic peculiar to the homosexual.

This striking difference calls into question the motivations of the Western security and intelligence establishment in their construction of the homosexual subject as virtually incapable of feeling loyalty to the nation, or at least adhering to its requirements in action or practice. In the Anglophone countries, the assumed emotional dispositions of homosexuals were not deduced from particular external behaviours such as gestures, weeping, laughing, facial expressions, other forms of body language indicating anger, devotion or love, but rather the homosexual himself was considered to be constitutionally – that is, internally – emotionally unsuited to national service. Certainly this tone was set by developments in the early 1950s in the US: one succinct representation of this theory was that of Rosie Goldschmidt Waldeck, published in 1952 and read into the United States *Congressional Record*. Waldeck argued that in fact blackmail was not the key issue, but rather that homosexuals, 'by the very nature of their vice [...] belong to a sinister, mysterious, and efficient International' and, '[w]elded together by the identity of their forbidden desires, of their strange, sad needs, habits, danger, not to mention their outrageously fatuous vocabulary', constituted 'a world-wide conspiracy against society'.⁵⁷ Given the US's role in setting the tone for Western allies in the Cold War in general, it is not surprising that this ideological position trickled down to other countries, especially in the wake of the Vassall scandal.

This difference notwithstanding, security agencies on both sides of the Iron Curtain in the early 1960s actively sought out expert descriptions of the emotional habitus of the homosexual. One of the key concerns on both sides was determining how homosexuality could be detected – both sides were keen to establish whether there were visual markers on the body, or whether longer, more emotional observation required to establish just what relevance or use the homosexual subject could have for intelligence purposes. The

⁵⁷ R. G. Waldeck, 'Homosexual International', *Human Events* 9, no. 16 (16 April 1952). Quoted in Shibusawa, 'Lavender Scare', 731-732.

expert opinions consulted on both sides closely echoed one another in rejecting a pathologised or medical-diagnostic view of homosexuality as 'perversion', instead creating a detailed and complex emotional typology of varying degrees and manifestations of subjects with homosexual orientations. Emotional typologies were, however, of little use in clinical diagnostic settings, nor could they be relied upon for definitive conclusions about individuals seeking to avoid, let alone infiltrate security and military services. A new kind of 'empirical turn' was needed.

Chapter 2 – From Polygraph to Plethysmograph: Homosexual Detection and Behaviourism in Post-war Psychiatry

In December 1962, Canadian government and security officials met to consider the report of a preliminary study into the ‘possible risks to security involved in the employment of homosexuals in sensitive positions in the public service of Canada, with a view to minimizing these risks’.¹ The report had been prepared by psychiatrist Dr Frank Wake, commissioned in 1961 by D. F. Wall of the Privy Council Office with the support of the Department of National Health and Welfare. Wake’s main brief was to establish whether there were reliable tests that could detect homosexual orientation among potential recruits. His research included travel to meet US sex researchers.²

The report drew two important conclusions. First,

in all probability, [homosexuals’] behaviour and characteristics of personality are as varied as those of persons who are consistently heterosexual. That is, with the one exception of ‘sex objects’, there will be the same proportion of bright and dull, strongly and weakly sexed, manly and feminine, recognizable and unrecognizable individuals.

Although characteristics stereotypically associated with homosexuality ‘may have some element of truth’ to them, many applied just as well to heterosexuals. The second key conclusion was that, ‘At the present time there is no way, short of confession, photographs or evidence from reliable witnesses, of discovering whether an individual indulges in homosexual activity’.

Wake confronted his commissioners with the ‘simple truth’ that not enough was known about homosexuals to ‘make any generalizations – how many there are, how they live, whether they are antagonistic to society, or whether they are consistently exploitable

¹ Library of Parliament, Ottawa, Canada, JL110.5 H6 A35, Privy Council Office Security Panel and Royal Canadian Mounted Police, Directorate of Security and Intelligence, Security Cases Involving Homosexuality, Meeting to Consider Reports of Mr. Don Wall and Dr. F. R. Wake on the Problem of Character Weaknesses in the Government Service, ‘Memorandum for Mr D. F. Wall: “Security Risks – Homosexual” and “Report on Special Project by Dr. F. R. Wake”’.

² This report was first analysed in detail in Kinsman, “Fruit Machines”, 154.

through pressure such as blackmail'. The statement in D. F. Wall's 1959 memorandum to the Canadian Privy Council Security Panel (Chapter 1) that 'homosexuals congregate in places which can be easily identified' was useless.

Wake argued that 'an active research program' was required to remedy the situation, carried out under the auspices and funding of Canadian state security. As a stopgap, he proposed a series of psychological and anthropometric tests. In-house preventative detection in recruitment interviews was a better investment than field observation of homosexual networks. Wake's report resulted in the establishment of what insiders dubbed the 'fruit machine', 'which involved psychiatrists, psychologists, the RCMP, the DND, and the Department of National Health and Welfare' until 1967, with funding approved by the Defence Research Board.³ This was an expensive undertaking unlikely to be replicated elsewhere, unless persuasive results eventuated.

Wake expressed little hope of detecting homosexual inclination without vast amounts of data collection on 'the past practices and current activity of homosexuals', their social behaviour, networks and lifestyles. It was even more difficult to predict *potential* homosexual behaviour, which, 'in theory, exists in every one of us', ready to 'come to the fore' if 'some extraordinary condition of stress occurs'. In the memorandum accompanying his report, he urged detection training of surveillance personnel, especially 'where the risk of exploitation is greatest, such as at Canadian posts in Iron Curtain countries'.⁴

This chapter examines the soil in which behaviourist approaches to assessing and treating homosexuality took root in the late 1950s and early 1960s. The growth of behaviourism was attached to Cold War ideological trends. Using published psychiatric literature, psychiatrists' reports to security agencies and government inquiries, and surveys of homosexual subjects conducted in the post-war period up to 1962, I explore the turn towards *surveying* the homosexual via large sample sizes as sexologists, social scientists, physicians and psychiatrists attempted without success to establish empirical patterns to detect overt, covert and potential homosexuality.

³ Kinsman and Gentile, *Canadian War*, 176.

⁴ LOP JL110.5 H6 A35, 'Memorandum'.

As shown in Chapter 1, Cold War geopolitics – intensified security concerns, increasingly sealed East/West borders and growing ideological contestations – resulted in differences about whether homosexuality posed a ‘threat’ and a realisation that intelligence agencies had no reliable detection mechanism. Crucial to their shift to surveillance was the lack of agreement among medical and psychiatric professionals whether homosexuality was a personality type, a sign of psychosexual arrest, a neurosis, a physically detectable state, an emotional disposition, a genetic trait or some other phenomenon. From the mid-1940s to the mid-1960s there was a surge in studies to divine the true nature of homosexuality from disciplines including psychiatry, psychology, sociology, criminology and medicine. Theories and common assumptions regarding sexual desire – for example, whether it was in the body or the mind – were scrutinised, indicating broader uncertainty about how desire should be measured, confirmed, diagnosed and – if necessary – treated. The first two Kinsey reports provided evidence that behaviours were important in assessing sexual or erotic orientation, leading to an increase in behaviourist approaches in psychology, the social sciences, and psychiatry.

In order to contextualise the two-way influence between the security and medical spheres in relation to homosexual surveillance and detection during the Cold War, it is helpful to review the domestic and external forces at play. In *The Canadian War on Queers* (2010), Gary Kinsman and Patrizia Gentile emphasise that the shift in Western Anglophone security policy from focusing on communists to focusing on homosexuals occurred at different times in the United States, Britain and Canada.⁵ Although the United States had intensified homosexual surveillance in the late 1940s and early 1950s (detailed by David K. Johnson (2001) and Douglas M. Charles (2015)), in Britain, Canada and Australia homosexuality came to occupy the attention of security agencies only after 1956.⁶ In the medical sphere, grappling with detection and diagnosis had a longer history and, for the three decades after the war they remained prominent themes internationally.

Leslie Moran’s 1991 study of homosexual surveillance by British agencies provides the earliest analysis of why sexuality and sexual subversion became geopolitical concerns in the 1950s and 1960s.⁷ Until the mid-1950s, ‘known homosexuals were not necessarily

⁵ Kinsman and Gentile, *Canadian War*, 42.

⁶ Johnson, *Lavender Scare*; Charles, *Hoover’s*; Moran, ‘Uses’; French, ‘Persons’; Davison, ‘Pinks’; Kinsman and Gentile, *Canadian War*.

⁷ Moran, ‘Uses’. Kinsman & Gentile draw heavily on Moran’s work and reach similar conclusions.

precluded from service in sensitive posts, nor did knowledge of their sexuality lead to their later exclusion during wartime'.⁸ Homosexuality was tolerated among men from privileged backgrounds – the milieu from which British public service recruited heavily – even if it was not particularly discreet. Citing Jeffrey Weeks, Moran noted that the presence of such men in high-level roles was one reason why no American-style purge took place in Britain.⁹ Nor did the Burgess and Maclean affair significantly prompt the introduction of vetting during recruitment. Although the Radcliffe Committee's 1962 report on *Security Procedures in the Public Service* asserted otherwise, sexual orientation went unmentioned in the official 1955 review of their espionage and disappearance.¹⁰ The Radcliffe Report (pre-dating John Vassall's arrest by five months) was 'at best *post hoc* and at worst wrong'. Rather, the drive for positive vetting in 1952 was fallout of the scandals surrounding Drs Alan Nunn May and Emil Fuchs, accused of leaking atomic information to the Soviet Union.

Nevertheless, as early as October 1953, the suggestion that British security had a blind spot on 'male vice' was made by *Sydney Sunday Telegraph* journalist Donald Horne, who reported a three-month consultation between the FBI and Scotland Yard on the issue, at the instigation of the Americans, and the creation of a 'Black Book' of 'perverts' in public service.¹¹ Homosexuality gained a higher public profile in the Montagu and Wildeblood trial in 1954, which led to the 1954-1956 Wolfenden Inquiry. During these years the British state mobilised the homosexuality/security risk to smooth relations with its most influential ally, the United States.¹² What had previously been tolerated within certain boundaries became symbolic of an enemy within – one increasingly driven towards invisibility. By 1963, when the report of the Vassall case was released, it was the supposed *invisibility* of his homosexuality that became the most sinister factor: 'His sexuality was produced through its invisibility', which became 'the sign of sexuality as danger,

⁸ Ibid., 154.

⁹ Ibid.

¹⁰ Ibid., 155. Citing *Security Procedures in the Public Service*, 1962, H.M.S.O. London, Cmnd 1681; Report Concerning the Disappearance of Two Former Foreign Office Officials, September 1955, H.M.S.O. London, Cmnd 9577.

¹¹ Donald Horne, 'Scotland Yard Plan to Smash Homosexuality in London', *Sydney Sunday Telegraph*, 25 October 1953. Reported in Peter Wildeblood, *Against the Law* (London: Penguin, 1957, 1957). Moran, 'Uses', 157.

¹² Moran, 'Uses', 156-158, 161.

conspiracy, perversity, weakness, luxury, mystery, confusion [...] instability [...] and so on. It is invisibility that comes to symbolise the threat to the established order'.¹³

The turn to closer surveillance of same-sex attracted individuals and networks occurred at a time when same-sex attraction was most intensely pathologised, from its inclusion in the first edition of the internationally influential *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in 1952 until its removal in 1973. Moran's interest was national security's relation to criminality and law reform. He did not consider how this shift regarding homosexuality in security policy was reflected in psycho-medical praxis. Despite greater attention to psychiatry, Kinsman and Gentile are similarly concerned with the legal and social ramifications for security policy. They do not analyse the psycho-medical context. This pathologisation of homosexuality has been a major concern for historians of sexuality and sexual liberation movements in various nations, not least because it brought an early victory for the North American gay liberation movement.¹⁴ Anglophone scholars have customarily invoked the Cold War, and particularly the 'red scare', as a context for hardening the categories of 'normality' and 'abnormality'.¹⁵

Much published scholarship has concentrated on the United States, and this has led to the generalisation of psychoanalytic approaches and debates specific to that country as universal. Steven Angelides in *A History of Bisexuality* (2001), for example, has emphasised how Cold War medical science was influenced by political 'hysteria' and structured by binary opposites similar to those of national security: 'sameness/difference, inside/outside, familiar/foreign, conformity/dissent, patriotism/subversion,

¹³ Ibid., 165. *Supposed*, because an inconsequential observation of 'effeminacy' had been made by his superior as early as 1954.

¹⁴ Janice Irvine, *Disorders of Desire: Sexuality and Gender in Modern American Sexology*, rev. & exp. ed. (Philadelphia: Temple University Press, 2005; [1990]); Jennifer Terry, *An American Obsession: Science, Medicine and Homosexuality in Modern Society* (Chicago & London: University of Chicago Press, 1999, 1999); Florian Mildenberger, "'Learned Patterns of Behaviour": Die Anstrengungen der Psychologie zur Heilung sexueller Deviationen (1950-1975)', *Psychologie und Geschichte* 10, no. 1-2 (June 2002); Lišková, "'Against'"; Dickinson, *Curing*; Vernon Rosario, ed., *Science and Homosexualities* (New York: Routledge, 1997); Emily Wilson, "'Someone Who Is Sick and in Need of Help": Medical Attitudes to Homosexuality in Australia, 1960-1979', in *Homophobia: An Australian History*, ed. Shirleene Robinson (Annandale: Federation Press, 2008).

¹⁵ Alfred Kinsey, Wardell Pomeroy, and Paul Gebhard, 'Concepts of Normality and Abnormality in Sexual Behavior', in *Psychosexual Development in Health and Disease*, ed. Paul H. Hoch and Joseph Zubin (New York: Grune and Stratton, 1949). On the history of the term 'normal' and its crossover from medical to popular discourse in mid-twentieth century America, see Elizabeth Stephens and Peter Cryle, *Normality: A Critical Genealogy* (Chicago: University of Chicago Press, 2017).

normal/abnormal'.¹⁶ Within this framework, Communism and homosexuality 'represented difference, a disavowed alterity from the purity, stability, and security of the heteronormative nation' and were 'metaphorically and metonymically' linked.¹⁷ Drawing on Lynne Segal, Angelides links this binary framework to cementing the heterosexual family as the site of normative socialisation and suppression of deviance: motherhood, in particular, 'became rigorously promoted and glorified', and child-parent relationships came under psycho-medical scrutiny 'as the principal determinant of individual asociality'.¹⁸

A consequence of taking the North American psychoanalytic tradition in its peculiarly conservative post-war manifestation, along with the US political context, as globally axiomatic has been that specific temporal and material contexts are obscured. Jennifer Terry, studying the New York Sex Variants Committee from 1935-1950, describes how its physical and psychological investigations of homosexual, bisexual and 'narcissistic' individuals comprised 'surveillance'. Drawing on Foucault's theory of biopower, Terry argues that this surveillance was 'central to disciplinary technology whose aim is to produce docile bodies'.¹⁹ Terry alluded to a pre-Cold War American scientific establishment concerned with urban public health and population management. The 'disciplinary technology' she refers to was domestic in that it operated exclusively in one part of the United States, and abstract in that it related to the modern relationship between sexuality and power charted by Foucault. 'Surveillance of queer bodies' was different in a pre-Cold War domestic context than in a Cold War transnational one. We must distinguish between the medical and psychiatric establishments of different countries at various junctures to understand scientific establishment's effort to 'produce docile bodies'.

Angelides delineates an epistemological crisis within American psychoanalysis following Freud's death in 1939 and the conservative ascendance. But other forces were at play. A more transnational and geopolitical review of American psychoanalysis is provided by Dagmar Herzog in *Cold War Freud*, which examines the political trajectory of this school

¹⁶ Steven Angelides, *A History of Bisexuality*, ed. John C. Fout, Chicago Series on Sexuality, History and Society (Chicago: University of Chicago Press, 2001), 72-73.

¹⁷ Ibid.

¹⁸ Ibid., 85. He cites Lynne Segal, *Slow Motion: Changing Masculinities, Changing Men* (London: Virago Press, 1990), 10.

¹⁹ Terry, 'Siting Homosexuality'.

in the wake of the Second World War and its near destruction in Europe.²⁰ Tracing the initial antagonism, détente and subsequent symbiosis of interests between conservative Christian leaders and the post-Freud psychoanalytic establishment in the early 1950s, Herzog asserts that this trajectory – which included an intellectual and moral attack on Alfred Kinsey– ‘solidified the misogynist and homophobic views for which [American psychoanalysis has] become so justly notorious’.²¹ ‘Talking therapy’, like the confessional, could tackle sexual deviance. Herzog emphasises that the ‘impact of historical conditions [...] on the content of psychoanalytic theory’ remains ill understood. Her point also encompasses other schools of psychiatry and sexological medicine.²² Jenelle Johnson, has argued that a determinant shaping American attitudes to psychiatry was fear of brainwashing reflected ‘again and again in the 1950s: in fiction like *Invasion of the Body Snatchers*; in media and film accounts of “brainwashed” prisoners of communism; and, most vividly, in far right claims that mental health professionals were conspiring to alter the American personality – invading the country by literally changing the minds of its citizens’.²³ The term ‘brainwashing’, coined by an American journalist in 1950, was understood to ‘refer to the attempts of Communist functionaries to coerce, instruct, persuade, trick, train, delude, debilitate, frustrate, bribe, threaten, promise, flatter [...]’.²⁴ Spooky stories of lobotomised Communist zombies and robots in human form abounded.²⁴ Johnson relates how, shortly after J. Edgar Hoover called communism a ‘disease that spreads like an epidemic’ in a speech to the House Un-American Activities Committee (HUAC), media spectacles surrounding the ‘confession of Hungarian cardinal József Mindszenty and the “brainwashing” of US prisoners of the Korean War’ fuelled fantasies and the idea that psychiatry threatened individual agency and could be used for ideological goals.²⁵

In Chapter 3, I shall investigate the transnational ideological polarisation in Cold War medical discourses around homosexuality, specifically geopolitical currents informing the

²⁰ Dagmar Herzog, *Cold War Freud: Psychoanalysis in an Age of Catastrophes*, Kindle ed. (Cambridge: University of Cambridge Press, December, 2016). See also the contributions by Eli Zaretsky and Elizabeth Ann Danto in Joy Damousi and Mariano Ben Plotkin, eds., *Psychoanalysis and Politics: Histories of Psychoanalysis under Conditions of Restricted Political Freedom* (New York: Oxford University Press, 2012).

²¹ Herzog, *Cold War Freud*, Kindle loc. 1376.

²² Ibid., Kindle loc. 1389.

²³ Jenell Johnson, *American Lobotomy: A Rhetorical History* (Ann Arbor: University of Michigan Press, 2014), 74-75.

²⁴ Sociologist Albert Biderman [1963] quoted in *ibid.*, 85; see also 91-93.

²⁵ Ibid., 79-83.

growth of Pavlovian behavioural principles, and the application of aversion therapy to sexual ‘deviation’. Before doing so, it is necessary to show why security agencies in the late 1950s and early 1960s shifted towards observation of behaviours, networks and outward presentation. Not only were these common-sense indicators of homosexuality, but anthropometric and psychoanalytical surveillance techniques failed to settle the matter.

National security and the search for empirical evidence

Wake’s report together with the character descriptions provided to ASIO and the MfS convey the limited knowledge of sexology in the late 1950s and early 1960s within Western intelligence. But the implications of Wake’s conclusions extended beyond immediate concerns of Canadian and other Western intelligence agencies. They spoke to a more disturbing ‘simple truth’ that professionals had been grappling with for over a decade: there was no consensus over how to diagnose homosexuality, much less its aetiological basis. The ability to diagnose a condition was prerequisite to treatment. Wake’s inability to discern a psycho-medical consensus shows why behavioural observation became the most viable option in the security sphere. The Canadian state’s sponsorship of Wake’s report confirms that psychiatric research into homosexual detection methods was partly driven by geopolitical and national security policy – as distinct from public health interests. This was not exceptional. Tommy Dickinson has observed that the British military commissioned research on homosexual soldiers, presumably to assess the impact of homosexuality on the war effort.²⁶ But as Mark Solovey has observed, state-sponsored research in the post-war period ‘often took Cold War aims as its own’ and was ‘shaped in profound ways by political patronage and priorities’; furthermore, ‘political struggles on both sides of the Iron Curtain’ were important in determining what research received funding, but also even helped to ‘determine what science was’.²⁷

²⁶ Dickinson, *Curing*, 43-44. The Australian and US armed forces also conducted extensive bilateral investigations in relation to a large homosexual subculture that had developed among soldiers stationed in New Guinea in 1942 and 1943. See Graham Willett and Yorick Smaal, “A Homosexual Institution”: Same-Sex Desire in the Army During World War II, *Australian Army Journal* 10, no. 3 (2013).

²⁷ Mark Solovey, ‘Introduction: Science and the State during the Cold War: Blurred Boundaries and a Contested Legacy’, *Social Studies of Science* 31, no. 2 (April 2001): 166-168.

Wake's call for data also confirms that medical literature produced through clinical practice in hospitals and private clinics was inadequate. To be sure, several of the most significant medical journals began regularly publishing articles and correspondence from 1946 onwards on the topic of homosexuality.²⁸ However, in the increasingly strict sexual morality of a nuclear family-centred post-war economy, there was a spike in sex-related arrests that presented medical professionals with a problem of an unprecedented scale.²⁹ They, too, needed data and studies.

When Wake looked for literature, he found conflicting, divergent and eclectic theories about the nature of homosexuality, the relationship between sexual orientation, desire and expression, and whether the body or mind was decisive. In Chapter 1 I speculated on the extent to which consultants in ASIO and MfS internal research projects between 1957 and 196 were familiar with medical, psychiatric and sexological literature on homosexuality. Both consultants conveyed dissatisfaction with the inexact state of scientific knowledge. They vaguely grasped the Freudian explanation of homosexual desire originating in early childhood, but were ambivalent on aetiology and treatment.

The author of the MfS report did not cite medical experts directly, but made it clear that understanding psychological indicators of homosexuality was a priority:

The interest that homosexuality deserves from an intelligence service perspective is based, to start with, upon certain psychological idiosyncrasies inherent within all homosexually active persons, irrespective of the origin or cause of their sexual abnormality, and secondly, upon the behaviours typical to such persons.³⁰

²⁸ D. Stanley-Jones, 'Homosexuality', Correspondence, *British Medical Journal* 1, no. 4439 (2 February 1946). Stanley-Jones' letter sparked a raging debate over 10 issues appearing in the space of four months. Other contributors included: Clifford Allen, E. A. Bennet, F. G. McDonald, Kenneth Walker, A. Cyril Wilson, Wm. A. O'Connor, L. J. Hardy, Harold Burrows, John J. Fitzpatrick, W. Lumley, B. C. Gilsenan, C. Edwards, Adolphe Abrahams, Kathleen A. H. Sykes, Frederick Dillon, Ellis Stungo, Eustace Chesser, Rodney H. N. Long, R. G. Gordon, S. K. McKee, H. L. Philp, John A. McCluskie, A. Kefalos and R. Salm. Some intervened more than once. Many of their names would feature prominently in the debates over treatment methods at the end of the 1950s and beginning of the 1960s.

²⁹ Moran documents a post-war surge in homosexual arrests and convictions in the UK in the mid-1950s: Moran, 'Uses', 157-158. Dan Healey documents a surge in sodomy convictions in the Soviet Union in the 1960s and into the 1970s: Dan Healey, *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent* (Chicago: University of Chicago Press, 2001), appendix, 261-262. Clayton Whisnant shows that West German arrest rates under Paragraph 175 were much higher in the 1950s and 1960s than in the Weimar era: Whisnant, *Queer Identities*, 251.

³⁰ Anonymous, 'Bericht über eine Ausarbeitung für das MfS-Berlin in der Zeit 1962/63 auf Anforderung des MfS-Offiziers WOLF vom MfS-Berlin', published with an introduction by Mildenerger, 'Die Stasi', 206.

The author combined aetiological theories, but the emphasis was on behavioural indicators. There were two types of homosexuality – either ‘genetically determined’ or ‘acquired’ via ‘seduction’ in childhood or adolescence. Although ‘physically and psychically a man’, the ‘overwhelming influence of female hormones’ meant male homosexuals had a ‘feminine psychological basis’. Yet ‘where they possess a favourable psychological constitution, [it was possible] to minimise their homosexual urges through heterosexual activity’ provided that ‘normal interaction with their desired sexual partner is not refused them’.³¹ This observation aligned with research into classical Pavlovian behavioural conditioning, to be outlined later in the chapter, but was not followed up. The key evaluation for MfS purposes was that ‘in the end every homosexually active person is the same or similar in his psychological conduct’.³² For this reason, the author made an implicit distinction between strictly psycho-medical or pathological definitions of homosexual types and those for intelligence work.³³ Although a ‘sharp psychological distinction’ was impossible, ‘for intelligence purposes this classification’ was ‘fully sufficient’. The use of the descriptor ‘homosexually active person’ indicated that behaviour was most important.

ASIO’s consultant was versed in cultural representations of homosexuality, but less confident on medical aspects. He showed modest familiarity with local expert opinion on the phenomenon of children ‘born of physiologically and visibly indeterminate sex’, and the fact that many of them were ‘never detected’, speculating that this might account for adult sexual deviations. ‘Homosexuality of the psychological kind’, was most likely ‘induced’ in children under the age of ten – seduction in adolescence, though ‘detestable’, was unlikely to have a lasting effect. He emphasised that

We lack trustworthy, published statistics on most aspects of the condition. Even those in the Kinsey Report are not based on a properly stratified and otherwise representative sample – are not statistically significant [sic].³⁴

³¹ Ibid., 213.

³² Ibid., 206.

³³ The expert historian on the Stasi and espionage, Helmut Müller-Enbergs, has noted that Stasi officers ‘were psychologically well-trained ... they knew everything about the material, political and personal interests of their employees’ and ‘calculated the “degree of manipulation”, as they called it, perfectly’. Stephan Lebert and Toralf Staud, “Guillaume war nich mal Mittelklasse”: Ein Gespräch mit dem Stasi-Forscher Helmut Müller-Enbergs’, *Die Zeit*, 16 October 2014, Print, Dossier, 13.

³⁴ Gerald C. Davison and G. Terence Wilson, ‘Attitudes of Behavior Therapists Toward Homosexuality’, *Behavior Therapy* 4 (1973): 2.

Because the ASIO consultant's submission is undated, we cannot determine whether it preceded Wake's 1962 report, though the archives reveal that ASIO used Canadian material in preparing Submission 199. Whatever the case, this observation echoed Wake's opening point, that 'no accurate statistics are available.'³⁵ Despite their eclectic medical sources and at times vivid descriptions of the emotional experience of homosexual oppression, all three reports emphasised diversity and the lack of dominant patterns, whether physical, intellectual, psychological or physiological. As Wake summarised, probably the 'only common characteristic in homosexual personalities [...] is a preference for a sexual partner of the same biological sex'.³⁶

The key difference was that Wake was a bona fide psychiatrist with access to state-of-the-art knowledge. This makes his report a more definite source of information on how the Cold War intelligence and psycho-medical worlds intersected on the question of homosexuality. Since ASIO officials drew heavily on information from the Royal Canadian Mounted Police (RCMP), government funding for Wake's research served intelligence organisations across the Commonwealth.

Wake was not the only psychiatrist consulted or authorised by a government to carry out statistical research on homosexuality in order to assess the scope for detection, diagnosis and treatment. In 1950, at the beginning of the 'lavender scare' in the United States, 'eminent physicians and psychiatrists, who are recognized authorities on this subject' were consulted by the Senate subcommittee investigating government employment of 'homosexuals and sex perverts'.³⁷ The committee's brief encompassed policy, procedures, relations with law enforcement and the Federal Loyalty Program. The report noted 'considerable differences of opinion' on the nature of homosexuality but found broad agreement that 'in many cases there are no outward characteristics or physical traits' for identifying homosexuals. 'Contrary to common belief', the report stated, 'all homosexual males do not have feminine mannerisms, nor do all female homosexuals display masculine characteristics'. The committee was 'concerned only with those who engage in overt acts', cases where law enforcement provided information, making

³⁵ LOP JL110.5 H6 A35, 'Memorandum'.

³⁶ *Ibid.*, point 2 of the 'Abstract of the Report'.

³⁷ *Employment of Homosexuals and Other Sex Perverts in Government: Interim Report Submitted by the Subcommittee on Investigations Pursuant to Senate Resolution 280, Report no. 241, 2* (United States Government Printing Office, 1950).

elaborate methods of detecting covert homosexuals less of a concern. One short section covered detection. The committee rejected the common belief that identifying evidence was ‘difficult, if not impossible to obtain’, arguing that information could be obtained by ‘experienced investigators using accepted investigative techniques’. Furthermore, some psychiatrists had been successful in detecting homosexuality ‘by means of psychiatric tests, but they have been most successful in those cases where information concerning the patient’s life and activities has been made available to them as a result of collateral investigations’. By the committee’s own admission, the ‘collateral investigation’ into a suspected individual’s ‘life and activities’ was most successful, but further research into detection was not pursued.³⁸ The psychoanalytic orientation of the expert consultants was evident in their conclusion that indulgence in perverted practices ‘indicates a personality which has failed to reach sexual maturity’.³⁹

In January 1955, the Kansas-based lobby Group for Advancement of Psychiatry (GAP), via its Committee on Cooperation with Governmental (Federal) Agencies, published a report following up on the 1950 Senate subcommittee investigation.⁴⁰ By then Kinsey’s second volume on female sexual behaviour had been published and the impact of statistics and behavioural data was more keenly felt. The GAP committee was eager to promote a more nuanced understanding of homosexuality for security purposes. Greater attention was warranted, it said, to individuals who denied or disguised their sexuality, yet this posed problems for detection. GAP’s explanation of homosexuality and list of citations, suggest that the authors were operating within a psychoanalytic framework.⁴¹ ‘There is no test’, they reported, ‘either biological or psychological, which is specific for identifying overt homosexuals’. Moreover, ‘mannerisms and characteristics resembling those of the opposite sex do not in themselves warrant a diagnosis of homosexuality’. Each patient, therefore, ‘must be carefully studied’, and maladaptive behaviour in government employees needed to be ‘examined on an individual basis’. They strongly cautioned against investigations becoming ‘witch hunts’, which in their view had already

³⁸ Ibid., 11-12.

³⁹ Ibid., 3.

⁴⁰ GAP, *Report on Homosexuality with Particular Emphasis on This Problem in Governmental Agencies*, Committee on Cooperation with Governmental Agencies of the Group for the Advancement of Psychiatry (Kansas: Group for the Advancement of Psychiatry, January 1955).

⁴¹ Authorities cited positively included Edmund Bergler, Anna Freud, Sigmund Freud, and other published American psychoanalysts.

occurred. The report made no recommendations for improving detection, nor for changes to recruitment.⁴²

This GAP report was unsolicited. Although supportive of policies derived from the 1950 investigation, the authors primarily promoted the importance of expert psychiatric advice. They acknowledged that Kinsey's findings exposed the dearth of up-to-date, accurate and representative statistical data – the only reliable, extant data dated back to military figures during the war. They also acknowledged Clellan Ford and Frank Beach's anthropological observations in *Patterns of Sexual Behavior* (1951): homosexual behaviour was neither exclusively human nor identical across human cultures. These findings did not, in GAP's view, disprove the psychoanalytic theory of arrested psychosexual development.⁴³ Treatment by shock therapy, psychosurgery (lobotomy/leucotomy) and endocrine therapy yielded inadequate evidence of success. Psychotherapy alone had been shown to work, but was dependent upon patient motivation. In contrast to Frank Wake's hopeful, if tentative, mention of experiments with aversion therapy, no reference was made to behavioural therapies, which had not yet been developed.

The 1950 Senate investigation and the 1955 GAP submission illustrate psychiatrists' influence on US-led security discourse in the early Cold War period. Neither report, however, sought to systematically examine either detection methods or homosexual behaviour itself. Although the GAP authors urged an audit of available statistical information, it is unclear whether this was to establish aetiology, develop visual or emotional typologies, or examine perceived differences between the homosexual psychopathic personality and situationally opportunistic homosexual behaviour. Advice in both cases was provided within the framework of psychoanalytic approaches to diagnosis and treatment, with an emphasis on case-by-case examination. This was consistent with the case study model of analysis prevalent in the medical literature in the

⁴² David K. Johnson interprets this submission as a public criticism of the way the Eisenhower administration's security program targeted homosexuals. He similarly interprets statements made by the former president of the American Psychiatric Association, Dr. Karl Bowman, at its 1955 meeting deploring the 'wave of hysteria' in Washington against homosexuals. Johnson, *Lavender Scare*, 143. Johnson does not mention that for most of the 1950s Bowman, cited critically in the GAP report, either actively or cautiously supported efforts to cure homosexuality with psychoanalysis and chemical castration, and was curious about follow-up studies on psychosurgery (lobotomy). Karl M. Bowman and Bernice Engle, 'The Problem of Homosexuality', *Journal of Social Hygiene* 39, no. 1 (January 1953): 10. In the 1960s he became a public supporter of decriminalisation.

⁴³ Ford and Beach, *Patterns*.

first half of the twentieth century, in which clinical treatment of single or group cases (up to seven, eight or more) was reported in order to establish common patterns.

The ‘empirical turn’ – from interpreting ‘the’ homosexual to surveying homosexuals

By the time Wake began his research, a shift in psychiatric and medical establishments towards behaviourist methods was under way, especially in Europe and across the British Commonwealth. Diagnostic methods based on observable, measurable empirical information were increasingly favoured over ‘unscientific’ psychoanalysis. Generalisations about homosexuality and homosexuals based on isolated case studies increasingly met scepticism. Researchers eager for a more ‘materialist’ approach had not overcome the contradictions of anthropometric and endocrine theories developed in the first half of the twentieth century, with origins dating back several decades. These theories – including Glass, Deuel and Wright’s theory that hormones determined sexual object choice, William Sheldon’s theory that body shape determined temperaments and desires, Slater and Slater’s experiment using selective vocabulary to differentiate homosexuals from ‘normal’ men, and others positing a correlation between psychopathic personality and physiology – failed to produce consistent, convincing diagnostic evidence, a criticism made forcefully by Kinsey as early as 1941.⁴⁴

The Kinsey reports were part of the growing force of behaviourism as a scientific framework, which in turn was an extension of learning theory. As Janice Irvine has noted, Kinsey adopted a learning-theory model to explain sexual behaviour. Key elements were an ‘emphasis on the primacy of physiological response’, an ‘insistence on empiricism’, and the ‘centrality of social conditioning’, whereby ‘humans’ fundamental capacity for a

⁴⁴ Alfred Kinsey, ‘Homosexuality: Criteria for a Hormonal Explanation of the Homosexual’, *Journal of Clinical Endocrinology* 1, no. 5 (1941); S. J. Glass, H. J. Deuel, and C. A. Wright, ‘Sex Hormone Studies in Male Homosexuality’, *Endocrinology* 26, no. 4 (1 April 1940); C. A. Wright, *Medical Recorder* (6 November 1935); C. A. Wright, ‘Results of Endocrine Treatment in a Controlled Group of Homosexual Men’, *Medical Recorder* 154 (1941). Glass, Deuel and Wright were cited variously in: Rudolph Neustadt and Abraham Myerson, ‘Quantitative Sex Hormone Studies in Homosexuality, Childhood, and Various Neuropsychiatric Disturbances’, *American Journal of Psychiatry* 97 (1940); Saul Rosenzweig and R. G. Hoskins, ‘A Note on the Ineffectualness of Sex-Hormone Medication in a Case of Pronounced Homosexuality’, *Psychosomatic Medicine* 3, no. 1 (January 1941); S. J. Glass and Roswell Johnson, ‘Limitations and Complications of Organotherapy in Male Homosexuality’, *Journal of Clinical Endocrinology* 4, no. 11 (November 1944); Eliot Slater and Patrick Slater, ‘A Study in the Assessment of Homosexual Traits’, *British Journal of Medical Psychology* 21, no. 1 (1947).

wide range of expression is channelled in a particular direction' depending on environment.⁴⁵ His 'sexual ideology', as Irvine calls it, was therefore 'a complex weave of biologism tempered by some attention to social influences'.⁴⁶ In contrast to Krafft-Ebing and Ellis, Kinsey 'refused to talk about homosexuality as an identity or about homosexual persons', focusing instead on homosexual 'patterns of behavior'.⁴⁷ This trend began to be reflected in medical terminology among those sympathetic to survey research. Repeatedly, their results contradicted the notion that homosexuals possessed psychopathic personalities accompanied by emotional instability, and that a homosexually active or experienced person could be detected by visual, physical or psychological means.

The impact of the Kinsey reports was pivotal. Despite criticism from experts in a variety of disciplines, there was near universal agreement – both professionally and in the popular media – that the survey, its findings (particularly in relation to women's sexuality) and its methodology were of unprecedented significance.⁴⁸ More than previous endeavours, it destabilised theories about outward appearance, mannerisms, styles or other traits offering an indication of sexual habits. Here was the largest data set since Germany before the First World War – showing that thousands of women (19%) and men (37%) in a Western democracy, independent of a psychiatric diagnosis, acted upon same-sex desires, despite normal outward appearance.

The shift toward mass data gathering – what Volkmar Sigusch called 'the empirical turn' – was part of a trend through the 1950s to break from the case-study method dominant in sexology since the mid-nineteenth century.⁴⁹ Kinsey himself exclaimed that it was 'amazing how many people have been willing to base generalizations about human sexual behaviour on general gossip and a handful of clinical cases'.⁵⁰ By contrast, his team did

⁴⁵ Irvine, *Disorders of Desire*, 30-31.

⁴⁶ *Ibid.*, 30.

⁴⁷ *Ibid.*

⁴⁸ Donna J. Drucker, "'A Most Interesting Chapter in the History of Science": Intellectual Responses to Alfred Kinsey's *Sexual Behavior In The Human Male*', *History of the Human Sciences* 25, no. 1 (2012); Herzog, *Cold War Freud*, Kindle loc. 1365; Herzog, 'Reception'; Howard Hsueh-Hao Chiang, 'Effecting Science, Affecting Medicine: Homosexuality, the Kinsey Reports, and the Contested Boundaries of Psychopathology in the United States, 1948-1965', *Journal of the History of the Behavioral Sciences* 44, no. 4 (Fall 2008); Reumann, *American Sexual Character*; Volkmar Sigusch, *Geschichte der Sexualwissenschaft* (Frankfurt: Campus, 2008).

⁴⁹ Birgit Lang, Joy Damousi, and Alison Lewis, *A History of the Case Study: Sexology, Psychoanalysis, Literature* (Manchester: Manchester University Press, 2017), Introduction.

⁵⁰ Alfred C. Kinsey to Howard M. Parshley, 21 June 1948, quoted in Drucker, "'Most Interesting'", 76.

not work from a diagnosis to symptoms, but began instead with actual behaviour. ‘Homosexual’ subjects were not preselected from a research pool (or prison, or psychiatric facility), nor was there any knowledge or assumption of an individual’s sexual interests prior to the data-gathering. Apart from sheer numbers, the random selection of subjects afforded the results persuasive power.

The reports found immediate resonance in the United Kingdom, where Mass Observation – which had actively collected data during the war – decided to focus on sex and sexuality. Conducted on a random sample between January and April 1949, the survey became known as ‘Little Kinsey’, but the final questionnaire excluded any questions on homosexuality.⁵¹ One unpublished section was an appendix titled ‘Abnormality’.⁵² It presented data relating to same-sex desire, and commented, ‘One in five of [the] M-O Panel have experienced homosexual relations of one degree or another’.⁵³ A report on the survey appeared in the *International Journal of Sexology* – the Bombay-based journal that served as a hub of exchange on the question of homosexuality and treatment among psychiatrists in Prague, London and New York in the early 1950s.⁵⁴ According to Chris Waters, the survey’s impacts were limited and lack of funding foreclosed a large-scale national survey of sexual attitudes in Britain at that time.⁵⁵ The real international impact lay with the original.

Much of the scholarship on the Kinsey Reports beyond the United States has focused on Western Europe and Anglophone countries. Dagmar Herzog has noted the stark differences in the reports’ reception in West Germany and France, where eyebrows were raised not so much in shock over revelations of the extent of homosexuality as in derision at the extent of puritanical attitudes to heterosexual relations.⁵⁶ The empirical approach found widespread praise in Communist countries too. This appears at first surprising,

⁵¹ SxMOA1/2/12/4/E, Mass Observation Archive, University of Sussex Library, Report on Sex - Appendix ‘Abnormality’, 1950.

⁵² Jessica Scantlebury, “‘Michael knew of several places where ‘queers’ congregate’”: Mass Observation Goes to Brighton’, Matt Cook, Alison Oram, and Justin Bengry eds. *Queer Beyond London: Sexuality and Locality in Brighton, Leeds, Manchester and Plymouth*, 10 April, 2017, <http://queerbeyondlondon.com/brighton/michael-knew-of-several-places-where-queers-congregate-mass-observation-goes-to-brighton/>. Accessed 10 April 2018.

⁵³ SxMOA1/2/12/4/E; Liz Stanley, *Sex Surveyed, 1949-1994: From Mass-Observation’s “Little Kinsey” to the National Survey and the Hite Reports* (London: Taylor & Francis, 1995), 199-203.

⁵⁴ SxMOA1/2/12/2/L, Len England, ‘A British Sex Survey’, 1950.

⁵⁵ Chris Waters, ‘Sexology’, in *Palgrave Advances in the Modern History of Sexuality*, ed. Matt Houlbrook and H. G. Cocks (Houndmills: Palgrave Macmillan, 2005), 49.

⁵⁶ Herzog, ‘Reception’.

given the repressive attitude to homosexuality in the Soviet Union after re-criminalisation under Stalin in 1934.⁵⁷ In the article on ‘Homosexuality’ in the *Great Soviet Encyclopaedia* second edition (1952), the author artfully avoided clear conclusions on aetiology or treatability from a Soviet perspective, instead highlighting the ‘criminal liability’ of homosexuals, the ‘healthy morality’ of Soviet society and the superiority of its law enforcement.⁵⁸ The reduction of homosexuality to a ‘biological variant’ or ‘psychopathological phenomenon’ to be handled exclusively by psychiatrists and forensic doctors was dismissed as ‘bourgeois’. Decisive, rather, were ‘external conditions’. With the exception of psychopaths, ‘mental inferiors’ and schizophrenics, sexual perversion would ‘cease as soon as the subject falls into a favourable social situation’.⁵⁹ No comment was offered on how the phenomenon should be handled clinically, nor on its statistical prevalence.

This article, less scientific summary than didactic tract, did not represent medical and psychiatric attitudes across Soviet-allied countries. East German neurologist Rudolf Klimmer, who had survived incarceration under anti-homosexual paragraph 175 during National Socialism, supported the ‘empirical turn’. In a 1949 article in the new journal, *Psychiatrie, Neurologie und medizinische Psychologie*, Klimmer did not mention Kinsey explicitly, but noted how recent ‘statistical surveys’ had shown that many people had engaged in same-sex relations, without necessarily being ‘homosexual’.⁶⁰ A decade later, he defended Kinsey against ‘often unobjective and emotional criticism’, praising him for ‘expos[ing] the sexual morality of entire social classes’.⁶¹ Karel Nedoma from the Sexological Department of Karlovy (Charles) University in Prague, writing in the *International Journal of Sexology* in 1951, likewise praised Kinsey and his ‘more perfect statistical methods’ than his precursors’.⁶² Kurt Freund, Nedoma’s colleague in the

⁵⁷ Healey, *Homosexual Desire*, esp. chapter 7, 181-204.

⁵⁸ ‘Gomoseksualizm’, in *Bolsbaya Sovetskaya Entsiklopediya*, ed. Boris Vvedensky and Sergei Vavilov (Moscow: Gosudarstvennoe Nauchnoe Izdat, 1952), 35. The second edition’s 51 volumes were published gradually between 1950 and 1958. My translation. Many thanks to Rustam Alexander for providing me with a copy of this article and proofing the translation. See also Siegfried Tornow, ‘Männliche Homosexualität und Politik in Sowjet-Rußland’, in *Homosexualität und Wissenschaft II*, ed. Schwulenreferat im Allgemeinen Studentenausschuss der Freien Universität (Berlin: Rosa Winkel, 1992), 279.

⁵⁹ ‘Gomoseksualizm’. The author directed especial scorn at the hormonal theories of Eugen Steinach.

⁶⁰ Rudolf Klimmer, ‘Über das Wesen der Homosexualität’, *Psychiatrie, Neurologie und medizinische Psychologie* 1, no. 11 (1949): 342.

⁶¹ Klimmer, *Homosexualität*, 30.

⁶² These included ‘Ulrich, Meirowski, Romer and especially Hirschfeld’. Karel Nedoma, ‘Homosexuality in Sexological Practice’, *International Journal of Sexology* 4, no. 4 (May 1951): 220. This journal ran from 1948-1955. A previous incarnation was the *Journal of Marriage Hygiene*, which ran from 1934-1947.

Institute for Psychiatry noted in 1962 ‘what a great surprise’ the statistical findings of Kinsey, Pomeroy and Martin had been when first published.⁶³ Directly contradicting the Soviet Encyclopedia’s emphasis on criminality, Freund also argued in 1958 that the ‘social problem’ of homosexuality was primarily the responsibility of medicine and related disciplines.⁶⁴

Even studies conforming to the Soviet encyclopaedia’s position acknowledged benefits of empirical, behaviour-based evidence. Soviet psychiatrist-in-training Elizaveta M. Derevinskaia cited Kinsey in her 1954-1960 survey of 96 lesbian women drawn primarily from the labour camp in Karaganda, which was probably the earliest post-Stalin sexological study in Russia.⁶⁵ Derevinskaia divided most subjects into ‘active’ and ‘passive’ sexual partners: the former would ‘imitate the behaviour of a man as head of the family’, did ‘men’s work’, wore short haircuts and masculine clothing, and liked partners to wear makeup and dresses, whereas ‘nothing distinguishes the passive female homosexual from the women around her’.⁶⁶

For many of these psychiatrists and psychologists, Kinsey’s evidence confirmed their own observations or helped make sense of seemingly contradictory clinical evidence. For critics, it represented a step backwards. According to Volkmar Sigusch, until the mid-1960s, West German sexology was ‘thoroughly normative’, ‘existentialist and phenomenological’, and placed little stock in empirical research until a generation of researchers adopted the psychological-sociological methods ‘customary in other countries’.⁶⁷ West German sexologist Hans Giese opined that the reports, published in German in 1954 (*Female*) and 1955 (*Male*), repeated what ‘we already thought’, only ‘in gigantic proportions’; for Giese, this sexological method had ‘ended with Hirschfeld’, which he considered positive.

⁶³ Kurt Freund, *Die Homosexualität beim Mann*, trans. & rev. ed. (Leipzig: S. Hirzel Verlag, 1963), 18. The original Czech edition was published in 1962.

⁶⁴ Kurt Freund, ‘Ätiologische Theorien der Homosexualität: Eine Sichtung’, *Psychiatrie, Neurologie und medizinische Psychologie* 10, no. 5 (May 1958): 136.

⁶⁵ Healey, *Homosexual Desire*, 348 (n.360), and 240.

⁶⁶ *Ibid.*, 242-243. Derevinskaia defended her dissertation based on the survey in 1965. Healey notes that although the results were never published, they later found wide distribution beyond the medical profession in her supervisor Avram M. Sviadoshch’s 1974 book, *Zbenskaia sekopatologija* (Female Sexual Pathology), of which 100,000 copies were printed, 240 and 347.

⁶⁷ Sigusch, *Geschichte*, 430.

On a broader level, the empirical turn heralded by the Kinsey reports was part of the growing force of behaviourism as a scientific framework, which in turn was an extension of learning theory. As Janice Irvine has noted, Kinsey adopted a learning-theory model to explain sexual behaviour. Three key elements of his methodology were an ‘emphasis on the primacy of physiological response’, an ‘insistence on empiricism’, and the ‘centrality of social conditioning’, whereby ‘humans’ fundamental capacity for a wide range of expression is channelled in a particular direction’ depending on environment.⁶⁸ His ‘sexual ideology’, as Irvine calls it, was therefore ‘a complex weave of biologism tempered by some attention to social influences’.⁶⁹

Freund asserted that ‘the only large-scale systematic studies conducted before Kinsey were those by Hirschfeld’.⁷⁰ This was not in fact true, but Hirschfeld’s 1903/04 and 1912 studies – questionnaire-based surveys of male students from across Germany, returned by post – were the first of their kind.⁷¹ They were cited by pioneering American criminologist and social researcher Katherine Bement Davis in her 1929 study, *Factors in the Sex Lives of 2200 Women*, likewise based on questionnaires with a section on homosexual experiences.⁷² Over a quarter of the unmarried and a slightly lower number of the married respondents reported intense same-sex emotional relationships ‘carried to the point of overt homosexual expression’.⁷³ Enabled by her German-speaking assistant Maria E. Kopp, Davis provided a comprehensive review of aetiological theories.⁷⁴ She noted the prominence in earlier literature of physical appearance as an indicator of homosexuality, psychosexual hermaphroditism, gynandrisms and other pathologies.⁷⁵ However, Davis herself ‘observed only one case in which there was morphological

⁶⁸ Janice Irvine, *Disorders of Desire: Sexuality and Gender in Modern American Sexology* (Philadelphia: Temple University Press, 2005), 31.

⁶⁹ *Ibid.*, 30.

⁷⁰ Freund, *Homosexualität*, 18.

⁷¹ Kinsey thought written questionnaires were ‘wholly inadequate for discovering any item against which there are strong social taboos’. Kinsey, ‘Homosexuality’, 425.

⁷² Katharine Bement Davis, *Factors in the Sex Life of Twenty-Two Hundred Women* (New York: Harper & Brothers, 1929).

⁷³ *Ibid.*, 247-248.

⁷⁴ ‘Fere [...] Magnan, Aschaffenburg, Raecke, Kraepelin, Heilbronner, Stier and Weil maintain that homosexuality is an acquired psychopathic degeneration’. Krafft-Ebing ‘trace[d] homosexual inversion to a bisexual inheritance ... Hirschfeld and Carpenter believe in an intermediate sex. Otto Weininger holds that in all cases of inversion “there is invariably an anatomical approximation to the opposite sex.” [...] Brill believes the contrary—that “there is no relation between homosexuality and somatic hermaphroditism”’. *Ibid.*, 243.

⁷⁵ *Ibid.*, 241.

abnormality' and this woman 'enjoyed both homo- and heterosexual experiences'.⁷⁶ In her search for methodological precedents beyond Hirschfeld, Davis found one statistical study of women's sex lives that addressed homosexual experience: a survey of female students at the University of Moscow in 1908 by Schbankov and Iakowenko, with support from the Russian medical association.⁷⁷ In 1922 Schbankov reported the results of 324 questionnaires, though Davis had to rely on a German summary published in 1924.⁷⁸ According to Davis, Schbankov claimed that 17 per cent of respondents disclosed overt homosexual activity, but no information was given on outward appearance.⁷⁹

One pitfall of case-study generalisations was that they worked backwards, starting from a subject or group of subjects already pre-designated as homosexual, and then finding patterns to arrive at common characteristics. This was also a weakness of some larger surveys, especially where no control group tested observed patterns, such as the 15-year study conducted in New York between 1935 and 1950 by the Committee for the Study of Sex Variants, headed by psychiatrist George W. Henry and cited in Wake's 1962 report.⁸⁰ Building on preliminary data collected by Jan Gay, 50 women and 50 men who admitted to being homosexually active agreed to submit to 'extensive physical and psychological examinations' carried out by eleven volunteer doctors.⁸¹ Using modified psychoanalytic interviews in combination with physiological examinations, psychometric testing, drawings, x-ray imaging and photography, the Committee developed what Jennifer Terry called a 'scopic regime' in which subjects' bodies were 'probed for data' that the interview 'alone might not reveal'.⁸² The Committee's hope was 'that differences between sex variants and the normal population could be detected in the subject whether

⁷⁶ Ibid., 242.

⁷⁷ Ibid., 240. Davis also cited an alleged case in Holland of a questionnaire being sent out to factory workers, though there was no further information on this.

⁷⁸ S. Weissenberg, 'Das Geschlechtsleben der russischen Studentinnen', *Zeitschrift für Sexualwissenschaften* 11, no. 1 (April 1924); Davis, *Factors*, 240-241.

⁷⁹ This figure does not match the German summary by Weissenberg: 116 respondents had fallen in love with female teachers at school, 49 had experienced mutual masturbation with female friends, and 4 described themselves as 'homosexual'. Weissenberg, 'Geschlechtsleben', 9, 14.

⁸⁰ George W. Henry, 'Preface to One-Volume Edition', in *Sex Variants: A Study of Homosexual Patterns* (New York: Paul B. Hoeber, 1948). Henry had done graduate training in Berlin and Amsterdam before the war in 1929-30. 'George W. Henry, Psychiatrist, 74', *New York Times* (New York), 24 May 1964, Obituaries.

⁸¹ Terry, 'Siting Homosexuality', 380. Gay had privately collected information about more than 300 same-sex attracted women in North America and Europe, which formed the basis of the Committee's recruitment pool.

⁸² Ibid., 401.

he or she was on the psychiatric couch or the medical examination table'.⁸³ Terry observed that the equal number of female and male subjects was remarkable not only in light of the invisibility of lesbians in military, clinical and court records, but also because without Jan Gay's knowledge of the social scene, male doctors would have had trouble 'persuading lesbians to participate [...] let alone identifying them'.⁸⁴

The Sex Variants Committee's use of physiological metrics as a control measure for testing subjects' narratives is telling. As Terry notes, it suggested that bodies alone were not adequate for determining 'the causes and defining characteristics' of homosexuality, yet they might 'cryptically disclose' signs that 'could only be deciphered through an expert interpretation' of the accompanying psychiatric interview. This discomfort was strongly reflected in Wake's report in 1962, which did not recommend the psychiatric interview as a reliable channel for detecting homosexuals among security personnel.

The idea that subject disclosures of homosexual tendencies could not be trusted had gained force internationally during the Second World War. As military forces struggled to maintain numbers and attempts to avoid service became more creative, claims of homosexual desire were more likely to be rejected. On the one hand, armed forces engaged psychiatrists in the recruitment process to prevent same-sex attracted women and men from enlisting, or subjected them to forced resignations and discharge.⁸⁵ On the other hand, discharge was avoided where possible during the Second World War in the US, Canada the UK and Australia, because of the need for boots on the ground.⁸⁶ In

⁸³ Ibid., 390.

⁸⁴ Ibid., 389.

⁸⁵ One woman interviewed on Australian television reported this. *7 Days*, 'Love is Love: Lesbians', dir. Peter Westaway, ATN7, 21:30 Tuesday 15 February, 1966. See also Ruth Ford, 'Disciplined, Punished and Resisting Bodies: Lesbian Women and the Australian Armed Services, 1950s-60s', *Lilith* 9 (Autumn 1996); Allan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War Two* (New York: Free Press, 1990); Allan Bérubé and John D'Emilio, 'The Military and Lesbians during the McCarthy Years', *Signs* (Summer 1984). Vickers notes that panic over costly pensions for ex-service personnel on the grounds of mental illness was a key factor in the UK: Emma Vickers, *Queen and Country: Same-Sex Desire in the British Armed Forces, 1939-45* (Manchester: Manchester University Press, 2013), 28-30.

⁸⁶ According to Dagmar Herzog, William Menninger (brother of Karl) was 'instrumental in persuading the Army to focus its psychiatric efforts on rehabilitation rather than diagnosis and discharge': Herzog, *Cold War Freud*, Kindle loc. 1121. The need for boots on the ground overriding the 'wisdom of adhering strictly to the unnecessarily harsh regulations dealing with homosexual behavior' was remarked upon by the director of the New York Sex Variant Study: Henry, 'Sex Variants - Preface', viii. A memorandum from the British War Office to the Wolfenden Committee in 1955-56 stated that female homosexual acts during World War II were dealt with by re-posting and had rarely been punished with discharge: Memorandum by the War Office, 1955-6, Home Office Papers [The Wolfenden Papers], HO 345/8, War Office, National Archives Kew. Another contemporary British source is Albertine L. Winner,

January 1944, an Australian soldier aroused suspicion that his presentation as a ‘highly nervous, excitable type, cheeky and assertive’ was a ruse to evade military service; he gave conflicting accounts of his desires to psychological and medical experts.⁸⁷ One Australian Colonel and consultant physician emphasised the need to prevent such ‘clever liar[s]’ from having themselves discharged.⁸⁸ Suspicion continued in the post-war period and was not limited to British and allied forces. It was cited as a motivating factor by Kurt Freund, who in 1949 began investigating ways to physiologically test claims of homosexual desire by men seeking to avoid military service in Czechoslovakia.⁸⁹ By the late 1950s, under the changing conditions of the Cold War, nervousness, excitability and deceitfulness were identified within Western national security discourse as indicators of a potential homosexual security threat. Medical distrust of patients’ (or soldiers’) self-disclosures bolstered the intelligence establishment’s belief that homosexuals were untrustworthy in general.

Scepticism over the reliability of psychoanalytic interviews for diagnostic purposes reflected deeper concerns about the distinction between expert and lay observation, bound up with controversies over what constituted scientific observation.⁹⁰ For empirically-minded psychiatrists, this scepticism dovetailed with criticisms of psychoanalysis’s reliance upon subjective interpretation of symptoms gleaned from patients’ self-narrations. In the 1951 article in which he praised Kinsey’s methods, Nedoma emphasised how patients’ self-diagnostic statements of homosexual desire were prone to inaccuracies: ‘Homosexual people unconsciously give false life history. The reports of the first years of childhood are specially twisted or they give none at all’. This problem extended to physical markers, real or imaginary. Nedoma cited one case in which

‘Homosexuality in Women’, *The Medical Press* (3 September 1947); Edgar Jones, ‘War and the Practice of Psychotherapy: The UK Experience 1939-1960’, *Medical History* 48, no. 4 (October 2004): 496. See also Moran, ‘Uses’, 154; Kinsman and Gentile, *Canadian War*, 49. In Germany, Dr Rudolf Klimmer and Dr Rudi Pallas were both returned to service after serving time for sexual offences. See Günter Grau, ‘Ein Leben im Kampf gegen den Paragraphen 175: Zum Wirken des Dresdener Arztes Rudolf Klimmer 1905-1977’, in *100 Jahre Schwulenbewegung: Dokumentation einer Vortragsreihe in der Akademie der Künste Berlin*, ed. Manfred Herzer (Berlin: Rosa Winkel, 1998); Carola Gerlach, ‘Anträge auf Anerkennung als “Opfer des Faschismus” (OdF) und “Politisch, rassisch oder religiös Verfolgter” (PrV)’, in *NS-Opfer unter Vorbehalt: Homosexuelle Männer in Berlin nach 1945*, ed. Andreas Pretzel (Münster: Lit, 2002), 214.

⁸⁷ Yorick Smaal, *Sex, Soldiers and the South Pacific, 1939-45: Queer Identities in Australia in the Second World War* (Basingstoke: Palgrave Macmillan, 2015), 111.

⁸⁸ *Ibid.*, 110.

⁸⁹ Freund, *Homosexualität*, 30.

⁹⁰ Lorraine Daston and Elizabeth Lunbeck, ‘Introduction: Observation Observed’, in *Histories of Scientific Observation*, ed. Lorraine Daston and Elizabeth Lunbeck (Chicago: University of Chicago Press, 2011), 5.

a weaver aged 40 consulted a physician, who ‘told me, that I don’t look like a homosexual man’ and dismissed his concerns. In their mental distress, Nedoma explained, patients would concoct symptoms: men would ‘often endeavour to see some signs of femininity [sic] on their body, for example, female hips. Often they complain of undeveloped, small penis, which gradually shrinks, of fine, and not masculine body construction’. The majority of cases at the Prague clinic, however, exhibited ‘perfect masculinity with practically no signs of female secondary characters and genitals’. One category in which ‘homosexual feeling’ might be discerned was in the ‘outward appearance of face, hair, in dressing and behaviour’ – all social factors. Homosexuals were also prone to exaggeration in an effort to secure medical assistance. In other words, well-trained professionals might draw very different conclusions from their subjects, but these needed to be based on clinical investigation. Could empirical evidence indicate whose conclusions were to be trusted?

Nedoma’s assertion that patient narratives were untrustworthy was based on a scientific interest in empirical assessment, which for Nedoma and others contradicted psychoanalytic diagnostic and treatment frameworks. Despite ‘extensive and numerous’ studies, the character and aetiology of homosexuality remained ‘obscure’. If sexologists and psychiatrists could not discern its nature and cause, ‘our treatment is bound to be mere groping in the dark’.⁹¹ His observations were based on 30 patients, predominantly men, who had attended the Prague clinic circa March 1950 – March 1951. Using Kinsey’s statistical calculations, Nedoma surmised that there must have been ‘at least 10,000 homosexuals in the waiting rooms of doctors’ within Prague alone.⁹² He noted the bravery of the tiny minority who did seek counsel. Contrary to the image painted by intelligence organisations of homosexuals as shady, suspicious traitors and masters of disguise, many of Nedoma’s patients lived ‘in loneliness, frightened and worried if their neighbours observe their aberration’ and ‘in permanent fear of betrayal’. Many came seeking ‘assurance that homosexuality is a natural, inherent state, not changeable’.⁹³ If there was a pattern in their clinical presentation, it was the presence of neurotic symptoms

⁹¹ Nedoma, ‘Homosexuality’, 223. Klimmer used Hirschfeld’s formula to calculate a global homosexual population of 200 million. Klimmer, *Homosexualität*, 29.

⁹² Nedoma, ‘Homosexuality’, 220.

⁹³ *Ibid.*, 220-221.

– a ‘tendency to be alone, shyness, exaggerated feelings of shame, desire and aversion, anxiety, grief, depressions’ – which he saw as consequences of ‘social oppression’.⁹⁴

An indirect consequence of the Kinsey methodology was that it prompted an earnest reassessment of the source of subjects for the study of sexual deviations. If homosexual experience was so widespread among the ‘normal’ population, then studies based on subjects drawn from prisons, psychiatric institutions or courts, or where no comparison to control groups had occurred, were inevitably flawed. Henry’s Sex Variant survey (100 subjects), Derevinskaia’s Karaganda study (96 subjects), and Nedoma’s case analysis (30 subjects) suffered from these weaknesses. A study of 64 ‘homosexual offenders’ at the Leyhill and Horfield prisons in Bristol was similarly constrained, despite using a small control group, drawing extensively on the Kinsey methodology, and the authors’ emphasis that Leyhill was a prison without bars whose inmates were ‘free from psychopathy’ and unlikely to be connected to any criminality other than their sexual orientation.⁹⁵ Beginning in 1948 with the permission of the Home Office, authors R. Hemphill, A. Leitch and J. Stuart set out to ‘investigate the somatic, endocrine, and psychological state’ of their subjects in order to find ‘elements common to the group by which homosexuality could be identified apart from active sexual behaviour’. The results, published in 1958, further undermined claims of easily discernible physiological, psychological, personality or appearance-based patterns. Appearing shortly after the Departmental Committee on Homosexual Offences and Prostitution – the Wolfenden Committee – released its report, this was an early intervention in a new phase of debate over whether homosexuality should, and more importantly could, be cured, and by what means.⁹⁶

⁹⁴ Ibid., 223.

⁹⁵ R. E. Hemphill, A. Leitch, and J. R. Stuart, ‘A Factual Study of Male Homosexuality’, *British Medical Journal* 1, no. 5083 (7 June 1958): 1317. Of the 64 subjects, 56 were drawn from Leyhill and only 8 from Horfield.

⁹⁶ Brian Lewis, *Wolfenden’s Witnesses: Homosexuality in Postwar Britain*, ed. John H Arnold, Joanna Bourke, and Sean Brady, *Genders and Sexualities in History* (Basingstoke: Palgrave Macmillan, 2016). Other immediate post-Wolfenden interventions in the British literature included Desmond Curran and Denis Parr, ‘Homosexuality: An Analysis Of 100 Male Cases Seen In Private Practice’, *British Medical Journal* 1, no. 5022 (6 April 1957); P. D. Scott, ‘Homosexuality, with Special Reference to Classification, with a response by T. C. N. Gibbens’, *Proceedings of the Royal Society of Medicine* 50 (9 April 1957); Charles Berg and Clifford Allen, *The Problem of Homosexuality* (New York: Citadel, 1958); Charles Berg, *Fear, Punishment, Anxiety and the Wolfenden Report* (London: Allen & Unwin, 1959, 1959).

The authors' empiricist orientation was evident in the confident title, 'A Factual Study of Male Homosexuality', but the lines of inquiry were wide-ranging. During the interviews in which case histories were taken, the 'meaning and significance of sexual feelings, intensity, constancy, and variability of the urge, the enduring or love attachments, the choice of age of partner, and the attitude to the opposite sex were fully discussed'. Information was gathered about parents and siblings, heterosexual experiences, subjects' relationship to alcohol, dreams and general interests. Physical examinations looked for 'deviations of body build and male secondary sex characteristics, effeminacy, and signs of endocrinopathy'. Hormones were analysed using urine samples. Subjects were photographed, 'originally with the idea of somatotyping', but 'this was later abandoned as of little value'. The likelihood that most subjects were in prison for offences involving minors, though implied, was not mentioned explicitly. The authors did note that it was 'doubtful' their findings were representative due to the sample's source. Nevertheless, the authors found no evidence of common physical deviation, nor any relation 'between effeminacy and homosexuality', nor was there 'any clinical evidence of endocrine abnormality'. A wide spectrum of personality types was present, leading the authors to agree with Kinsey that homosexuality itself was not evidence of a psychopathic personality, contradicting the view expressed to the Wolfenden Committee in 1955 by Eliot Slater.⁹⁷ The authors found no significant patterns, save for a heightened interest 'in art and culture' and a higher than average number coming from 'broken homes' or having 'neurotic and schizoid' tendencies. Patterns similarly eluded their British colleagues, including Denis Parr and Desmond Curran the previous year, drawing on clinical practice and a review of case records across male psychiatric institutions.⁹⁸ A 1959 article by A. J. Coppen investigating the 'Body Build of Male Homosexuals', revisiting theories developed by Arthur Weil in Berlin in the 1920s, likewise found no physiological distinction.⁹⁹

⁹⁷ Hemphill, Leitch, and Stuart, 'Factual', 1319. The authors were quoting Slater's 'Memorandum of Evidence for Departmental Committee on Homosexual Offences and Prostitution' (1955). Slater was a Senior Lecturer at the Maudsley Institute of Psychiatry. Lewis, *Wolfenden's Witnesses*, 114 and 289 (n.20).

⁹⁸ Denis Parr, 'Homosexuality in Clinical Practice', *Proceedings of the Royal Society of Medicine* 50 (9 April 1957). Though not officially listed as an author, the research was conducted in collaboration with Desmond Curran.

⁹⁹ A. J. Coppen, 'Body-Build of Male Homosexuals', *British Medical Journal* 2, no. 5164 (26 December 1959). Coppen drew heavily on research by Eysenck revisiting Sheldon's somatotype theories. Hans Jürgen Eysenck, 'The Rees-Eysenck Body Index and Sheldon's Somatotype System', *Journal of Mental Science* 105 (October 1959).

Similar conclusions were reached a few years later in Australia, where, like Hemphill et al.'s study of Leyhill prison, a detailed questionnaire survey of 118 'known and confessed homosexuals' (69 'active' and 49 'passive') at the New South Wales Penitentiary was carried out in a project by John Nash of Sydney University and Frank Hayes from the NSW Department of Prisons.¹⁰⁰ Based on questions about familial and parental relationships and how subjects became involved in homosexuality, the authors observed that '[h]omosexuality is almost certainly a multicausal phenomenon'; it was 'a learned behaviour (just as heterosexuality is), but for some individuals their physiological make-up renders this learning more easy than for others'.¹⁰¹ Furthermore, there was little evidence of distinct typologies but rather 'a continuum from heterosexual orientation to homosexual. Active and passive homosexuality are not to be regarded as distinct entities, but rather as regions along this continuum with no sharp dividing line between them'.¹⁰²

As the end of the 1950s drew near, scepticism over psychoanalytic methods – both diagnostic and therapeutic – was entering its most intense phase, and hormone therapy increasingly abandoned, but no viable alternative had yet been demonstrated. Only two methods of treatment were observed by Hemphill, Leitch and Stuart: psychotherapy and hormone treatment. Of the six men who had psychotherapeutic treatment, none experienced any 'alteration in the direction of sex drive' but 'an increase in well-being with a reduction in anxiety' was reported. Five had received oestrogen in prison, which had suppressed their libido without influencing its direction. Many had refused treatment, either because it would mean leaving for a closed prison, or because the only motivation to receive treatment would be to avoid reconviction by reducing libido.¹⁰³ The subsequent article in the same 7 June issue of the *BMJ* was an intervention by James Hadfield, a psychoanalytically-inclined lecturer in mental hygiene at the University of London, protesting the Wolfenden Committee's statement that none of the witnesses to its 1955-6 inquiry had provided 'any reference in medical literature to a complete change'

¹⁰⁰ John Nash and Frank Hayes, 'The Parental Relationships of Male Homosexuals: Some Theoretical Issues and a Pilot Study', *Australian Journal of Psychology* 17, no. 1 (1965). The authors did not indicate when they distributed and collected the questionnaires, but the article was received by the journal in May 1964, by which time one of the authors had moved to Canada.

¹⁰¹ *Ibid.*, 41.

¹⁰² *Ibid.*

¹⁰³ Hemphill, Leitch, and Stuart, 'Factual', 1322. The authors cited a study of prison treatment by F. Taylor at Brixton Prison in 1947 comparing men convicted of homosexual (96) and heterosexual (198) sex offences (over half of them against children), but did not enumerate the results.

of sexual orientation.¹⁰⁴ Hadfield defended the psychoanalytic aetiological and therapeutic framework, rejecting genetic and physiological theories and reasserting a belief in curability, but made no mention of other treatments or diagnostic methods.

Other investigators involved in the empiricist turn sought to avoid the pitfalls of limited subject pools. South African psychologist Renée Liddicoat ensured that the subjects of her 1956 dissertation (50 female and 50 male, with an identical number of controls) were neither prisoners nor psychiatric or medical patients, observing that existing theories were too heavily based on the ‘most atypical’ homosexuals.¹⁰⁵ Liddicoat listed 14 such studies published between 1934 and 1954, nine from penal and five from psychiatric institutions, noting that many had ignored female homosexuality.¹⁰⁶ However, a small number of surveys of non-institutionalised subjects besides the Kinsey reports, including Henry’s Sex Variants survey, showed that it was possible to find more representative subjects.¹⁰⁷

Liddicoat compiled statistical data on many of the same points as Hemphill, Leitch and Stuart, and Nash and Hayes, reaching similar conclusions. She devoted several pages to the question of outward presentation, citing examples from the literature spanning five decades that demonstrated that neither appearance nor intelligence level provided reliable indications of homosexual orientation. Nothing ‘emerged from the present survey to contradict’ these opinions.¹⁰⁸ As with Hemphill et al., the ‘most striking common feature’ was that a relatively high number of homosexual subjects had experienced ‘disrupted or

¹⁰⁴ James A. Hadfield, ‘The Cure of Homosexuality’, *British Medical Journal* 1, no. 5083 (7 June 1958): 1323.

¹⁰⁵ Renée Liddicoat, ‘Homosexuality: Results of a Survey as Related to Various Theories’ (PhD, University of the Witwatersrand, 1956), 71-77, <http://wiredspace.wits.ac.za/handle/10539/20104>. Liddicoat’s final results were published as correspondence in the *British Medical Journal* and were cited by other authors including D. J. West. Renée Liddicoat, ‘Correspondence: Homosexuality’, *British Medical Journal* 2, no. 5053 (9 November 1957); Donald J. West, ‘Parental Figures in the Genesis of Male Homosexuality’, *International Journal of Social Psychiatry* 5, no. 2 (1959). Liddicoat recruited willing subjects from ‘large centres of the Union of South Africa as well as from some rural areas’ with an age range of 22-60. Afrikaans speakers were excluded due to language difficulties but no further information on cultural, ethnic or language background is provided. Control subjects were taken from the National Institute for Personnel Research, and were matched for age, education and occupation. Liddicoat acknowledged that some of the control subjects, despite being married, may have had some homosexual experiences.

¹⁰⁶ One exception to the latter was a study by Carney Landis, Agnes T. Landis, M. Marjorie Bolles, et al., of 153 ‘normal’ women and 142 female psychiatric patients, published under the title *Sex in Development: A Study of the Growth and Development of the Emotional and Sexual Aspects of Personality* [...] in 1940.

¹⁰⁷ Liddicoat, ‘Homosexuality’, 74, 116. The others were carried out by Paul Hoch and Joseph Zubin (1949) and Robert Laidlaw (1952). All were published between 1948 and 1952. Liddicoat was also familiar with a study of 2000 male and 100 female homosexuals by Frankfurt-based Hans Giese, and the study by Davis.

¹⁰⁸ *Ibid.*, 126.

unhappy homes' and a higher number of homosexual men displayed neurotic symptoms.¹⁰⁹ She also emphasised that a majority displayed no such symptoms; when present, they may have been 'indicative of escape' from social disapproval rather than evidence of actual neurosis.¹¹⁰ Liddicoat concluded that 'no single environmental factor' was common to all cases. The aetiology of homosexuality remained 'a matter of conjecture'. In the homosexual group, 'contrary to popular belief', indifference to parents was more prevalent than cross-parent fixation, seduction was not a prominent factor, subjects maintained stable employment and relationships, and there was nothing in appearance or build to distinguish them 'from any normal group of people'. Only the mean IQ was higher in the homosexual group, and they were slightly more inclined to 'activities in the artistic sphere'.¹¹¹

On psychological treatment, Liddicoat noted contradictory opinions in the literature (for example, on whether a cure is more easily effected in women or men¹¹²), but the only psychological therapeutic framework represented was psychoanalytic. Given her demonstrated knowledge of literature prior to 1956, this is an indicator of the absence of other psychological treatment methods. In Liddicoat's view the 'only alternative to cure appears to be acceptance' and, where necessary, treatment for mental or nervous illnesses unrelated to a patient's homosexuality.¹¹³

Psychometrics, polygraphs, plethysmographs and pupillary dilation – technologies of queer detection

For her study, Liddicoat used the Wechsler-Bellevue intelligence test. Consisting of eleven subtests of comprehension, vocabulary, arithmetical reasoning, numerical digit spans, picture completion and arrangement, block design, object assembly and pattern detection, its results were analysed to determine the maturity and logic of subjects' thinking, their soundness of judgement and ability to 'discriminate between essential and

¹⁰⁹ Ibid., 127 and 135.

¹¹⁰ Ibid., 135.

¹¹¹ Ibid., 228-229.

¹¹² Ibid., 134. Citing Clifford Allen, *The Sexual Perversions and Abnormalities: A Study in the Psychology of Paraphilia*, 2nd ed. (London: Oxford University Press, 1949; [1940]), 314; Hélène Deutsch, *The Psychology of Women* (London: Research, 1946), 268.

¹¹³ Liddicoat, 'Homosexuality', 134.

superficial likenesses'.¹¹⁴ Liddicoat noted that qualitative elements, for example the vocabulary test, could reveal information about the subject and her cultural milieu (for example, the words 'recede', 'secluded', 'affliction' and 'espionage', which 'may have a particular significance', were more frequently passed over by this group). She emphasised that the test could not be used 'as a psychometric shortcut to psychiatric diagnosis'; the objective was merely to reveal 'indications of neurotic symptoms, or of maladjustment'.¹¹⁵

This was just one of the psychometric 'projective tests' that enjoyed popularity among psychologists and psychiatrists during the 1950s. Their aim was to assess personality on the basis of subjects' responses to ambiguous stimuli, rather than self-reported information, with a view to finding – in Wake's words – 'hidden drives'.¹¹⁶ Projective tests formed a significant part of Wake's research project. The 'Methods of Detecting Personality' his project surveyed included the psychiatric interview and medical examination, tests of 'change in emotional state' – the polygraph, the plethysmograph and the palmar sweat test – as well as projective tests, word association tests, pupillary response, attention span tests and masculinity-femininity tests.¹¹⁷ Projective testing would have been an attractive first option for the RCMP and allied security agencies – it was cheap, straightforward, and required no elaborate equipment or organisation. It is therefore notable that he drew heavily on work by University of California, Los Angeles (UCLA) psychologist Evelyn Hooker. Only a few years earlier, in a sequence of provocative papers, Hooker had spectacularly punctured the claims of psychometric testing advocates and seriously challenged what we might call 'sexual profiling' based on personality traits.

In a watershed 1956 article, 'A Preliminary Analysis of Group Behavior of Homosexuals', Hooker used sociological theory of groups to argue that certain visual, emotional and behavioural characteristics often considered symptomatic of individual homosexual psychopathology could instead be social phenomena arising because a minority or deviant groups have their own 'special culture [...] norms, standards, mythology and goals'. These differ from city to city, home to home, and bar to bar: 'in one, the behavior may include many extremes of unconventionality, coinciding with manner of dress and

¹¹⁴ Ibid., 140.

¹¹⁵ Ibid., 147, 168.

¹¹⁶ LOP JL110.5 H6 A35, 'Memorandum'.

¹¹⁷ Ibid., 5-14.

general appearance. In another [...] conventionality of behavior and dress may be the norm' and only language and topics of discussion 'betray the interests of the members.'¹¹⁸ Further, groups exert pressure on members 'to fulfil expectations with regard to certain types'. In 40 subject interviews, Hooker found that an individual's claim to be 'quite feminine' often turned out to be a consequence of having been 'typed' this way by the group, and proceeding to style himself accordingly.¹¹⁹ She described an 'emotional community', to use Barbara Rosenwein's term, challenging the dominant opinion that individual sexual deviation is a psychopathology and that groups of deviates must also be pathological.¹²⁰

Hooker's follow-up research, presented at the American Psychological Association Conference in Chicago in 1956 and published in 1957, was the bombshell.¹²¹ Hooker sought to disprove the 1955 GAP argument that if homosexual behaviour 'persists in an adult, it is then a symptom of a severe emotional disorder' that can be detected.¹²² Using a methodology that closely resembled that of her (then) unknown contemporary Liddicoat, Hooker's study involved two groups, homosexual and heterosexual, of 30 male subjects, matched in age, education and IQ, none of whom had come via clinical, military or judicial referrals (those in therapy were also eliminated). After subjects completed a battery of psychometric tests, she invited authorities in their respective testing methods to analyse the results and distinguish homosexual from heterosexual subjects. They failed.¹²³ Hooker and her expert witnesses were similarly 'unable to find significant differences in "stability" between homosexuals and heterosexuals'.¹²⁴

¹¹⁸ Evelyn Hooker, 'A Preliminary Analysis of Group Behavior of Homosexuals', *Journal of Psychology* 42, no. 2 (July 1956): 220-221.

¹¹⁹ *Ibid.*, 223.

¹²⁰ Rosenwein, *Emotional Communities*. Hooker noted that one exception to this prevailing opinion was C. Thompson, also cited by Wake, who argued that homosexual love was possible and that homosexuality may have a positive as well as negative role to play in the personality. C. Thompson, 'Changing Concepts of Homosexuality in Psychoanalysis', *Psychiatry* 10, no. 2 (May 1947).

¹²¹ Evelyn Hooker, 'The Adjustment of the Male Overt Homosexual', *Journal of Projective Techniques* 21, no. 1 (March 1957). Hooker stated decades later in an interview that when she presented an earlier version of the paper at the American Psychological Association in Chicago in 1956, the reception was overwhelming.

¹²² *Ibid.*, 18. Hooker also criticised the GAP report's authors for normalising and excusing physicians' reactions of 'disgust, anger and hostility' to homosexual patients, which they claimed resulted from the physician's own conflict with 'unconscious homosexual impulses'. Citing GAP, *Report on Homosexuality*, 7.

¹²³ The tests used were the Rorschach test, the thematic apperception test (TAT) and the Make a Picture Story (MAPS) test. The experts were Bruno Klopfer and Mortimer Meyer (Rorschach), and Edwin Schneidman (TAT and MAPS), all considered top authorities in their field.

¹²⁴ LOP JL110.5 H6 A35, 'Memorandum'.

By the end of the 1950s the Wolfenden reports, Hooker's studies, and many less publicised Kinsey-inspired empirical surveys had shown that even when homosexually active subjects were controlled against 'normals', attempts at detection almost certainly failed. Wake made mention of Hooker's use of the 'iceberg' analogy, whereby the visible part of the 'homosexual community' was only a small minority.¹²⁵ 'To know the community', he conjectured, 'would require information on the overt and covert homosexuals, where and how they live, who their friends are, and so on', including 'those who are potential homosexuals and those persons termed "bisexual"'.¹²⁶ Individual, clinical detection methods might pick up isolated cases but would never be comprehensive. On the other hand, large, observational programs were expensive, time consuming and cumbersome.

In the end, Wake recommended a combined physiological, emotional and psychometric experiment applying a suite of tests on subjects to be 'supplied by the RCMP' (15 each of female, male, homosexual and heterosexual).¹²⁷ This would include a finger plethysmograph recording emotional change via blood circulation and a test measuring skin perspiration. The process could be augmented with projective, span of attention or written multiple-choice masculinity-femininity tests. The centrepiece would be a 'pupillary response' test.¹²⁸ Developed by University of Chicago psychologists Eckhard Hess and James Polt, this test recorded 'interest patterns' by measuring changes in pupil dilation with 'emotionally toned or interesting visual stimuli'.¹²⁹ In a dimly-lit room, the subject would view slides controlled by the experimenter, while a concealed camera photographed the subject's eye at two frames per second.¹³⁰ Pupillary dilation was considered linked to hypothalamic stimulation and thus to emotion.¹³¹ In Hess and Polt's

¹²⁵ Ibid. He cites her 1961 paper to the International Congress of Applied Psychology in Copenhagen where she first outlined her notion of the 'homosexual community'.

¹²⁶ Ibid.

¹²⁷ Ibid., 17.

¹²⁸ Kinsman and Gentile have discussed this proposal in a section of their book entitled 'The Fruit Machine Technology and Its Contradictions'. They emphasise the centrality of the pupillary response test to Wake's report and his subsequent research (which conspicuously made no mention of its links to the RCMP). Kinsman and Gentile, *Canadian War*, 176-184 and 189.

¹²⁹ Eckhard H. Hess and James M. Polt, 'Pupil Size as Related to Interest Value of Visual Stimuli', *Science* 132, no. 3423 (1960): 349.

¹³⁰ Eckhard H. Hess, Allan L. Seltzer, and John M. Schlien, 'Pupil Response of Hetero- and Homosexual Males to Pictures of Men and Women: A Pilot Study', *Journal of Abnormal Psychology* 70, no. 3 (1965): 165.

¹³¹ Hess and Polt, 'Pupil Size', 350. They believed emotion was 'based on discharge over the sympatheticoadrenal system'.

1960 study, women's pupils enlarged in response to infant, mother-and-child and male nude pictures, but dilated at female nudes and landscapes, and vice-versa for men.

Although Wake's attempt to visit and see the machine in person was unsuccessful, his report implies a verbal discussion with one of Hess and Polt's graduate students, Allan Seltzer, who 'described an experiment he performed on matched groups of college-level heterosexual and homosexual males' using the apparatus and 'near pornographic' pictures from physical culture magazines.¹³² Seltzer claimed he was able to distinguish subjects' sex interest (and thus orientation) by analysing the results, which in addition to pupil size recorded the pattern followed by the eyes. 'Perhaps the most important incidental finding', Wake noted, 'was the confession of a homosexual subject who reported that he had done his best to defeat the machine but knew he had failed'.¹³³ This experiment seems to have been part of the pilot described in a 1965 article by Hess, Seltzer and John Shlien in the *Journal of Abnormal Psychology*, which contained caveats giving the impression that the authors, in Kinsman and Gentile's words, 'had to constantly tinker with the technology and tests [...] to get the results they hoped for'.¹³⁴

While Kinsman and Gentile closely analysed Wake's proposed detection apparatus ('fruit machine') in terms of the Canadian state's treatment of queer women and men, my chief interest is in what it indicates about medical and psychiatric understandings of detectability, the body and potential for changes in orientation, and how this reflected or fed into international knowledge flows in the late 1950s and early 1960s. If psychoanalytic diagnosis was limited to the discursive realm (patient self-disclosures, expert interpretation of verbal descriptions), and purely biological endocrine diagnosis had been discredited in relation to determining sexual object choice, how was actual or potential homosexuality to be determined without a subject's knowledge, and what was the role of the body?

Having scrutinised psychometric testing and found it insufficient, Wake was convinced that clinically established psychophysiological evidence was necessary. Despite its

¹³² Kinsman and Gentile note that the results of such an experiment were eventually written up in an unpublished article (brought to their attention by fellow Canadian historian Elise Chenier), which they believe Wake must have been aware of: Hess, Seltzer and Schlien, 'Pupil Response of Hetero- and Homosexual Males to Pictures of Men and Women'. Kinsman and Gentile, *Canadian War*, 179 and 488 (n.47).

¹³³ LOP JL110.5 H6 A35, 'Memorandum'.

¹³⁴ Kinsman and Gentile, *Canadian War*, 181; Hess, Seltzer, and Schlien, 'Pupil Response'.

empirical veneer, the pupillary response approach was still based on psychiatric and expert interpretations of indirect signs of ‘emotional’ change. These interpretations were based on assumed social norms on the part of researchers, not actual erotic stimulation of the subject. It really was a matter of guesswork. Wake believed the polygraph (lie detector or psychogalvanometer) was inadequate, partly because it required prior knowledge about the subject (‘whether they or their family have been members of a Communist organization, whether a homosexual act has occurred’), but also because extreme changes in heart-rate to words like ‘homosexual’ might have been indicative of creed rather than sexual desire.¹³⁵ He advocated the digital plethysmograph, but it suffered the same flaws.

Hess, Polt, Seltzer and Shlien’s machine was limited to detection. It had no therapeutic function and was not part of a treatment program. Nevertheless, given disillusionment with psychoanalysis, it represented an international trend of trying to reintegrate a social and/or environmental understanding of the body and physiology with psychological understandings of sexual orientation. During the 1960s, Wake pursued this line of research in a 1969 paper in *Psychophysiology* that closely built upon the work of Hess and colleagues. His co-author was a colleague from the National Defence Medical Centre, who was involved in the research Wake proposed to the Privy Council.¹³⁶

From empiricist turn to behaviourist turn – therapeutic responses to the data in transnational perspective

Wake had no inkling that a similar psychophysiological framework was being developed in Czechoslovakian sexological and psychiatric clinics. This is ironic, given the purpose of his research – to aid Canadian security in guarding itself and allies against infiltration by Communist agents from Soviet-aligned European countries. The difference was that, rather than serving national security interests, the Czechoslovakians’ focus was therapeutic, integrating diagnosis and treatment. The post-war interest in instruments designed to measure emotional response reflected the growth of psychophysiology as a

¹³⁵ LOP JL110.5 H6 A35, ‘Memorandum’. In fact he goes so far as to suggest that ‘before believing in the polygraph, an experiment should have been performed involving a group of homosexuals determined to beat the test’ – a test of the test, so to speak.

¹³⁶ Kinsman and Gentile, *Canadian War*, 183 and 489 (n.61). His co-author was James Lawless.

new paradigm within psychological medicine, particularly in the Anglophone West.¹³⁷ By the early 1970s most methods discussed throughout this chapter were considered unremarkable aspects of the psychophysiological toolbox.¹³⁸

Many ‘empirical turn’ researchers discussed made no explicit recommendations regarding treatment, coming from disciplines primarily interested in scientific, cultural and ethnographic analysis, and lacking therapeutic qualifications. Psychiatrists were an exception: for them, aetiological and diagnostic considerations were inseparable from treatment. Treatment possibilities were not strictly part of Wake’s brief, yet as a psychiatrist, he was enthused to make some remarks. His approach was pragmatic: as homosexuals were often highly intelligent and skilled, and replacing their competence was ‘difficult, time-consuming and expensive [...] it would be advantageous to have a method of treatment which would alter only the unwanted behaviour in the individual, thus rendering him safe to employ’.¹³⁹ It was also strongly influenced by behaviourism. ‘Mental health personnel these days’, Wake declared, ‘prefer not to speak of a cure (a change from homosexuality to heterosexuality) but rather of a change to controlled sexual behaviour’.¹⁴⁰ Wake noted the continued dominance of psychotherapy, but also scepticism regarding its success and the troublesome fact that it was dependent on a patient’s will to change.

Wake’s discussion is remarkable for what it tells us about the geopolitical context of the emergence of aversion therapy. He cited one source demonstrating this ‘encouraging’ new therapeutic direction: a single-case report by psychiatrist Basil James in the March 1962 issue of the *British Medical Journal (BMJ)*.¹⁴¹ James had taken up the challenge posed

¹³⁷ The American editors of the seminal *Handbook of Psychophysiology*, which offered an encyclopaedic catalogue of ‘Instruments in Psychophysiology’ and which drew heavily upon Ivan Pavlov and Hans Jürgen Eysenck, noted the establishment in 1960 of a new Society for Psychophysiological Research. Norman S. Greenfield and Richard A. Sternbach, eds., *Handbook of Psychophysiology* (New York: Holt, Reinhart and Winston Inc., 1972), v; see esp. chapter 4.4, ‘Instrumental Detection of Psychophysiological Responses’, 170-191.

¹³⁸ Marvin Zuckerman, ‘Physiological Measures of Sexual Arousal in the Human’, in *Handbook of Psychophysiology*, ed. Norman S. Greenfield and Richard A. Sternbach (New York: Holt, Reinhart and Winston Inc., 1972). This chapter included descriptions of the plethysmographs developed by Freund and Neil McConaghy, as well as galvanic skin response methods and the pupillometric methods of Hess et al. The chapter was based upon a paper presented by Zuckerman to the Ninth Annual Meeting of the Society for Psychophysiological Research held in Monterey, California, October 1969.

¹³⁹ LOP JL110.5 H6 A35, ‘Memorandum’.

¹⁴⁰ *Ibid.*, 15-16.

¹⁴¹ Basil James, ‘Case of Homosexuality Treated by Aversion Therapy’, *British Journal of Medical Psychology* 1, no. 5280 (17 March 1962). He also cited a running experiment by R. W. Goldner using anti-depressants in the control of criminal sexual compulsions, presented at the World Congress of

in the post-Wolfenden debates, noting interventions by Hadfield (1958), Curran and Parr (1957), and the British Medical Association's submission to the Wolfenden inquiry, and claimed success: the patient's relatives reportedly described him as a 'new man'.¹⁴² Wake found the method 'somewhat extreme' but felt that 'the fundamentals – a deconditioning-reconditioning approach – are sound. There is no reason to believe that a less-flamboyant version might not be even more successful'.¹⁴³

What Wake overlooked or ignored was the fact that 'deconditioning-reconditioning' was to some extent a Communist innovation – at least with respect to sexual deviations. James drew heavily and explicitly on work of the Czechoslovakian psychiatrist Freund, who in 1960 had 'published a series of cases of homosexual patients treated by aversion therapy'.¹⁴⁴ James also referred to an experiment by London psychiatrist M. J. Raymond using 'Pavlovian' conditioning to treat fetishism. He drew special attention to the volume edited by Hans-Jürgen Eysenck, director of London's Maudsley Institute, *Behaviour Therapy and the Neuroses*, which included Freund's study.¹⁴⁵ Freund and his colleagues had been publishing consistently in Czech and East German periodicals throughout the 1950s, but the study referred to by James would have been easily accessible.¹⁴⁶ Furthermore, an earlier paper in the *International Journal of Sexology* was summarised in English in 1953 and detailed Freund's application of Pavlovian conditioning to treat homosexuality among the same 67 patients referred to in the 1960 paper.¹⁴⁷ More difficult to obtain, perhaps, would have been a 1958 article by Freund in the English edition of the *Review of Czechoslovak Medicine* describing his own machine for diagnosing male sexual orientation – a *penile* plethysmograph, which measured actual erotic stimulation (and thus its orientation) in men, developed within the framework of empirical, scientific, Pavlovian

Psychiatry in Montreal in June 1961, but noted that this was a pilot study awaiting results, and did not make clear what relevance it had to the discussion.

¹⁴² Ibid., 769. See Chapter 3.

¹⁴³ LOP JL110.5 H6 A35, 'Memorandum'.

¹⁴⁴ James, 'Case', 770.

¹⁴⁵ Kurt Freund, 'Some Problems in the Treatment of Homosexuality', in *Behaviour Therapy and the Neuroses: Readings in Modern Methods of Treatment Derived from Learning Theory* ed. Hans Jürgen Eysenck (London: Pergamon Press, 1960).

¹⁴⁶ See Chapter 3.

¹⁴⁷ Kurt Freund and Jan Srnc, 'Treatment of Male Homosexuality through Conditioning', *International Journal of Sexology* 7 (November 1953); Kurt Freund and Jan Srnc, 'K otázce mužské homosexuality, analýze změn sexuální apetence během léčby podminováním', *Sborník lékařský* 55 (1953).

principles at the heart of the behaviourist therapeutic shift.¹⁴⁸ Inspired by a phallographic method developed by Freund's superior Joseph Hynie in the 1930s, this innovation was made after three years of 'unpromising' results with finger plethysmography, psychogalvanic responses (chemical changes on the skin indicating emotional state) and breathing changes in the early 1950s.¹⁴⁹

It is furthermore astonishing that Hess, Polt, Seltzer and Shlien made no use of the work of Harold Zamansky at Harvard University, who in 1956 published 'A Technique for Assessing Homosexual Tendencies' similar to their own. Zamansky, like many of his contemporaries, was dissatisfied with '[A]lmost all of the existing techniques for assessing homosexual tendencies', both written and projective.¹⁵⁰ He attempted a technique measuring the relative proportion of time a subject would spend looking at images of men and women respectively, arguing that a longer gaze indicated greater interest and arousal. This was followed in 1958 with a study using the Thematic Apperception Test (TAT) in an attempt to distinguish 20 homosexuals from 20 'normals', but the results left 'serious doubt concerning their utility'.¹⁵¹ As Freund pointed out, though Zamansky's techniques had possible value in group differentiation, they would never be appropriate in individual diagnosis.¹⁵²

The behaviourist orientation of Wake's report can be seen in his list of citations. He drew heavily on the Kinsey reports, Henry's *Sex Variants* and follow-up study on masculinity and femininity, and the work of Evelyn Hooker.¹⁵³ Wake took from these an understanding that visual codings and emotional styles existed in the homosexual world, but if noticeable, they were likely deliberate.¹⁵⁴ Some homosexuals sought 'visibility'

¹⁴⁸ Kurt Freund, Jiří J. Diamant, and Václav Pinkava, 'On the Validity and Reliability of the Phallographic (PHP) Diagnosis of Some Sexual Deviations', *Review Of Czechoslovak Medicine* 4, no. 2 (1958).

¹⁴⁹ Kurt Freund, 'Diagnostika Homosexuality u Mužů', *Čekoslovenská Psychiatrie* 53, no. 6 (December 1957): 384.

¹⁵⁰ Harold S. Zamansky, 'A Technique for Assessing Homosexual Tendencies', *Journal of Personality* 24, no. 1 (1 June 1956): 436-437. Written techniques included questionnaire type tests such as the Terman-Miles Attitude Interest Test and the Masculinity-Femininity Scale of the Minnesota Multiphasic Personality Inventory, while projective tests included Rorschach and other similar tests of the type scrutinised by Evelyn Hooker.

¹⁵¹ Lindzey Gardner, Charlotte Tejesy, and Harold S. Zamansky, 'Thematic Apperception Test: An Empirical Examination of Some Indices of Homosexuality', *Journal of Abnormal and Social Psychology* 57, no. 1 (1958).

¹⁵² Freund, 'Diagnostika', 384.

¹⁵³ George W. Henry, *All the Sexes: A Study of Masculinity and Femininity* (Toronto: Reinhart, 1955).

¹⁵⁴ Similar ideas were being explored in the mid-1950s by Erving Goffman in relation to 'impression management'. Erving Goffman, *The Presentation of Self in Everyday Life* (Edinburgh: University of

through their mannerisms, dress and locales, but most ‘went to great lengths to conceal their sexuality, ‘deceiving employers, friends and even wives’.¹⁵⁵ This deception applied equally to women and men, Wake noted, quoting Henry: ‘With mid-century fashions for women running strongly to slacks and short hairdo’s [sic], the modern lesbian is safer from detection.¹⁵⁶ Nevertheless, the body of knowledge Wake was tapping into by citing James seems to have passed him by. With the exception of James, he only drew on North American literature. Most of the behaviourist clinical developments in relation to sexual deviation and behaviour therapy in general were taking place in Europe and the United Kingdom. Although John B. Watson and Burrhus Frederic Skinner loom large in the American tradition, Ivan Pavlov’s framework was to have the greatest international influence in the post-war growth of behaviourist psychiatry.¹⁵⁷

Behaviourism in East and West

The mid-century rise in behaviourism was not confined to psychiatry but was taken up as a theoretical and methodological paradigm across the disciplines of psychology, social science, ethnography and anthropology. From Mass Observation sociologist Erving Goffman’s theories of public self-presentation and ‘impression management’, it offered a framework of analysis in which the body, mind and social interaction could be integrated, but also represented a scientific response to distrust in appearances and theoretical explanations of human motivation.¹⁵⁸ Its growth occurred in a context of disintegrating confidence in psychoanalysis and purely biological theories to explain and treat non-normative human sexual behaviours. If no agreement could be reached on the

Edinburgh Social Sciences Research Centre, 1956). Cf. on ‘emotional styles’ Gammerl, ‘Styles’. On the integration of the body, cf. Pascal Eitler and Monique Scheer, ‘Emotionengeschichte als Körpergeschichte: Eine heuristische Perspektive auf religiöse Konversionen im 19. und 20. Jahrhundert’, *Geschichte und Gesellschaft* 35, no. 2 (April-June 2009).

¹⁵⁵ Wake put the word ‘visibility’ in scare quotes, perhaps indicating that it was already part of a proto-gay lingua franca.

¹⁵⁶ Henry, *All the Sexes*. Wake noted, however, that Henry’s observation was ‘unsubstantiated’. Unlike many of his contemporaries, Wake was attentive to homosexuality in women as well as men, citing Kinsey’s second volume, *Sexual Behavior in the Human Female* (1953), and the work of Frank Caprio, who had published a monograph on lesbianism: Frank S. Caprio, *Female Homosexuality: A Psychodynamic Study of Lesbianism* (New York: Citadel, 1954).

¹⁵⁷ The influence of Pavlov’s work on the ideas of Watson and Skinner was discussed by Skinner in 1981, quoting correspondence with Watson to this effect. Burrhus Frederic Skinner, ‘Pavlov’s Influence on Psychology in America’, *Journal of the History of the Behavioral Sciences* 17 (1981).

¹⁵⁸ Goffman, *Presentation*.

aetiology of certain sexual desires, perhaps treatment needed to be detached from aetiology. A behaviourist therapeutic framework, focused on reconditioning behavioural adaptation to the environment rather than trying to ‘cure’ a problem whose origins could not be established. It also enabled detachment of the therapeutic method from value-laden expectations that patients ‘wanted’ change. In this sense it could be seen, in conjunction with the ‘empirical turn’, to constitute what Thomas Kuhn in 1962 called a ‘paradigm shift’.¹⁵⁹

It was in this context that Canadian, Australian, East German and other intelligence agencies were grappling to understand the role of homosexuality within security policy and staffing. The ‘empirical turn’ had produced a decade of surveys whose results undermined widely held assumptions about the nature, visibility and character of homosexuality and homosexual desire in women and men. In turn, they contributed – for some researchers and psychiatrists – to a break with fuzzy psychoanalytic interpretations, pop-Freudianism and ‘talking cures’, and went hand-in-hand with the shift to behaviourist therapies.

Earlier in this chapter emphasis was laid upon Kinsey’s worldwide impact. This was not a simple transfer of knowledge (or creation of a new paradigm) from the US outwards – especially to the East. In Prague, East Germany, Britain and beyond, similar methodological shifts occurred simultaneously. It is also false to believe that Watson and Skinner were the key originators of behaviourism in the Anglophone world. As we shall see in Chapter 3, the East, and especially Czechoslovakia, would be the laboratory for behavioural conditioning as a sexological treatment before it was taken up in the West around 1962.

¹⁵⁹ Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962). Cf. Daston and Lunbeck, ‘Observation’, 5; Mimi Marinucci, *Feminism is Queer* (London: Zed Books, 2010), 7.

Part II – Transnational Sexological Knowledge Transfer from East to West

Chapter 3 – Cold War Pavlov: Sexological Knowledge Exchange in an Age of Scientific and Geopolitical Polarisation

In 1960, an English translation of an article by the Czechoslovakian psychiatrist and sexologist Kurt Freund elucidating ‘Some Problems in the Treatment of Homosexuality’ was published in Britain.¹ Its prim, unassuming title scarcely reflected the dramatic historical juncture at which it appeared. Between 1960 and 1962, homosexuality would be decriminalised in Czechoslovakia and Hungary, the Berlin Wall erected, British diplomat John Vassall exposed as a homosexual blackmail victim and Soviet spy, and a vigorous debate over the ‘curability’ of homosexuality and the merits of aversion therapy would erupt in the pages of British medical journals. Nor did it indicate the turning point it heralded in anglophone psychiatry. This was the beginning of a ‘long decade’ in the use of behaviour therapy to treat homosexuality, starting in the late 1950s and gradually petering out after 1973, when peak psychiatric bodies in several countries began to remove homosexual desire from their catalogues of ‘mental disorders’, of which the American Psychiatric Association’s *DSM* was only the most famous.² The publication of Freund’s article was emblematic of the various forces leading to the post-war adoption of behaviourist methods in the medical treatment of sexual ‘deviations’. The volume in which it appeared, *Behaviour Therapy and the Neuroses*, was a veritable manifesto. Collating the most important work in the field to date, this volume enabled its editor Hans Jürgen Eysenck, Director of Psychology at London’s influential Maudsley psychiatric hospital, to pronounce a new, neo-behaviourist therapeutic paradigm that rejected the ‘mumpsimus beliefs’ – wilful persistence in the absence of scientific evidence – of psychoanalysis.³

In Czechoslovakia, by contrast, the article marked an endpoint of sorts. It was an abridged chapter from Freund’s forthcoming book, *Homosexualita u muže* (Homosexuality in the Man), which presented findings from over a decade of clinical research by a team

¹ Freund, ‘Some Problems’.

² The main alternative is the International Classification of Diseases (ICD) published by the World Health Organisation, already in its sixth iteration by 1949, which includes a chapter on mental illnesses. The Chinese Classification of Mental Disorders (CCMD) was founded in 1979.

³ Eysenck, *Behaviour Therapy*, ix.

of clinical sexologists and psychiatrists in the Medical Faculty of Charles University in Prague, commenced in 1950 and published progressively in a series of papers between 1953 and 1961 in Czech, German, Russian and English. The monograph appeared in Czechoslovakia in September 1962, followed by an author-arranged translation in the neighbouring GDR in January 1963.⁴ Although Freund had published in English before, the 1960 article was the real debut for the Czechoslovakian research in the anglophone West, translated from German by Eysenck himself in consultation with the author. Since the monograph never appeared in English, this article remained Freund's most cited contribution among anglophone psychiatrists for many years. Based on research conducted within the framework of Pavlovian psychophysiology, it added significant heft to Eysenck's mission to spearhead a behaviourist movement in post-war psychological medicine. I shall refer to Freund's vast project as 'the Prague experiment'.

The historical arc of aversion therapy as a treatment method for sexual and gender deviations is confined to a period of about 60 years spanning the middle of the twentieth century. To map this arc, I have divided it into three phases, or 'waves': a first wave in the 1920s and 1930s, a second wave – the Prague experiment – from 1950 to the early 1960s and a third wave from the late 1950s to the mid-1970s in the British world. Following a brief overview of the interwar first wave, the subject of this chapter is the second wave, and the third wave's response to it. A critical discussion of the influence of Pavlovian ideas in mid-century sexology will accompany the middle section.

There is an astonishing lack of historical scholarship on the history of aversion therapy. Although the pathologisation of gender and sexual 'otherness' is a customary feature of histories of queer sexuality, the behaviourist therapeutic paradigm remains almost entirely unmapped and the specific differences between treatments formulated within psychoanalysis, neurosurgical psychiatry, endocrinology and behaviourism demand scholarly attention. Most accounts of 'homosexuality and psychiatry' tend to follow a well-worn historical and geographical narrative from pre-1933 Germany and Austria to post-war America and by default focus heavily on the psychoanalytic tradition.⁵ Notable exceptions are Tommy Dickinson's book *Curing Queers: Mental Nurses and their Patients*,

⁴ Freund, *Homosexualita*, 294; Freund, *Homosexualität*.

⁵ Rosario, *Science*; Simon LeVay, *Queer Science: The Use and Abuse of Research into Homosexuality* (Cambridge, MA: The MIT Press, 1996); Roger Davidson, 'Psychiatry and Homosexuality in Mid-Twentieth-Century Edinburgh: The View from Jordanburn Nerve Hospital', *History of Psychiatry* 20, no. 4 (December 2009).

1935-74, based on oral history interviews with former staff of British psychiatric hospitals, and Tom Waidzun's book *The Straight Line: How the Fringe Science of Ex-Gay Therapy Reoriented Sexuality*, which traces the genealogy of today's 'ex-gay ministries' back to the sexual orientation change efforts of psychiatrists in the years between 1948 and 1972.⁶ Some coverage of behaviourist therapeutic methods has been given in historical accounts of what Donna Drucker has called the 'machines of sex research', but the geographical locus for this work has for the most part been limited to Britain and the United States.⁷ An earlier article by Florian Mildenberger compellingly characterises the spike in published clinical behaviourist experiments in the mid-1960s as an 'heroic phase'.⁸ However, while the article does draw some conclusions about the transnational spread of Eysenckian ideas, Mildenberger inexplicably omitted the German medical literature from his study, leading to a number of unsupported conclusions, for example that behaviour therapy did not spread to the GDR until the late 1960s after the majority of laws criminalising homosexuality had been expunged.⁹ This conclusion does not do justice to Freund and colleagues' German-language publications during the 1950s, to say nothing of those in Czech, Russian, English and Spanish, and reveals rather the importance of scholarly attention to how 'multilingualism and translation between languages was crucial in the development of modern sex research'.¹⁰

This chapter provides a detailed study of aversion therapy literature from both sides of the East/West border in the Cold War era to date. Including German, Czechoslovakian and English-language sources beyond British and North American journals, the chapter illustrates how an entire body of clinical research conducted in Czechoslovakia in the 1950s went mostly unacknowledged in the West and, when cited, was artfully cherry-picked for the most favourable gloss.

⁶ Dickinson, *Curing*; Tom Waidzun, *The Straight Line: How the Fringe Science of Ex-Gay Therapy Reoriented Sexuality* (Minneapolis: University of Minnesota Press, 2015).

⁷ Drucker, *Machines*; Nathan Ha, 'Detecting and Teaching Desire: Phallometry, Freund, and Behaviorist Sexology', *Osiris* 30 (2015); Tom Waidzun and Steven Epstein, "'For men arousal is orientation": Bodily Truthing, Technosexual Scripts, and the Materialization of Sexualities through the Phallographic Test', *Social Studies of Science* 45, no. 2 (2015).

⁸ Mildenberger, "'Learned'", 123.

⁹ *Ibid.*, 126.

¹⁰ Heike Bauer, 'Introduction: Translation and the Global Histories of Sexuality', in *Sexology and Translation: Cultural and Scientific Encounters Across the Modern World*, ed. Heike Bauer (Philadelphia: Temple University Press, 2015), 8.

The origins of aversion therapy and its interwar ‘first wave’

Aversion therapy was a post-war subdivision within a set of psychological and psychiatric treatment methods grouped under the term ‘behaviour therapy’. Behaviour therapy was an elaboration of classical reflex-conditioning developed by the Russian physiologist Ivan Pavlov in the early decades of the twentieth century and further investigated by his American contemporary, John B. Watson.¹¹ Adjunct techniques such as suggestion and hypnosis were also explored, most prominently by Pavlov’s Russian colleague Vladimir Bekhterev.¹² In the interwar period, a vast number of conditioning experiments were undertaken in Russia in three main laboratories under Pavlov, Krasnogorski and Bekhterev, with a smaller number undertaken in the United States. In 1934 a review article by Columbia University psychologist Gregory Razran analysed 33 conditioning experiments using electric shock; eleven were from the United States, one from India and one from France, but 20 were from the Russian laboratories of Bekhterev.¹³ Many of these experiments were scientific rather than therapeutic, but in the latter case, some of the conditions ‘treated’ included feeble-mindedness, epilepsy, left or right-handedness, catatonia and alcoholism. Another strand of ‘modification’ techniques is commonly associated with the American psychologist Burrhus F. Skinner, but these diverged significantly from the Pavlovian framework.¹⁴

In 1923, noting the lack of aetiological consensus among renowned European authorities on sexual and gender ‘perversities’ – including Moll (inherited), Freud and Stekel (psychological) and Steinach and Lichtenstein (hormonal) – Bekhterev argued that the ‘murky questions of sexual pathology’ could be clarified ‘through elucidation of sexual

¹¹ John B. Watson and Rosalie Rayner, ‘Conditioned Emotional Reactions’, *Journal of Experimental Psychology* 3, no. 1 (1920); Ivan Petrovich Pavlov, *Conditioned Reflexes: An Investigation of the Physiological Activity of the Cerebral Cortex* [Dvadtsatiletnii opyt obyektivnogo izucheniia vyssheinervnoi deiatel’nosti zhivotnykh], trans. Gleb Vasilyevich Anrep (London: Oxford University Press, 1927); Gregory H. S. Razran, ‘Conditional Withdrawal Responses with Shock as the Conditioning Stimulus in Adult Human Subjects’, *Psychological Bulletin* 31, no. 2 (February 1934).

¹² W. Bechterew, ‘Die Perversitäten und Inversitäten vom Standpunkt der Reflexologie’, *Archiv für Psychiatrie und Nervenkrankheiten* 68-1, 100-213 68, no. 1 (1923); W. Bechterew, ‘Über die Behandlung der krankhaften Triebe und Zwangszustände mit Neuerziehung durch Ablenkungstherapie’, *Zeitschrift für die gesamte Neurologie und Psychiatrie* 94 (1925); N. V. Kantorovich, ‘Opyt sochetatel’no-reflektornoy terapii alkogolizma’, *Novoe v refleksologii i fiziologii nervnoy sistemy* 3 (1929); Healey, *Homosexual Desire*; Dan Healey, ‘Russian and Soviet Forensic Psychiatry: Troubled and Troubling’, *International Journal of Law and Psychiatry* 37, no. 1 (2014). See also Aleksandra Brokman, ‘Sterility and Suggestion: Minor Psychotherapy in the Soviet Union, 1956-1985’, *History of the Human Sciences* 31, no. 8 (2018).

¹³ Razran, ‘Conditional’, 112.

¹⁴ Skinner, ‘Pavlov’s Influence’.

biochemistry' and a 'reflexological examination method'.¹⁵ Above all other forms of psychotherapy, he favoured 're-education through diversion', in which homosexual subjects were encouraged to divert abnormal sexual feelings by pursuing 'body strengthening through gymnastics, sport and so on'.¹⁶ Yet considering Razran's identification of Bekhterev's laboratory as a major site of experimentation with electric shock, we must acknowledge that some of those test subjects may have been homosexual.¹⁷

Two other studies published in the interwar period provide more explicit examples of applying conditioning techniques to treat homosexuality. In September 1935, Louis M. Max from New York University presented a paper to the American Psychological Association reporting a singular case of an 'obsessional patient' with a 'homosexual fixation'; Max attempted to 'disconnect the emotional aura' from its 'fetishistic' stimulus (the same-sex object) 'by means of electric shock, applied in conjunction with the presentation of the stimulus'.¹⁸ Three years earlier another American, Knight Dunlap, had used a less precise technique called 'negative practice' whereby patients were instructed to engage in the treatable act (homosexuality, alcoholism, etc.) just at the moment when they had no desire to do so.¹⁹

Notwithstanding this experimental bloom in the interwar period, behaviourist therapeutics did not gather international momentum until after the Second World War, when psychoanalysis fell into 'crisis' and the globally influential American Psychiatric Association took a sharp conservative turn.²⁰ This political shift coincided with more globally widespread theoretical and clinical disillusionment with Freudian theories and methods. It is here that we can see the kernels of the crude polarisation of 'Pavlov or Freud?' that would develop in the 1950s and 1960s.²¹ In the anglophone Commonwealth,

¹⁵ Bechterew, 'Perversitäten', 115.

¹⁶ Bechterew, 'Behandlung', 242.

¹⁷ Healey, *Homosexual Desire*, 89-92.

¹⁸ Louis M. Max, 'Breaking Up a Homosexual Fixation by the Conditioned Reaction Technique: A Case Study', *Psychological Bulletin - Special issue: Proceedings of the Forty-Third Annual Meeting of the American Psychological Association, Ann Arbor Michigan, 4-7 September 1935* 32, no. 9 (November 1935).

¹⁹ Knight Dunlap, *Habits, Their Making and Unmaking* (New York: Liveright, 1932).

²⁰ Herzog, *Cold War Freud*; Angelides, *Bisexuality*.

²¹ 'Pavlov or Freud?' was the title of the correspondence series in *Lancet* in March-June 1961 sparked by an editorial summary of Eysenck's position. 'Pavlov or Freud?', Editorial, *Lancet* 277 (4 March 1961). See also the letters in reply: John Bower and V. B. Goresky (1 April), S. Sament (8 April), Joseph Wolpe (15 April), M. M. Glatt (20 May), Joseph Zelmanowits and Alex Comfort (3 June). Alex Comfort had the

behaviourist psychotherapeutic methods became what South African psychiatrist Joseph Wolpe described as ‘a serious alternative to the repression theory’ based on new knowledge of ‘the processes by which change is wrought in the behavior of organisms – modern learning theory’.²² Wolpe explained that in the mid-1940s, when his ‘faith in the “sure stronghold” of Freudianism was seriously shaken’, a ‘paragraph in a newspaper to the effect that the Russians do not accept psychoanalysis’ motivated him ‘to find out what they do accept; the answer was Pavlov’.²³ The idea of conditioning led Wolpe, Eysenck and others to explore and integrate new theories of learning being developed by the American education psychologist Clark L. Hull. Together with Stanley (Jack) Rachman, a former student of Wolpe’s based at Maudsley from the late 1950s, they formed the vanguard of a British-Commonwealth Pavlovian school of behaviour therapy. The ‘serious alternative’ to Freud’s repression theory these investigators found in Pavlov derived from a materialist, psychophysiological view of emotional and psychological deviations, especially obsessive, compulsive or involuntary aberrant behaviours, habits and reflexes. These were understood to be an outcome of repeated exposure to various physiological, ideational and sensory stimuli, and could therefore be both learned and ‘unlearned’. Bekhterev, too, had believed that sexual perversity could be caused through a process of ‘getting used to’ it through repeated exposure.²⁴ This differed from the Freudian therapeutic focus on unblocking a psychosexual arrest in the mind through verbal psychotherapy, known simply as ‘analysis’. Patients could instead be ‘conditioned’ to avoid aberrant behaviours by creating associations with unpleasant physiological and emotional sensations. Modern behavioural therapy rapidly grew into a large and influential tradition with diverse methods applied to a range of symptoms considered to be involuntary or compulsive and provoked by underlying anxieties, neuroses or cortical imbalances, such as bed-wetting, anorexia, impotence, gambling and paedophilia. Curiously, most of the interwar experimentation with conditioning techniques went

last word: ‘Surely – since we are discussing science, not religion or palmistry – it should read Pavlov and Freud?’

²² Joseph Wolpe, *Psychotherapy by Reciprocal Inhibition* (Stanford: Stanford University Press, 1958), ix.

²³ *Ibid.*, vii.

²⁴ Bechterew, ‘Perversitäten’, 105.

uncited by post-war homosexual aversion therapists. Only Dunlap and Max provided direct precedents, with Max's short 1935 abstract the most common reference.²⁵

The Prague Experiment: aversion therapy's Czechoslovakian 'second wave'

The paper most often cited in the anglophone literature as the first post-war precedent using aversion therapy to treat sexual deviation is a 1956 single case report in the *BMJ* by M. J. Raymond, an assistant psychiatrist at St George's Hospital in London.²⁶ The patient was a man who gained sexual gratification by slashing the sides of baby prams with a knife. In November 1954, following court proceedings for his twelfth charge of property damage, he was referred for a prefrontal leucotomy (lobotomy), but Raymond requested instead to use him as an experimentation subject. Although focused on treating sexual fetishism rather than homosexuality, the case became a key example for British experimenters in the 1960s. But there was an earlier, more scientifically significant and technically relevant precedent in Czechoslovakia, with results reported in English as early as 1953.

In 1950 Kurt Freund began an elaborate clinical research project in Prague. It would become the largest, most sustained and methodologically cutting-edge clinical study of homosexuality conducted in early post-war Europe. It was hosted by the Charles University's Psychiatric Clinic under the directorship of Professors Zdeněk Mysliveček (to 1957) and Vladimír Vondráček (from 1957), in collaboration with the Institute of Sexology under Professor Josef Hynie, who oversaw the project. Joining Freund were Jan Srnec from the psychiatric clinic and Karel Nedoma, Jan Raboch, Václav Pinkava and Věra Březinová of the sexology institute. Between 1950 and 1957 Freund and his team saw more than 270 individual patients. The final data set included 222 men, all of whom scored highly ('5' or '6') on the Kinsey scale; 67 were treated with aversion therapy, with follow-up interviews and questionnaires conducted up to five years after treatment. This provided an immense database of material for numerous papers published in subsequent years and eventually formed the basis for Freund's 1962 monograph. The

²⁵ Freund and Srnec, 'K otázce mužské', 126; Joseph Wolpe, 'Reciprocal Inhibition as the Main Basis of Psychotherapeutic Effects', *Archives of Neurology and Psychiatry* 72, no. 2 (August 1954): 212-213.

²⁶ M. J. Raymond, 'Case of Fetishism Treated by Aversion Therapy', *British Medical Journal* 2, no. 4997 (13 October 1956): 855; Dickinson, *Curing*, 66.

project was inaugurated at the Purkyně Society, the peak medical association in Czechoslovakia, at its November 1950 meeting, where Hynie, Nedoma, Freund and Srnec all presented papers.²⁷ A translation of Nedoma's paper was the first English-language publication associated with the project, appearing in the Bombay-based *International Journal of Sexology* in May 1951.²⁸

In the 1950s, sexological research was propelled by the state socialist government's formally stated political goal of gender equality, which had to be balanced with a post-war economic imperative to increase the birth rate.²⁹ It was not until after the Soviet invasion of Czechoslovakia in 1968 in the period known as 'Normalisation' that sexology took a conservative turn in connection with reproductive and family policy.³⁰ Hynie and Nedoma's 1950 papers illuminate the eclectic theories and therapeutic methods circulating among these researchers at the beginning of the project. Hynie, for example, reported using a technique inspired by early psychoanalyst Wilhelm Stekel, but also entertained endocrine theories about body build akin to those developed by Arthur Weil, dividing homosexuals into categories based on constitution, psychosexual maturity, neuroses and psychoses.³¹ They were working with old frameworks but looking for something new. The research required the elaboration and gradual refinement of a sophisticated theoretical differentiation from psychoanalysis and endocrinological methodologies, particularly over the thorny question of aetiology: theories of 'latent' versus 'manifest' homosexuality, the nature of 'neurosis' and its relationship to same-sex desire, and the widespread 'seduction' (recruitment) theory, the last of which turned out to be one of the core areas of empirical refutation.

The clinic at the Prague Institute of Sexology was a first port of call for women and men seeking help for a range of sexual problems from anorgasmia to impotence; same-sex desire represented only a miniscule proportion of complaints. Both Hynie and Nedoma repeatedly emphasised that a vast majority of homosexuals would never seek the

²⁷ Pavel Baudiš, 'Historie Psychiatrické společnosti Česko(slovenské) lékařské společnosti J. E. Purkyně v letech 1908-2004', *Československá Psychiatrie* 101, no. 5 (2005).

²⁸ Josef Hynie, 'Několik poznámek k podstatě a terapii homosexuality', *Neurologie a psychiatrie Česko-slovenská* 13, no. 6 (December 1950); Karel Nedoma, 'Homosexualita v sexuologické praxi', *Neurologie a psychiatrie Česko-slovenská* 13, no. 6 (December 1950); Nedoma, 'Homosexuality'.

²⁹ Between 1953 and 1966 the Sexological Institute was called the 'Laboratory for Infertility'; Kateřina Lišková, *Sexual Liberation, Socialist Style: Communist Czechoslovakia and the Science of Desire, 1945-1989* (Cambridge: Cambridge University Press, May, 2018), 14.

³⁰ *Ibid.*

³¹ Hynie, 'Několik', 326-327.

assistance of a doctor, being ‘satisfied’ with their sexual feelings; such people were ‘not different from heterosexual people and would differ even less’ were it not for the ‘moral and legal pressure of society’.³² Even among those who did seek assistance, not all were unhappy with their orientation, but were informed of Freund’s study and referred to the Psychiatric Clinic. Nedoma noted that women were less interested in treatment for homosexuality than men, possibly because female same-sex behaviours attracted less social and legal condemnation, but perhaps also because ‘female homosexuality of the neurotic type’ was less frequent.³³ Nevertheless, a majority of homosexuality cases presented by Hynie to the Purkyně Society were women. In 90 per cent of cases the patient’s wish was to ‘remake’ herself so that she could live with the woman she loved, possibly with children. For many, this meant adopting masculine gender characteristics. Hynie’s often overlooked account offers crucial insights not only for lesbian history but for transgender history as well. Some of his patients ‘had a liking for masculine contemplation and considerable dispositions of it, and some were transvestites, not only with regard to the desire to walk in men’s clothes’ but ‘for life’, while at least two had undergone mastectomy and adopted male names.³⁴ Another insight concerns the distances patients would travel to seek assistance and the once well-established network of places where one could seek medical assistance: at least one of Hynie’s patients had previously attended Magnus Hirschfeld’s Institute for Sex Research in Berlin before it was destroyed by the National Socialists in 1933.³⁵

In 1953, Freund and Srnec published the first results of the project, based on data from the initial cohort of 32 male patients.³⁶ In the beginning, a tiny number of women were among those referred, but ‘none of them was dissatisfied with her deviation’ and women were henceforth excluded from the study.³⁷ The authors were critical of ‘speculative’ interpretations of therapeutic results, noting that much existing work was built upon poorly defined terms and unsatisfactory criteria; the ‘pathogenesis of this deviation’ thus

³² Nedoma, ‘Homosexualita’, 333; Nedoma, ‘Homosexuality’, 223.

³³ Nedoma, ‘Homosexuality’, 223.

³⁴ Hynie, ‘Několik’, 323.

³⁵ Ibid., 326. Hynie himself had twice been a professional guest and student at the institute, where he was mentored by Hirschfeld, in 1929 and 1931. Josef Hynie, ‘Zur Geschichte der Sexualforschung in der Tschechoslowakei’, in *Sexualwissenschaft und Sexualpolitik: Spannungsverhältnisse in Europa, Amerika und Asien*, ed. Erwin J. Haeberle and Rolf Gindorf (Berlin: Walter de Gruyter, 1992).

³⁶ Freund and Srnec, ‘K otázce mužské’, 131-132.

³⁷ Ibid., 131.

remained unknown.³⁸ Nevertheless, ‘the doctor gets into a situation when he is asked by a homosexual person for help’ and the primary duty was to assist them.³⁹ Like practitioners of other treatments prior to 1950 – testicular transplants, metrazol-induced shock seizures, methyltestosterone treatments, various other castration methods including x-ray irradiation and estradiol benzoate, CO₂ inhalation, brain surgery, as well as psychoanalysis – all of which Freund and Srnec evaluated and rejected, they still subscribed to the idea that homosexual desire was a matter of therapeutic concern.⁴⁰ They emphasised that all hitherto existing therapies, ‘allegedly successful in a few cases’, failed in the vast majority; Pavlovian conditioning might prove more promising.⁴¹

Freund and Srnec shared the view of many in the psychoanalytic school that sexual habits, orientation and psychosexual structure were not rigid. They believed that ‘a variety of methods could allow *some* patients to have heterosexual desire [...] or significantly reduce or practically eliminate the appeal of the same sex for at least *some* time’.⁴² Yet they made an important innovative distinction: unlike neurotics, for homosexuals the manifestations of their abnormalities provided them with ‘pleasant experiences analogous to normal heterosexual human beings’.⁴³ A further innovation was to separate orientation from behaviour, suggesting it might be possible to condition patients’ sexual behaviour in a heterosexual direction irrespective of whether their inner emotional and erotic orientation changed. The stated goals of the research were therefore: 1) ‘to ascertain whether it is possible to use a method of conditioned reflexes for effecting a change in homosexual appetite’ [desire]; 2) ‘to establish the kind of changes possibly induced’; and 3) ‘to evaluate the possible therapeutic usefulness of the chosen procedure’.⁴⁴

The empirical data collection was extensive. To begin, all patients were required to fill out a 350-question ‘self-examination’ form. They were examined somatically and neurologically; an endocrine examination was planned but abandoned due to staffing

³⁸ Ibid., 129.

³⁹ Ibid.

⁴⁰ Eugen Steinach and Robert Lichtenstern, ‘Umstimmung der Homosexualität durch Austausch der Pubertätsdrüsen’, *Münchener medizinische Wochenschrift* 65, no. 6 (February 1912); Newdigate M. Owensby, ‘Homosexuality and Lesbianism Treated with Metrazol’, *Journal of Nervous Mental Disease* 92 (1940); Neustadt and Myerson, ‘Quantitative’; Ladislav J. Meduna, *Carbon Dioxide Therapy* (Springfield: Charles C. Thomas, 1950).

⁴¹ Freund and Srnec, ‘K otázce mužské’, 127.

⁴² Ibid. My italics.

⁴³ Ibid., 130.

⁴⁴ Ibid., 130, 151.

capacities. Throughout the program, they were required to keep a diary and were interviewed daily in groups and twice a week individually about the effects of the treatment. Of the first cohort of 32 patients, six had been prosecuted for homosexual behaviour and two were brought by their parents, but 22 were completely voluntary as far as the investigators could ascertain. Seven had previously undergone other treatments including hormonal therapy, hypnosis, insulin, electric shock and psychotherapy, of which one had seen an 'improvement' (with psychotherapy). Large sections of the 1953 report provided data from individual cases, including quotes from patients' self-reports about their desires and experiences with both women and men. These are likely the very first ever recorded patient responses to aversion therapy for homosexuality and provide a rich source of information about patients' lives. Further data was collected from family members and other third parties.

Treatment involved two phases of conditioning – negative, using nausea-inducing drugs, and positive, using testosterone. In the first phase, patients were given emetine-laden coffee or tea (as in alcohol treatment) and injected ten minutes later with a mixture of emetine, apomorphine, pilocarpine and ephedrine. As nausea set in, they were made to view films and slides depicting men and male athletes either dressed, in swimsuits or naked. Patients' emotional engagement was secured by encouraging them to think of real partners or lovers while looking at the people on the screen. These sessions lasted 30-45 minutes. In the second phase, patients were injected twice daily with testosterone and made to watch films depicting women 'in situations which provoke sexual desires in normal men'.⁴⁵ This initial program lasted around four weeks. The total duration of treatment ranged from five months up to one year and nine months, and all patients in this first cohort were treated prior to December 1951, with follow-up consultations conducted later. Over the course of the experiment, Freund and Srnec altered the frequency and rotation of these two phases several times, trying both daily and weekly rotations. At first the treatment sessions were conducted individually, but later in groups of up to eight. As a clinical precaution, verbal psychotherapy was deliberately excluded from the experiment in order to more accurately evaluate the therapeutic outcomes of the conditioning itself. The results were meagre, but Freund and Srnec did not interpret them as a total failure. Out of 25 patients who completed the full course of treatment,

⁴⁵ Ibid., 130.

ten achieved 'predominant' heterosexual activity for a period of time; four relapsed, three of whom took a repeat course. Freund and Srnec concluded that it was 'likely that the chosen procedure has a therapeutic effect and provides in some cases [...] a means for their adaptation'.⁴⁶ After the publication of preliminary results in 1953, the Prague experiment continued to expand, with final follow-ups in 1956 and 1957.

In their 1953 paper, Freund and Srnec noted that the fact that their 'observations are largely based on patient testimony limits their reliability'; they knew that at least three of their patients would routinely 'not speak the truth', and in some cases the only follow-up contact was via written correspondence.⁴⁷ It was this problem that led Freund to invent the penile plethysmograph, details of which were first published in 1957.⁴⁸ This new device, which measured volume changes in the penis, boasted superior empirical credentials to all other existing psychometric and physiological devices including those measuring galvanic skin responses or breathing rhythms. As erotic response could not be divorced from emotions, the device was designed to capture 'the patient's responses to male and female images of those manifestations which are at the forefront when we observe behaviour in terms of emotionality'.⁴⁹ It was tested on 123 subjects, half of whom were heterosexual controls. In 1958, revised versions of this paper appeared in the English-language *Review of Czechoslovak Medicine* and its Russian-language twin, *Чехословацкое медицинское обозрение*, making knowledge of the apparatus and procedure available to an international audience, followed by further refinements reported in 1961 and in an American journal in 1965.⁵⁰

Between 1957 and 1962 the Prague investigators published more than 26 articles, eight of them outside Czechoslovakia, in numerous journals across six countries in both the

⁴⁶ Ibid.

⁴⁷ Ibid.; Freund, *Homosexualität*, 235.

⁴⁸ Freund, 'Diagnostika', 382-385; Ha, 'Detecting'; Kate Davison, 'Neil McConaghy's Penile Plethysmograph', in *Queer Objects*, ed. Chris Brickell and Judith Collard (Dunedin: Manchester University Press, 2019); Drucker, *Machines*.

⁴⁹ Freund, 'Diagnostika', 384.

⁵⁰ Freund, Diamant, and Pinkava, 'Validity'; Kurt Freund, Jiří J. Diamant, and Václav Pinkava, 'К вопросу значимости и надежности фаллоплетизмографического метода', *Чехословацкое медицинское обозрение* 4, no. 2 (1958); Kurt Freund, 'Laboratory Differential Diagnosis of Homo- and Heterosexuality: An Experiment with Faking', *Review Of Czechoslovak Medicine* 7, no. 1 (1961); Kurt Freund, 'Лабораторная дифференциальная диагностика между гомосексуализмом и гетеросексуализмом - проба симулирования', *Чехословацкое медицинское обозрение* 7 (1961); Kurt Freund, F. Sedlacek, and K. Knob, 'A Simple Transducer for Mechanical Plethysmography of the Male Genital', *Journal of the Experimental Analysis of Behavior* 8, no. 5 (1965).

Eastern Bloc and in the West, progressively presenting data gathered from the final cohort of 222 patients. These articles critically addressed a range of topics arising from the research data on the relationship between gender and sexual orientation in homosexual and bisexual men, including femininity, marriage, age preferences, the 'seduction of minors' theory, responsibilities of parents and the role of chromosomes.⁵¹ Broadly, the articles upheld a psychophysiological understanding of homosexuality and included reflections on the role and tasks of psychopathologists.⁵² Looking at the articles published outside Czechoslovakia, it is possible to detect differences in emphasis that reflect local preoccupations of editors. One East German journal, for example, published an exhaustive review by Freund of aetiological theories (with 112 citations!) which, in line with the journal's editorial stance, unequivocally supported a biological explanation of sexual orientation and dismissed psychoanalytic theories, yet after reviewing the main somatological theories (including chromosomes, hormones, body shape, intersexuality, brain factors and heredity), Freund himself drew no hard conclusions.⁵³ His primary sympathies were with researchers conducting methodologically sound investigations using criteria that could be empirically confirmed, irrespective of theoretical allegiances.

Several refrains can be observed throughout the corpus of Prague publications. One was that the suffering of the homosexual stemmed not from the orientation itself, but from the consequences it brought, most significantly penal sanctions, belonging to a stigmatised minority, and what Hirschfeld had earlier identified as a feeling of isolation (*Vereinsamung*).⁵⁴ Another was that if psychotherapy could be shown to have any effect at all on erotic preference (which remained unproven), at best it was that the (still exclusively homosexual) patient simply learned to make do with heterosexual intercourse, which

⁵¹ Karel Nedoma and Jan Raboch, 'Sexuální vývoj a osobnost dvou mužů s ženskou jadernou strukturou', *Ceskoslovenska Psychiatrie* 54, no. 5 (1958); Kurt Freund, 'Die erotische Differenzierungsfähigkeit bei an der Klinefelterschen Störung leidenden Person', *Zeitschrift für Psychologie* 18 (1959); Kurt Freund, 'Femininita u homosexuálních mužů a rodinné poměry v dětství', *Ceskoslovenska Psychiatrie* 57 (1961); Kurt Freund, Václav Pinkava, and V. Březinová, 'Zur Frage der Eheschließung homosexueller Männer', *Beiträge zur Sexualforschung* 16 (1959); Kurt Freund and Karel Nedoma, 'Otázka přičetnosti a nápravných opatření u sexuálních delikventů', *Ceskoslovenska Psychiatrie* 55 (August 1959); Kurt Freund and Karel Nedoma, 'Dva typy obrazu homosexuality u mužů', *Ceskoslovenska Psychiatrie* 57 (August 1961); Kurt Freund and Václav Pinkava, 'K otázce souvislosti mezi homosexualitou a nepřítomností rodičů', *Ceskoslovenska Psychiatrie* 55 (October 1959); Kurt Freund and Václav Pinkava, 'K otázce věkové preference u homosexuálních mužů', *Ceskoslovenska Psychiatrie* 55, no. 6 (December 1959); Kurt Freund and Václav Pinkava, 'K otázce femininity u homosexuálních mužů', *Ceskoslovenska Psychiatrie* 56 (1960); Freund, 'Laboratory'.

⁵² Kurt Freund, 'Tri úvahy o práci psychopatologa', *Ceskoslovenska Psychiatrie* 54, no. 3 (June 1958).

⁵³ Freund, 'Ätiologische'.

⁵⁴ Freund, Pinkava, and Březinová, 'Eheschließung', 25-26.

often meant staying in or seeking marriage: hardly a positive social outcome, no matter how understanding their wives and girlfriends were.⁵⁵ Freund also repeatedly used literal, yet socially critical phrasing to describe the practical goals of most therapeutic approaches to homosexuality, namely, the ‘diminution of the valency of the *socially unacceptable* [*sozial anstößig*] object and the heightening of the valency of the *socially acceptable* [*sozial einwandfrei*] object’.⁵⁶

The corpus also contains kernels of highly original and complex ideas about love and desire in the attempt to comprehend their non-normative forms. In their 1953 report, Freund and Srnec identified four distinct parts of sexual, romantic and erotic attraction: personality, physical attributes, intercourse and company. For each patient, these criteria were marked according to intensity: weak, medium or strong. By doing so, Freund and Srnec sought to differentiate types of homosexual attraction and desire, and perhaps to divine a diversity of motivations and causes beyond pathological diagnosis. This analytical framework reveals a level of sophistication rarely seen in the contemporary medical literature. Perhaps the most thought-provoking conceptual innovation was Freund and Srnec’s observation of a ‘dissociability of sexual experience’; this related to ‘immediate sexual reactivity’ and the extent to which spontaneous desires were tied to particular situations, characteristics or sexual objects.⁵⁷ This was not an exclusively homosexual phenomenon, yet it appeared with greater regularity among patients in whom therapy had affected the ‘structure’ of homosexual desire, where desire was something akin to romantic interest – that is, a connection beyond sexual intercourse. This complex and fascinating observation demonstrates how sexological research into minority or non-normative sexualities could offer more universal lessons.

The Prague team was not totally alone in experimenting with behaviourist methods to treat sexual deviations during the early 1950s. As noted earlier, Wolpe in Johannesburg had been conducting clinical trials since the late 1940s using conditioning techniques and was developing his own variation called ‘reciprocal inhibition’.⁵⁸ While homosexuality was not his principal interest, Wolpe did publish a joint paper outlining three cases of

⁵⁵ Ibid., 26, 30.

⁵⁶ Kurt Freund, ‘Das Syndrom der Homosexualität beim Manne’, *Psychiatria et Neurologia* 140, no. 5-6 (1960): 317, my italics; Freund, *Homosexualität*, 228.

⁵⁷ Freund and Srnec, ‘K otázce mužské’, 133.

⁵⁸ Wolpe, ‘Reciprocal’.

male sexual deviation treated with a technique he called ‘interview-induced emotional responses’, a non-psychoanalytic form of verbal psychotherapy.⁵⁹ Nevertheless, until 1960 the Czechoslovakian innovations were either ignored by most anglophone contemporaries or remained unknown – due either to Cold War conditions or linguistic limitations. The latter explanation is less convincing. In accordance with standard practice in Czechoslovakian journals, Freund and Srnec’s 1953 paper was synthesised in both Russian and English, including a description of the basic procedure. The English synopsis was re-printed in the *International Journal of Sexology*, which enjoyed an impressive global readership.⁶⁰ While it is important not to overestimate the possibilities for transnational sexological knowledge exchange in the ‘pre-information age’, it is at least reasonable in light of otherwise exhaustive lists of citations to expect third-wave anglophone and West European commentators to have been aware of the Prague experiment via that journal, not to mention the numerous other journal publications by Freund and colleagues between 1957 and 1961 in Western countries, including Switzerland and West Germany. One exception was Clifford Allen, a high-profile British psychoanalyst and key witness to the Wolfenden Inquiry arguing for decriminalisation. Allen was well read in Soviet psychiatric literature and repeatedly sought to remind his behaviourist interlocutors of the Czechoslovakian roots of their own method. In 1962, when Basil James published the results of the first report of a British-soil experiment using aversion therapy to treat homosexuality specifically, Allen praised him for citing the pioneering research by Freund that other British aversion therapists generally omitted.⁶¹ Two years later he chastised R. J. McGuire and M. Vallance in Glasgow for such an omission.⁶² Allen’s proficiency in German no doubt helped, but so did his conscientious reading of the *International Journal of Sexology*, to which he was an active contributor.⁶³

Why did this centre of pioneering scientific and therapeutic research on homosexuality emerge in 1950s Czechoslovakia? One reason is the pre-war history of Prague. The city

⁵⁹ Ian Stevenson and Joseph Wolpe, ‘Recovery from Sexual Deviations Through Overcoming Non-Sexual Neurotic Responses’, *American Journal of Psychiatry* 116, no. 8 (February 1960).

⁶⁰ Freund and Srnec, ‘Treatment’; A. P. [Alyappin Padmanabbha] Pillay and Albert Ellis, eds., *Sex, Society and the Individual* (Bombay: International Journal of Sexology, 1953), viii.

⁶¹ Clifford Allen, ‘Correspondence: Aversion Therapy For Homosexuality’, *British Medical Journal* 1, no. 5284 (14 April 1962): 1078.

⁶² Clifford Allen, ‘Correspondence: Electrical Aversion Therapy’, *British Medical Journal* 1, no. 5380 (15 February 1964): 437.

⁶³ Albert Ellis and Clifford Allen, ‘On the Cure of Homosexuality: A Dialogue’, *International Journal of Sexology* 5 (February 1952).

had long been an important European centre for sex research, with strong links to those other pre- and interwar ‘laboratories for sexual knowledge’ of Central Europe – Vienna, Berlin, Budapest and Munich.⁶⁴ The Institute of Sexology was established at Charles University in 1921, just two years after Hirschfeld’s institute opened in Berlin. Throughout the interwar period, liberal and radical sexologists in Prague, Brno and Bratislava actively participated in building the Czechoslovakian League for Sexual Reform, touring Hirschfeld and publishing periodicals.⁶⁵ After 1933, progressive sexual science was targeted for destruction under the National Socialist regime in Germany and beyond as Hitler’s *Lebensraum* and Holocaust projects steamrolled eastward.⁶⁶

In the aftermath of the Second World War, as penal codes across Europe were overhauled under the twin processes of de-Nazification and post-war reconstruction, the Central European sexological tradition struggled to re-establish itself in most of the Soviet satellite countries.⁶⁷ Not so in Prague. Unlike East Germany, Hungary and Poland, by late 1945 the Red Army had withdrawn from Czechoslovakia and in February 1948, the Communist Party took government.⁶⁸ Following liberation in 1945, Hynie’s Institute of Sexology resumed its activities immediately and operated ‘uninterrupted throughout the whole Communist period’.⁶⁹ A life-long supporter of a medical rather than criminal approach to sexual deviations, Hynie built around himself ‘a team of similarly minded colleagues, who shared his values, attended international conferences, published in

⁶⁴ Britta McEwen, *Sexual Knowledge: Feeling, Fact, and Social Reform in Vienna, 1900-1934*, ed. Gary B. Cohen, vol. 13, Austrian and Habsburg Studies (New York: Berghahn, 2012); Stauter-Halsted and Wingfield, ‘Construction’; Lišková, *Sexual Liberation*; Leng, *Women Sexologists*.

⁶⁵ Jan Seidl et al., *Queer Prague: A Guide to the LGBT History of the Czech Capital 1380-2000*, trans. Katarína Mináriková and Tereza Janáčková (Prague: Černé pole, 2014), 20, 50; Jan Seidl, Jan Winttr, and Lukáš Nozar, *Od žaláře k oltáři: emancipace homosexuality v českých zemích od roku 1867 do současnosti* [From Dungeon to Altar: The Emancipation of Homosexuality in the Czech Lands from 1867 to the Present] (Brno: Host, 2012), 522-527; Mark Cornwall, ‘Heinrich Rutha and the Unraveling of a Homosexual Scandal in 1930s Czechoslovakia’, *GLQ* 8, no. 3 (2002): 325-326.

⁶⁶ Günter Grau, ed., *Homosexualität in der NS-Zeit: Dokumente einer Diskriminierung und Verfolgung* (Frankfurt am Main: Fischer, 1993); Herzog, *Sex After Fascism*; Dagmar Herzog, *Sexuality and German Fascism* (New York: Berghahn, 2005, 2005).

⁶⁷ Herzog, *Sex After Fascism*.

⁶⁸ Joseph Grim Feinberg, ‘Czechoslovakia 1948’, *Jacobin Magazine*, 3 March 2018, <https://jacobinmag.com/2018/03/czechoslovakia-1948-communist-party-repression/>; Joseph Grim Feinberg, ‘Czechoslovakia’s Pyrrhic “Victorious February”, 1948’ (Unpublished paper 2018); Lišková, *Sexual Liberation*; Kevin McDermott, *Communist Czechoslovakia, 1945-89: A Political and Social History*, ed. Jeremy Black, European History in Perspective (London: Palgrave Macmillan, 2015).

⁶⁹ Kateřina Lišková, ‘Sex under Socialism: From Emancipation of Women to Normalized Families in Czechoslovakia’, *Sexualities* 19, no. 1-2 (2016); Lišková, ‘Sexological’; Kateřina Lišková and Andrea Bělehradová, ‘“We Won’t Ban Castrating Pervs Despite What Europe Might Think!”: Czech Medical Sexology and the Practice of Therapeutic Castration’, *Medical History* 63, no. 3 (2019).

Western journals and integrated medical and sociological approaches into sexology'.⁷⁰ Despite a period of 'Stalinist repression, show trials and mass arrests' in the years 1948-1954, genuine popular support for the Communist government fostered a high level of civic engagement with contradictory outcomes for social policy and attitudes towards sexual minorities.⁷¹ Jan Seidl describes how, prior to 'Normalisation' (before 1968), a liberalisation of the criminal code was accompanied by a parallel shift from state policing to 'collective-based moral control'.⁷² Hynie's re-established institute was threatened with closure during 1952-1953, but thanks to his 'individual ties' to influential colleagues it was saved.⁷³

Research in human sciences was promoted after the war in both East and West as governments attempted to rebuild and reorient economies. High premiums were placed on research, technologies and policies facilitating biological reproduction and industrial productivity. Medical professionals sought to assert the power of medicine rather than penal codes to address social problems, including sexual and other forms of 'deviance'.⁷⁴ In the West, fields like industrial psychology boomed and intelligence research – including in the area of sexuality – received boosted funding.⁷⁵ In the Eastern Bloc, where an entirely new economic system was being built from scratch, research into sexuality was interwoven with the political project of creating new socialist men and women, socialist economic and family policy and gender relations.⁷⁶ In July 1950, at a joint meeting of the Academy of Sciences and the Academy of Medical Sciences in Moscow, the Pavlovian doctrine was 'elevated to official dogma' across the Soviet allied states and became the basic framework for all medical research and treatment including psychiatry.⁷⁷

⁷⁰ Sokolová, 'State', 86.

⁷¹ McDermott, *Communist Czechoslovakia*, xviii.

⁷² Seidl, 'Decriminalization', 188.

⁷³ Lišková, *Sexual Liberation*, 14.

⁷⁴ Takács, Kuhar, and Tóth, "'Unnatural Fornication'", 1946; Seidl, 'Decriminalization'; Lewis, *Wolfenden's Witnesses*; Healey, *Russian Homophobia*, 43; Drucker, *Machines*.

⁷⁵ Mark Solovey, 'Science and the State during the Cold War: Blurred Boundaries and a Contested Legacy', *Social Studies of Science* 31, no. 2 (April 2001): 167-168; Kinsman and Gentile, *Canadian War*.

⁷⁶ Greg Eghigian, 'The Psychologization of the Socialist Self: East German Forensic Psychology and its Deviants 1945-1975', *German History* 22, no. 2 (2004); Hana Havelková and Libora Oates-Indruchová, eds., *The Politics of Gender Culture under State Socialism: An Expropriated Voice* (London: Routledge, 2014); Lišková, *Sexual Liberation*.

⁷⁷ Benjamin Zajicek, 'Insulin Coma Therapy and the Construction of Therapeutic Effectiveness in Stalin's Soviet Union, 1936-1953', in *Psychiatry in Communist Europe*, ed. Mat Savelli and Sarah Marks, *Mental Health in Historical Perspective* (Basingstoke: Palgrave Macmillan, 2015).

The influence of Pavlov on the development of homosexual aversion therapy has barely begun to be explored. We know little about what impact his theories had on medical approaches to homosexuality in general – whether in the East or West – though invocations of Pavlov were later common among anglophone advocates of behaviour therapy. While a growing body of scholarship is beginning to illuminate the history of Central European sexology, little research has yet been done on the specific application of non-psychoanalytic therapies to sexuality in any geographical context. At a broader level, historians are only now beginning to come to terms with the regional specificities of psychiatry in twentieth-century Central and Eastern Europe, the fate of psychoanalysis following the Stalinisation and later de-Stalinisation of the Soviet Union, and the seeming incongruity between the strength of Cold War borders and censorship and the evidently rich transnational exchanges that took place.⁷⁸ Much of the new research reveals a historical picture that contradicts common assumptions formed in reaction to documented abuses in the Soviet Union in the 1970s and 1980s.⁷⁹ One authoritative narrative has suggested that orthodox interpretations of the Pavlovian framework led to the stifling of research in the human sciences; new research disproves this, yet at the same time demonstrates that ‘there was political pressure to elevate Pavlov’s theories above alternative etiologies during the late Stalinist period’.⁸⁰ This took various forms, including what contemporary Berlin psychotherapist Kurt Höck called a ‘Pavlov wave’ in East Germany during the 1950s.⁸¹ By 1972, however, the Hamburg psychiatrist Iver Hand announced that the ‘pan-Pavlovism’ that had enjoyed ‘exclusive validity’ in the 1950s and 1960s was ‘today in the psychiatry of the Marxist countries already history’ and was instead gaining new attention in the United States.⁸² Hand insightfully observed that the consequences of this shift ‘for the relationship between Eastern “neo-Pavlovians” and

⁷⁸ Mat Savelli and Sarah Marks, ‘Communist Europe and Transnational Psychiatry’, in *Psychiatry in Communist Europe*, ed. Mat Savelli and Sarah Marks, Mental Health in Historical Perspective (Basingstoke: Palgrave Macmillan, 2015), 8; Greg Eghigian, ‘Was There a Communist Psychiatry? Politics and East German Psychiatric Care, 1945-1989’, *Harvard Review Of Psychiatry* 10, no. 6 (November 2002); Brokman, ‘Sterility’.

⁷⁹ Savelli and Marks, ‘Communist’, 4.

⁸⁰ *Ibid.*, 7.

⁸¹ Christine Leuenberger, ‘Socialist Psychotherapy and Its Dissidents’, *Journal of the History of the Behavioral Sciences* 37, no. 3 (2001): 265.

⁸² Iver Hand, *Pawlows Beitrag zur Psychiatrie: Entwicklungs- und Strukturanalyse einer Forschungsrichtung, mit einem Geleitwort von Hans Bürger-Prinz* [Pavlov’s Contribution to Psychiatry] (Stuttgart: Georg Thieme Verlag, 1972), 58.

Western behaviourists was yet to be determined'.⁸³ This is still the case, but through closer examination of publication histories and archival sources we can begin to develop an overview of how ideas such as those being developed in the Prague clinics spread among psychiatric and medical professionals both within and beyond the Eastern Bloc, creating what sociologists have dubbed a 'network of expertise'.⁸⁴

Despite numerous publications in East German periodicals, and the fact that Freund's book was published in two editions in Leipzig (and was the only monograph on the subject published in the GDR until the mid-1980s), the Prague research does not feature prominently in histories of East German medical approaches to homosexuality, and is virtually ignored in West German histories, even though articles in journals such as *Der Nervenarzt* and *Psychiatria et Neurologia* are widely accessible to German speakers. If it has been mentioned, it has been fleetingly.⁸⁵ Yet we know that Freund's team had cooperative support from colleagues in Leipzig and Giese in Frankfurt. Archival sources show also that Freund and Rudolf Klimmer, the Dresden physician and homosexual rights campaigner, corresponded throughout the late 1950s and early 1960s and occasionally attended the same conferences.⁸⁶ A degree of collegial and political solidarity notwithstanding, there does not seem to have been a great deal of cross-pollination in their therapeutic work.⁸⁷ Klimmer sharply criticised any treatment of homosexuality: hormone therapy rendered the chemically castrated man 'not only a sexually but physically and spiritually stunted being' prone to suicide, while psychotherapy was expensive and time-consuming, especially given the low success rates.⁸⁸ Klimmer, himself

⁸³ Ibid., 62. Neil McConaghy was a self-described 'neo-Pavlovian'. Neil McConaghy, *A Neo-Pavlovian View of Behaviour Therapy*, audio-lecture series, 3 cassette tapes (Leonia, New Jersey: Sigma Information, 1974).

⁸⁴ Lišková and Bělehradová, "'We Won't'". These authors draw on the concept coined by sociologist Gil Eyal.

⁸⁵ Kowalski, *Homosexualität*; Olaf Brühl, 'Sozialistisch und Schwul: Eine subjektive Chronologie', in *Homosexualität in der DDR: Materialien und Meinungen*, ed. Wolfram Setz (Hamburg: Männerschwarm, 2006); Sigusch, *Geschichte*, 505-506.

⁸⁶ Schwules Museum und Archiv, Berlin, Nachlass: Rudolf Klimmer, Korrespondenz: Geschäftliches 1947-1977: 206-9.

⁸⁷ Rudolf Klimmer, *Die Homosexualität als biologisch-soziologische Zeitfrage*, 3rd expanded and improved ed. (Hamburg: Kriminalistik Verlag, 1965), 145; Kurt Freund, 'Aus den Krankengeschichten homosexueller Männer', *Psychiatrie, Neurologie, und medizinische Psychologie* 12 (June 1960): 213.

⁸⁸ Klimmer, *Homosexualität*, 95-103, 197.

a victim of anti-homosexual repression under National Socialism, instead used his medical expertise to wage a tireless campaign for law reform.⁸⁹

Nonetheless, the correspondence between these two researchers from neighbouring socialist states sheds light on processes of scientific exchange in Cold War Central Europe and the ways in which sexologists and psychiatrists in the Eastern Bloc participated in political and legal discourse. In a letter to Klimmer in December 1959 acknowledging receipt of Klimmer's book, Freund invited Klimmer to deliver a short presentation on the legal situation 'in the people's democracies and the Soviet Union' at a seminar scheduled for 13 May 1960 in the Bohemian city of Hradec Králové, convened to discuss Czechoslovakian law reform.⁹⁰ This gathering of psychiatrists, sexologists, legal experts and police produced the first draft of the new decriminalisation statute adopted in 1961.⁹¹ In his reply on 5 March 1960, Klimmer said he eagerly awaited Freund's review of his book, adding that Dr Jerzy Sawicki in Warsaw had promised information about the legal freedom enjoyed in Poland for the second edition. He asked whether the Czechoslovak Socialist Republic (ČSR) penal code had sections defining 'soundness of mind' in relation to sexual crimes and reported that a senior Russian colleague in Berlin, Professor A. Tschistowitsch, had confirmed that the ČSR and Poland were somewhat different to the USSR on questions of sexuality, but remarked that even Tschistowitsch would be surprised to learn of the extent and direction of the research in Prague. For Klimmer, the work of his Czechoslovakian colleagues seemed to prove 'outright' that the prevailing assumption in European socialist orthodoxy that homosexuality was a 'bourgeois' deviation was a fallacy.⁹²

In the late 1950s and early 1960s, inflated polarisations were drawn between the Freudian and Pavlovian traditions by ideologically invested commentators – *Time* magazine summarised the Soviet contribution at the 1961 World Congress of Psychiatry in Montreal thus: 'Freud? Nyet!' – or those attempting to secure favourable professional positions. In post-war medical forums in both East and West, calls for more 'synthesis'

⁸⁹ Grau, 'Ein Leben'; Thomas Derra, 'Sexualforscher in der DDR. Interview mit Dr. Rudolf Klimmer am 11./12.12.1976', *Schwuchtel*, 1977.

⁹⁰ SMU Nachlass: Klimmer.

⁹¹ Freund, *Homosexualita*, 248-250.

⁹² SMU Nachlass: Klimmer.

between psychophysiology and psychoanalysis were often ostentatiously opposed.⁹³ The Prague investigators had no interest in such theatrical polemics. Yet the location of their experiment within the Soviet-allied zone did have geopolitical implications for transcontinental scientific knowledge transfer. The first issue of the first post-revolutionary medical journal in allied Cuba, *Revista Cubana de Medicina* (January-February 1962), included a report on using electric aversion therapy to treat homosexuality by Havana psychiatrist Eduardo Gutiérrez Agramonte.⁹⁴ Agramonte based his experiment on a 1958 Spanish translation of Freund in the leading Argentinian psychiatry journal; citing Eysenck via Freund, he argued that whereas psychoanalysis was based on ‘speculation’, behavioural conditioning was based on ‘evidence’.⁹⁵ But the translation Agramonte drew upon (an earlier version of Freund’s 1960 article) was sharply criticised by Freund and Eysenck for ‘misunderstandings and downright errors’.⁹⁶

There is little evidence so far of any significant uptake of the behaviourist therapeutic framework in West Germany or the other German-speaking lands of Western Europe until the 1970s. One factor may have been the popularity of psychosurgery to treat paraphilias.⁹⁷ Of greater significance was the dominance of the psychoanalytically-inclined psychiatrist Hans Giese, an energetic campaigner for decriminalisation and leader of the Institute for Sex Research in Frankfurt (later Hamburg), which published some of the Prague research in its journal *Beiträge zur Sexualforschung*. Giese shared Freund’s commitment to empirical evidence and repeatedly pleaded for greater care in assessing the results of psychoanalysis. In 1955 he criticised a claim by the peak body for depth-psychology in West Germany that out of 510 treated homosexuals, 341 ‘seemed to be cured’; Giese’s own experience was very different: out of 119 homosexual patients (men and women) treated over the course of five years, a ‘complete correction of the

⁹³ William G. Reese, Roscoe A. Dykman, and John E. Peters, ‘A Gap in GAP Symposium No. 9: “Pavlovian Conditioning and American Psychiatry”’, *American Journal of Psychiatry* 121, no. 6 (December 1964); Hand, *Pavlov’s Beitrag*, 63; Herzog, *Cold War Freud*.

⁹⁴ Eduardo Gutierrez Agramonte, ‘Una Nueva Técnica de Conductoterapia en el Tratamiento de la Homosexualidad’, *Revista Cubana de Medicina* 1, no. 1 (January-February 1962).

⁹⁵ *Ibid.*, 80; Kurt Freund, ‘Sobre el problema del tratamiento de la homosexualidad’, *Acta Neuropsiquiatria Argentina* 4 (1958).

⁹⁶ Freund, ‘Some Problems’, 312, translator’s footnote.

⁹⁷ A critical exposé in 1976 reckoned that hypothalamotomy had been conducted on 70 ‘sexually abnormal’ men and was ‘almost exclusively observed in West Germany’. Inge Rieber and Volkmar Sigusch, ‘Psychosurgery on Sex Offenders and Sexual “Deviants” in West Germany’, *Archives of Sexual Behavior* 8, no. 6 (November 1979): 524.

maladjustment' was successful in only four cases.⁹⁸ His critique was directed not at the method, but the use of sloppy criteria for measuring results. Patient demand remained high: out of 393 homosexual men questioned by his Institute, at least 34 per cent responded that, yes, they would like curative treatment if a reliable method was presented.⁹⁹ Yet the therapist's primary task was to remove the feeling of disconnectedness experienced by the homosexual patient, which did not necessarily equal removing same-sex orientation. This closely echoed sentiments expressed by the Prague colleagues, even though their methodology was different. In this respect Giese, like Clifford Allen in Britain and Stoller and Horney in America, represented an empirically motivated, pro-decriminalisation and dialogue-seeking brand of psychoanalyst, quite distinct from their prominent anti-homosexual colleagues Irving Bieber, Lionel Ovesey, Edmund Bergler and Charles Socarides of the conservative American school, whose methodological tradition they ostensibly shared.¹⁰⁰

Eysenck, the Maudsley Institute and aversion therapy's British 'third wave'

The almost universal anglophone ignorance of the Prague team's entire research output changed when Eysenck decided to translate Freund's chapter and include it, abridged, in *Behaviour Therapy and the Neuroses* in 1960. Beyond the behavioural conditioning element of the Prague experiment, the commitment to empiricism bolstered Eysenck's polemical campaign against 'unscientific' psychoanalysis. The volume put the Kings College Institute of Psychiatry at the Maudsley Hospital – and Eysenck – on the map as a facilitator of international exchange among behaviourists. It found no American counterpart until the 1970s, despite important interventions in the 1950s by Kinsey and a small number of other behaviourally inclined American sexologists such as Clellan Ford, Frank Beach and Evelyn Hooker.¹⁰¹ From at least 1956, Eysenck's department

⁹⁸ Hans Giese, 'Therapie der Homosexualität', *Die Therapienwoche* 6 (1955): 86.

⁹⁹ Ibid., 87. Rudolf Klimmer reported similar patient demand in the GDR. Derra, 'Sexualforscher', 19.

¹⁰⁰ Irving Bieber et al., *Homosexuality: A Psychoanalytic Study* (New York: Basic Books, 1962); Edmund Bergler, *Homosexuality: Disease or Way of Life?* (New York: Hill and Wang, 1956); Edmund Bergler, *One Thousand Homosexuals: Conspiracy of Silence, or Curing and Deglamorizing Homosexuals?* (Paterson, New Jersey: Pageant Books, 1959); Lionel Ovesey, *Homosexuality and Pseudohomosexuality* (New York: Science House, 1969); Charles W. Socarides, *The Overt Homosexual* (New York: Modern Library, 1968); Charles W. Socarides, *Homosexuality, A Freedom Too Far: A Psychoanalyst Answers 1000 Questions About Causes and Cure and the Impact of the Gay Rights Movement on American Society* (Phoenix: Adam Margrave Books, 1995). Cf. Angelides, *Bisexuality*, 71-106.

¹⁰¹ Bieber et al., *Homosexuality*, 318.

hosted a steady stream of visiting behaviourist psychiatrists.¹⁰² One Canadian source asserted that Freund himself had ‘worked for some time at the Maudsley Hospital with Professor Eysenck’.¹⁰³ Other visitors included two Australian Pavlovians, Neil McConaghy (1956-57) and Syd Lovibond (1962).¹⁰⁴

Eysenck’s timing was good. The Wolfenden inquiry and its 1957 report recommending decriminalisation had spurred new research into the nature, causes and diagnosis of male homosexuality, and a fierce debate over whether it could be cured broke out in the British medical literature.¹⁰⁵ This was accompanied by a reinvigoration of somatotype theories, with which Eysenck and Maudsley were closely connected.¹⁰⁶ Not all sexological research carried out at Maudsley during this period was necessarily behaviourist. The hospital’s annual reports contain short descriptions of numerous research projects aiming to expand knowledge about human gender and sexuality, such as a 1963 study of ‘transvestites’.¹⁰⁷ A study into parenting and homosexuality was carried out by Donald J. West, author of the popular 1955 book *Homosexuality*, while a widely-cited twinset of aetiological studies on homosexuality in women and men by Eva Bene drew no conclusions about treatment.¹⁰⁸ These studies were part of what Chris Waters has described as an ‘increasing fusion of the tools of psychiatry and sociology’ to understand homosexuality ‘as a social phenomenon’.¹⁰⁹

¹⁰² *Annual Reports*, Maudsley Hospital (London, 1956-1966).

¹⁰³ J. W. Mohr, ‘Review: Die Homosexualität beim Mann’, *Canadian Psychiatric Association Journal* 11, no. 5 (October 1966): 446.

¹⁰⁴ See Chapter 4.

¹⁰⁵ Curran and Parr, ‘Homosexuality’; Hadfield, ‘Cure’; Berg and Allen, *Problem*; Peter D. Scott, ‘Psychiatric Aspects of the Wolfenden Report I’, *British Journal of Delinquency* 9, no. 1 (July 1958); Denis Parr, ‘Psychiatric Aspects of the Wolfenden Report II’, *British Journal of Delinquency* 9, no. 1 (July 1958); Mary Woodward, ‘The Diagnosis and Treatment of Homosexual Offenders: A Clinical Study’, *British Journal of Delinquency* 9, no. 1 (July 1958); Edward Glover, Hermann Mannheim, and Emanuel Miller, ‘Editorial’, *British Journal of Delinquency* 9, no. 1 (July 1958).

¹⁰⁶ R. W. Parnell, ‘The Rees-Eysenck Body Index of Individual Somatotypes’, *Journal of Mental Science* 103, no. 430 (1957); Eysenck, ‘Rees-Eysenck’; Coppen, ‘Body-Build’. It was a reinvigoration of earlier ideas developed by a student of Magnus Hirschfeld, Arthur Weil: Arthur Weil, ‘Die Körpermaße der Homosexuellen als Ausdrucksform ihrer besonderen Veranlagung’, *Jahrbuch für sexuelle Zwischenstufen* 21, no. 3-4 (1921). See Chapter 2.

¹⁰⁷ *Annual Report*, Maudsley Hospital (London, 1963-64), 60.

¹⁰⁸ West, ‘Parental Figures’; Eva Bene, ‘On the Genesis of Female Homosexuality’, *British Journal of Psychiatry* 111 (1965); Eva Bene, ‘On the Genesis of Male Homosexuality’, *British Journal of Psychiatry* 111 (1965).

¹⁰⁹ Chris Waters, ‘The Homosexual as a Social Being in Britain, 1945-1968’, *Journal of British Studies* 51, no. 3 (2012): 702.

In Eysenck's view, though, the new paradigm of behaviour therapy promised new hope for overcoming the impasse between optimists and sceptics regarding the superiority of psychological medicine. The 'spurious orthodoxy' and 'unsupported assumptions' of psychoanalysis, Eysenck bellowed in his 1960 Foreword, had established a 'stranglehold upon psychiatric practice'; his book would unify under one banner the methods derived from 'Pavlov, Watson and Hull, rather than from Freud, Jung, and Adler'.¹¹⁰ A treatment paradigm built 'on the firm foundation of Pavlov's original work' must focus on 'the treatment of symptoms without alluding to any underlying complex or illness', because 'there is no illness and there is no complex'; behaviour therapy was not merely an 'alternative' – it was 'superior'.¹¹¹ In the section on aversion therapy, alongside Freund he included Raymond's 1956 paper on fetishism and some landmark studies in the treatment of alcoholism and writer's cramp, whose authors drew heavily on Pavlov, a few Eastern Bloc sources and some Communist-sympathetic psychologists in the West.¹¹² These papers provided the post-Wolfenden generation of British psychiatrists with a new direction in clinical experimentation. Yet it would take time before any results appeared. Reviewing existing literature on behaviourist treatment of sexual disorders in 1961, Rachman was only able to list Freund, Raymond, Max, a single case of 'transvestism' treated at Maudsley and three papers utilising Wolpe's method of reciprocal inhibition.¹¹³ Freund's was the only study based on a significant subject pool with an adequate follow-up period.

Although isolated reports spurred by Freund's chapter began to appear in 1961, it was not until March 1962 that the British 'third wave' of homosexual aversion therapy really took off. The catalyst was a report by Basil James in the *BMJ* of curing 'a 40-year-old 100% homosexual' in Bristol using aversion therapy treatment that was 'in no way analytical' and conducted entirely within a week.¹¹⁴ In the first session, at two-hourly intervals over the course of 30 hours, the patient was injected with apomorphine and

¹¹⁰ Eysenck, *Behaviour Therapy*, ix.

¹¹¹ Hans Jurgen Eysenck, 'Personality and Behaviour Therapy', *Proceedings of the Royal Society of Medicine* 53, no. 7 (July 1960): 504, 508; Eysenck, *Behaviour Therapy*, ix.

¹¹² Cyril M. Franks, 'Alcohol, Alcoholism and Conditioning: A Review of the Literature and Some Theoretical Considerations', *Journal of Mental Science* 104, no. 434 (January 1958); L. A. Liversedge and J. D. Sylvester, 'Conditioning Techniques in the Treatment of Writer's Cramp', *Lancet* 265, no. 6875 (4 June 1955).

¹¹³ Max, 'Breaking?'; Stanley Rachman, 'Sexual Disorders and Behavior Therapy', *American Journal of Psychiatry* 118 (September 1961).

¹¹⁴ James, 'Case', 769.

given 57mL of brandy to drink. As nausea set in, the patient was asked to select one of several pictures of nude or near-nude men and told to fantasise about his current homosexual partner. For the first two or three emetic doses, the therapist verbally reinforced the patient's fantasies; thereafter an audio tape was played twice during each period of nausea, explaining how his homosexuality was a learned pattern, emphasising its negative social repercussions 'in slow and graphic terms [...] followed by the noise of one vomiting'. After a 24-hour break, a second session lasting 32 hours took place. The next night, the patient was woken every two hours to listen to an audio recording with a congratulatory message; for the next three days he was injected with testosterone and a card depicting 'photographs of sexually attractive young women' was placed in his room, along with a record player and records of 'a female vocalist whose performance is generally recognized as "sexy"'. Although neither Freund nor Raymond had done so, James added alcohol to the emetic mixture because 'drinking was part of the behaviour pattern associated with' his patient's homosexuality and it intensified the nausea.¹¹⁵

The report prompted an avalanche of responses (seven) in the *BMJ* throughout April and May 1962.¹¹⁶ Opinion was mixed, but generally favourable. Sidney Crown expressed surprise that a single-case report with short-term follow up was granted premature publication, noting that already 'the medical correspondent of an influential Sunday newspaper [had] uncritically featured the article in his column'.¹¹⁷ Crown's unease was not misplaced: that column did result in at least one patient seeking treatment in Surrey.¹¹⁸ For Clifford Allen, the successes of psychoanalysis and now of aversion therapy proved the fallacy of genetic theories, while Raymond and others were optimistic about the efficiency promised by the short time frame; on the other side, critics caustically mocked

¹¹⁵ *Ibid.*, 769-770.

¹¹⁶ 'Correspondence: Aversion Therapy for Homosexuality', *British Medical Journal* 1 (1962). Sidney Crown, no. 5282 (31 March), 943; Clifford Allen, no. 5284 (14 April), 1078; J. Michael J. Raymond, no. 5285 (21 April), 1148; Robert Thompson, no. 5285 (21 April), 1148-49; Adler, no. 5285 (21 April), 1149; S. H. F. Howard, no. 5286 (28 April), 1206-07; W. H. Allchin, no. 5290 (26 May), 1482.

¹¹⁷ Sidney Crown, 'Correspondence: Aversion Therapy for Homosexuality', *British Medical Journal* 1, no. 5282 (31 March 1962): 943.

¹¹⁸ J. G. Thorpe, E. Schmidt, and D. Castell, 'A Comparison of Positive and Negative (Aversive) Conditioning in the Treatment of Homosexuality', *Behaviour Research and Therapy* 1, no. 2-4 (October 1963): 357.

‘what amounts to a brain-washing technique’ not unlike those ‘employed for the national benefit in certain totalitarian societies’.¹¹⁹

This opening debate signposted many of the ethical and methodological dilemmas that would return again and again throughout homosexual aversion therapy’s most fecund period. It also signalled the diversity of ‘sexual disorders’ that featured in the British ‘heroic’ third wave. Whereas the Prague team had strictly limited their experiment to men in categories 5 and 6 on the Kinsey scale and the target of conditioning to human sexual object choice, in the British literature behaviours as diverse as ‘transvestism’, fetishism, voyeurism and exhibitionism featured interchangeably, and the distinctions between them in therapeutic terms were typically elided. The *BMJ* debate also showed that Maudsley did not have a monopoly on the method. Other important hubs included Glasgow, Surrey, Manchester and Birmingham, along with individual researchers in Leicester, Barrows Gurney (near Bristol), Lancashire, several in London, and a number of researchers who emigrated from the UK to New Zealand and Australia.¹²⁰ In the absence of funding and infrastructure for a large-scale clinical experiment like the one undertaken in Czechoslovakia, and even though not all – or even much – of the third-wave research was carried out at Maudsley itself, Maudsley provided something akin to an institutional bedrock. This was especially so after the launch of Eysenck’s journal

¹¹⁹ S. H. F. Howard, ‘Correspondence: Aversion Therapy for Homosexuality’, *British Medical Journal* 1, no. 5286 (28 April 1962): 1206-1207.

¹²⁰ R. J. McGuire and M. Vallance, ‘Aversion Therapy by Electric Shock: A Simple Technique’, *British Medical Journal* 1, no. 5376 (18 January 1964); R. J. McGuire, J. M. Carlisle, and B. G. Young, ‘Sexual Deviations as Conditioned Behaviour: A Hypothesis’, *Behaviour Research and Therapy* 2, no. 2-4 (August 1964); J. C. Barker et al., ‘Behaviour Therapy in a Case of Transvestism (Letter to the Editor)’, *Lancet* 277, no. 7175 (4 March 1961); N. I. Lavin et al., ‘Behaviour Therapy in a Case of Transvestism’, *Journal of Nervous and Mental Disease* 133 (October 1961); C. B. Blakemore et al., ‘The Application of Faradic Aversion Conditioning in a Case of Transvestism’, *Behaviour Research and Therapy* 1, no. 1 (May 1963); C. B. Blakemore et al., ‘Follow-up Note to: The Application of Faradic Aversion Conditioning in a Case of Transvestism’, *Behaviour Research and Therapy* 1, no. 2-4 (1963); Maurice Phillip Feldman and M. J. MacCulloch, ‘A Systematic Approach to the Treatment of Homosexuality by Conditioned Aversion: Preliminary Report’, *American Journal of Psychiatry* 12, no. 2 (August 1964); Maurice Phillip Feldman and M. J. MacCulloch, ‘The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality I: Theory, Technique and Preliminary Results’, *Behaviour Research and Therapy* 2, no. 2-4 (1964); M. J. MacCulloch and Maurice Phillip Feldman, ‘Aversion Therapy in Management of 43 Homosexuals’, *British Medical Journal* 2, no. 5552 (3 June 1967); Maurice Phillip Feldman and M. J. MacCulloch, ‘The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality II: Avoidance Response Latencies and Pulse Rate Changes’, *Behaviour Research and Therapy* 3, no. 1 (August 1965); Maurice Phillip Feldman et al., ‘The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality III: The Sexual Orientation Method’, *Behaviour Research and Therapy* 4, no. 4 (November 1966).

Behaviour Research and Therapy (BRT) in 1963, the primary organ for anglophone behaviour therapists until the early 1970s, when other complementary journals were established.¹²¹

That the British researchers were directly inspired by the reports of both Freund and Raymond is indisputable, yet it is peculiar that these were given equal weight, considering the significant discrepancies in their evidence base: Freund had a subject cohort of 67 patients, while Raymond's conclusions were drawn from a single case. It is difficult to resist the suspicion that the reason for this was Raymond's overwhelming optimism compared with Freund's ambivalence about the effectiveness of aversion therapy. All of Freund's publications from 1957 onwards reached the same conclusion: there was no discernible difference in the qualitative or quantitative outcomes of psychoanalytic versus behavioural psychotherapies. Any therapeutic effect – if one was to be had – was based rather on a common principle: 'the *discouragement of homosexual activities* and the *encouragement of heterosexual activities*' for which a complex psychiatric procedure was scarcely necessary.¹²² As for the results outlined in his 1960 chapter, among the ten patients who were followed up long-term, 'heterosexual adaptation' consisted merely in the fact that they had all 'learnt to have intercourse without previous stimulation by the (for them) erotic object' and all claimed 'that their motivation is still almost exclusively homosexual'.¹²³ This was hardly a solid foundation for optimism, yet it did not stop British researchers from spinning the Prague results in the most favourable terms. A supposed success rate of 25 per cent was repeatedly celebrated, yet this statistic was based on a disingenuous reading of Freund's reported data. The twelve patients who achieved heterosexual adaptation 'lasting several years' constituted one quarter of those included in the final statistical analysis (of the 67 men treated, Freund discounted 20 who had been referred by the police, leaving 47); only ten of these twelve achieved 'predominant' heterosexual activity, and four relapsed.¹²⁴ This left six.

There was also a lack of interest among British psychiatrists for Freund's penile plethysmograph.¹²⁵ With the exception of Feldman and MacCulloch in Birmingham,

¹²¹ These included Wolpe's *Journal of Behavior Therapy and Experimental Psychiatry* (1970), Cyril Franks' *Behavior Therapy* (1970), and Richard Green's *Archives of Sexual Behaviour* (1971).

¹²² Freund, 'Some Problems', 325, original italics.

¹²³ *Ibid.*, 316, 323, 325.

¹²⁴ *Ibid.*, 318.

¹²⁵ NMArch-1/9, f. 'Archival Value?' Eliot Slater to McConaghy, 17 July 1970. Slater was editor of the *British Journal of Psychiatry*.

none of the British practitioners recorded scientific measurements of the actual effects of aversive treatment. The only anglophone psychiatrist who ever came close to matching Freund's data set and methodical tenacity (and indeed exceeded it) was Neil McConaghy in Australia. Even Feldman admitted that his technique for assessing the effectiveness of treatment was questionable, 'based on both the expressed views of patients, and also the extent to which they were avoiding the slide [on the projector]'.¹²⁶ Virtually none of the other Czechoslovakian output was ever acknowledged in the British literature. Freund's 1960 chapter served Eysenck's purposes for the launch of a new behaviourist paradigm and provided a useful description of the basic procedure, yet the Prague team's dispassionate and ambivalent conclusions were less convenient for British practitioners eager to score a win for their profession. This selective suppression was reflected even beyond the profession in Cold War geopolitics across the Commonwealth: the author of a 1962 Canadian security report commissioned in 1959 to investigate homosexual detection and diagnostic technologies appears to have been totally ignorant of the Czechoslovakian research, including Freund's plethysmograph, despite prominently citing Basil James' experiment – which was explicitly based on Freund – in his extensive literature review.¹²⁷

Cold War polarisation versus therapeutic honesty: closing the bracket on homosexual aversion therapy

By 1965, it seems that Eysenck and Freund's collaboration had cooled, if indeed it had ever been warm. The reasons are difficult to determine. That year, Eysenck and Rachman published *The Causes and Cures of Neuroses*, 'the first text-book of this new movement' of behaviour therapy, which was quickly translated and published in East Germany in 1967.¹²⁸ The chapter on 'sexual disorders' included impotence, fetishism, frigidity, voyeurism, exhibitionism and transvestism, and so drew on the work of Wolpe, Lazarus, Rachman, Raymond and McGuire & Vallance.¹²⁹ The section on homosexuality,

¹²⁶ NMArch-1/9, f. 'Archival Value?' MP Feldman to McConaghy, 10 October 1969.

¹²⁷ Kinsman and Gentile, *Canadian War*. See also Chapter 1.

¹²⁸ Hans Jurgen Eysenck, 'Behavior Therapy and its Critics', *Journal of Behavior Therapy and Experimental Psychiatry* 1, no. 1 (March 1970): 5.

¹²⁹ Hans Jurgen Eysenck and Stanley Rachman, *Neurosen - Ursachen und Heilmethoden: Einführung in die moderne Verhaltenstherapie*, trans. Jürgen Mehl, Hans-Dieter Schmidt, and Friedhart Klix, ed. Friedhart

however, drew almost entirely on Freund's 1960 chapter, ignoring Freund's numerous contributions in the GDR literature, and the representation of Freund's results was composed in such a way as to endorse Eysenck and Rachman's own zeal for behaviour therapy. They repeated the false claim that 25 per cent of the Prague patients had been 'fully healed', omitting Freund and Srnec's candid acknowledgements that most had eventually relapsed, and were critical of Freund's 'regrettable' failure to use a control group (even though he had, to test the plethysmograph), wondering whether supplementary psychotherapy – which Freund and Srnec, for clearly explained scientific reasons, had deliberately excluded – would prevent relapses, as Raymond's single case of fetishism suggested.¹³⁰ No mention was made of Freund's monograph, even though this was by 1965 on its second revised edition in the GDR and had been appreciatively reviewed in Eysenck's own journal, with the reviewer noting Freund's caution against 'excessive optimism'.¹³¹

The British researchers had trouble with Freund, it seems, not only because his scepticism concerning aversion therapy provided a fragile foundation for their own preferred methods, but because it resisted the dogmatic polarisation between Freud and Pavlov. In 1965 Freund concluded once again that all scientifically sound evidence 'would appear to justify the hypothesis that the usual psychotherapeutic methods – whether explorative [psychoanalytic] or non-explorative – have no effect' on homosexuality and openly stated that his results were not dramatically dissimilar from those achieved by Bieber.¹³² Freund acknowledged the rapid proliferation of the method in British clinics since 1962, noting the shift towards the use of faradic (electro-current) shock in place of emetics. Yet in a pithy, withering footnote he added: 'Unfortunately, in some aversion therapists we presently encounter the same self-assured optimism regarding the healing of homosexuality and other sexual deviations as with psychotherapists working with older methods'.¹³³ His named targets were Basil James with Donal Early on homosexuality, Raymond as well as D. F. Clark on fetishism, A. J. Cooper on fetishism and impotence,

Klix and Hans-Jürgen Mehl (Berlin, German Democratic Republic: VEB Deutscher Verlag der Wissenschaften, 1967; [1965]), 125-142.

¹³⁰ Ibid., 132.

¹³¹ Uta Aurnhammer, 'Review: Kurt Freund: Die Homosexualität beim Mann, S. Hirzel Verlag, Leipzig, 2. Auflage, 1965', *Behaviour Research and Therapy* 4, no. 4 (November 1966): 326.

¹³² Kurt Freund, *Die Homosexualität beim Mann*, 2nd revised ed. (Leipzig: S Hirzel, 1965).

¹³³ Ibid.

and Blakemore, Thorpe, Barker, Conway and Lavin on transvestism – in other words, the core of the British ‘heroic’ period.¹³⁴

Freund argued that the main priority was ‘a revision of the therapeutic orientation’ – perhaps treatment was not what homosexuals needed.¹³⁵ Noting how Freud’s conceptualisation of ‘psychotherapy’ encompassed a variety of traditions, Freund chafed against the Freud/Pavlov division that Eysenck, the state socialist regimes and both anti- and pro-Soviet ideologues seemed so invested in. The reception of Freund’s work in the GDR requires further research, but preliminary investigations suggest that it enjoyed little discernible public engagement beyond one positive review in the legal gazette.¹³⁶ Less politically challenging than Klimmer, Freund still demonstrated a high degree of circumspection and openness to a variety of traditions and schools, and his humanistic sentiments about social oppression seemed genuine, rather than part of a received script.¹³⁷ This represented a willingness – based on clinical evidence – to think beyond the Cold War scientific binary. But Freund’s ambivalence also had a historical precedent in the first wave. In 1934, Razran noted how conditioning using electric shock had been ‘both the high hope and the utter despair of [conditioned-response] experimenters’, having failed to fulfil its ‘optimistic contention of [therapeutic and clinical] omnipotence’.¹³⁸ Disappointing results had led some experimenters to fall into ‘uncritical pessimism’, wary of unwittingly basing results on ‘false reactions’.¹³⁹

Despite Freund’s dry disdain for the British experimenters, he stopped short of advocating a stop to aversion therapy. He speculated that attempts to devalue or invalidate the ‘erotic valence’ of the same-sex object might still have some independent effect; he noted modestly that Feldman and MacCulloch had elaborated on his Prague team’s ‘relatively naïvely conceived’ aversion therapy along ‘more rigorous lines more

¹³⁴ Basil James and Donal Early, ‘Correspondence: Aversion Therapy for Homosexuality’, *British Medical Journal* 1, no. 5329 (23 February 1963); Raymond, ‘Fetishism’; D. F. Clark, ‘Fetishism Treated by Negative Conditioning’, *British Journal of Psychiatry* 109, no. 460 (May 1963); A. J. Cooper, ‘A Case of Fetishism Treated by Behaviour Therapy’, *British Journal of Psychiatry* 109, no. 462 (September 1963); Lavin et al., ‘Transvestism’; Blakemore et al., ‘Faradic’.

¹³⁵ Freund, ‘Some Problems’, 324.

¹³⁶ Hans Hinderer, ‘Dr. med. Dr. Sc. Kurt Freund: Die Homosexualität beim Mann’, *Neue Justiz* 20, no. 22 (1966). See also Kowalski, *Homosexualität*, 21, 35.

¹³⁷ Freund, a Holocaust survivor, condemned Nazi sodomy laws and medical research on homosexuality, especially the genetic theories of Theobald Lang, who used the infamous ‘pink lists’ of 5000 homosexuals collated by Munich police as a primary data set (1965: 164-5). Cf. *Homosexualität*.

¹³⁸ Razran, ‘Conditional’, 111.

¹³⁹ *Ibid.*, 111, 140.

closely aligned with learning therapy' and hoped this would provide a more exact evaluation with continued clinical research.¹⁴⁰ Furthermore, from the mid-1960s onward Freund maintained a close professional friendship with Neil McConaghy in Australia. While acknowledging that treatment was really about promoting 'socially acceptable' sexual behaviour, Freund remained unwilling to declare that its 'ineffectiveness' had been definitively proven. In this sense, Freund left the door open, and in their zeal to find a 'cure', third-wave experimenters in 1960s Britain stepped right through it.

As the Prague experiment had foregrounded, it proved to be a dead end. As early as 1969, Raymond conceded that 'homosexuality is the one deviation which has been completely uninfluenced by a therapy which has at least had some impact on the other deviations'.¹⁴¹ Yet it would take another seven or eight years before widespread abandonment of homosexual aversion therapy by the psychiatric establishment took place. 1970 saw the first major public challenge to anglophone psychiatry by gay activists and in 1973 homosexuality was removed from the *DSM*. As social acceptance increased, growing numbers of psychiatrists ceased treating homosexuality altogether. In 1977, Freund (based in Toronto since 1969) warned against continued belief in the therapeutic paradigm in relation to sexual orientation. He said it was 'appropriate not to accept' the claims of psychoanalysts and behaviour therapists 'who [still] believe they can cure homosexuality' and acknowledged the harm caused by aversion therapy; even in his own experiment 'there was no true, lasting change in sexual preference' and 'if it has "helped" at all has helped clients to enter into marriages that later became unbearable or almost unbearable'.¹⁴² 27 years after launching the Prague experiment, this was Freund's rather flimsy closing bracket on the 'long decade' of homosexual aversion therapy.

Eysenck's campaign in Britain benefited from the Cold War polarisation between Pavlovian and Freudian frameworks. Ironically, Cold War conditions were also largely responsible for third-wave homosexual aversion therapists' ignorance of the Prague team's research conclusions. This ignorance was one key factor enabling the British 'heroic' period of homosexual aversion therapy in the first place. The other was a desire

¹⁴⁰ Freund, *Homosexualität*, 268.

¹⁴¹ Michael J. Raymond, 'Aversion Therapy for Sexual Deviations', *British Journal of Psychiatry* 115 (1969): 980.

¹⁴² Kurt Freund, 'Should Homosexuality Arouse Therapeutic Concern', *Journal of Homosexuality* 2, no. 3 (Spring 1977): 238-239.

on the part of Eysenck, Wolpe and colleagues to forge a new therapeutic paradigm that could challenge the psychoanalytic theories that were dominant in the United States, which had recently eclipsed the British Commonwealth in global influence. To fully understand these combined factors, they must be viewed within the context of Cold War geopolitics in the late 1950s and early 1960s. The team of sexologists in Prague developed the homosexual aversion therapy method within a state-approved Pavlovian framework in the medical and human sciences, but their primary research on sexual orientation took place in the 1950s before Normalisation, which saw the reassertion of traditional, strictly binary notions of gender.¹⁴³ Eysenck was no Communist, but he was able to tap into an anti-Freudian *Zeitgeist*. His opposition to psychoanalysis and partisan support of the empirical turn dovetailed with the Pavlovian doctrine in the Eastern Bloc to promote a new therapeutic framework. Taken together, these transnational, East-West contestations and transfers of psychiatric knowledge and method enabled a ‘long decade’ of aversion therapy research that was largely stripped of the humanism and circumspection evident in the Czechoslovakian second wave. This trajectory poses several questions that are yet to be fully grappled with, such as what impact early decriminalisation in Central European state socialist countries had on the later relative absence or delayed emergence of movements for gay rights, and in the West, what the regional peculiarities of gay rights struggles against the medical model were, given the past tendency within gay history to treat the American narrative as though it were global. For some aversion therapists, the political context of the method’s origins was unimportant. For others, such as Neil McConaghy in Australia, it was central: his communist sympathies and concomitant adherence to (an interpretation of) Pavlov was pivotal in his adoption of a ‘Freudian’ methodology. In 1963 with the encouragement of his close friend and communist colleague Syd Lovibond, fresh from a visit to Freund in Prague, McConaghy would begin his own ‘long decade’ of aversion therapy.

¹⁴³ Lišková, *Sexual Liberation*, 36; Havelková and Oates-Indruchová, *Politics*, 7, 14.

Chapter 4 – Pavlov in the Antipodes: Neil McConaghy and the History of Homosexual Aversion Therapy in Australia

In the Australian summer of 1962-63, psychiatrist Neil McConaghy and his psychologist friend Syd Lovibond exchanged information. The two first met while studying postgraduate psychology at the University of Melbourne in the early 1950s, during which time they developed a theoretical interest in Pavlov and a political interest in Communism. In 1954 they began collaborative research on schizophrenia.¹ The project and their friendship developed in subsequent years despite McConaghy's move abroad in 1955. Lovibond took up a position at the University of Adelaide, but eventually he too went abroad. In the European summer of 1962, following a sabbatical at Eysenck's Maudsley Institute in London and under the auspices of a European family holiday that included East Berlin, Budapest and Prague, Lovibond visited Kurt Freund at the Sexological and Psychiatric Institutes of Charles University to study the Prague experiment.² Back in Australia, he was eager to share his intelligence with McConaghy, his 'kindred soul'.³

A major reason for Lovibond's enthusiasm was Freund's penile plethysmograph. Only two articles detailing the device had previously appeared, both in the English-language *Review of Czechoslovak Medicine*, which was doubtless difficult to access in the antipodes.⁴ Lovibond himself had experimented on heterosexual male psychology students at the University of Adelaide, recording galvanic skin reflexes using female nude pictures and electric shock to investigate human conditioning under positive and negative reinforcement.⁵ Phallo-plethysmography presented a new, likely more accurate, or at least

¹ Syd Lovibond, 'The Object Sorting Test and Conceptual Thinking in Schizophrenia', *Australian Journal of Psychology* 6, no. 1 (June 1954); Neil McConaghy, 'The Use of an Object Sorting Test in Elucidating the Hereditary Factor in Schizophrenia', *Journal of Neurology, Neurosurgery and Psychiatry* 22, no. 3 (August 1959).

² Peter Lovibond, personal communication, 30 June 2015 and 10-11 July 2020.

³ The phrase 'kindred soul' is from Lovibond, 'Development', 4.

⁴ Freund, Diamant, and Pinkava, 'Validity'; Freund, 'Laboratory Differential Diagnosis of Homo- and Heterosexuality: An Experiment with Faking'. A photocopy of the latter article is among Neil McConaghy's papers: Neil McConaghy Archive NMArch-6/9. The big ticket article describing the device was published in 1963: Kurt Freund, 'A Laboratory Method for Diagnosing Predominance of Homo- or Hetero-Erotic Interest in the Male', *Behaviour Research and Therapy* 1, no. 1 (May 1963).

⁵ Syd Lovibond, 'Positive and Negative Conditioning of the GSR', *Acta Psychologica* 21 (1963).

complementary tool for such experiments. Yet there may have been another reason for Lovibond's enthusiasm: McConaghy was interested not only in understanding deviations in human behaviour generally but more specifically the sexual deviation of homosexuality, including his own.

This chapter details the history of homosexual aversion therapy in Australia from the professional point of view, its context in terms of other forms of treatment and the political and geopolitical factors that shaped its application. In doing so, the intention is not to privilege what in Foucauldian terms might be called the voices of institutional and therefore discursive power.⁶ Rather, the aim is to investigate the theoretical, methodological and clinical underpinnings of this area of medical history as it was presented and debated in Australia, first within the profession and later in public.

The Australian history of homosexual aversion therapy begins in 1962 and spans around two decades. At a conservative estimate, it affected the lives of between 400 and 1000 patients, almost exclusively cis-male. By July 1981, presenters on Sydney's *Gay Waves* radio program reported that it was 'not as far as we know being used now in Australia'.⁷ The gay press disputed this, and *Gay Waves* presenters noted that 'learning theory technique, as it's euphemistically termed, is still being performed on any homosexual that wants it'.⁸ Ambiguity concerning its endpoint notwithstanding, the most intensive period of activity was from 1964 to 1974, during the Anglophone 'third wave' identified in Chapter 3. However McConaghy's orientation towards the Czechoslovakian 'second wave' from 1950 to 1962, his Pavlovianism and rejection of the belief of British counterparts Eysenck, Feldman and MacCulloch that aversion therapy operated by conditioning, rendered its Australian manifestation distinctive.

McConaghy was not the only practitioner of homosexual aversion therapy in Australia, nor was he the first; yet he was without question the central figure in its promotion and

⁶ Michel Foucault, *The History of Sexuality, Volume 1: The Will to Knowledge* (London: Penguin, 1978, 1978).

⁷ 'Vice: City's Sordid Male Friendships' Increasing Because Laws Archaic', *Melbourne Truth*, 1956/06/23/1956, Part 2 (30 July 1981), tape 0020-s003-m. The final paper by McConaghy and his team detailing results of clinical trials conducted during in the early to mid-1970s was published in 1981. Neil McConaghy, Michael S. Armstrong, and Alex Blaszczynski, 'Controlled Comparison of Aversive Therapy and Covert Sensitization in Compulsive Homosexuality', *Behaviour Research and Therapy* 19 (1981).

⁸ 'Vice'. Lex Watson asserted that McConaghy was 'still offering aversive and other conditioning "therapies" to homosexuals and others': Lex Watson, 'Watsonews', *Campaign* (Column), September 1981. It is likely that it continued to be used in private practice.

public profile. He is also something of a conundrum. A humanist, atheist and self-declared ‘Marxist’ from at least the early 1950s onwards who supported homosexual law reform, McConaghy’s adherence to the Pavlovian psychophysiological framework cannot be separated from his politics.⁹ In an apparent paradox, in 1973 he co-authored the Clinical Memorandum adopted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) which rejected the idea that homosexuality was associated with neurosis and maladjustment. Yet he continued to defend his use of aversion therapy thereafter.¹⁰ The history of homosexual aversion therapy in Australia is inextricably bound up with McConaghy’s career. In this chapter I make an even bolder claim: it is impossible to conceptualise Australian post-war sexology without McConaghy, and essential to link its origins to the context of the Cold War.

This history has not been told. I am aware of only one dedicated account of queer encounters with psychiatry in Australia in general, to say nothing of post-war behaviourist psychological medicine in particular – a chapter-length summary of the various treatment methods written in 1979 by one of McConaghy’s activist adversaries, Lex Watson.¹¹ In her 1981 PhD thesis, another adversary, Sue Wills, analysed Sydney’s sexual liberation movements from 1969 to 1973, especially their encounters with McConaghy, whom she interviewed in March 1972, from a sociological and participant-observer perspective.¹² A three-page 2005 article by Graham Willett focused on the RANZCP Clinical Memorandum, stemming from research for his 2001 book *Living Out Loud*, for which he likewise interviewed McConaghy in 1995.¹³ Two chapters by Emily Wilson in 2008 and 2011 analyse medical attitudes towards homosexuality in Australia from 1960-1979 and 1973-1984; in the first, with a greater focus on psychiatry and covering similar ground to Lex Watson, Wilson observed – correctly – that ‘an individual practitioner’s pre-existing opinions and prejudices could influence their interpretation of scientific data’, but also

⁹ NMArch-00, private correspondence, Neil McConaghy and Helen Molony, February-June 1959.

¹⁰ For example: ‘Homosexuality’, City Extra, 2BL ABC Radio One, Sydney, 3 September 1976.

¹¹ Lex Watson, ‘Homosexuals’, in *Mental Order or Madness? Alternative Theories*, ed. Erica M. Bates and Paul R. Wilson (St Lucia: University of Queensland Press, 1979).

¹² Sue Wills, ‘The Politics of Sexual Liberation’ (PhD, University of Sydney, 1981); Sue Wills Archive, PhD Thesis Materials, doc. 55, Sue Wills talking with Assoc. Prof. N. McConaghy at Prince Henry Hospital (Clinical Sciences) - Thursday 20th April 1972 (typed transcript); NMArch-3/9, appointment diaries 1957-1993; NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’, Correspondence with Sue Wills, March-November 1972.

¹³ Graham Willett, ‘Psyched In: Psychology, Psychiatry and Homosexuality in Australia’, *Gay & Lesbian Issues in Psychology Review* 1, no. 2 (2005); Willett, *Living Out Loud*; Neil McConaghy, interview by Graham Willett, 15 February 1995.

that there ‘does not appear to be a direct correlation between particular views on the causation of homosexuality and an adherence to any particular treatment method’.¹⁴ As this chapter aims to show, while the examples of Neil McConaghy and John Court seem superficially to support this conclusion, it is not quite correct.

More recently, British historian Rebecca Jennings, who has written the only history of lesbians and British psychiatry, has provided an overview of published histories of psychological and psychiatric constructions of homosexuality in Australia.¹⁵ Jennings notes the shift in early 1960s Australian psychiatry towards behavioural treatments. She draws particular attention to the challenge of writing histories of lesbian encounters with psychiatry, given the relative absence of lesbians from medical literature. Where lesbianism was discussed, the primary concern was gender transgression and cross-dressing, and before the 1970s the *Medical Journal of Australia (MJA)* and *Australian and New Zealand Journal of Psychiatry* contained no reports of Australian research into lesbianism.¹⁶ Jennings therefore foregrounds oral histories and ego documents instead.¹⁷ Finally, in a recently published article Chris Brickell and James Bennett utilise medical literature and the personal account of a former patient, Ralph Knowles, to analyse a case of homosexual aversion therapy in New Zealand in the 1970s.¹⁸ The therapist in that case was Basil James who, after sparking the British ‘third wave’ with his 1962 paper in the *BMJ*, emigrated from Bristol to Otago.¹⁹ Brickell and Bennett dub him a ‘transnational vector of influence’.²⁰ Their article is a welcome step in developing the historiography of behaviourist sexology in Australasia.

¹⁴ Emily Wilson, “‘Homosexual Health Hazards’: Public Discourse on Homosexuality and Medicine in Australia, 1973-1984”, in *Out Here: Gay and Lesbian Perspectives VI*, ed. Graham Willett and Yorick Smaal, Monash Studies in Australian Society (Clayton: Monash University Publishing, 2011); Wilson, “‘Someone’”, 156-157.

¹⁵ Rebecca Jennings, *Unnamed Desires: A Sydney Lesbian History* (Clayton: Monash University Publishing, 2015); Rebecca Jennings, “‘The most uninhibited party they’d ever been to’: The Postwar Encounter between Psychiatry and the British Lesbian, 1945-1971”, *Journal of British Studies* 47 (2008).

¹⁶ Jennings, *Unnamed Desires*, 10. For the ANZJP, however, this would mean a period of only three years.

¹⁷ As seen in her outstanding chapter on the psychiatric nurse Sandra Willson who, in 1959, motivated by the conflict between her sexuality and society and the authorities, shot a taxi driver and, turning herself in, spent the next 18 years in psychiatric and penal institutions. Rebecca Jennings, ‘Sandra Willson: A Case Study in Lesbian Identities in 1950s and 1970s Australia’, *History Australia* 10, no. 1 (April 2013).

¹⁸ Chris Brickell and James E. Bennett, ‘Surveilling the Mind and Body: Medicalising and De-medicalising Homosexuality in 1970s New Zealand’, *Medical History* 62, no. 2 (2018).

¹⁹ James, ‘Case’. James moved to Townsville, Queensland, in 1990 where he died in 2017; ‘Basil James: President 1977-1979’ (2017), <https://www.ranzcp.org/About-us/About-the-College/Our-history/Presidents-of-the-College/Basil-James>, accessed 17 August 2018. See Chapter 3.

²⁰ Brickell and Bennett, ‘Surveilling’, 201.

Historical research on Australasian sexology, sexual science, and queer experiences of psychological medicine remains disjointed. Several Australian queer history pioneers have mentioned medical approaches to sexuality and gender in Australia within broader studies,²¹ while closer attention has been given to military psychiatry.²² Ivan Crozier and Diana Wyndham have debated the contributions of Norman Haire, the highest-profile early twentieth-century sexologist from Australia, and the only one aside from McConaghy who developed an international reputation.²³ A recent sprinkling of publications more directly addresses twentieth-century sexological and medical attitudes to queer sexuality in Australia and New Zealand.²⁴ Yet the scholarship remains too patchy to earn the label of ‘field’ and links with feminist histories of women’s sexual health, gynaecology and reproductive science are largely missing. Nascent historical scholarship on trans lives and identities will contribute important perspectives.²⁵ The near absence from queer and feminist historiography of post-war figures such as Neil McConaghy, Harry Bailey, John Court, or pre-war psychiatrists such as Reg Ellery, is ripe for correction.²⁶ There is scope to build a coherent historiography of sexology and sexual

²¹ Garry Wotherspoon, *City of the Plain: History of a Gay Subculture* (Sydney: Hale & Iremonger, 1991, 1991); Willett, *Living Out Loud*; Clive Moore, *Sunshine and Rainbows: The Development of a Gay and Lesbian Subculture in Queensland* (St Lucia: University of Queensland Press, 2001, 2001), esp. 14-15, 131-133, 173-174; Robert Reynolds, *From Camp to Queer: Remaking the Australian Homosexual* (Carlton South: Melbourne University Press, 2002, 2002), esp. chapter 1, ‘Sex in the Sixties’; Lucy Chesser, *Parting With My Sex: Cross-Dressing, Inversion and Sexuality in Australian Cultural Life* (Sydney: University of Sydney Press, 2008); Jennings, *Unnamed Desires*.

²² Ruth Ford, ‘Lesbians and Loose Women: Female Sexuality and the Women’s Services During World War II’, in *Gender and War: Australians at War in the Twentieth Century*, ed. Joy Damousi and Marilyn Lake (Melbourne: Cambridge University Press, 1995); Ford, ‘Disciplined, Punished and Resisting Bodies’; Joseph Pugliese, ‘The Gendered Figuring of the Dysfunctional Serviceman in the Discourses of Military Psychiatry’, in *Gender and War: Australians at War in the Twentieth Century*, ed. Joy Damousi and Marilyn Lake (Cambridge: Cambridge University Press, 1995); Willett and Smaal, “‘Homosexual Institution’”; Smaal, *Sex, Soldiers*.

²³ Diana Wyndham, ‘Misdiagnosis of Miscarriage of Justice? Dr. Norman Haire and the 1919 Influenza Epidemic at Newcastle Hospital’, *Health and History* 2, no. 1 (2000); Ivan Crozier, ‘Becoming a Sexologist: Norman Haire, the 1929 London World League for Sexual Reform Congress, and Organizing Medical Knowledge about Sex in Interwar England’, *History of Science* 39, no. 3 (September 2001); Ivan Crozier, “‘All the World’s A Stage’: Dora Russell, Norman Haire, and the 1929 London World League for Sexual Reform Congress’, *Journal of the History of Sexuality* 12, no. 1 (January 2003); Diana Wyndham, *Norman Haire and the Study of Sex* (Sydney: Sydney University Press, 2012).

²⁴ Wilson, “‘Someone’”; Wilson, “‘Homosexual’”; Lisa Featherstone, “‘Fitful Rambles of an Unruly Pencil’: George Southern’s Challenge to Sexual Normativity in 1920s Australia’, *Journal of the History of Sexuality* 19, no. 3 (September 2010); Brickell and Bennett, ‘Surveilling’.

²⁵ Important groundwork for Australia has been laid by Aizura, *Mobile Subjects*. See also Chesser, *Parting*; Evan Hazenberg and Miriam Meyerhoff, eds., *Representing Trans: Linguistic, Legal and Everyday Perspectives* (Wellington: Victoria University Press, 2017). and Susan Stryker, *Transgender History* (Berkeley: Seal Press, 2008).

²⁶ Robert Kaplan’s study of Ellery focuses on his trip to Europe (especially the Soviet Union) in 1937 and therefore makes no mention of his extensive remarks on homosexuality while appearing as an expert psychiatrist witness in an ‘unnatural offences’ trial of two men in Melbourne in 1942. Robert M.

science in the Australasian context and to situate this history within an international and transnational context, as Brickell and Bennett in their article on aversion therapy in New Zealand seek to do. Leigh Boucher, Robert Reynolds and Emily Wilson have argued that Australian understandings of homosexuality in the 1960s rested upon ideas circulating in the English-speaking world and ‘a medical model formed primarily in the United States’, yet as this chapter will show, American perspectives were not the most influential in Australia, certainly not in the behaviourist camp that dominated clinical approaches to sexuality.²⁷ Furthermore, while the psychoanalytic tradition, its therapeutic legacies and its meaning for understandings of sexuality and gender in Australia have been explored from a cultural history perspective by Joy Damousi in *Freud in the Antipodes* (2005), behaviourism and the Pavlovian tradition has not.²⁸

Behaviourist psychologists and psychiatrists have dabbled in writing histories. The most thorough accounts of behaviour therapy in Australia were written by key players Syd Lovibond and Robin Winkler, both from the University of New South Wales (UNSW) Department of Psychology.²⁹ That department, together with the UNSW School of Psychiatry, was the epicentre of the behaviourist paradigm in Australia from 1964 onwards. Winkler named McConaghy one of the three most important individuals in the introduction of behaviour therapy to Australia, alongside Lovibond and University of

Kaplan, ‘Psychiatric Tourists in Pre-War Europe: The Visits of Reg Ellery and Aubrey Lewis’, *International Journal of Humanities Social Sciences and Education* 2, no. 11 (November 2015). Ellery is mentioned fleetingly in Australian gay historiography. Wayne Murdoch, ‘Homosexuality and the Melbourne Truth: An Annotated Listing, 1913-45’, in *Australia’s Homosexual Histories*, ed. Graham Willett and David L. Phillips, Gay and Lesbian Perspectives (Sydney and Melbourne: Australian Centre for Lesbian and Gay Research; Australian Lesbian and Gay Archives, 2000).

²⁷ Wilson, “Homosexual”, not paginated; Leigh Boucher and Robert Reynolds, “Thinking Transnationally About Sexuality: Homosexuality in Australia or Australian Homosexualities?”, in *Transnationalism, Nationalism and Australian History*, ed. Anna Clark, Anne Rees, and Alecia Simmonds (Singapore: Palgrave Macmillan, 2017).

²⁸ Joy Damousi, *Freud in the Antipodes: A Cultural History of Psychoanalysis in Australia* (Sydney: University of New South Wales Press, 2005). See also Joy Damousi, ‘The Travelling Psychoanalyst: Andrew Peto and Transnational Explorations of Psychoanalysis in Budapest, Sydney and New York’, in *The Transnational Unconscious: Essays in the History of Psychoanalysis and Transnationalism*, ed. Joy Damousi and Mariano Ben Plotkin (Basingstoke: Palgrave Macmillan, 2008). The criticism levelled at Damousi by reviewer Mark Finnane for failing to properly contextualise the *behaviourist* Neil McConaghy’s 1973 Geigy Symposium (discussed later in this chapter) further demonstrates the need for clearer understandings of the differences between the psychoanalytic and the behaviourist frameworks in the Australian context. Mark Finnane, ‘Review: Freud in the Antipodes: A Cultural History of Psychoanalysis in Australia, by Joy Damousi’, *Australian Historical Studies* 37, no. 127 (April 2006).

²⁹ Robin Winkler, ‘Behaviour Modification and Clinical Psychology in Australia’, in *Australian Psychology: Review of Research*, ed. Norman T. Feather (Sydney: Allen & Unwin, 1985); Lovibond, ‘Development’; Winkler and Krasner, ‘Social History’. McConaghy also provided a historical overview of methodological developments in Nathaniel McConaghy, ‘Electrical Aversion’, in *Encyclopedia of Psychotherapy*, ed. Michel Hersen and William Sledge (Academic Press, 2002), 719-730.

Melbourne graduate and Pavlovian Communist Malcolm Macmillan;³⁰ they were joined later by the English émigré Aubrey Yates.³¹ Though these moonlighting historians can hardly be accused of hagiography, their position within a field fraught with ethical, political and theoretical conflict requires that their accounts be treated with caution. Less entangled histories of the Pavlovian school in Australia can be found in Rod Buchanan's commissioned account of the Psychology Department of the University of Melbourne.³² Buchanan's research substantiates the claim made to me by Malcolm Macmillan that during the 1950s it was known as the 'red psychology department', and Buchanan details intensive ASIO surveillance of several department members on the grounds of Communist sympathies during the early Cold War.³³ One such professor was Kurt Danziger, originally from South Africa.³⁴

In light of growing awareness of so-called 'gay conversion therapy' practised today mainly by religious groups, there is some urgency for historical research into the application of behaviour therapy in sexual health.³⁵ New research has found that the Christian Right's use of ex-gay 'counselling', re-education courses and 'reorientation therapy' is growing underground in Australia.³⁶ The history of these practices in Australia, including exorcism, has been partly documented in memoirs stretching back to the late 1960s.³⁷ Aversive behaviour therapy, practised by professional psychologists and psychiatrists to treat behaviours listed in the *DSM* was a different phenomenon. However, due to the homonymic nature of the words 'aversion' and 'conversion', a common aim to reduce or eradicate homosexuality and the fact that some religious groups incorporate practices

³⁰ Macmillan's 1963 master's thesis included titles such as 'An Examination of Some Criticisms of Pavlovian Theory', in which he defended Pavlov against misinterpretation, 'A Pavlovian Approach to Symbiotic Psychosis', in which he expounded the superiority of Pavlov over Mahler, 'Learning Theory, Skinner's System and Psychopathology', in which he preferred Pavlov over Skinner and psychoanalysis, and in a singular foray into sexual disorders, 'Methods and Morals in the History of Masturbatory Insanity', in which he argued that medical knowledge about masturbation had been 'hampered by social attitudes'. Malcolm Bruce Macmillan, *Published and Unpublished Papers: Submitted to the Faculty of Science at the University of Melbourne for Examination for the Degree of Master of Science in the School of Psychology*, December 1963, University of Melbourne Archives.

³¹ Winkler and Krasner, 'Social History', 12.

³² Roderick D. Buchanan, *A Seventieth Anniversary History: Melbourne School of Psychological Sciences, The University of Melbourne, 1946 to 2016* (Parkville: Melbourne School of Psychological Sciences, 2016).

³³ *Ibid.*, 26-28; Macmillan, 2 July 2015.

³⁴ Lovibond, 'Melbourne', 16; Kurt Danziger, who read an earlier draft of this chapter, confirmed the 'strong Marxist influence' in the Psychology Department. Personal communication, 22-29 July 2019.

³⁵ This observation is also made in Brickell and Bennett, 'Surveilling'.

³⁶ Jones et al., *Preventing Harm*.

³⁷ Venn-Brown, *A Life*.

inspired by behaviour therapy, many assume that the two phenomena share one genealogy. Clarifying the historical theories and methods of psychological practitioners promotes understanding of the present-day practices of religious groups.

Neil McConaghy, a.k.a. 'Galileo'

Nathaniel 'Neil' McConaghy was born in 1927 in Brisbane.³⁸ He graduated in medicine from the University of Queensland (UQ) in 1951, and moved to Victoria to work as a Medical Officer in the Mental Hygiene Department at Ararat and later Royal Park. He simultaneously undertook a Diploma of Psychological Medicine (DPM) at the University of Melbourne, which he received in 1954. McConaghy studied psychology alongside his DPM – an unusual choice in the 1950s – and was thus able to delve into Pavlovian theories. In 1955 he went to British Columbia and then to England, spending 1956 at Maudsley and most of 1957-58 at St Ebba's hospital in Epsom researching electroencephalography (EEG), popular among psychiatrists with a strong interest in neurophysiology.³⁹ After returning to Melbourne in February 1959, he lectured at the university for a year before beginning clinical research at Alfred Hospital in 1961. While in London he met Irish child psychiatrist Helen Molony and the two became romantically involved. Molony followed McConaghy to Australia in June 1959 and, despite Molony's misgivings about her 'promiscuity' and his 'homosexuality' (McConaghy was also dating men when they met), they married in 1961.⁴⁰ McConaghy maintained life-long intellectual and political respect for Molony and the two remained close friends after their separation in the mid-1970s.⁴¹

On Lovibond's return from Prague in 1963, McConaghy was at the Alfred experimenting with Pavlovian 'non-verbal psychotherapy' – his term for behaviour therapy – and applying neurophysiology to treat compulsive, obsessive, phobic and delusional cases.⁴²

³⁸ NMArch-1/9, f. 'Prof/Applic', biographical data form, 1998. The following biographical details are taken from this form, completed by McConaghy himself.

³⁹ NMArch-6/9, f. 'Neil McC', Michael King, Interview with Neil McConaghy - DoB 05 09 27 - Australia, nd 2003. The transcript has handwritten corrections by McConaghy.

⁴⁰ NMArch-00, private correspondence.

⁴¹ Suzi McConaghy, personal communication, 9-13 December 2015; Macmillan, personal communication, 2 July 2015.

⁴² Neil McConaghy, 'A Year's Experience with Non-Verbal Psychotherapy', *Medical Journal of Australia* 1(51), no. 22 (30 May 1964).

He published on issues arising from practice such as suicide, psychotropic drugs, familial relationships, anxiety, and his theoretical innovation of ‘allusive thinking’ in relation to schizophrenia, yet sexuality and gender became his central focus.⁴³ Word of the penile plethysmograph set him to work immediately, conducting trials with the machine in December 1963.⁴⁴ In 1964, he was recruited to the UNSW Department of Psychiatry by Leslie G. Kiloh of Newcastle, England, who built a department with a strong behaviourist and biological orientation. McConaghy remained at UNSW past his retirement in 1997.

A keen thespian in his undergraduate years, McConaghy was a passionate consumer and occasional producer of literature.⁴⁵ He wrote several papers on literary topics, a three-act play set on the Ballarat goldfields, and planned a manuscript on literature including chapters on the comedic work of British author Barbara Pym, ‘covert homosex. in literature’ and ‘Shakespeare and paranoid jealousy’. He used literary references and metaphors in medical papers and lectures, including one on Euripides’ insights for psychiatry.⁴⁶ He reportedly intended to write a treatise about Jane Austen as a ‘proto cognitive behaviour therapist’.⁴⁷ A mid-1970s syllabus in Human Behaviour at UNSW required students to read at least one play by Euripides, Shakespeare or Ibsen.⁴⁸ His interest in the humanities and humanism was critical to his sexological work.

McConaghy’s contribution to sexology was not limited to his research, nor to homosexual aversion therapy. A 1997 Festschrift shows that the postgraduate research he supervised included some of the most significant Australian medical theorising about gender and sexuality, virtually none of which has been noticed by historians, and several of his higher-degree students co-authored some of his most important papers from the

⁴³ Neil McConaghy, ‘The Measurement of an Inhibitory Process in Human Higher Nervous Activity: Its Relation to Allusive Thinking and Fatigue’, *American Journal of Psychiatry* 118 (August 1961).

⁴⁴ NMArch-7/9, penile measurement graphs, 19 December 1963.

⁴⁵ NMArch-00, private correspondence, theatre programmes, photographs. He and Molony had been avid theatre-goers at Covent Garden.

⁴⁶ Neil McConaghy, ‘Drama and Psychiatry: Some Insights of Euripides’, Annual Congress, Australian and New Zealand College of Psychiatrists, Surfers’ Paradise, October 1969. Cited in Blaszczyński et al., *Festschrift*.

⁴⁷ Suzi McConaghy, personal communication 9-13 December 2015; NMArch-8/9, f. ‘Book’. A handwritten note reads, ‘The ability to deny reality when it conflicted with self-intent – which was well known to Jane Austen and her readers early in the C19.’

⁴⁸ NMArch-7/9, lecture notes. The options included (respectively) *The Trojan Women*, *A Doll’s House* and *Antony and Cleopatra*, as well as Ibsen’s *Rosmersholme* and Tennessee Williams’ *A Streetcar Named Desire*.

1970s on.⁴⁹ One, Ron Barr, was pivotal in the drafting and passage of the RANZCP Memorandum. Another, Neil Buhrich, conducted some of the earliest post-war research on transgenderism, transvestism and cross-dressing in Australia – his PhD project was prompted by a request to McConaghy in the 1970s by the Seahorse Club, a transvestite group in Sydney whose members sought greater scientific understanding of their gender expression after McConaghy referred a patient to them.⁵⁰ Buhrich and McConaghy published additional papers on transsexualism, transvestism and transgenderism throughout the 1970s and beyond.⁵¹ A 1990 citation awarding McConaghy the Doctor of Science degree described him as outstanding in ‘Behavioural Sexology’.⁵²

From at least the mid-1960s McConaghy developed an international network of colleagues and corresponded with leading figures in homosexuality research such as Clifford Allen and M. P. Feldman.⁵³ His papers contain a personally inscribed copy of Charles Silverstein’s *Joy of Gay Sex* (1977).⁵⁴ He was the only Australian sexologist who enjoyed an international reputation in this period and, though he did not publish on the topic until 1967, by 1970 he was invited to present his findings on homosexuality at the American Psychiatric Association Conference alongside such doyens as Irving Bieber. During a 1971 sabbatical in New Jersey, he strengthened his relationships with Richard Green and a cluster of American sexual behaviourists at the State University of New York in Stony Brook – a kind of American counterpart to Maudsley.⁵⁵ That year, Green launched the journal *Archives of Sexual Behavior*, with McConaghy and Freund (who had emigrated to Canada in 1969) as international editorial board members along with Judd

⁴⁹ Alex Blaszczyński et al., eds., *Festschrift: Neil McConaghy, A Tribute to the Man and His Science* (Sydney: School of Psychiatry, University of New South Wales, 1997). These included Neil Buhrich’s PhD thesis on ‘Heterosexual Male Transvestism’, Michael Armstrong’s research on ‘Sissyism, Tomboyism and Homosexuality’, group research on ‘Evidence for Genetic Influences on Homosexuality’ as well as the links between bisexual feelings and sexual behaviour.

⁵⁰ Neil Buhrich, ‘Transvestism, Gender Identity and Opposite Sex Linked Behaviours’, in *Neil McConaghy: A Tribute to the Man and his Science*, ed. Alex Blaszczyński et al. (Sydney: University of New South Wales, 1997), 49.

⁵¹ NMArch-6/9, f. ‘Articles up to 1980’, various authors, 1960-1980. They used Kurt Freund’s ‘commonly accepted definition of transsexualism’ in these papers, eg. Neil Buhrich and Neil McConaghy, ‘Two Clinically Discrete Syndromes of Transsexualism’, *British Journal of Psychiatry* 133 (1978): 73.

⁵² Blaszczyński et al., *Festschrift*, frontmatter.

⁵³ NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’, Clifford Allen to McConaghy, 14 July 1965 and M. P. Feldman to McConaghy, 10 October 1969; NMArch-1/9, f. ‘Archival Value?’ Richard Green, correspondence 1970-1971.

⁵⁴ NMArch-00. Co-authored with Edmund White. Silverstein’s personal inscription in McConaghy’s copy is dated ‘September 1979’.

⁵⁵ NMArch-3/9, appointment diaries 1957-1993.

Marmor and John Money.⁵⁶ In 1975 Green invited them to become founding members of the International Academy of Sex Research (IASR), together with Evelyn Hooker, Kinsey's colleague Paul Gebhard, Jan Raboch from Prague (Vice-President) and others.⁵⁷ Many of these sexologists were also on the founding editorial advisory board of the *Journal of Homosexuality*, established by Charles Silverstein in 1974, as well as Ron Barr.⁵⁸ These bodies represented a broadly progressive (though by no means radical) faction within post-war international sexology.⁵⁹ Aside from the inaugural IASR conference at Stony Brook in September 1975, McConaghy also attended the fifth conference in Prague in 1979 and the seventh in Haifa 1981, where he met with Freund.⁶⁰ His professional connections with Communist countries extended beyond Czechoslovakia and in 1986 he was appointed honorary member of the Polish Academy of Sexological Science.⁶¹

McConaghy identified as a Marxist, though his definition of this term was unique. When invited by the *Journal of Homosexuality* in 1977 to respond to a 1975 symposium on behaviour therapy in San Francisco, he prefaced his contribution with a barbed thank-you 'as a citizen of a country that has been so completely a passive recipient of the products of American cultural imperialism'.⁶² In 1993, the preface to his monograph *Sexual Behavior: Problems and Management* argued that theories of human behaviour that rejected biological factors were consistent with 'capitalist ideology' and its drive to flatten difference.⁶³ His last book manuscript, *So You Say You're Straight?*, prepared in 2004 (the

⁵⁶ NMArch-1/9, f. 'Prof./Applic'. In 1996 to mark the journal's silver anniversary, Green wrote a thank you letter to the 'eight survivors of the original [editorial] Board', which included Freund and McConaghy.

⁵⁷ International Academy of Sex Research, <http://www.iasrsite.org/>. Accessed 3 August 2018.

⁵⁸ 'Front Matter', *Journal of Homosexuality* 1, no. 2 (December 1974). Other high-profile members included Evelyn Hooker, Vern Bullough, Gerald Davison, John Gagnon, Cyril Franks, M. P. Feldman and Helen Kaplan. Feldman and Barr were the only two working outside the United States at the time.

⁵⁹ Dagmar Herzog describes Green and his colleagues Judd Marmor and Robert Stoller as 'adamantly antisogynist and antihomophobic' sexologists who bucked the trend in US psychiatry. Herzog, *Cold War Freud*, 77, 80. A history of international sexology organisations from the 1970s to the present, outlined in a conference paper by Alain Giami, 'A History of the World Association for Sexual Health (1978-2017)' (Sexology and Development: Exploring the Global History of the Sexual Sciences, Centre de Cultura Contemporània de Barcelona (CCCB), Spain, 4-6 October 2018), is forthcoming.

⁶⁰ NMArch-2/9, f. 3, Kurt Freund, letter to Neil McConaghy, 3 September 1981. The IASR conference in Haifa was followed directly by the 5th World Congress of Sexology in Jerusalem, where McConaghy also presented a paper.

⁶¹ NMArch-1/9, f. 'Prof./Applic' Academia Scientia Sexuologicae Polonia, embossed certificate, 1986.

⁶² Neil McConaghy, 'Behavioral Intervention in Homosexuality', *Journal of Homosexuality* 2, no. 3 (Spring 1977).

⁶³ Nathaniel McConaghy, *Sexual Behavior: Problems and Management*, ed. Alan S. Bellack and Michel Hersen, Applied Clinical Psychology (New York: Plenum, 1993), vii.

year before his death), made similarly ideological claims.⁶⁴ These political peculiarities played out in debates about aversion therapy between atheist liberals like McConaghy and Lovibond and practitioners motivated by anti-homosexual, religious or morally conservative considerations.

Another peculiarity was McConaghy's invocation of literary and cultural references to justify and shield his methods from criticism. In the 1977 *Journal of Homosexuality* article, he cited Henrik Ibsen's play *The Wild Duck* (1884) to defend his therapeutic approach, which he claimed prioritised 'concern for the patient' over reckless 'commitment to a moral position' that privileged brutal truths.⁶⁵ The play's protagonist, Gregers Werle, preaches an idealist philosophy of absolute truth and ultimately destroys his friend Hjalmar's family by exposing the 'life-lie' upon which it is built.⁶⁶ While some psychiatrists pessimistically claimed that the only therapeutic option for patients with homosexual feelings was to confront the truth, Ibsen's plays 'demonstrate[d] that it is better for many people that they do not learn the truth about themselves if they are to save themselves and others terrible suffering'.⁶⁷ The therapist's role, rather, was to alleviate the distress caused by compulsive behaviour, and perhaps even to cultivate the patient's 'life-lie'.

This mobilisation of cultural references to defend his methods had a grandiloquent precedent: in 1973, confronted by sexual liberation activists in Sydney, McConaghy likened himself to Galileo standing up to the Inquisitors.⁶⁸ The representation of himself as a defender of empirical science against moral pressure was a constant throughout McConaghy's career. The other constant was Ivan Pavlov. One colleague described how McConaghy and Lovibond 'belonged to the very small circle of scholars who had read Pavlov's Leningrad lectures cover to cover' – in various translations – 'and actually understood them!'⁶⁹ According to Robin Winkler, McConaghy 'saw in Pavlov, as did

⁶⁴ NMArch-1/9, Neil McConaghy, *So You Say You're Straight: The One in Five Hidden Homosexual Heterosexuals*, unpublished manuscript, 2004.

⁶⁵ McConaghy, 'Behavioral', 223.

⁶⁶ Henrik Ibsen, *The Wild Duck*, trans. Eleanor Marx Aveling (Boston: Walter H. Baker & Co., 1890), Act V, 121. Gregers and Dr Relling debate the ethics and emotions of truth in treatment.

⁶⁷ McConaghy, 'Behavioral', 223.

⁶⁸ Sue Wills Archive, transcript of Neil McConaghy's 'Galileo' speech to the Geigy Symposium 'Liberation Movements & Psychiatry', UNSW, August 1973, prepared by Sue Wills for C.A.M.P. This episode is explored in detail in Chapter 6.

⁶⁹ Peter Birrell, 'Tributes to Neil McConaghy', in *Neil McConaghy: A Tribute to the Man and His Science*, ed. Alex Blaszczyński et al. (Sydney: University of New South Wales, 1997).

Macmillan and Lovibond, a way to integrate his Marxist leanings with psychological theory'.⁷⁰ This is evident from McConaghy's notebooks throughout the 1950s and early 1960s documenting initial explorations of psychophysiology, learning theory and behaviourism.⁷¹

McConaghy is remembered by family as a keen thinker, open about his political beliefs and sexual inclinations, referring to himself as a 'Kinsey 5' and uttering the occasional Marxist maxim, a favourite being 'from thesis and antithesis comes synthesis!'.⁷² Colleagues remember him as active and energetic, one of the brightest intellects they knew, with a dogged commitment to science.⁷³ Activists and patients, by contrast, remember how he liked to present a sympathetic version of himself, which many found difficult, indeed impossible, to accept.⁷⁴

'Aversion therapy in the treatment of homosexual males'

The earliest mentions of McConaghy's interest in the 'management of homosexual' patients appear in notebooks from the mid-1950s.⁷⁵ Another early hint is a suggestion by Helen Molony in May 1959 that Neil should meet W. H. Trethowan, Professor of Psychiatry at Sydney University, who in 1958 had been appointed to a NSW government 'committee of inquiry into the causes and treatment of homosexuality' – the first of its kind in Australia.⁷⁶ These circumstances suggest a growing interest in non-normative sexualities throughout the 1950s.

Only after Lovibond's Czechoslovakian report did McConaghy begin exploring the question clinically, theoretically and socially. In 1964, directly inspired by Freund's Prague

⁷⁰ Winkler and Krasner, 'Social History', 13.

⁷¹ NMArch-3/9, notebooks, 1950s-1960s.

⁷² Suzi McConaghy, personal communication, 9-13 December 2015; Finola McConaghy, personal communication, 6-14 February 2019.

⁷³ Gavin Andrews, personal communication, 1 July 2015, 11-12 November 2018; Malcolm Macmillan, personal communication, 2 July 2015; Alex Blaszczyński, personal communication, December 2017-October 2018; Michael S. Armstrong, personal communication, 8 March 2018; Richard T. White, personal communication, 12 August 2018; Denis Colette, personal communication, 11 November-3 December 2018; John Lam-Po-Tang, personal communication, 1-6 February 2019; Stanley Catts, personal communication, 1-5 February 2019; Ian Hickey, personal communication, 7 February 2019.

⁷⁴ Tony Crewes, personal communication, 13-16 June 2018; Sue Wills, personal communication, 2015-2019.

⁷⁵ NMArch-3/9, notebooks, 1950s-1960s.

⁷⁶ 'State Appoints Committee on Homosexuality', *Canberra Times* (Canberra), Tuesday 1 July 1958, 10.

project, McConaghy commenced his own longitudinal experiment with aversion therapy. His recruitment to UNSW by Leslie Kiloh appears to have been for the purpose of conducting long-term research on sexual ‘disorders’ from a behaviour therapy perspective. The Prague team modelled their procedure on experiments treating alcoholism using nausea-inducing drugs as the aversive stimulus (emetine or apomorphine); for the conditioning stimulus, alcoholic drinks were replaced with male nude images and used in combination with words projected on a screen (‘man’ or ‘woman’ instead of ‘drink’).⁷⁷ As elucidated in Chapter 3, in the early 1960s electric shocks sometimes substituted for emetics.⁷⁸ Both methods were used in Australia to treat alcoholism.⁷⁹ For sexual behaviour, McConaghy felt it was necessary to clinically and empirically investigate whether *either* of them worked, and if so, which one was more effective.⁸⁰ He divided his first cohort of 30 patients, most of whom had been referred by other psychotherapists, into two groups, each receiving one of the procedures. The experiment revealed little difference in results.⁸¹ McConaghy subsequently used electric shock only, for practical and likely ethical reasons.⁸² In the late 1970s he came to favour the verbal method of ‘reciprocal inhibition’ devised by Wolpe and, together with Ron Barr, replaced aversion therapy with a related system, ‘imaginal desensitisation’.⁸³

Freund’s penile plethysmograph was a cornerstone of McConaghy’s approach; he applied it at every stage of the procedure as ‘an index of response to treatment’.⁸⁴ In the first study, he included a control of eleven heterosexual subjects to confirm its validity, as Freund had done. McConaghy was impressed with Freund’s invention but found it

⁷⁷ Freund and Srnc, ‘K otázce mužské’. It was also the method used in 1956 by Raymond in Britain to treat a single patient for ‘transvestism’. Raymond, ‘Fetishism’. See Chapter 3.

⁷⁸ Eduardo Gutierrez Agramonte, ‘Una Nueva Técnica de Conductoterapia en el Tratamiento de la Homosexualidad’, *Revista Cubana de Medicina* 1/1 (January-February 1962), 79-86; C. B. Blakemore et al., ‘The Application of Faradic Aversion Conditioning in a Case of Transvestism’, *Behaviour Research and Therapy* 1/1 (May 1963), 29-34. Electric shock was first used in homosexual aversion therapy in 1935: Max, ‘Breaking Up a Homosexual Fixation’.

⁷⁹ National Film and Sound Archive, John Morley, ‘A Man With A Problem’ (Sydney, 1966), television documentary; ABC Archives, *Monday Conference*, episode 66, ‘Aversion Therapy’, ABC Television, 20 November 1972. Digital copy held by ALGA.

⁸⁰ McConaghy stated that he had used apomorphine ‘largely because of Freund. That’s the treatment he used – therefore it was the beginning of the 1960s interest in aversive approaches’, NMArch-6/9: f. ‘Neil McC’.

⁸¹ McConaghy, ‘Aversion Therapy’; McConaghy, *A Neo-Pavlovian View*, audio-lectures.

⁸² A letter from Clifford Allen in 1965 replied to questions from McConaghy about the possibly harmful effects of apomorphine on a patient’s health, NMArch-9/9: f. ‘HOMOSEX.-ATTITUDES’.

⁸³ McConaghy, Armstrong, and Blaszczyński, ‘Controlled’.

⁸⁴ McConaghy, *A Neo-Pavlovian View*; McConaghy, ‘Aversion Therapy’, 45.

‘cumbersome’.⁸⁵ It required numerous special parts, including a resin ring and a metal air inlet tube.⁸⁶ Resourceful McConaghy re-purposed an empty tin of the common anti-psychotic Largactil (ironically known to have side effects on the sex drive).⁸⁷ This drug had nothing to do with the device or aversion therapy, yet McConaghy demonstrated that elaborate, expensive and specially manufactured parts were unnecessary. His version was ‘robust and capable of being put on by the patient without supervision’.⁸⁸ McConaghy further improved on Freund’s method by incorporating moving images to ‘make sufficient use of the erotic effect of movement and behaviour’.⁸⁹ The activities depicted were ‘not designed to be sexually provocative’ as this could ‘limit the type of person to whom the film could be shown’.⁹⁰ Instead, they included towelling, reading, undressing or lounging and, in the case of women, an occasional coquettish pout.⁹¹ Film was used for the plethysmographic assessment, while erotically explicit slides as well as text phrases were used in aversion therapy.⁹² McConaghy’s decision to compare two different clinical methods was a pioneering contribution, as was his integration of the penile plethysmograph into a comparative study. Like Freund, McConaghy considered the plethysmograph a great clinical success because it could diagnose male sexual orientation more accurately than other methods, and because it reduced the ambiguity of claims made on behalf of treatment. He was critical of other practitioners’ use of penile strain gauges measuring circumference changes, as they returned far less reliable results.⁹³

⁸⁵ McConaghy, ‘Aversion Therapy’; Kurt Freund, ‘A Laboratory Method for Diagnosing Predominance of Homo- or Hetero-Erotic Interest in the Male’, *Behaviour Research and Therapy* 1/1 (May 1963), 85-93.

⁸⁶ Freund, Sedlacek, and Knob, ‘Transducer’, 169.

⁸⁷ The repurposing of the Largactil tin, which featured in the first published photograph of McConaghy’s amended plethysmograph device, seems to have been a running joke with his colleagues. NMArch-1/9, f. ‘Prof/Applic’, Stanley V. Catts to McConaghy, 24 December 1995.

⁸⁸ McConaghy, *A Neo-Pavlovian View*.

⁸⁹ Neil McConaghy, ‘Penile Volume Change to Moving Pictures of Male and Female Nudes in Heterosexual and Homosexual Males’, *Behaviour Research and Therapy* 5 (1967), 43-48; here 43.

⁹⁰ *Ibid.*

⁹¹ NMArch-4/9, ‘Av. Therapy’, film reels, c.1965.

⁹² Former patient ‘Michael’ described the slides used in his sessions with McConaghy in 1965 as being very sexually explicit. Barry Lowe, ‘Mind-Fuck - An Interview’, *Gay*, March/April 1975, 7.

⁹³ Cf. John Bancroft, H. Gwynne Jones, and B. R. Pullan, ‘A Simple Transducer for Measuring Penile Erection, with Comments on Its Use in the Treatment of Sexual Disorders’, *Behaviour Research and Therapy* 4, no. 1-2 (1966); John Bancroft and Isaac Marks, ‘Electric Aversion Therapy of Sexual Deviations’, *Proceedings of the Royal Society of Medicine* 61 (August 1968); John Bancroft, ‘Aversion Therapy of Homosexuality: A Pilot Study of 10 Cases’, *British Journal of Psychiatry* 115 (1969). Bancroft, an expert on impotence and erectile function, praised circumference measurement as ‘reliable and distinguishable from artefact’.

McConaghy was adamant that the term ‘plethysmograph’ should not be used to describe such tools, as they did not measure volume changes.⁹⁴

McConaghy’s experiment comprised five patient cohorts between 1964 and 1980, amounting to ‘over 200 homosexuals’ in Sydney, ‘not more than ten’ of whom were women.⁹⁵ This ratio was why the penile plethysmograph could occupy such a central place in McConaghy’s approach; a brief experiment in the 1970s with vaginal plethysmography (developed by gynaecologists⁹⁶) to determine women’s sexual orientation was abandoned due to the paucity of female patients.⁹⁷ In October 1965 McConaghy delivered the first paper outlining his experiment at the Australian Psychiatry Association conference in Hobart.⁹⁸ By September 1966, he had enough data to submit an article to Eysenck’s *BRT* journal, and in January 1967 he presented them at Australia’s first professional conference on behaviour therapy.⁹⁹ By 1981 he had produced over 50 journal articles as lead or co-author based on data gathered between 1964 and around 1979.¹⁰⁰

All, or nearly all, of McConaghy’s homosexual aversion therapy patients were treated in the experiment. He considered it crucial that treatment be subjected to rigorous scientific and empirical assessment; hence his passion for the plethysmograph. Extensive log books of plethysmograph and treatment results were kept, the data progressively compared. For McConaghy, this commitment to empirical honesty was essential to his Pavlovian

⁹⁴ McConaghy, *A Neo-Pavlovian View*.

⁹⁵ The figure of ‘over 200’ was given by McConaghy in 1973 during question time following his speech at the Geigy ‘Liberation Movements and Psychiatry’ symposium. Sue Wills Archive, transcript of ‘Galileo’ speech. By 1981 the final number would have been much higher. The figure of ‘ten’ women was given by McConaghy in an interview with British historian of psychiatry Michael King in the early 2000s, NMArch-6/9: f. ‘Neil McC’.

⁹⁶ Yoram Palti and Bruno Bercovici, ‘Photoplethysmographic Study of the Vaginal Blood Pulse’, *American Journal of Obstetrics and Gynecology* 97, no. 2 (15 January 1967). These researchers were based in Jerusalem.

⁹⁷ Blaszczynski, January-October 2018.

⁹⁸ Neil McConaghy, ‘Penile Volume Assessment of Sexual Orientation’ (Annual Meeting, Australian Association of Psychiatrists, Hobart, October 1965).

⁹⁹ Neil McConaghy, ‘Penile Volume Change to Moving Pictures of Male and Female Nudes in Heterosexual and Homosexual Males’, *Behaviour Research and Therapy* 5 (1967); Neil McConaghy, ‘Aversion Therapy in the Treatment of Male Homosexuals’, in *Behaviour Therapy: Proceedings of a Symposium held by the Queensland Branch of the Australian Psychological Society, 14-15 January 1967*, ed. G. L. Mangan and L. D. Bainbridge (St. Lucia: University of Queensland Press, 1969).

¹⁰⁰ An analysis and report of data from McConaghy’s final cohort of patients receiving aversion therapy, including a one-year follow-up, was submitted in February 1981, meaning the commencement of their treatment is highly unlikely to have been after the end of 1979. McConaghy, Armstrong, and Blaszczynski, ‘Controlled’.

framework – what he later called a ‘scientific approach to psychopathology’¹⁰¹ – and inextricable from his humanist worldview.

Aversion therapy in Australia: a foreign import?

Before 1962 behaviour therapy – including aversion therapy – was non-existent in Australia. Although Eysenck was well known, little evidence suggests that his 1960 manifesto, *Behaviour Therapy and the Neuroses*, had a significant impact. After 1962 Australasian psychological medicine and research changed dramatically. This was aided by the emigration to Australia and New Zealand of several British psychiatrists who were associated with or, like many Australians at that time, had done part of their training at Maudsley and were behaviourists.¹⁰² In a 1980 address to the RANZCP Congress on ‘overseas contribution[s] to Australian psychiatry’ in the previous three decades, Aberdeen-trained William (Bill) Cramond, who based at the University of Adelaide throughout the 1960s, ranked the Maudsley, Newcastle-upon-Tyne and Aberdeen schools of psychiatry as the strongest international influences on Australian training and theoretical leanings. Maudsley and Newcastle instilled a ‘firm link to the strict methodology of science’, and Maudsley had the strongest behaviourist orientation.¹⁰³ One significant link between Australia and Maudsley was an Adelaide export, Aubrey Lewis, who from 1946 to 1966 held the Maudsley Chair of Psychiatry. In building behaviour therapy in Australia and New Zealand, imports in the 1960s included Aubrey Yates, who emigrated from London to northern New South Wales in 1957 and from 1967 directed the Department of Psychology at the University of Western Australia, Leslie Kiloh, previously mentioned, and his Newcastle-upon-Tyne colleague, aversion therapy critic Frank Whitlock, who from April 1966 was Professor of Psychological Medicine at UQ, and Basil James of Bristol, also mentioned above, who moved to New Zealand in 1967 and to Australia in 1990.¹⁰⁴

¹⁰¹ Neil McConaghy, ‘Introduction: Overview of a Scientific Approach to Psychopathology’, in *Neil McConaghy: A Tribute to the Man and His Science*, ed. Alex Blaszczyński et al. (Sydney: University of New South Wales, 1997).

¹⁰² William A. Cramond, ‘The Overseas Contribution to Australian Psychiatry 1950-1980’, *Australian and New Zealand Journal of Psychiatry* 15 (1981).

¹⁰³ *Ibid.*, 203.

¹⁰⁴ Kiloh had supervised a project investigating LSD which had included ‘one transsexualist, one transvestist, five male homosexuals [and] one female homosexual’: J. R. Ball and Jean J. Armstrong, ‘The

Added to these was a homegrown generation of psychiatry and psychology graduates, especially those coming out of the University of Melbourne in the 1950s, who were eager to open Australia to a Pavlovian paradigm. In Lovibond's account, the publication of Wolpe's *Reciprocal Inhibition* in 1958 and Eysenck's 1960 volume showed a growing Australian circle of behaviourists that 'groups in several other countries were working on similar problems'.¹⁰⁵ In the first half of the 1960s, 'Australian behaviour therapy rapidly became part of the world movement'.¹⁰⁶ By 1965 several projects were underway, especially under Lovibond, the most enthusiastic Pavlovian, at the University of Adelaide, before he gravitated to UNSW in 1968. John H. Court at the University of Adelaide was similarly inspired by the method's promises for treating homosexuality, albeit from a radically different political, and more importantly *moral* perspective, as described below.

By January 1967 the behaviourist school had developed sufficiently to sustain Australia's first professional conference on behaviour therapy, held in Brisbane over two days at UQ's St Lucia campus, hosted by the Queensland branch of the Australian Psychological Society and organised with colleagues from UNSW. The ten presenters included Lovibond, McConaghy, Yates and Whitlock, some of whom presented two or three times. Following an 'Orientation', the conference was organised into sessions covering a 'Critical Survey' of the field, 'Case Studies', 'Psychotherapy and Behaviour Therapy Compared', and 'Future' directions. McConaghy gave the results of his first experiment as a case study. Other papers covered topics such as alcoholism, tics, speech correction, enuresis and sadism towards animals. Attendees included 'experimental psychologists, psychological and psychiatric practitioners, social workers, medical practitioners, and students'.¹⁰⁷ Activists were not visible, for they did not yet exist.

Not everyone was a fan of Eysenck. The volume of conference papers demonstrates the Australian school's orientation towards the Maudsley tradition, with some reserve. The

Use of L.S.D. 25 (D-Lysergic Acid Diethylamide) in the Treatment of the Sexual Perversions', *Canadian Psychiatric Association Journal* 6, no. 4 (August 1961): 233. Basil James, who died in 2017, spent the last three decades of his life in far north Queensland. John Allan, 'Obituary: Professor Basil James', *Australasian Psychiatry* 25, no. 5 (October 2017): 532.

¹⁰⁵ Lovibond, 'Development', 4.

¹⁰⁶ Ibid. Maudsley annual reports show that visitors in the 1956-1963 period regularly included individuals from countries around the world, including Australia and Czechoslovakia: *Annual Report, Maudsley Hospital* (London, 1961-62), 54. Lovibond is mentioned by name.

¹⁰⁷ G. L. Mangan and L. D. Bainbridge, eds., *Behaviour Therapy: Proceedings of a Symposium Held by the Queensland Branch of the Australian Psychological Society, 1967* (St. Lucia: University of Queensland Press, 1969), Preface, vi.

dominant tone was one of openness and pragmatic eclecticism, and a willingness to appraise the three main strands of behaviour therapy, identified by Yates in his opening address as originating in South Africa (Wolpe and Lazarus, by then both in Philadelphia), America (Skinner et al., now ‘vieing’ [sic] with Wolpe) and the United Kingdom (Eysenck et al).¹⁰⁸ Malcolm Macmillan of the Melbourne University Pavlovian circle, together with several peers, considered Eysenck a dilettante, an attitude evident in several conference papers.¹⁰⁹ Yet McConaghy acknowledged the ‘enormous debt’ owed to Eysenck by those who valued a biological approach ‘in psychology and psychiatry’.¹¹⁰

Nor were all participants Pavlovians. There was a general openness to psychotherapy combined with behavioural methods and the conference volume editors acknowledged ‘strong differences’ among participants.¹¹¹ The Pavlovian influence was clearest in contributions by Lovibond and McConaghy as well as volume editor G. L. Mangan of UQ, and less explicitly UNSW’s A. G. Hammer, both psychologists. Hammer opened the conference by citing the ‘failures of dynamic psychiatry’ and psychoanalysis as a factor in the turn towards behaviour therapy; aside from Pavlov, he noted the importance of Hull, Watson, Masserman and others in shaping the tradition. In closing remarks, Lovibond highlighted the increasing enthusiasm for Pavlov among Western researchers: there was ‘now a tremendous interest and a new respect for this theory, whereas only ten or fifteen years ago there was a tendency to reject it’.¹¹² In the session comparing psychotherapy and behaviour therapy, McConaghy did ‘not view these two forms of therapy as alternatives’, meaning mutually exclusive.¹¹³ He defended the behaviour therapy’s goal to treat ‘individual psychiatric symptoms’ while acknowledging that ‘it must

¹⁰⁸ Aubrey Yates, Syd Lovibond, and Frank A. Whitlock, ‘Seminar One: A Critical Survey of the Theory and Practice of Behaviour Therapy’, in *Behaviour Therapy: Proceedings of a Symposium Held by the Queensland Branch of the Australian Psychological Society, 1967*, ed. G. L. Mangan and L. D. Bainbridge (St. Lucia: University of Queensland Press, 1969), 16-18.

¹⁰⁹ Macmillan, 2 July 2015. It was also reflected in McConaghy’s reviews of Eysenck’s work. In 1970 he mocked, ‘Eysenck’s comparison of himself with a circus acrobat is an apt one’. Neil McConaghy, ‘Review: The Biological Basis of Personality by H. J. Eysenck (1968)’, *Australian and New Zealand Journal of Psychiatry* 4, no. 2 (1970): 113. A draft of this review is in Neil McConaghy’s papers, NMArch-1/9.

¹¹⁰ McConaghy, ‘Review’, 113.

¹¹¹ Mangan and Bainbridge, *Behaviour Therapy*, Preface, vi.

¹¹² Syd Lovibond and Aubrey Yates, ‘Recapitulation’, in *Behaviour Therapy: Proceedings of a Symposium Held by the Queensland Branch of the Australian Psychological Society, 1967*, ed. G. L. Mangan and L. D. Bainbridge (St. Lucia: University of Queensland Press, 1969), 142.

¹¹³ B. Nurcombe, Elsie Harwood, and Neil McConaghy, ‘Seminar Three: Psychotherapy and Behaviour Therapy Compared’, in *Behaviour Therapy: Proceedings of a Symposium Held by the Queensland Branch of the Australian Psychological Society, 1967*, ed. G. L. Mangan and L. D. Bainbridge (St. Lucia: University of Queensland Press, 1969), 100.

seem crude and insightful to the psychotherapist, who has learnt to view the patient as a whole, complex person'.¹¹⁴ These remarks accorded with the general consensus that behaviour therapy was more effective with mono-symptomatic disorders than with complex neuroses.

This posed a theoretical conundrum with respect to homosexuality that was left unaddressed: if not a 'disorder' of the whole personality, was it then a simple, stand-alone behavioural symptom? If not that, then what? If homosexuality was more complex, how could 'crude' aversive methods of behaviour therapy be justified? There was barely any discussion of McConaghy's study of homosexual aversion therapy, critical or otherwise, despite the fact that it was the longest and most data-heavy of the contributions.¹¹⁵ He had tough competition: Lovibond's paper on the same panel described the use of aversion therapy to treat a boy's sexualised sadism towards horses and received the most questions. There was one exception to this remarkable silence: an invective against aversive methods by Frank Whitlock. Whitlock's criticism had been delivered on the opening panel, yet it pre-empted McConaghy's paper by describing the use of aversion therapy to treat 'forms of behaviour regarded by society as undesirable' – namely homosexuality – as a form of 'punishment, even though administered scientifically and disguised by scientific jargon'.¹¹⁶

Whitlock had form. In 1964 while based at Newcastle-upon-Tyne, he had intervened in the emerging British third-wave debates. There, too, he was a lone voice. Whitlock characterised the 'long history of psychiatry' in binary terms as an 'unrelenting struggle between those who have wished to treat the mentally ill patient with kindness and humanity and those who have insisted that only harsh measures would be of benefit'.¹¹⁷ In Whitlock's view, electric shocks were 'in the same category as the flogging, ducking, and cannon-firing', and 'good intentions do not justify the means'. He urged authors of aversion experiments to consider 'how far we as psychiatrists are justified in imposing on our patients "normal" values which conflict with the patient's own tendencies'.¹¹⁸ His

¹¹⁴ Ibid.

¹¹⁵ The version included in the conference volume was a reprint of the article published in Eysenck's *Behaviour Research and Therapy* journal a few months after the conference; his actual presentation was likely much shorter and without illustrations.

¹¹⁶ Yates, Lovibond, and Whitlock, 'Seminar One', 34.

¹¹⁷ Frank A. Whitlock, 'Correspondence: Electrical Aversion Therapy', *British Medical Journal* 1, no. 5380 (15 February 1964): 437.

¹¹⁸ Ibid.

intervention in Brisbane exemplified these opinions. He submitted that ‘before we expose homosexuals to homosexual stimulus objects and subject the patients to electric shocks [...] we should ask ourselves what our precise role in this situation is’.¹¹⁹ ‘How far’, he asked, ‘are we ministering to the needs of our patients and how far are we bending our patients in order to get them to conform to social expectations?’¹²⁰ Citing McGuire and Vallance’s 1964 report of treating homosexuals with electric shock, he argued, ‘such procedures seem far removed from the humanitarian ideal of medical treatment’ and constituted another ‘minor violence’ against patients.¹²¹ While claims were often made that the suffering inflicted by aversion therapists was analogous to surgical pain, the comparison was spurious given the use of anaesthetics in the latter.¹²² Audience members and the profession in general, he summarised, should ‘pay more attention to the ethical factors involved’ and he advocated the gentler techniques of reciprocal inhibition, relaxation and graded deconditioning proposed by Wolpe.¹²³

These concerns seem to have been wilfully ignored. Even in the minuted responses, the contents of McConaghy’s paper – which had been Whitlock’s main example – were not explicitly mentioned. In his final ‘recapitulation’ to close the conference Yates returned to the substantive issues raised by Whitlock but left them hanging as a definitional question ‘as to what punishment really is’.¹²⁴ Whitlock’s characterisation of ‘scientific jargon’ was particularly prescient in relation to McConaghy’s orthodox Pavlovianism. In an interview conducted by Michael King in 2003, McConaghy stated that Pavlovian theories provided him with a way to connect behaviour to brain function.¹²⁵ Eysenck and the British school may have taken up behaviour therapy, but they had failed to fully understand and appreciate Pavlov’s theories scientifically, to say nothing of the Skinnerian school in the United States.¹²⁶ McConaghy believed that a correct application of Pavlov’s psychophysiological approach was humanistic *because* it was more scientific: empirical, measurable evidence-based treatments, as he thought of them, were fully

¹¹⁹ Yates, Lovibond, and Whitlock, ‘Seminar One’, 34.

¹²⁰ *Ibid.*, 34–35.

¹²¹ *Ibid.*, 35–36.

¹²² *Ibid.*, 35.

¹²³ *Ibid.*

¹²⁴ Lovibond and Yates, ‘Recapitulation’, 146.

¹²⁵ NMArch-6/9: f. ‘Neil McC’, transcript with handwritten corrections by McConaghy.

¹²⁶ McConaghy, *Neo-Pavlovian View*.

consonant with humanistic practice, and the 1960s were ripe for more homegrown techniques.

Scope of homosexual aversion therapy in Australia – who was doing it?

McConaghy was neither the first nor only person to use aversive behaviour therapy to treat homosexuality in Australia. There were at least five other psychiatrists and psychologists who used the method, often aided by clinical assistants. These were William (Bill) S. G. Rowe and F. W. Wright-Short in Sydney, John Court and Allan Whitford in Adelaide, and R. Czillag in Perth.¹²⁷ Between them, these practitioners treated a minimum of 500-600 men, as documented in oral histories, papers in medical journals, newspaper reports, and published patient accounts.¹²⁸ Lovibond did not treat patients for homosexuality but did treat them for exhibitionism.¹²⁹ Other aversion therapists used it to treat alcoholism, smoking, drug addiction, violence or petty crime recidivism, such as W. A. McIlrath and David Fox, both in Canberra, and occasional cases involving sexual elements (such as the young patient discussed by Lovibond in Brisbane).¹³⁰ The worldview of each practitioner treating homosexuality helped determine their methodology and reasoning.

McConaghy was also not the first to spruik for subjects. In the published version of his Brisbane conference paper he noted that most of his patients had been ‘referred by other psychiatrists’.¹³¹ From this we can deduce that prior to the commencement of his experiment, he had spread the word among colleagues. Only two of this original cohort were facing court hearings, but men facing criminal charges were a persistent subgroup throughout his studies. While McConaghy drew upon professional networks for referrals, others advertised. A letter in the *MJA* in August 1962 submitted by Bill Rowe was the first mention of homosexual aversion therapy in Australian medical literature. Remarking

¹²⁷ Many of these were identified in Watson, ‘Homosexuals’; Wilson, “‘Someone’”.

¹²⁸ Former leader of the Australian Greens Bob Brown flew from Launceston to Sydney in 1972 to have the treatment, as detailed in Martin McKenzie-Murray, ‘Conversion Therapy in Australia’, *The Saturday Paper*, no. 227 (20-26 October 2018), <https://www.thesaturdaypaper.com.au/2018/10/20/conversion-therapy-australia/15399540007026>. I know of at least one other case of a man travelling to Sydney from Brisbane in 1976; Anthony Venn-Brown, personal communication, May-October 2018.

¹²⁹ ‘Whose Aversions?’, *Nation*, 15 April 1972, 13.

¹³⁰ ‘Gaol Psychiatric Aid “Inadequate”’, *Canberra Times* (Canberra), Thursday 30 May 1968, 22; ‘Aid Near for Smokers, Bibbers’, *Canberra Times* (Canberra), Wednesday 10 March 1971, 3.

¹³¹ McConaghy, ‘Aversion Therapy’, 48.

on the disappointing results of other forms of treatment for homosexuality, save modest successes with group psychotherapy, Rowe vaguely cited ‘several articles in recent years’ illustrating that ‘sufferers’ had been ‘successfully reorientated to heterosexuality by conditioning’.¹³² These techniques attempted to associate homosexual desire, represented ‘by means of photographs, movie film and tape recorders’, with unpleasant sensations provoked by apomorphine.¹³³ The ‘encouraging overseas results’ inspired Rowe to try it, ‘with similar encouraging results’, though it is unclear how many patients he had treated when he wrote.¹³⁴ He promised a more detailed paper, yet in reality the letter was a thinly veiled appeal for referrals. Unlike McConaghy, he noted that court referrals were ‘poor therapeutic material’; the ‘limiting factor’ for his experiment was ‘the obtaining of sufficient clinical material’ for a reliable assessment of the method, and he included his address for correspondence.¹³⁵ According to a former patient, Rowe also advertised in other ways: Peter Todd was referred to Rowe in 1966 by a priest during Confession and believes this was a result of Rowe’s approaches to the Archdiocese.¹³⁶ He happily accepted the majority of his patients from the courts and lawyers, despite his claim that they were poor research material. The longer report Rowe promised appeared in September 1967, when he claimed to have treated ‘300 homosexual patients’.¹³⁷ His interest in the ‘problem’ of homosexuality had arisen in group therapy with adolescent male delinquents in 1959 and 1960, because several ‘group members became homosexually involved’.¹³⁸ Rowe guessed that there must be around ‘a quarter of a million’ homosexuals in Australia – enough for statistically significant clinical trials – and the ‘hope of ‘readjustment toward heterosexuality’ was high, provided they were committed to change and had some ‘heterosexual component in the personality’.¹³⁹

Rowe was no behaviourist. It is therefore difficult to know how many of his claimed 300 homosexual patients were treated with aversion therapy. His approach was eclectic, with

¹³² William S. G. Rowe, ‘Correspondence: The Treatment of Homosexuals’, *Medical Journal of Australia* (25 August 1962): 321. The letter itself was dated 3 August.

¹³³ *Ibid.*

¹³⁴ *Ibid.*

¹³⁵ *Ibid.*

¹³⁶ ALGA, Supplementary interview with Peter Todd by Kate Davison, 5 May 2017; this was a follow up to a longer interview conducted a year earlier by Nick Henderson, 17 June 2016.

¹³⁷ William S. G. Rowe, ‘The Treatment of Homosexuality and Associated Perversions by Psychotherapy and Aversion Therapy’, *Medical Journal of Australia* (30 September 1967): 637.

¹³⁸ *Ibid.*

¹³⁹ *Ibid.*

strong psychoanalytic foundations. He anticipated that ‘the mixing of these two odd bedfellows, psychotherapy and learning theory [...] these (almost opposing) schools of psychology’ would prove problematic, yet this was ‘not substantiated in practice’.¹⁴⁰ Nevertheless, given that he subscribed to the psychoanalytic view that homosexuality was a ‘symptom of a personality disorder’, he saw aversion therapy as a technique to augment psychotherapy. He favoured psychotherapy in groups that included women (one patient was an ex-nun presenting with ‘frigidity’ whom Rowe said discovered, then overcame, homosexual feelings in group therapy).¹⁴¹ The aversive procedure described in Rowe’s 1967 paper resembles the one reported in 1961 by Thorpe, Lavin and colleagues at Banstead Hospital in Surrey, England, to treat a case of ‘transvestism’, but the only article detailing aversion therapy he cited was a single case of ‘pin-up fetishism’ treated by Raymond.¹⁴² Rowe added a collection of other elements, including a film projector operated by the patient, which appear to have been plucked haphazardly from British literature. Apomorphine was the primary aversive stimulus, but follow-up sessions used electric shocks to the back of the neck.¹⁴³

Rowe further augmented his toolkit with endocrinological methods. Peter Todd’s treatment by Rowe in 1966 and 1967 comprised a cocktail of aversion therapy, psychoanalytical psychotherapy *and* hormones (stilboestrol), delivered simultaneously with no scientific measurement of progress and results.¹⁴⁴ Oestrogen was an option to suppress sexual desire, Rowe argued, in cases where a patient had zero heterosexual drive and was at risk for suicide.¹⁴⁵ Where a ‘glimmer’ of heterosexual feeling was present, patient motivation determined success or failure – not the skill or method of the practitioner.¹⁴⁶ Todd recalls how Rowe ‘blamed’ him for his supposed lack of commitment to the process when the treatment failed and believes this was related to Rowe’s Catholicism.¹⁴⁷ Rowe stated openly that he made ‘no claims’ that his approach

¹⁴⁰ Ibid., 638.

¹⁴¹ Ibid.

¹⁴² Lavin et al., ‘Transvestism’; Michael J. Raymond and Kevin O’Keefe, ‘A Case of Pin-up Fetishism Treated by Aversion Conditioning’, *British Journal of Psychiatry* 111, no. 476 (July 1965).

¹⁴³ Lavin et al., ‘Transvestism’.

¹⁴⁴ ALGA, Todd, interview, 2017.

¹⁴⁵ Rowe, ‘Treatment’, 638.

¹⁴⁶ Ibid.

¹⁴⁷ ALGA, Todd, interview, 2017. Former psychiatrist (now a historian), Richard T. White, recalls that Rowe was associated with Caritas, a Catholic mental health service. White, personal communication, 12 August 2018.

had been ‘scientific in the usual meaning of the word’.¹⁴⁸ Yet he likely was aware of McConaghy’s experiment. A note in McConaghy’s 1964 appointment diary attests to his knowledge of Rowe’s 1962 letter to the *MJA*.¹⁴⁹ In any event, although Rowe at first ‘enthusiastically’ incorporated aversion therapy techniques into his therapeutic suite, he found the results temporary at best, and lamented the lack of increase in heterosexual drive.¹⁵⁰

Closer to orthodox behaviourism was F. W. Wright-Short, a consulting psychiatrist at the University of Sydney who also had a private clinic where he treated homosexual patients with aversion therapy in the late 1960s and early 1970s.¹⁵¹ Wright-Short was aligned with McConaghy and Lovibond in promoting behaviour therapy for multiple conditions and symptoms.¹⁵² He never published on the topic; however, we know he used aversion therapy to treat homosexuality from three former patients, Dennis McManus, Tony Crewes and Henry Tunbridge, students at Sydney University between 1967 and 1969.¹⁵³ McManus had three sessions with him. In Crewes’ recollection, Wright-Short, ‘though pleasant [...] saw everything through the prism of sexuality and, in my case, changing it with aversion therapy’.¹⁵⁴ Crewes declined, but his friend Tunbridge was treated ‘for an extended period’ by Wright-Short, and their housemate Jeffrey Hill published an account of his treatment by McConaghy.¹⁵⁵ I have not found information indicating how many other patients Wright-Short treated with the method.

The Adelaide psychologist John Court was another enthusiastic practitioner of homosexual aversion therapy. He recalls first using the therapy about ‘a year or two’ before presenting a commissioned critical overview of behaviour therapy, then still ‘new and unfamiliar’ to Australian audiences, at the Geigy Symposium in Melbourne in June 1968.¹⁵⁶ In the published version of the paper, Court’s citations included Eysenck, Wolpe,

¹⁴⁸ Rowe, ‘Treatment’, 638.

¹⁴⁹ NMArch-3/9, appointment diaries 1957-1993.

¹⁵⁰ Rowe, ‘Treatment’, 637.

¹⁵¹ This was the Northside Clinic, at 3 Harrison St, Cremorne.

¹⁵² *Monday Conference*, ‘Aversion Therapy’, ABC Television, 20 November 1972.

¹⁵³ PHG, Interview with Dennis McManus by Robert French, 22 November 2010; Dennis McManus, personal communication, 8 May 2018; Crewes, personal communication, 13-16 June 2018.

¹⁵⁴ Crewes, personal communication, 13-16 June 2018.

¹⁵⁵ See Chapter 5 for more detail on these experiences. All of these men became active in the gay rights movement to greater or lesser degree.

¹⁵⁶ John Court, personal communication, 21-25 July 2018. Court misremembered this in his email to me as having taking place in Hobart.

Yates and Lovibond (still his colleague at Adelaide University), but also articles by Freund, McConaghy, Rachman, Feldman and MacCulloch on using aversion therapy to treat homosexuality, and Marks and Gelder to treat transvestism and fetishism.¹⁵⁷ These references accounted for almost half of the cited works. Court proudly perceived himself as the principal rival to McConaghy and the key figure in the Australian introduction of homosexual aversion therapy.¹⁵⁸ Yet even if their methodologies were aligned, Court's motivations differed substantially from those of McConaghy. Where McConaghy was an atheist, communist and sexual liberal, Court was a founding member and Australian spokesperson of the Festival of Light Christian movement, formed to combat the 'permissive society'.¹⁵⁹ Court regarded homosexuality as morally wrong and held a 'patronising' attitude towards those with homosexual feelings.¹⁶⁰ The two had little contact and when their paths crossed, it was with an air of hostility or coolness.¹⁶¹ Like Wright-Short, Court published virtually no clinical reports of his use of homosexual aversion therapy and there is currently no precise information available on how many patients he treated with the method, nor any clear description of his clinical procedure.¹⁶² Yet we are given a clue in a claim made by Court's fellow Adelaide psychologist Allan 'Gene' Whitford in 1972 that 'more than 50 Adelaide homosexuals [had] received shock therapy' with a 60 per cent success rate.¹⁶³ Whitford – the South Australian branch committee chairman of the Australian Psychological Society and law reform advocate – had reportedly been 'using the therapy for about three years', along with 'four or five other psychologists in [South Australia]'.¹⁶⁴ One of Whitford's later patients – albeit for

¹⁵⁷ John Court, 'The Evaluation of Behaviour Therapy of the Neuroses', *Australian and New Zealand Journal of Psychiatry* 2, no. 3a (October 1968).

¹⁵⁸ Court, personal communication, 21-25 July 2018. In his words: 'It is alarming to find that what K [sic – 'I'] thought was contemporary, even ahead of its time, is now consigned to the waste basket of time'.

¹⁵⁹ Helen Caterer, 'Doctor Home From Foreign Study Says... Porn "killer of culture"', *Sunday Mail* (Adelaide), 25 August 1974.

¹⁶⁰ Kim Kemmis, personal communication, 8-9 July 2018. In 1998 Kemmis was invited by Court to speak to pupils in a class he was teaching at the Churches of Christ Theological College (NSW) at Carlingford in Sydney about overcoming same-sex desires (Kemmis had completed an ex-gay 'conversion' course).

¹⁶¹ Court wrote a scorching review of McConaghy's 1973 lecture series. John Court, 'Review: A Neo-Pavlovian View of Behaviour Therapy, N. McConaghy', *Australian Psychologist* 10, no. 1 (March 1975).

¹⁶² Court has unfortunately destroyed his personal papers relating to his clinical practice. Court, personal communication, 21-25 July 2018.

¹⁶³ 'SA Aversion Therapy: "Success" with 60 p.c.', *Sunday Mail [Adelaide]* (Adelaide), 22 July 1972.

ALGA.

¹⁶⁴ *Ibid.*

one session – was the queer historian Dino Hodge, referred to him by an Adelaide Central Methodist Mission counsellor as late as 1975.¹⁶⁵

In Perth, psychiatrist R. Czillag presented findings to colleagues at a conference in May 1971 of a five-year experiment involving 22 ‘selected patients’, most of whom ‘were homosexuals, but others were exhibitionists, transvestites, fetishists and pedophiliacs’.¹⁶⁶ Czillag’s experiment, which appears to have been modelled on that of Feldman and MacCulloch in Britain, consisted of three parts using the same subject cohort, testing the avoidance, delay and random shock techniques, in which the patient controlled the slide projector and was punished or rewarded depending on his activity. Three patients did not participate, four dropped out, and only three completed the full course, but ‘most [...] showed marked improvement’.¹⁶⁷ McConaghy seems to have been ignorant of Czillag’s work; the only report I could locate was a *West Australian* article.

Taking into account the ambiguity in various reports, we can safely assume that the minimum number of individuals treated with the method in this country exceeded 300 and may have reached over 1000. There is no way to quantify the extent of aversion therapy’s application in confidential clinical practice. The only practitioner to have published total patient numbers with any precision was Neil McConaghy, who between 1964 and 1979 treated at least 220 men, 177 of whom were included in published data sets.¹⁶⁸ In contrast to Rowe, who saw aversion therapy as a supplementary or booster method used with psychotherapy, McConaghy’s preference for psychophysiological psychiatry took primacy above his interest in treating sexual disorders. The phenomenon of homosexuality provided an opportunity to combine his *theoretical* interest in Pavlovian techniques and his *scientific* interest in human sexuality.

This contrast between McConaghy and the others illustrates that the lack of consensus in post-war psychological medicine about the aetiology of homosexual desire discussed in earlier chapters was present in Australia. Even among sexological researchers *not* involved in treatment, behaviourist explanations of homosexuality that upheld Kinsey’s

¹⁶⁵ Dino Hodge, personal communication, 18 August 2018.

¹⁶⁶ ‘Shocks Help to Cure Deviants’, *The West Australian* (Perth), Monday 24 May 1971. Many thanks to Sue Wills for this clipping.

¹⁶⁷ *Ibid.*

¹⁶⁸ In 1973 he claimed to have treated over 200 homosexual men; combined with a further 20 treated in the late 1970s, as reported in 1981, and figures from a 1976 article documenting his figures for Studies I-IV as 40, 40, 46 and 31 respectively.

‘continuum’ theory made more sense on the basis of empirical data: John Nash of Sydney University and Frank Hayes from the NSW Department of Prisons concluded from their questionnaire of 118 ‘known and confessed’ homosexual prisoners in the early 1960s that homosexuality was a ‘multi-causal phenomenon’; a ‘learned behaviour (just as heterosexuality is)’.¹⁶⁹ These trends were reflected in divergent moral and professional stances on the concept of ‘cure’. McConaghy’s repeated claim that while orientation was ‘dimensional’ and subject to change, it could not be deliberately altered, whether by third-parties or patients themselves. For Court, to a lesser extent Rowe, and no doubt many others, there was a moral investment in ‘curing’ society of homosexuality.

Non-behaviourist post-war psychiatric treatment of homosexuality

Prior to 1967, little homegrown medical literature discussed the cure or treatment of homosexuality. Before and after the arrival of behaviour therapy, techniques used in Australia reflected international trends and included psychoanalysis, endocrinological hormones, and for a brief period in the 1970s, psychosurgery, the most extreme physiological intervention.¹⁷⁰ As we saw with Rowe, these techniques were often combined.

Throughout the 1950s the psychoanalytic school dominated in understanding and treating sexuality.¹⁷¹ One of the first psychiatrists publicly commenting on therapies for homosexuality was the ‘well-known’ Melbourne psychiatrist Reginald (Reg) Ellery.¹⁷² In 1942, he appeared as expert witness in an ‘unnatural offences’ trial of two men in Melbourne, where his comments on treatment possibilities were reported in the newspaper. In line with the judge’s appeal for law to ‘catch up with science’ – that is, for the removal of legal sanctions on homosexuality – Ellery argued that for ‘true’ homosexuals, acting on their desires was a ‘valuable outlet’ and ‘saved them from all manner of nervous diseases’.¹⁷³ The article quoted Mr Cullity, defence counsel, saying

¹⁶⁹ Nash and Hayes, ‘Parental’, 41.

¹⁷⁰ An exception was the US, where psychosurgery was common in the late 1940s and early 1950s, with the majority carried out on women (as high as 85% in some places). Johnson, *American Lobotomy*, 50-51.

¹⁷¹ “‘A Sydney Psychiatrist’: The Problem of the Sexual Misfit”, *A. M. (Australian Monthly)*, 24 November 1953; Nash and Hayes, ‘Parental’; Rowe, ‘Treatment’; Douglas Vann, ‘Homosexuality’, *Medical Journal of Australia* (16 March 1974).

¹⁷² ‘Judge Says Law Should Catch Up With Science’, *Truth* (Melbourne), Saturday 14 February 1942.

¹⁷³ *Ibid.*

that a new 'clinic' had been opened in Melbourne for men like these. Further information on this clinic is unavailable, but he may have meant the Melbourne Institute of Psychoanalysis on the eastern edge of the Central Business District. Walter Tilbury described his treatment there in the 1950s positively, saying that as a result of individual and group analysis he was able to accept his sexuality.¹⁷⁴

Ellery testified to another 'new treatment in America' the defendants might respond to, which 'inflicted powerful mental and physical shocks'. Presumably a reference to Owensby's 1940 experiment using Metrazol, a chemical version of electroconvulsive therapy, Ellery's citation is curious.¹⁷⁵ Ellery was a psychoanalyst with strong Communist sympathies who visited the USSR in 1937 with Aubrey Lewis (later at Maudsley).¹⁷⁶ Not only did electroconvulsive therapy fall out of favour in the Soviet Union, but the combination of psychoanalysis and support for the USSR was made increasingly untenable in light of the Soviet endorsement of Pavlovian psychophysiology from 1949. Nevertheless, Ellery's sympathetic stance, together with Tilbury's experience, accord with a general view that the psychoanalytic school in Australia maintained a more liberal than conservative approach towards homosexuality well into the 1950s.

Endocrine or hormone therapy was not prevalent; few traces of its application in treating homosexuality exist. In 1959, L. Howard Whitaker of Melbourne reported results of a longitudinal study of 26 patients treated with oestrogen (Stilboestrol) for homosexuality, commenced in 1950.¹⁷⁷ This article was a print version of a paper read 'on behalf of the writer by Dr. P. Zovaltaro at the Congress of the Australasian Association of Psychiatrists, Perth, October, 1958'. The cohort included 'exhibitionists', bisexuals, one sadist, one premature ejaculator and one voyeur, some married men, a range of gender expressions, 14 of whom 'presented on the instruction of lawyers who were defending them'.¹⁷⁸ In light of the common practice of administering the hormone to adult males to inhibit penile movement while circumcisions healed, Whitaker surmised that it might help with psychosexual disorders. Strictly speaking, this was more a mechanical than endocrinological solution, and Whitaker's descriptions showed strong signs of

¹⁷⁴ ALGA, Interview with Walter Tilbury by Robert Reynolds, 1991.

¹⁷⁵ Owensby, 'Homosexuality'.

¹⁷⁶ Kaplan, 'Psychiatric Tourists'.

¹⁷⁷ L. Howard Whitaker, 'Oestrogen and Psychosexual Disorders', *Medical Journal of Australia* 46-2, no. 16 (17 October 1959). I found a heavily annotated copy of this article in Neil McConaghy's papers.

¹⁷⁸ *Ibid.*, 548.

psychoanalytic influence. Of his 26 patients, ‘there was only one failure to reduce or eliminate sexual drive [...] apparently a complete constitutional homosexual, who presented a definite clinical picture of true psychopathic personality’.¹⁷⁹ Whitaker and Rowe were likely not the only psychiatrists utilising endocrine techniques to treat homosexuals, however I have not found pertinent evidence.

More disturbing is the renaissance of psychosurgery in the late 1960s and early 1970s. The biology-based frameworks of endocrinology and psychosurgery worked hand-in-hand and reveal a disturbing genealogy to the now fashionable field of epigenetics within sex and gender research. ‘Psychosurgery’ refers to any surgical intervention on the brain – such as incision or cauterisation – to ‘correct’ psychiatric or psychological pathologies, including lobotomy, leucotomy, cingulotomectomy, amygdalotomy and hypothalamotomy. Such procedures had various theoretical and physiological applications, and their justification depended on the purpose. Research by former psychiatrists Richard T. White and Sid Williams has begun to reconstruct the history of psychosurgery in Australia after 1950, with the first report published in 1958.¹⁸⁰ This contextual work has not so far examined surgery’s use in ‘correcting’ sexual and gender deviations, even though White co-authored a 1974 article detailing the use of amygdalotomy on patients with ‘preoperative sexual behaviour problems’ including a 19-year-old male on parole who had ‘indulged in homosexual assaults’.¹⁸¹ Although the man had ‘shown no homosexual activity during the follow-up period of over four years’, it was unclear whether the surgery was responsible, because the patient ‘had aversion therapy for homosexuality just before amygdalotomy’.¹⁸² The emphasis on his altered sexual orientation, rather than a reduction in non-consensual ‘assaults’ exemplifies social

¹⁷⁹ Ibid., 547.

¹⁸⁰ Richard T. White and Sid Williams, ‘Amygdaloid Neurosurgery for Aggressive Behaviour, Sydney, 1967-1977: Chronological Narrative’, *Australasian Psychiatry* 17, no. 5 (October 2009), 406; Richard T. White and Sid Williams, ‘Amygdaloid Neurosurgery for Aggressive Behaviour, Sydney, 1967-1977: Societal, Scientific, Ethical and Other Factors’, *Australasian Psychiatry* 17, no. 5 (October 2009); Richard T. White and Martin McGee-Collett, ‘The Advent of Psychosurgery in Australia – With Particular Attention to Its Introduction in Sydney’, *Australasian Psychiatry* 24, no. 5 (2016). An early 1970s renaissance of psychosurgery has also been documented in the United States. Johnson, *American Lobotomy*, 106-131.

¹⁸¹ Leslie S. Kiloh et al., ‘Stereotactic Amygdaloidotomy for Aggressive Behaviour’, *Journal of Neurology, Neurosurgery and Psychiatry* 37 (1974). The operations were carried out on 24 June 1968 (left) and 10 September 1968 (right), meaning the aversion therapy must have been sometime between April and June 1968.

¹⁸² Ibid.

priorities at the time.¹⁸³ The lead investigator in that case was Leslie Kiloh, who was questioned by gay activist Lex Watson at a symposium in 1974 called ‘Psychosurgery and Society’, convened by Kiloh in response to vehement criticisms of the method within the profession.¹⁸⁴

Kiloh was not the most infamous psychosurgeon associated with the treatment of sexuality. That distinction belonged to Harry R. Bailey, an experimental psychiatrist who was responsible for at least 85 deaths at Chelmsford Private Hospital in Sydney resulting from ‘deep sleep therapy’ administered between 1963 and 1979. The record of Bailey’s use of psychosurgery to treat proscribed sexual behaviours is difficult to reconstruct as he scarcely published on the topic, yet he was the target of at least one protest by gay activists in 1972.¹⁸⁵ That August, a newspaper article reporting his expert testimony in a Sydney court emphasised his claim to have curbed the defendant’s ‘homosexual desires’ by performing a cingulotomectomy, which involved ‘boring two small holes in the skull to reach the part of the brain that controlled emotional behavior [sic]’.¹⁸⁶ Most likely, this man – accused of abusing boys – was one of 150 cingulotomectomy patients that Bailey reported in a three-part series in the *MJA*.¹⁸⁷ It is impossible to ascertain how many of these 150 patients were diagnosed with sexual problems, but part two of the series focused on ‘depressed, frigid’ women.¹⁸⁸ Bailey’s articles sparked heated reactions. Even advocates of psychosurgery when used judiciously sought to distance themselves; Bailey was accused of driving what was a potentially useful technique for some illnesses into

¹⁸³ *Ibid.*, 441.

¹⁸⁴ Leslie S. Kiloh, ‘The Treatment of Anger and Aggression and the Modification of Sexual Deviation’, in *Psychosurgery and Society: Symposium Organised by the Neuropsychiatric Institute, Sydney, 26-27 September 1974*, ed. J. Sydney Smith and Leslie S. Kiloh (Rushcutters Bay: Pergamon Press, 1977). Kiloh’s paper was part of Session I: ‘Traditional Psychosurgery’. Questions and contributions were minuted and published in the conference volume. Watson’s intervention can be found on page 51.

¹⁸⁵ This episode is detailed in Chapter 6.

¹⁸⁶ ‘Sex-Case Man Had Operation’, *The Age*, 5 August 1972. Courtesy of ALGA.

¹⁸⁷ Harry R. Bailey et al., ‘Studies in Depression I: Cingulo-tractotomy in the Treatment of Severe Affective Illnesses’, *Medical Journal of Australia* 1 (1971); Harry R. Bailey, ‘Studies in Depression II: Treatment of the Depressed, Frigid Woman’, *Medical Journal of Australia* 1 (1973); Harry R. Bailey, John L. Dowling, and Evan Davies, ‘Studies in Depression III: The Control of Affective Illness by Cingulotomectomy: A Review of 150 Cases’, *Medical Journal of Australia* 2 (25 August 1973).

¹⁸⁸ UNSW psychologist Ron Farmer was also treating frigidity in women, albeit with behaviour therapy. Bailey and Farmer were on the editorial board of Bettina Arndt’s civil liberties magazine, *Forum* (published by Penthouse) as was Ron Barr. Farmer used it to advertise his ‘Self Help Therapy Cassette’ series for women to use at home ‘at only \$7 per tape’. ‘Self Help Therapy Cassette [advertisement]’, *Forum: The International Journal of Human Relations* 2, no. 9 (1974).

disrepute due to ‘ill-considered enthusiasm’, ‘misapplication’ and ‘underevaluation’.¹⁸⁹ Fierce objections came from Frank Whitlock and Robin Winkler, well-known critics of aversion therapy, who questioned the ethics of psychosurgery in papers at the 1974 symposium.¹⁹⁰

Beyond these reports, I have found little solid evidence of psychosurgery to treat sexual disorders in Australia.¹⁹¹ This contrasts starkly with the United States, where lobotomy was relatively widespread throughout the 1950s and considered something of a miracle cure for various ailments; however, as Jenell Johnson has shown, an overwhelming majority (up to 85 per cent in some hospitals) of the patients were women.¹⁹² Evidence for psychosurgery’s use to treat male homosexuality remains sketchy. Johnson notes that popular perceptions of lobotomy and psychiatric ‘brainwashing’ were almost entirely connected with Cold War public discourse, demonstrated spectacularly in the fake textbook *Brain-Washing: A Synthesis of the Russian Textbook on Psychopolitics* (1955), claiming that electroshock and psychosurgery were ‘Russian developments’, despite the USSR’s ban.¹⁹³

The most enthusiastic application of psychosurgery to ‘cure’ homosexuality occurred in West Germany, under F. Roeder in Göttingen and D. Müller in Hamburg.¹⁹⁴ Together with Hans Orthner, they published extensively on their use of hypothalamotomy, first carried out for this purpose by Roeder in 1962.¹⁹⁵ A 1976 critical exposé by Sigusch et al reckoned that Roeder and colleagues conducted the procedure on approximately 70 men described as ‘sexually abnormal’ and that the method was ‘almost exclusively observed in West Germany’.¹⁹⁶ Their efforts did not go unnoticed in Australia. In April 1972, four

¹⁸⁹ Editorial, ‘Psychosurgery’, *Medical Journal of Australia* 1 (19 January 1974). Richard White and Frank Whitlock were respondents to Jules Older from New Zealand in a special forum on the topic: Jules Older, Frank A. Whitlock, and Richard T. White, ‘Forum: Psychosurgery Reconsidered’, *Medical Journal of Australia* 1 (19 January 1974).

¹⁹⁰ Robin Winkler, ‘Current Psychosurgery in Australia: Local Concerns’, in *Psychosurgery and Society: Symposium Organised by the Neuropsychiatric Institute, Sydney, 26-27 September 1974*, ed. J. Sydney Smith and Leslie S. Kiloh (Rushcutters Bay: Pergamon Press, 1977); Frank A. Whitlock, ‘The Ethics of Psychosurgery’, in *Psychosurgery and Society: Symposium Organised by the Neuropsychiatric Institute, Sydney, 26-27 September 1974*, ed. J. Sydney Smith and Leslie S. Kiloh (Rushcutters Bay: Pergamon Press, 1977).

¹⁹¹ White and Williams, ‘Amygdaloid’. The earlier reports on leucotomy in Australia cited by White and Williams do not contain any explicit references to sexual aspects of patient illnesses.

¹⁹² Johnson, *American Lobotomy*, 50-51.

¹⁹³ *Ibid.*, 100.

¹⁹⁴ Rieber and Sigusch, ‘Psychosurgery’, 524.

¹⁹⁵ *Ibid.*, 523.

¹⁹⁶ *Ibid.*, 523-524. The 1979 English version was an abridged translation of the original German statement published in 1976.

months before Bailey's court statements, the *Canberra Times* reported: '[i]n Germany three homosexuals have had psychosurgery to remove the brain's "sex behaviour centre" in the hypothalamus'.¹⁹⁷ The article noted that, while enjoying a 'second wave' in Germany, the United States and Britain, psychosurgery had been 'outlawed in the Soviet Union in 1950 for ideological reasons' – it 'was said to contradict "Russian humanism" since it did not recognise the importance of the environment and of Pavlovian principles in conditioning the mind'.¹⁹⁸ This held true in other Eastern Bloc countries, and Kurt Freund expressed reserve about the emotional and sexual effects of stereotaxic interventions.¹⁹⁹ Curiously, Roeder and colleagues saw their objectives as closely aligned with psychoanalytic efforts to cure homosexuality, especially Bieber's in the US.²⁰⁰ This suggests that social attitudes towards homosexuality signified more in determining psychiatrists' goals than methodological discipline.

East Germany's leading endocrinologist Günter Dörner reached similar conclusions about the hypothalamus. He conducted psychosurgical experiments on over a thousand rats in an attempt to alter their sexual orientation, later earning him the moniker 'Ratten-Dörner' (rats-Dörner). After the construction of the Berlin Wall in 1961, Dörner directed the Institute for Experimental Endocrinology at Berlin's Charité Hospital, following his mentor Walter Hohlweg, who had been trained by Eugen Steinach.²⁰¹ Florian Mildenberger notes how Dörner constructed a genealogy from 'bourgeois left democratic researchers in the 1920s to the real-socialist present' through the framework of modern cybernetics.²⁰² But from the mid-1960s he sought to connect his work with anglophone hormone research, drawing on the work of Americans Milton Diamond and William Young among others.²⁰³ Dörner assumed that because gonad development was

¹⁹⁷ Oliver Gillie, 'The Science of Mutilating the Brain in Psychosurgery', *Canberra Times*, Saturday 8 April 1972. Reprinted from *The Sunday Times*, London.

¹⁹⁸ Ibid. Cf. Zajicek, 'Insulin', esp. 65.

¹⁹⁹ Freund et al questioned whether improvements in the sex lives of men with Parkinson's Disease were a result of the operation or a tertiary consequence of improved social relations and self-confidence. Kurt Freund, A. Kolářský, and V. Vladyka, 'Zur Frage des Auftretens von Störungen von Motivierung und Emotionalität bei stereotaktischen Eingriffen', *Psychiatria et Neurologia* 146, no. 2 (1963), 76-77.

²⁰⁰ Behaviourists like Freund and Ford & Beach were cited more dismissively. Hans Orthner et al., 'Zur Therapie sexueller Perversionen: Heilung einer homosexuell-pädophilen Triebabweichung durch einseitigen stereotaktischen Eingriff im Tuber cinereum', *Beiträge zur Sexualforschung* 46 (1969).

²⁰¹ Mildenberger, 'Günter Dörner – Metamorphosen eines Wissenschaftlers', 238.

²⁰² Ibid., 240.

²⁰³ Ibid., 242; Günter Dörner, 'Tierexperimentelle Untersuchungen zur Frage einer homonellen Pathogenese der Homosexualität', *Acta biologica et medica Germanica* 19 (1967); Milton Diamond and William C. Young, 'Differential Responsiveness of Pregnant and Nonpregnant Guinea Pigs to the Masculinizing Action of Testosterone Propionate', *Endocrinology* 72 (1963).

genetically determined, there must be a brain ‘eroticisation centre’ which took a feminine direction when androgens were absent.²⁰⁴ In 1968, his first English-language publication claimed to have induced female homosexuality by injecting androgens into female rats.²⁰⁵ At the same time, he began investigating how the ‘eroticisation centre’ could be operated upon and developed a method of creating lesions on the hypothalamus to influence sexual desire. In September 1972 he hosted an international symposium on the ‘Endocrinology of Sex’ in East Berlin where he presented his findings.²⁰⁶ His findings were also published in 1975 in Richard Green’s liberal sexology journal *Archives of Sexual Behavior*, of which Neil McConaghy and Kurt Freund were on the international editorial board.²⁰⁷

Although Dörner’s research has been damned as an illustration of an anti-homosexual Communist medical establishment, this is not supported by the evidence. Dörner continued his endocrinological efforts well into the 1980s, long after West German psychosurgeons had hung up their scalpels (Bailey in Australia hadn’t²⁰⁸). In an official statement from the German Society for Sex Research in 1982, published in *Archives of Sexual Behavior*, Sigusch and colleagues described Dörner’s continued attempts to prevent ‘homosexual development by means of an endocrinological prophylaxis’ as almost akin to the ‘endocrinological euthanasia of homosexuality’.²⁰⁹ Just like his psychiatrist counterparts in West Germany in the 1960s and 1970s, ‘social prejudice’ was ‘the invisible employer in his research’.²¹⁰

As a rule, medical literature reporting the use of psychosurgical procedures on homosexually active patients referred to ‘paedophilic’, ‘criminal’ or ‘violent’ individuals. Closer reading of case descriptions often calls such definitions into question, sometimes

²⁰⁴ Dörner, ‘Tierexperimentelle’, 38.

²⁰⁵ Mildenberger, ‘Dörner’, 243; Günter Dörner, ‘Hormonal Induction and Prevention of Female Homosexuality’, *Journal of Endocrinology* 42 (1968).

²⁰⁶ Günter Dörner, ed., *Endocrinology of Sex: Differentiation and Neuroendocrine Regulation in the Hypothalamo-Hypophysial-Gonadal System - Proceedings of the Symposium, with international participation, Organized by the Society for Endocrinology and Metabolic Diseases of the German Democratic Republic, Berlin, 20-23 September 1972* (Leipzig: J. A. Barth, 1974).

²⁰⁷ Günter Dörner et al., ‘A Neuroendocrine Predisposition for Homosexuality in Men’, *Archives of Sexual Behavior* 4, no. 1 (January 1975).

²⁰⁸ White and Williams, ‘Amygdaloid’.

²⁰⁹ Volkmar Sigusch et al., ‘Official Statement by the German Society for Sex Research (Deutsche Gesellschaft für Sexuallforschung e.V.) on the Research of Prof. Dr. Günter Dörner on the Subject of Homosexuality’, *Archives of Sexual Behavior* 11, no. 5 (October 1982): 448.

²¹⁰ *Ibid.*, 445. For more on Dörner, cf. LeVay, *Queer Science*.

due to legislative changes regarding the age of consent, a failure to differentiate between consensual homosexuality and the same-sex sexual assault of children, and the prioritisation of the disappearance of homosexual desire in reported results of psychosurgery. The elision was evident in the *BMJ*'s cautious but firm support for Roeder's Göttingen experiment, praising West German workers for showing that hypothalamotomy 'can be performed with safety' to treat 'sexual deviations' but recommending that it be limited to 'those suffering from uncontrollable sexual drives towards children of either sex'.²¹¹ When Hans Giese and Hans Bürger-Prinz published the full case report with seven years of follow-up examinations in their premier West German sexology journal, Giese remarked critically that the report's authors failed to sufficiently differentiate homosexuality from paedophilia.²¹² This was another point on which both Freund and McConaghy stood apart: with the plethysmograph, they had shown empirically that same-sex desire and paedophilia, for which a majority of cases were heterosexual, were distinct phenomena.

Whatever the method, women's sexuality was given only the merest attention and the numbers of lesbians or same-sex attracted female patients reported remained tiny. Rebecca Jennings argues that where treatment was focused on lesbianism, medical literature 'pointed to a greater emphasis on psychotherapeutic approaches rather than behavioural therapies'.²¹³ My reading of the literature does not support this. Douglas Vann, a consulting psychiatrist in Western Australia said in 1974 that, while living in Canberra between 1958 and 1961, 'only five homosexuals were referred to me and they were all tribadists' and that psychotherapy was 'relatively quickly successful' with one of them, though her partner stopped attending.²¹⁴ For the others, he used what he called 'reoriental psychotherapy', which sounds like the reciprocal inhibition or ideational behavioural therapy promoted by Wolpe.²¹⁵ Slight evidence suggests that some women reporting same-sex desires underwent psychosurgery. An anonymous woman interviewed by Lee Sims in 1979 for Digby Duncan's documentary film *Witches, Faggots, Dykes and Poofers* claimed to have been treated with leucotomy, yet the details remain

²¹¹ 'Brain Surgery for Sexual Disorders', Editorial, *British Medical Journal* (1 November 1969).

²¹² Foreword in Orthner et al., 'Therapie', v.

²¹³ Jennings, *Unnamed Desires*, 15.

²¹⁴ Ibid.

²¹⁵ Vann, 'Homosexuality', 414.

obscure.²¹⁶ In general, documentation of psychiatric treatments to homosexual and same-sex attracted women remains tantalisingly just out of shot. Yet, as illustrated by part two of Bailey's cingulottractotomy series and Ron Farmer's application of behaviour therapy to treat 'frigidity', women were subjected to such procedures and we should read between the lines – a lack of sexual desire towards their husbands may not have signified a disinterest in sex per se.²¹⁷ We know from their discussions of male patients that homosexual desire among women was on the minds of psychiatrists. Rowe, explaining that the 'most important requirement' for preventing homosexuality was for boys to have 'a satisfying relationship with their father in their formative years', cited British researcher Eva Bene's study 'On the Genesis of Female Homosexuality', that the same was true for girls and their mothers.²¹⁸

Psychoanalysis, hormone therapy and psychosurgery shared with behaviour therapy the idea that same-sex desire in whatever form was an abnormality necessitating correction or control, whether for social conformity or individual health. Even those who did not consider homosexuality a 'disease' shared these views. In 1969, an anonymous psychiatrist writing in Adelaide University's student newspaper did not believe it to be a disease, 'any more than a taste for tobacco', another 'habit-forming' behaviour that could be 'a source of pleasure, of misery, or a mixture between the two'.²¹⁹ The psychiatrist's 'most important task' was to convince homosexual patients that 'it is not pointless to enter into heterosexual relationships, and they may need help to do so'.²²⁰ Between the poles of psychoanalytic psychotherapy on the one hand and biological intervention via hormones or brain surgery on the other, behaviour therapy appealed as a scientific and

²¹⁶ Digby Duncan and the One in Seven Collective, 'Witches, Faggots, Dykes and Poofers' (Darlinghurst: AFI Distribution, 1980). When I questioned Digby Duncan and her colleague from the One in Seven Collective on the background of the interview in a public discussion at the Melbourne International Film Festival in August 2018, the filmmakers were unable to provide further information. They had lost touch with Sims and did not know the identity, background or actual diagnosis of the woman in the clip, who does not state that the surgery was carried out specifically to treat her homosexuality. A full recording of the interview is held at ALGA. Viewing it, I was able to learn that the woman felt the surgery had been prescribed for the anxiety she had developed as a result of negative attitudes towards her sexuality, but no further details could be gleaned.

²¹⁷ Bailey, 'Frigid Woman'.

²¹⁸ Rowe, 'Treatment', 638-639; Bene, 'Genesis'.

²¹⁹ Anonymous, 'Four Essays on Aspects of Homosexuality – "A Matter of Taste" by A Psychiatrist', *On Dit* (August 1969).

²²⁰ *Ibid.*

therapeutically effective alternative that was more cost and time efficient but also – in the eyes of some practitioners – more ethical and humane.

Punishment or pity? ‘Humanism’ under scrutiny

Just as the article in the *Canberra Times* noting how psychosurgery might ‘contradict “Russian humanism”’ and ‘Pavlovian principles’, no other method accorded with the principles of humanism and science demanded by Neil McConaghy. His unpublished papers and speeches reveal his version of humanism. Delivered during or soon after 1968, ‘Value Judgements and Psychotherapy’ outlined his ‘ethical prejudices for adopting the behaviour therapy model’ over ‘relationship therapy’ (psychoanalysis), which centred on protecting the ‘dignity of human beings’. Most forms of relationship therapy were ‘demeaning’ because they failed to treat patients like ‘rational being[s]’ and were based on ‘philosophical knowledge’. Scientific knowledge, by contrast, ‘increases man’s ability to manipulate his environment and so increases the range of behaviour he can choose from’.²²¹ Furthermore, the term ‘maturity’ – used by psychoanalysts to describe the thing their patients lacked (but they themselves possessed) – was merely a euphemism for ‘conformity to social norms and values, a rejection of protest or dissent; and a distressing mediocrity’.²²² ‘In fact’, he continued, ‘the lack of originality and creativity of persons labelled “normal” by relationship therapists has been demonstrated’.²²³ This idea was also at the core of his work on schizophrenia and his concept of ‘allusive thinking’: this thought pattern could be found in ‘normal’ individuals too, only it reached extreme levels in schizophrenics. Normality was a question of scale and intensity – like sexuality, it was dimensional.

The speech identified three common objections to behaviour therapy: that it was naïve and ‘unsophisticated’, that its explanatory power was limited and that it employed painful stimuli. The first two McConaghy dismissed as illogical and irrational. Behaviour therapy was indeed unsophisticated – ‘as was physics in the 17th century’ – but sophistication was ‘no indication of validity or value’, for ‘any system of manners, philosophy or magic can

²²¹ NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’, Neil McConaghy, ‘Value Judgements Concerning Psychotherapy’, ca. 1968.

²²² Ibid.

²²³ Ibid.

be developed to the heights of sophistication'. Such systems, 'better termed religions', arose as a consequence of 'man reaching the limit of his practical or scientific understanding', yet 'belief in a magical system, all explanatory though it may be, impedes the development of science'.²²⁴ McConaghy attacked the objection regarding painful stimuli as 'personal self-indulgence'. One of the 'horrors of relationship therapy in the past' had been the denial of electro-convulsive therapy (ECT) to deeply depressed patients left to 'suffer agonies of guilt and self-hatred for months', due to the therapist's 'emotional objection to the use of such a violent method'. Such 'indifference to human suffering' was also shown by psychoanalysts who, if patients lapsed during therapy, branded them as "not motivated for treatment" in such a way as to suggest they are morally inferior'. Therapists who refused to employ a method proven to be effective were 'in a comparable position of ethical self-indulgence' to the Catholic obstetrician who would let a mother die rather than perform an abortion.²²⁵ This analogy appeared repeatedly in McConaghy's publications.

These positions were commensurate with popularised, vulgar-Marxist notions of secular science, which exalted materialism as the only acceptable explanatory framework for the world.²²⁶ McConaghy was no philosopher; although he had studied Erich Fromm, he scarcely intended to intervene in the 1960s European debates over Marxist humanism and the philosophy of science.²²⁷ McConaghy's anchor was Pavlov. In a recent biography, Daniel Todes has described how Pavlov would explain or package his theories for Western audiences by downplaying 'loftier theoretical issues' which could ultimately be resolved by data.²²⁸ This sounds like McConaghy: the scientific method trumped all belief systems. Yet the latter's approach was also shaped by a kind of *scientism*, or dogmatic commitment to the primacy of science, which became more tenacious over the years and more detached from leftist politics. A 1974 paper illustrates how McConaghy's notion of

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Cf. Helena Sheehan, *Marxism and the Philosophy of Science: A Critical History - The First Hundred Years*, Radical Thinkers (London: Verso, 2017; [1985]), 9-14, 50, 145. Humanism had little place in 'orthodox' Marxist ideology until it gained attention as Marx's early writing were taken up from the 1950s or 1960s. Louis Althusser fought against this new trend, asserting that in 1845 Marx underwent 'an "epistemological break" [...] from his Hegelian past and earlier humanistic and historicist leanings and became scientific'; 50. Many thanks to Stuart Macintyre for this insight.

²²⁷ Andy Blunden, 'Marxist Humanism and the "New Left": An index to the writings and biographies of Marxist-Humanist writers', <https://www.marxists.org/subject/humanism/index.htm>. Accessed 31 November 2018.

²²⁸ Daniel Todes, *Ivan Pavlov: A Russian Life in Science* (Oxford: Oxford University Press, 2014), 295-296.

‘liberal humanism’, though inspired by Communist sympathies, was closer to a libertarian than a Marxist one. Pitting his ‘liberal humanism’ against the ‘revolutionary moralism’ of Gay Liberation activists, he accused them of attempting a new anti-scientific orthodoxy that was based as much on emotion as that of a self-indulgent psychoanalyst or – again – a Catholic obstetrician.²²⁹ Such arguments pervaded his writings, but McConaghy never strayed from his claim to centre the patient’s interests and dignity.

McConaghy’s humanism harmonised with the goals of the Australian Humanist Society (AHS), which were ‘to encourage a rational approach to human problems, to promote the fullest possible use of science for human welfare, to defend freedom of expression and to provide a constructive alternative to theological and dogmatic creeds’.²³⁰ No evidence exists that McConaghy was a member of the society or subscribed to its publications. Yet other psychiatrists’ liberal, pro-science views on sexuality were published in *Australian Humanist*. The June 1967 issue included an address by Allen A. Bartholemew, Psychiatrist Superintendent at Melbourne’s Pentridge Prison and the Alexandra Clinic, to the annual Convention of the Council of Australian Humanist Societies in Melbourne on 26 March.²³¹ Responding to the imminent decriminalisation of male homosexuality in Britain via the Sexual Offences Act, Bartholemew urged Australians to abandon ‘middle class morality’. He criticised its heteronormativity, inflexibility and tendency to brand ‘any sexual activity as perverse unless it conforms to their accustomed and restricted pattern of behaviour’, whereas ‘clinical experience demonstrates the falsity’ of the binary between ‘normal’ and ‘deviant’.²³² As surveys by Kinsey and others had proven, ‘the penis/vagina relationship for very many is only the end result of a whole spectrum of sexual behaviour’.²³³ Contrary to the lascivious coinage ‘the sexy 60s’ (recorded in *The Age* newspaper the previous day), society remained

²²⁹ NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’, Neil McConaghy, ‘Editorial Comment’, ca. December 1974. I have not yet been able to find anywhere this was published, but it was possibly intended for the *Journal of Homosexuality* 1, no. 2.

²³⁰ ‘The Humanist Society of South Australia’, *Australian Humanist* 1 (December 1966): 40. Many thanks to Dino Hodge for making his copies of this and subsequent articles from of this publication available to me.

²³¹ Allen A. Bartholemew, ‘Sex Offenders, Sex Deviants and Society’, *Australian Humanist* 2 (June 1967).

²³² *Ibid.*, 4.

²³³ *Ibid.*

‘puritanical and prudish’.²³⁴ Significantly, McConaghy, Lovibond and Wright-Short echoed these views.²³⁵

In April 1968 the AHS South Australia hosted a lecture by anti-homosexual Adelaide psychologist John Court to give a talk on ‘Sexual Deviation in Society’, attended by 80 people and printed in the national magazine.²³⁶ Court reasserted a division between normal and deviant sexuality: redefining notions of normality on the basis of observed behaviour while ignoring the ‘social or the moral positions’ was ‘dangerous’²³⁷ His position was categorical: ‘homosexuality is morally wrong’.²³⁸ Even among lesbians who reported ‘longer and more satisfying’ relationships, ‘emptiness seems most commonly to supervene’.²³⁹ The role of behaviour therapy was to bring patients into line with Christian sexual comportment: ‘there is a God-ordained pattern of behaviour which is right, in contrast to which other forms can only be less than the best’.²⁴⁰ This position contravened the position of McConaghy, for whom behaviour therapy was the option most true to empirical science and most consistent with progressive, secular ethics.

For some within the profession, McConaghy’s humanist claims were not sufficient to justify his clinical practices. It was impossible to escape ethical criticisms over the use of pain and punishment, and by his own admission, the idea of aversion therapy was to ‘punish’.²⁴¹ I have noted Whitlock’s 1967 criticisms, but clinical ethics were debated within the profession until the early 1970s, when a mood for change gathered momentum internationally.

Losing sight of Pavlov

One impetus for change was growing political pressure from the new gay rights movement, explored in Chapter 6. There was also an internal impetus because empirical results failed to sustain early optimism. Gradually, the external and internal forces began

²³⁴ Ibid., 7.

²³⁵ *Monday Conference*, ‘Aversion Therapy’, ABC Television, 20 November 1972.

²³⁶ ‘K.H.B.’, ‘Sexual Deviations Talk: Large Attendance, Many Questions’, *Humanist Post* (June 1968). Printed later as: John Court, ‘Sexual Deviation in Society’, *Australian Humanist* 6 (July 1968).

²³⁷ Court, ‘Sexual Deviation’, 20-21.

²³⁸ Ibid., 25.

²³⁹ Ibid., 26.

²⁴⁰ Ibid.

²⁴¹ *7 Days*, ‘Love is Love: Lesbians’, ATN7, Tuesday 15 February, 1966.

to reinforce one another. In the June 1972 issue of *Archives of Sexual Behaviour* McConaghy explained how three distinct aversive procedures – apomorphine aversion, electric aversion-relief and electric avoidance conditioning – failed to produce significantly different results.²⁴² This paper presented data from McConaghy's second study, conducted in 1969 with follow-up interviews in 1970, and building on papers from the first study.²⁴³ Publishing delays were commonplace and can mislead the historian reconstructing a timeline of scientific thought. By June 1972, when this paper appeared, McConaghy had already completed his third study and commenced the fourth.²⁴⁴ He had presented preliminary findings for the third study in San Francisco back in May 1970, with a version published in the *American Journal of Psychiatry* in March 1971.²⁴⁵ The full report for the third study did not appear until February 1973.²⁴⁶ Setting aside these chronological twists, a disagreement over McConaghy's work in the inaugural issue of *Archives of Sexual Behaviour* carried significant weight; although new, it had joined Eysenck's *BRT* as a key organ for anglophone behaviourist sexologists internationally. Co-founder John Money wanted to veto the paper, which had been commissioned by chief editor Richard Green and submitted in September 1970. Green described the disagreement to McConaghy as a combination of 'ideological and methodological crises'.²⁴⁷

The specific impetus for McConaghy's second study was a British study by the Manchester-Birmingham duo, Feldman and MacCulloch, published in four papers

²⁴² Neil McConaghy, D. Proctor, and R. F. Barr, 'Subjective and Penile Plethysmography Responses to Aversion Therapy for Homosexuality: A Partial Replication', *Archives of Sexual Behavior* 2, no. 1 (June 1972).

²⁴³ Neil McConaghy, 'Subjective and Penile Plethysmograph Responses Following Aversion-Relief and Apomorphine Aversion Therapy for Homosexual Impulses', *British Journal of Psychiatry* 115, no. 523 (June 1969), received by the editors 8 March 1968; Neil McConaghy, 'Subjective and Penile Plethysmograph Responses to Aversion Therapy for Homosexuality: A Follow-up Study', *British Journal of Psychiatry* 117, no. 540 (November 1970), received by the editors 18 September 1969.

²⁴⁴ NMArch-7/9 Logbooks: Study A-Homosexual, Study D/Homo Study III, Studies I, II, III, untitled, 1965-1974.

²⁴⁵ Neil McConaghy, 'Aversive Therapy of Homosexuality: Measures of Efficacy', *American Journal of Psychiatry* 127, no. 9 (March 1971).

²⁴⁶ Neil McConaghy and R. F. Barr, 'Classical, Avoidance and Backward Conditioning Treatments of Homosexuality', *British Journal of Psychiatry* 122, no. 567 (February 1973). A synopsis of this paper published in 1972 reported, however, that 'the three treatments produced similar results', and 'aversion therapy for homosexuality does not act by setting up conditioned responses'. Neil McConaghy and R. F. Barr, 'Synopses of Papers Awaiting Publication', *British Journal of Psychiatry* 121, no. 2 (August 1972): 216.

²⁴⁷ NMArch-1/9: f. 'Archival Value?'. Richard Green to McConaghy, 16 June 1971; 18 May 1970; 28 July 1970; McConaghy to Green, 3 September 1970.

between 1964 and 1967.²⁴⁸ This was the only British study McConaghy ever took seriously as it was the only one that extended beyond single cases and met McConaghy's rigorous standards (it was also the main reference point for one of the only American experiments to use a significant cohort²⁴⁹). He rejected as too imprecise two studies by Bancroft reported in 1969 and 1970 intended to disprove the 'null hypothesis' that 'a percentage of [homosexuals] will be improved by treatment, whatever treatment is given'.²⁵⁰ In contrast, Feldman and MacCulloch had reported superior rates of heterosexual adaptation and reduced homosexual feelings than those achieved by Freund or McConaghy using an anticipatory avoidance conditioning technique with a cohort of 43 patients (including a lesbian couple, both aged 18).²⁵¹ These results warranted replication.

McConaghy decided to try. 40 patients were divided between apomorphine and avoidance-conditioning therapy, with two-week and six-month follow-ups. Like McConaghy's aversion-relief technique, avoidance conditioning used electric shocks, but involved patient operation of the slide projector. 30 male slides were presented in each session. If the patient did not remove a male slide, the intensity of shock was increased. Sometimes after the male slide was removed and the shock ended, a female slide was shown.

McConaghy and his team were unable to replicate MacCulloch and Feldman's results, especially with respect to an increase in heterosexual feelings. Nor did fluctuations in the intensity of shock affect the outcomes. Even accounting for variables – timing and frequency of shock, booster sessions – the technique's failure to prove its superiority was 'disappointing' and unlikely to be the result of slight differences in procedure.²⁵² The more likely explanation was the presence of the plethysmograph, for two reasons. Given that 'feelings fluctuate more than behavior', the latter was 'a more valid index of change',

²⁴⁸ Feldman and MacCulloch, 'Avoidance I'; Feldman and MacCulloch, 'Avoidance II'; Feldman et al., 'Avoidance III'; MacCulloch and Feldman, 'Aversion'.

²⁴⁹ This was by a team based at Harvard and involved a final subject cohort of sixteen patients with a two-year follow-up period. Lee Birk et al., 'Avoidance Conditioning for Homosexuality', *Archives of General Psychiatry* 25, no. 4 (October 1971). To my current knowledge, this was the only American study McConaghy ever cited.

²⁵⁰ John Bancroft, 'A Comparative Study of Aversion and Desensitization in the Treatment of Homosexuality', in *Behaviour Therapy in the 1970s: Proceedings of a Symposium*, ed. Laurence E. Burns and James L. Worsley (Bristol: John Wright, 1970), 12-13.

²⁵¹ MacCulloch and Feldman, 'Aversion', 595.

²⁵² McConaghy, Proctor, and Barr, 'Subjective', 75, 76.

being based on ‘actual’ rather than perceived behaviour. It was also possible that the plethysmograph encouraged patients to be more ‘objective’ because the circumstances might distort patients’ responses.²⁵³

This led McConaghy to reach the ‘disturbing’ conclusion that reported successes with aversion therapy might be products of *suggestibility* rather than *conditionability*: while treatments did ‘produce changes in sexual feelings’, these ‘could be due to the effect of suggestion’, rather than anything to do with learning (see Figure 2 below).²⁵⁴ This called into question a core element of the Pavlovian paradigm, or at least, the paradigm’s interpretation by such advocates as Eysenck.

Money was scathing. He took issue with the hydraulic theory of erotic orientation: homosexuality was ‘not a negative force that rushes in to fill an erotic vacuum produced by the absence of heterosexuality’ and vice versa.²⁵⁵ Second, reward training was likely to be a better use of behaviour therapy than punishment, though this also entailed a paradox in terms of what the reward should be (heterosexual or homosexual). Third, the plethysmograph was flawed as a measure of erotic response, since ‘pictures lose their erotic arousal value as they lose their novelty’.²⁵⁶ Money’s main objections, however, concerned the ethical and therapeutic aims of treatment. The key problem for most homosexuals was not sex, he argued, but love. Since most of McConaghy’s patients were already bisexual, they were ‘capable of coition’ but not of falling in love with a woman.²⁵⁷ The challenge was to design a technique that would enable ‘a homosexual lover to fall in love heterosexually’ and equally be ‘applied to a primarily heterosexual person, for the experimental, albeit transient purpose of making him or her fall in love homosexually’.²⁵⁸ Because a majority of physicians were ‘imbued with our culture’s sexual traditions’, they would balk at the idea, yet ‘they readily accept the converse [and] in so doing, lend implicit support to the proposition that homosexual responses are bad, wrong, or sick’.²⁵⁹ Ethical pros and cons could be argued endlessly, but ‘[t]herapeutic zeal in the absence of effective

²⁵³ Ibid., 76.

²⁵⁴ Ibid., 77.

²⁵⁵ John Money, ‘Strategy, Ethics, Behavior Modification, and Homosexuality’, *Archives of Sexual Behavior* 2, no. 1 (June 1972).

²⁵⁶ Ibid.

²⁵⁷ Ibid.

²⁵⁸ Ibid.

²⁵⁹ Ibid., 80.

therapeutic technique produces charlatanism'.²⁶⁰ Green did 'not fully share' Money's objections. 'Caught in the uncomfortable cross-fire between two members of his editorial board, he suggested the men talk it over and provided McConaghy with Money's telephone number.'²⁶¹

Money's critique was a step up from the milder ethical protestations raised by Whitlock and was significant for its international reach, but the most thorough methodological criticism came from a friend and colleague at McConaghy's institution. In July 1972, less than a month after Money's editorial, Robin Winkler was commissioned to produce a special pamphlet following a debate with McConaghy organised by gay student activists. *A Critique of Aversion Therapy* was the most sustained critique of homosexual aversion therapy by a professional to date. It quoted Freund, MacCulloch and Feldman, and McConaghy as the three major studies representing the method, based on an extract from the report of the third study that McConaghy handed out at the debate.²⁶²

Winkler was aware of the significance of his intervention. He noted that until recently there had been little public concern about behaviour therapists' use of aversion therapy, despite it being 'the "treatment of choice" for homosexuals' for more than ten years.²⁶³ Although some journalists and letter writers had begun to present alternative views, no psychologists had done so. Winkler's pamphlet urged a political approach to the problem. '[V]ery often' he argued, 'disagreements [sic] about that specific form of treatment, aversion therapy, is really a disagreement about ideological frameworks'.²⁶⁴ Winkler's argument was directed towards McConaghy, a 'quite nice' person who was also guilty of burying the political implications of his research:

[D]efinitions of what is psychologically normal, or healthy, or 'natural', are statements about values [...] Sometimes, therapists can be at odds with society and hold more liberal views. [...] But the vast majority of therapists of all persuasions work in a way that reflects an acceptance of the basic structures and beliefs of their

²⁶⁰ Ibid., 81.

²⁶¹ NMArch-1/9: f. 'Archival Value?'

²⁶² Sue Wills Archive, PhD Thesis Materials, doc.73, 'Brief Summary of the 3 Major Studies of Aversion Therapy' distributed by McConaghy, 22 July 1972. The hand-out was excerpted from a paper he submitted to the *British Journal of Psychiatry* in September 1969. McConaghy, 'Follow-up'.

²⁶³ Robin Winkler, *A Critique of Aversion Therapy for Homosexuals* (Sydney: Sydney Gay Liberation Publication Group, 1972), 1.

²⁶⁴ Ibid.

society. [... By] stressing scientific objectivity, it is easy to ignore the ideological implications of one's work by simply denying their existence'.²⁶⁵

Winkler further challenged McConaghy (and indirectly Freund) over the fact that his private opinions on the ideological implications of his work never found their way into print. This was disingenuous and intellectually dishonest, 'as though the Gay Movement' did not exist. Winkler inferred not only that McConaghy *had* private opinions about the implications of his work, but that these were well known among his colleagues and represented a different stance on homosexuality than his published work implied.

Yet McConaghy's views made it into print that very month in the July-August issue of *William and John*, a Sydney-based gay magazine. Responding to the question, 'What are the actual psychiatric attitudes towards homosexuality?' McConaghy's typically tentative and faltering answer clearly indicated his position:

it's certainly classified in all the textbooks as a sexual deviation. And I suppose that – statistically – you have to accept this. That it's a minority sexual behaviour and – therefore – on these kind of grounds the majority of psychiatrists do see it as a sexually abnormal piece of behaviour. Certainly, I don't feel that this is a strong enough ground because...say...high intelligence for example – this is also statistically abnormal. But then no-one has ever seen this as abnormal. So...I mean...the mere fact that something is statistically unusual doesn't necessarily mean that it's supposed to be unhealthy or an illness.²⁶⁶

Earlier in the interview, McConaghy stated that he and his UNSW colleagues regarded the treatment a success if it enabled patients to 'get their level of homosexual feeling down to a point where they can reduce this compulsion but – at the same time – continue homosexual activity in what they would see as a more controlled way'; for other psychiatrists, the 'only acceptable result [was to] completely re-orientate the patient in a heterosexual direction'. Psychotherapy had been in use 'now for about sixty years', yet 'the actual evidence of its effectiveness' was still missing. *William and John* had a limited

²⁶⁵ Ibid., 9, 5.

²⁶⁶ Michael Delaney, 'Aversion Therapy - Homosexuality: Cause and Effect - Michael Delaney interviews Dr. McConaghy', *William and John* 1, no. 5 (July 1972): 8.

readership of around 2000: not much to go on either, but these statements revealed a high level of sceptical sympathy, in print.²⁶⁷

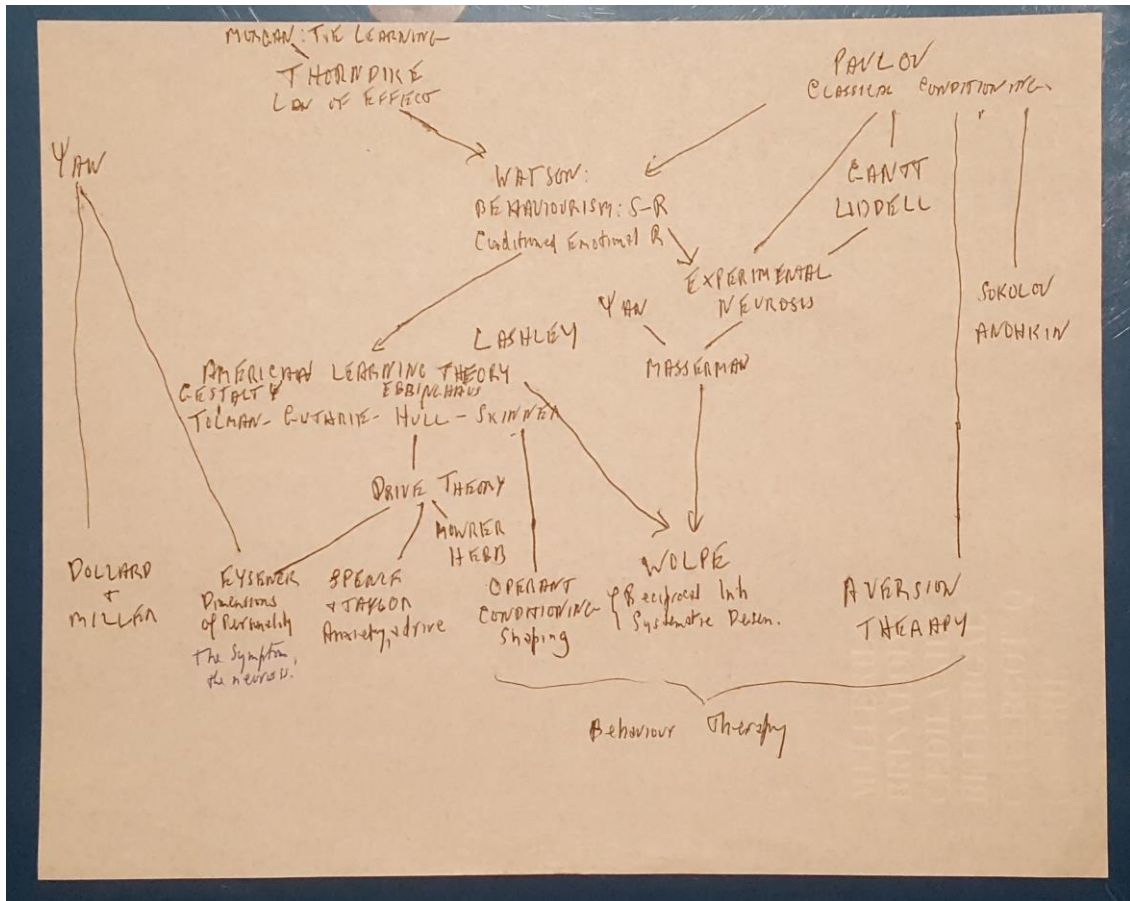


Figure 2: Mind map locating aversion therapy in the tradition of Pavlov. NMArch-7/9.

Pavlov lost ...and found?

Scepticism was no dampener on scientific zeal. Further studies were necessary to see whether his ‘disturbing’ observations about conditionability were a quirk of testing conditions. MacCulloch and Feldman had designed their avoidance conditioning technique on the basis of ‘thousands’ of experiments in animal and human learning, ‘with the expectation that it would prove much more effective than simpler techniques’, but

²⁶⁷ Bill Calder, *Pink Ink: The Golden Era for Gay and Lesbian Magazines* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2016), 29.

this was not the case.²⁶⁸ Perhaps efficacy depended on whether the conditioning was aversive or appetitive.

McConaghy sought to return to Pavlovian first principles. For the third study he tested anticipatory avoidance against classical ‘simple’ conditioning and another technique called ‘backward conditioning’ that Pavlov had proven lacked any lasting conditioning effect as a control.²⁶⁹ 46 patients were randomly allocated to receive one of the three treatments over 14 sessions during a five-day hospital stay. Before treatment commenced, appetitive and aversive penile responses were measured and compared using the plethysmograph (electric shocks and sound tones were used to test the aversive response). For classical conditioning, three nude male slides were shown at four-minute intervals for ten seconds each; for the final second of exposure, the patient received a painful electric shock to the fingers, which lasted a further second after the slide was removed. The avoidance technique was carried out as before, using both male and female slides. For backward conditioning the patient received a short electric shock prior to a four-second exposure of a male nude slide, after which a female slide was exposed for 16 seconds without electric shock, and this cycle was repeated 30 times per session. For the first six months after treatment, patients were offered monthly ‘booster’ sessions, with a final follow-up after twelve months.²⁷⁰

The results repeated previous studies. There ‘seemed to be little difference in the efficacy of classical, avoidance or backward conditioning’, nor was there any discernible change in plethysmograph scores, nor did the intensity of voltage produce significant results. A slightly higher tendency for the avoidance patients to report increased heterosexual feeling was likely apparent rather than real – a proportional increase only. In summary, there was no evidence that ‘aversion therapy acts by setting up a conditioned reflex’ as had been claimed by British workers.

McConaghy’s experiment *had* however revealed mild signs of a general factor of conditionability. Conditioning did occur, but not in the sense of influencing sexual orientation. What, then, could be the function behind aversion therapy? To find an

²⁶⁸ McConaghy and Barr, ‘Classical’, 151.

²⁶⁹ *Ibid.*

²⁷⁰ NMArch-1/9: f. ‘Archival Value?’ McConaghy only offered the booster sessions because Feldman and MacCulloch had reported to have used them, however private correspondence with Feldman revealed that this was only the case for three or four patients.

answer, McConaghy returned to Pavlov's original and studies carried out in his Moscow laboratory in the 1950s by A. G. Ivanov-Smolenski, including a 1954 experiment in which an animal ceased to exhibit either conditioned or unconditioned responses following an induced neurosis (it ceased to salivate and refused to eat). McConaghy speculated that homosexual aversion therapy 'might act similarly by inhibiting neural mechanisms associated with the unconditioned responses', that is, inhibiting the neural mechanisms associated with (homo)sexual arousal.²⁷¹ That the treatment affected sexual functioning only was probably related to a phenomenon described by Pavlov whereby disturbances resulting from the 'production of an experimental neurosis remained strictly localized'.²⁷² Here, the 'experimental neurosis' was simply the aversion response, while 'disturbances' were changes to behaviour. (This theory of isolated effect was later used by McConaghy to distance his experiment from post-treatment depression and some patients' suicide attempts.²⁷³) Aversion therapy might act not through conditioned reflexes but the 'irradiation of inhibition' from 'abnormal foci' (homosexuality) through the creation of an experimental neurosis. It was all speculative.

This back-to-basics attempt to explain contradictions in his results revealed the depth of McConaghy's investment in the Pavlovian paradigm. Once again, he concluded that further research was needed and embarked upon a fourth study to compare aversive and positive conditioning using backward and forward techniques.²⁷⁴ Positive conditioning basically amounted to pure suggestion, in which 'pictures of nude women were associated with similar pictures of men and later with pictures of heterosexual relationships' and sexual contact – the kind of image found in any soft porn magazine.²⁷⁵ It had zero effect. However, there was a general tendency after treatment among all patients to show less penile volume increase in response to pictures of men, irrespective of technique. McConaghy concluded that aversive therapy likely 'reduced the secondary reinforcement value of homosexual stimuli'.²⁷⁶ Significantly, he also concluded that it 'did not alter sexual orientation'.²⁷⁷ Heterosexual feeling could not be manufactured, especially when

²⁷¹ McConaghy and Barr, 'Classical', 161.

²⁷² Ibid.

²⁷³ Neil McConaghy, 'Aversive and Positive Conditioning Treatments of Homosexuality', *Behaviour Research and Therapy* 13, no. 4 (October 1975): 319.

²⁷⁴ Ibid.

²⁷⁵ Ibid., 311; NMArch-3/9, roll of photographic film containing nudes.

²⁷⁶ McConaghy, 'Aversive and Positive', 309.

²⁷⁷ Ibid.

wholly absent. The method might have some use for patients who felt ‘excessively preoccupied by homosexual fantasies or compelled to become involved in behaviour they find guilt provoking, distasteful, dangerous, or excessively time-consuming’, or bisexual patients ‘who consider their marriage threatened by such behaviour’.²⁷⁸ Aversion therapy could only reduce the intensity of homosexual feelings, though the mechanism remained unclear. Any reduction was unlikely to have resulted from Pavlovian psychophysiological phenomena and was probably due to suggestion, or the traumatic character of electric shock. Pavlov remained elusive.

In December 1975 McConaghy submitted a paper to the *British Journal of Psychiatry* (BJP) summarising the findings of all four studies under the title ‘Is a Homosexual Orientation Irreversible?’²⁷⁹ The definitive answer was that sexual orientation could not be altered by way of aversion therapy – at least not the techniques McConaghy had tested – and there was no evidence to indicate that other treatments are more effective. Furthermore, before any claim to successful reorientation was accepted, it would be necessary to clinically and empirically discredit the ‘physiological index’ provided by the plethysmograph.

McConaghy’s achievement was to diminish sexual confidence among several hundred men who were already socially stigmatised and legally sanctioned. Worse, these efforts were supported by the Australian government: the studies received funding from the National Health and Medical Research Council of Australia, and was mainly put towards the salaries of McConaghy’s research assistants, Denis Colette (1969-1970) and Alex Blaszczyński (1972-1975).²⁸⁰ This is not surprising considering that until 1973 homosexual desire was still considered a pathology – the research accorded with the established medical, psychiatric and ethical standards and was therefore legitimate. This raises questions, however, about McConaghy’s justifications for using the method after 1973. The initial report for the fourth study was received by Eysenck’s *BRT* journal in September 1974. In light of the one-year follow-up interviews, this means that the initial course of treatment (excluding booster sessions) would have been completed by September 1973 at the latest – one month before the RANZCP Clinical Memorandum

²⁷⁸ Ibid., 319.

²⁷⁹ Neil McConaghy, ‘Is A Homosexual Orientation Irreversible?’, *British Journal of Psychiatry* 129, no. 6 (December 1976).

²⁸⁰ See cover image (Figure 1) featuring Denis Colette, front left. ABC Archives record no. 331505, ‘Therapy for Homosexuals’, film segment for *This Day Tonight*, 0.53 minutes, 26 May 1970, Sydney; Denis Colette, personal communication, 12 November 2018.

was ratified. McConaghy continued to claim that behaviour therapy *did* equip patients with tools to ‘control unwanted homosexual urges without altering their sexual orientation’.²⁸¹

Re-conditioning the profession

The critical professional space opened by Winkler was soon apparent in research by his postgraduate students who aimed to document professionals’ attitudes towards homosexuality and treatment. In 1972, UNSW Master of Psychology student Sandra Wortley conducted a detailed survey of 110 psychiatrists and 40 clinical psychologists across Sydney regarding homosexuality and women’s social roles, specifically ‘their views on therapeutic goals for a homosexual, and a frustrated and depressed housewife’.²⁸² The project was supervised by Winkler with oversight from Lovibond, then Head of Department.²⁸³ Of the 80 therapists who completed the survey, two-thirds agreed with statements that ‘homosexuality is merely a matter of personal preference but should be kept strictly private’ or ‘homosexuality is as natural as heterosexuality and should be freely expressed’.²⁸⁴ Several remarked that they often treated homosexual patients, but rarely with the aim of achieving a reorientation. Common views were that individual patients determined the goals of treatment, that ‘most homosexuals do not wish to change’, that many homosexuals seek treatment for reasons other than sexuality, that the law on homosexuality should change, and that the College of Psychiatrists should issue a statement that homosexuality might be compatible with normal psychological health.²⁸⁵

Wortley’s questionnaire played a key role in that process. It formed a basis-model for a larger survey of 100 psychiatrists and 93 trainees in New South Wales carried out by Ron

²⁸¹ This was his own summary in 2000 of the 1976 paper; Neil McConaghy, ‘Australian Psychiatry and Homosexuality’, *Quadrant*, May 2000, 48. On his appearance in *Quadrant* see Chapter 6.

²⁸² Sandra Wortley, ‘Attitudes and Therapeutic Goals’ (MA, University of New South Wales, 1973), iii (Abstract). Participants were chosen randomly from the membership lists of the New South Wales Institute of Psychiatry and the Clinical Division of the Australian Psychological Society. Many thanks to Sue Wills for making Wortley’s thesis and primary data available to me, including the hand-filled questionnaires; 80 were returned completely answered, 4 partly, 4 unanswered, 3 were returned by the post office; the remaining 59 were not returned.

²⁸³ *Ibid.*, Appendix III, 52.

²⁸⁴ *Ibid.*

²⁸⁵ Sue Wills Archive, Wortley MA Thesis Materials & Documents, correspondence and questionnaires, November 1972.

Barr together with Harry Greenberg, Stella Dalton and Stanley Catts.²⁸⁶ These authors also looked to another British survey conducted by Philip A. Morris in 1971. Of 150 psychiatrists, almost two-thirds felt homosexuality was an ‘aberrant behaviour pattern’ and the remaining third ‘a normal variant like left-handedness’. Only a minority thought it was a ‘disease’.²⁸⁷ Barr and colleagues wrote in political terms: they distinguished between the ‘traditional’ view that homosexuality was a neurotic disorder, held by Bieber, Socarides and others (and Freud, Rado and Melanie Klein before them – psychoanalysts mostly within the American school), and the ‘opposing’ view that it was a ‘normal variant like left-handedness’.²⁸⁸ Unlike Wortley and Morris, Barr and colleagues asked specifically whether respondents held the ‘traditional’ view. Of 81 psychiatrists and 62 trainees who replied, the traditional view was endorsed by 34 and 18 per cent respectively; 52 and 59 per cent endorsed the statement that homosexuality was ‘a developmental anomaly not necessarily or commonly associated with neurotic symptoms’, while 14 and 23 per cent viewed it as a ‘normal variant’.²⁸⁹

These questionnaires subjected psychiatrists and psychologists to statistical quantification – something their profession had traditionally imposed on homosexual patients. In contrast to the surveys of the post-war ‘empirical turn’ identified in Chapter 2, however, they were asked for their opinions as medical authorities, not subjects. Nevertheless, this dual or flipped role of the ‘survey’ was a key trope in how the RANZCP’s Clinical Memorandum was communicated in professional literature. In their paper announcing the Memorandum in the *MJA*, Barr, Greenberg and Dalton cited surveys and questionnaires of homosexuals and lesbians carried out in the mid-to-late 1960s and early 1970s, many resembling those of the 1950s inspired by the Kinsey reports. Barr and colleagues noted that the studies’ results tended to contradict their architects’ assumptions: a 1970 study by Saghir et al. comprised of interviews with 57 lesbians and 43 unmarried heterosexual women, and a 1972 questionnaire by Siegelmann of 83 lesbians and 133 heterosexual women found that social adjustment and career success

²⁸⁶ R. F. Barr, H. P. Greenberg, and M. S. Dalton, ‘Homosexuality and Psychological Adjustment’, Point of View, *Medical Journal of Australia* 1 (9 February 1974); R. F. Barr and S. V. Catts, ‘Psychiatric Opinion and Homosexuality: A Short Report’, *Journal of Homosexuality* 1, no. 2 (Winter 1974).

²⁸⁷ Barr, Greenberg, and Dalton, ‘Homosexuality’.

²⁸⁸ Ibid.

²⁸⁹ Ibid. There are slight discrepancies in the figures: the report in *Journal of Homosexuality* listed the number of respondents as 87 psychiatrists and 69 trainees; 214.

was either parallel, or better among lesbians.²⁹⁰ ‘Opinion among psychiatrists’, they reiterated, ‘has moved away from the traditional view’.²⁹¹ Barr, Greenberg and Dalton, together with McConaghy, Helen Molony and Bernice Eldred, were members of the New South Wales Subcommittee of the Social Issues Committee of the RANZCP Federal Council, which drafted the original ‘Suggested position statement’ on homosexuality that eventually became the Clinical Memorandum.²⁹² The Federal Council accepted without changes the draft, which also recommended decriminalisation.²⁹³

Winkler’s pamphlet, Wortley’s project and the RANZCP Memorandum all indicated how much professional attitudes shifted in the early 1970s.²⁹⁴ This shift would have been less powerful without a strong movement from below, a point McConaghy made in an unpublished comment written to accompany Barr and Catts’ announcement of the Memorandum in the *Journal of Homosexuality*.²⁹⁵ McConaghy stated: ‘social disapproval of homosexuality cannot be justified on scientific grounds’. He urged peers to participate in efforts to reduce such disapproval, but he emphasised that the ‘change in attitude of many psychiatrists has not occurred without external pressure, much of which can be attributed to [...] liberation groups, in particular Gay Liberation’.²⁹⁶ McConaghy’s attitude appeared altered, given his past characterisation of the groups as Inquisitors obsessed with an anti-scientific agenda. In fact he continued this line, arguing that rigorous scientific standards had to be defended both against liberation activists who ‘intimidate and harass academics carrying out investigations regarded as oppressive’ and peers’ findings that were merely ‘pleasing to contemporary opinion’.²⁹⁷

²⁹⁰ Ibid.

²⁹¹ Ibid.

²⁹² NMArch-8/9, f. ‘Mental Health+Publication Data+Treatment’, H. P. Greenberg et al., ‘Suggested Position Statement’, draft of ANZCP Clinical Memorandum, 1973.

²⁹³ For more on the background to the Memorandum, cf. Willett, ‘Psyched’.

²⁹⁴ There is little evidence that the anti-psychiatry movement, while not wholly irrelevant, had any direct influence on professional attitudes towards homosexuality or aversion therapy, having antedated these years. Robin Winkler was a leading agitator in the ‘pseudo-patient’ stunts carried out at various psychiatric hospitals in Sydney in 1974; McConaghy wrote an editorial comment for the MJA critiquing Winkler’s paper and condemning the stunts. Neil McConaghy, ‘Pseudopatients and Evaluation of Medical Practice’, *Medical Journal of Australia* 2, no. 11 (14 September 1974). It was perhaps peculiar for Winkler to read McConaghy giving forth about ethics.

²⁹⁵ NMArch-9/9: f. ‘HOMOSEX.-ATTITUDES’, ‘Editorial Comment’.

²⁹⁶ Ibid.

²⁹⁷ Ibid.

Galileo looking back – the McConaghy conundrum

It is difficult to say what inspired McConaghy to agitate for change – his political sympathies, his humanism, his clinical results, his knowledge of his own sexual orientation, or growing and persuasive professional criticism. Just as Winkler and Wortley, and perhaps Barr and Greenberg, serve as examples of how the binary between the psychiatric establishment and the grassroots or ex-establishment opposition is untenable, McConaghy saw himself – and was seen by others – as siding with liberal progressive change, rather than representing a monolithic, homophobic and unchanging ‘establishment’. He publicly endorsed the decriminalisation of homosexuality. He frequented social gatherings and parties hosted by libertarian intellectuals associated with the Sydney Push.²⁹⁸ In 1973 he organised a symposium called ‘Liberation Movements and Psychiatry’, for which he sought involvement from CAMP and Gay Liberation.²⁹⁹ Despite all this, and despite the authority of the Memorandum to which he had contributed, he continued to defend and use aversion therapy until the late 1970s. He wasn’t alone in Australia.³⁰⁰ Aversion continued to be practiced in Britain; in the United States it was not seriously discredited until the late 1980s.³⁰¹

Over the ten years in which his aversion therapy experiment was in play, several features can be detected in McConaghy’s clinical research trajectory. These include a consistent and deepening scientism and a growing confidence in the validity of the penile plethysmograph as a reliable, accurate and necessary tool. On a deeper technical and

²⁹⁸ Dennis Altman recorded McConaghy’s presence at a party hosted by Liz Fell in his diary on 6 November 1972. Dennis Altman, personal communication, 18 December 2018.

²⁹⁹ This is elaborated in Chapter 6.

³⁰⁰ Aside from John Court, another Adelaide practitioner continued using it: Jeannie Porter, ‘Homosexuality Treated Adventitiously in a Stuttering Therapy Program: A Case Report Presenting a Heterophobic Orientation’, *Australian and New Zealand Journal of Psychiatry* 10 (1976). See also Michael W. Ross, ‘Paradigm Lost or Paradigm Regained? Behaviour Therapy and Homosexuality’, *New Zealand Psychologist* 6, no. 1 (April 1977).

³⁰¹ In its 1987 report on aversion therapy the American Medical Association avoided drawing a strong conclusion and failed to acknowledge the method’s use to treat homosexual and bisexual orientation, citing only literature dealing with exhibitionism and other paraphilias. Council on Scientific Affairs, ‘Aversion Therapy’, *Journal of the American Medical Association* 258, no. 18 (13 November 1987). A follow-up letter noted that ‘In May 1987, the American Psychiatric Association removed the diagnosis of ego-dystonic homosexuality from the revised edition of DSM-III because there is no scientific basis for diagnosing homosexuality as a disorder’, but also that the medical and psychiatric establishment ‘now considers distress about homosexuality, not homosexuality itself, to be a mental disorder’; the author warned that ‘Clinicians who persist in misdiagnosing and mistreating their homosexual and bisexual patients with aversion therapy may soon find themselves confronted with malpractice litigation’. Stanley E. Harris, ‘Aversion Therapy for Homosexuality’, Letters, *Journal of the American Medical Association* 259, no. 22 (10 June 1988).

theoretical level, he came to realise that Pavlov's principles of conditioning, while valid, did not apply to treating human sexual behaviour. His assessment of the British work remained critical. He repeatedly questioned the core assumptions at the heart of Eysenck's approach and intimated that Eysenck had misinterpreted Pavlov. In contrast to Eysenck's anti-psychoanalytic leadership, the tone in Australia was less adversarial. A review by Ron Farmer of a volume of papers from a 1969 Manchester conference, including one by Bancroft, noted that the book would come as a relief for 'those still smarting from the attacks made on psychodynamically-oriented psychotherapy in the 1960s', because it did not portray the behaviour therapist as 'rigidly intent on ridiculing a particular system'.³⁰² By the mid-1970s several therapists had effected a détente between the two paradigms, and terms like 'behavioural analysis' appeared more frequently – Masters and Johnson in the United States probably became the most celebrated example of what Judd Marmor described as a 'mid-way between psychodynamic and behavioural therapies' in the treatment of sexual problems.³⁰³

The one peer who maintained McConaghy's seemingly untarnished esteem was Kurt Freund. The two met in person several times through their involvement with *Archives of Sexual Behavior* and the International Association for Sex Research, including the 1979 Prague IASR conference.³⁰⁴ They met again in June 1981 at the IASR conference in Haifa and the World Congress of Sexology in Jerusalem that same month; 'Kurt' wrote him a nice reply afterwards saying how he had 'very much enjoyed' Neil's company and awaited receiving copies of Neil's papers.³⁰⁵ In Jerusalem, McConaghy repeated unequivocal statements made in his 1976 *BJP* article that sexual orientation could not be changed with therapy, yet he still argued that treatment should be available to those who wanted it.³⁰⁶ Freund's position was almost identical, although he was more forthright in rejecting homophobic assumptions of his early research, as their respective contributions to the

³⁰² R. G. Farmer, 'Review: Behaviour Therapy in the 1970s, edited by Laurence E. Burns and James L. Worsley', *Australian and New Zealand Journal of Psychiatry* 5, no. 4 (December 1971).

³⁰³ Dougal Mackay, 'Modification of Sexual Behaviour', in *Psychosexual Problems: Psychotherapy, Counselling and Behavioural Modification*, ed. Sidney Crown, with a Foreword by Lord Wolfenden (London: Academic Press, 1976), 103.

³⁰⁴ Freund hosted the 1978 IASR conference in Toronto (where he had lived and worked since 1969) but there is no evidence that McConaghy attended that year. Ford, 'Lesbians'.

³⁰⁵ NMArch-2/9, f. 3.

³⁰⁶ Neil McConaghy, 'Current Status of Behavior Therapy in Homosexuality', in *Sexology: Sexual Biology, Behavior and Therapy: Selected Papers of the 5th World Congress of Sexology, Jerusalem, Israel, June 21-26, 1981*, ed. Zwi Hoch and Harold I. Lief (Amsterdam: Excerpta Medica, 1982). McConaghy kept a copy of this in Various authors, published journal articles, 1981, NMArch-6/9, f. 'Articles 1981>'.

Journal of Homosexuality in 1977 illustrate.³⁰⁷ Freund stated that in his study conducted in the 1950s with at least ten years of follow up, '[v]irtually not one "cure" remained a cure'.³⁰⁸ Freund emphasised that 'virtually all distress' connected with homosexual desire 'could be removed by (relatively small) changes in social attitudes or structure'; the 'considerable effect' of such changes would render judgments of '(pathological) maladjustment' very suspect.³⁰⁹ Nevertheless, both he and McConaghy left the door open for the possibility that 'science' might prove them wrong (or right). Their failure to definitively reject the idea that homosexuality was worthy of 'treatment' never closed off the possibility that others could adapt or twist such practices with different aims.

Like Galileo, McConaghy, returned repeatedly to the idea of treating the patient as a rational human being, considering this a 'humanist' approach. In a panel discussion about homosexuality on 2BL radio in Sydney in 1976, he reiterated that there could be value in the method if patients requested it. Astoundingly, despite his clinical evidence, he embarked upon a fifth study to test aversion therapy against 'covert sensitization', in which the patient was encouraged to relax and then 'visualized homosexually arousing images followed by aversive images' outlined by the patient in the pre-treatment interview and narrated back to him by the therapist.³¹⁰ This method seemed to synthesise aversive techniques with the imaginal desensitisation technique developed by Wolpe, which was closer to learning theory and psychotherapy, reflecting the spirit of détente. In this 1978 or 1979 study, 20 subjects had 'requested' treatment for their homosexual feelings.³¹¹ As in previous studies, results were measured by interview and plethysmograph and, predictably, they showed little difference in the techniques' effects. McConaghy acknowledged ethical objections to aversive methods – even those that did not involve electric shocks – however these objections had not caused therapists to cease using them to treat homosexuality. Furthermore, these therapists believed there were 'cogent ethical reasons *against* denying subjects behaviour therapy for uncontrollable homosexual urges'.³¹² What, he asked, were the ramifications of such denial of treatment to a patient if, in despair, he committed suicide? The answer was not to cease publishing results of

³⁰⁷ Freund, 'Therapeutic Concern'; McConaghy, 'Behavioral'. See also Chapter 3.

³⁰⁸ Freund, 'Therapeutic Concern', 238.

³⁰⁹ *Ibid.*, 237.

³¹⁰ McConaghy, Armstrong, and Blaszczyński, 'Controlled', 425.

³¹¹ *Ibid.*, 428. The paper was received by the journal in February 1981, after follow-up interviews, meaning that the initial treatment must have been completed by the end of 1979.

³¹² *Ibid.*, 437. My italics.

research into aversion therapy, as many journals had decided, but to ensure that the practice remained 'subject to public scrutiny, including evaluation in published research'.³¹³

He was one of the only post-war sexologists to seriously consider the phenomenon of bisexuality and promoted a dimensional rather than categorical view of sexual orientation. His own research on this point was consistent with the findings of Schbankov and Iakowenko (1907), Davis (1929) and the Kinsey group (1948, 1953), but he expanded the 'continuum' developed by Kinsey to a multi-dimensional model that incorporated gender identity, expression and behaviour, allowing manifold combinations.³¹⁴ He wrote a book devoted to the phenomenon of 'homosexual heterosexuals', heterosexual individuals who had some homosexual feelings.³¹⁵ Evidence of behaviour and feelings that did not conform to a categorical homosexual/heterosexual binary and could not be situated at the extremes of the Kinsey scale were ignored by researchers invested in a simpler narrative, despite empirical evidence to the contrary. Ultimately, it always came back to defending rigorous scientific method.

Dagmar Herzog has used the term 'imperfect heroes' to describe liberal progressive psychoanalysts such as Robert Stoller and Karen Horney who in their own ways resisted the right-wing trajectory of the Freudian paradigm in the United States during the Cold War.³¹⁶ Freund and McConaghy were 'imperfect villains': they were responsible for the development and propagation of often harmful and even traumatising treatments, yet they did not fit the image of relentless homophobes invested in the medical model. Considering Winkler's characterisation of McConaghy as a 'nice person' who retreated into science to escape the ideological context and consequences of his work, we might read McConaghy as a peculiar post-war product of the Stalinist de-politicisation of science. In a context of Cold War pragmatism, science fell victim to the same ideological ossification as art, literature, etc. This may explain why McConaghy looked so enthusiastically to Freund, and why both psychiatrists were able to extract themselves seamlessly from their roots: irrespective of where they found themselves in the geopolitical landscape, scientism trumped politics.

³¹³ Ibid., 437-438.

³¹⁴ McConaghy, *Sexual Behavior*, 101, 103-104.

³¹⁵ NMArch-1/9, *So You Say You're Straight*, draft manuscript.

³¹⁶ Gutherz, Interview with Dagmar Herzog, 2018.

Part III – Reorientation to Resistance

Chapter 5 – Between Victims and Agents: Patient Responses to Homosexual Aversion Therapy

‘That word of concern... I just broke down’.

—Fabian LoSchiavo¹

On a winter’s day in 1973, 23-year-old Fabian LoSchiavo walked into the infamous Blue Light Clinic for sexually transmitted diseases near Sydney’s Circular Quay. He had received a letter summoning him for a blood test on suspicion of a syphilis infection. This was shocking enough, but what troubled him more were the circumstances that landed him in this predicament. Depression, isolation and a ferocious inner conflict over his sexuality had led him to break off his novitiate for the Catholic priesthood and he had descended into a six-month perdition of bar-hopping, beats and bashings, interspersed with precarious employment and hopeless infatuations with men who didn’t return his feelings. LoSchiavo asked a counsellor at the clinic about a psychiatrist he had heard could ‘fix’ him. It took quite some pleading on his part before she eventually said, ‘well I really shouldn’t be doing this’ and wrote down a name and address: Dr N. McConaghy, Prince Henry Hospital, Little Bay.² A short time later LoSchiavo became a subject in Study IV of McConaghy’s ongoing experiment and, according to McConaghy’s appointment diary, began his week-long course of aversion therapy as an inpatient on 9 September 1973.³

Today, LoSchiavo describes his encounter with aversion therapy as a kind of trial by fire – something he felt he had to do, after which he would be able to say, ‘well, I tried everything’.

In a darkened room I had to drop my trousers down to my ankles and put this metal cup thing on and then put the rubber over the penis. Then [there was] a slide projector and either McConaghy or his assistant was behind me, and then the slide

¹ Fabian LoSchiavo, interview by Kate Davison, 4 April 2017, ALGA.

² Ibid.

³ NMArch-3/9, appointment diaries 1957-1993.

would come up and sometimes there'd be a shock, sometimes there wouldn't. And I had to tell him on a range of nought to ten was it this painful or that painful. [...] I remember a group of students coming in; I must have been very upset because they were standing and taking notes and one of them detached himself and he said, 'Are you okay?' And just those words of compassion made me cry.⁴

'It wasn't like it was massively painful', he reflected in 2017, 'it was just the whole thing was so desperately, awfully sad, and I thought this is what I have to do – I'll go through this and then I'll be okay'. LoSchiavo was in the throes of a deep religious and theological conflict. For three years from August 1969 to October 1972 he had been living in a monastic community in an abbey in Wisconsin, but his vocational plans had unravelled under the weight of numerous contradictions.⁵ He had hoped to find sombre discipline but was instead confronted with a liberal and even sexually experimental atmosphere among his fellow-seminarians. He had his first sexual experiences there, and took the opportunity to explore the world beyond the cloister too, but his piety and yearning for structure left him confused. He endured three weeks as an inpatient in a locked psychiatric ward at a Catholic hospital for depression, where a 'clever' nurse impressed upon him the incompatibility of priesthood and life as an active homosexual. Returning to the abbey, his isolation intensified, and contrary to the advice of his parents, he left. For a few months he tried to 'start a new life' in Minnesota, but since his student visa was no longer valid, he was forced to return to Australia, his career in tatters. Back in Sydney, 'all of this accumulated disappointment, guilt, fear and all that' provoked a desire to simply 'annihilate' sexual feelings altogether. He envisaged an asexual future – with any luck back in the abbey – in which he 'wouldn't be falling in love with people and getting depressed, and risking getting bashed, and disappointing the family'.⁶ He was ready to put his faith in the optimistic claims about therapy.

By the time LoSchiavo began treatment, McConaghy had long-since reached several key conclusions: aversion therapy did not work by conditioning in the Pavlovian sense (if indeed it 'worked' at all), nor did it change a person's orientation, nor was same-sex desire

⁴ LoSchiavo, interview, 2017.

⁵ A detailed first-person account of LoSchiavo's time in the United States, first with the Catholic Premonstratensian Order in Wisconsin and later with an Episcopalian congregation in Minneapolis, was published in Dino Hodge, *The Fall Upward: Spirituality in the Lives of Lesbian Women and Gay Men* (Casuarina: Little Gem Publications, 1996), 75-86.

⁶ LoSchiavo, interview, 2017.

indicative of neurosis or any other psychological illness. Before treatment began, LoSchiavo went through an ‘exhaustive’ battery of questionnaire-interviews with McConaghy asking ‘all sorts of weird, weird, weird questions’. McConaghy claimed to only be accepting for treatment people who were distressed by their sexual desires or felt they were compulsive, but LoSchiavo was adamant: ‘I actively sought him, because I thought, if it’s true, then I can get rid of my sexuality’. McConaghy never promised to make him heterosexual, but only to inhibit his sexuality ‘enough that you won’t go looking for sex [in] places like Darlinghurst and you’ll be able to control it’.⁷ The first round of treatment failed to produce results and he was scheduled for a ‘booster session’ six months later. When he turned up and broke down, McConaghy instead referred him to a sympathetic and ‘kind’ psychologist, who encouraged him to go out, meet people and find sexual fulfilment however he saw fit.⁸

This narrative poses a challenge: to what extent were aversion therapy patients ‘victims’? Present-day initiatives to secure official public apologies for past treatments support the idea that they were. In 2017, following the posthumous 2009 apology to Alan Turing and his eventual pardon in 2013, the British Royal College issued an official apology for ‘torture’, including psychological torture, experienced by all patients treated for homosexuality in the past. To be sure, these campaigns are important initiatives highlighting the deep and often lifelong impacts of structural homophobia. Alarming examples have been reported in the press in connection with these public statements, such as that of British army captain Billy Clegg-Hill, who died in 1962 after being injected with apomorphine in connection with aversion therapy at Netley military hospital in Hampshire,⁹ or the young Jeremy Gavins of Bradford, who was sent for involuntary psychiatric treatment by his Catholic high school in 1972 and, starting on the morning of 6 June, the day of his A-levels chemistry exam, was electrocuted several times a week for six months at Lynfield Mount psychiatric hospital, during which time he witnessed his

⁷ Darlinghurst in downtown Sydney is the location of a famous beat, known simply as ‘the wall’.

⁸ LoSchiavo, interview, 2017.

⁹ Julian Joyce, ‘Gay Injustice “was widespread”’, *BBC News* (12 September 2009), http://news.bbc.co.uk/2/hi/uk_news/8251033.stm. Accessed 16 October 2018.

boyfriend being struck by a car and killed.¹⁰ The treatment and his boyfriend's death became forever associated in his mind.

Too often, though, recognition of past harm committed in the name of medicine or even the law as constitutive of *victimisation* serves to promote an image of patients as helpless, hapless individuals lacking subjectivity or agency. These narratives may even be infused with homophobic stereotypes of gay men as passive or pathetic. The inherent nature of redress campaigns, which by necessity emphasise suffering (and are sometimes linked to compensation), leaves little space for more complex and differentiated portrayals of patient subjectivity. Accounts of more recent, non-medical 'conversion therapy' perpetrated by religious groups and mimicking behaviourist methods, almost universally fit into that mould. Anthony Venn-Brown's documentation of these practices, including his own experience of exorcism at the hands of a Pentecostal church pastor in New Zealand in 1971, attest to this.¹¹ At the same time, information and briefing material prepared by medical experts in connection with lobbying campaigns to ban SOCE, has addressed in detail the question of whether there is any evidence of ongoing negative health impact – psychological, emotional or otherwise – on individuals who have undergone SOCE, in direct response to questions put by those who have commissioned the reports.¹²

Not all experiences of psychiatric treatment fit a narrative of torture, suffering and trauma. Like SOCE, in many cases aversion therapy was a material manifestation of society's message to these people – expressed in law, medicine, religion and social attitudes – that they were 'broken' and undeserving of human rights, to say nothing of love.¹³ Within this context, however, these men made decisions. In the case of earlier, medically sanctioned aversion therapy, a vast majority of patients actively sought treatment or agreed to it when it was suggested to them, and they had diverse reasons for

¹⁰ Patrick Strudwick, 'This Gay Man Was Given Repeated Electric Shocks By British Doctors To Make Him Straight', *BuzzFeed News* (30 September 2017), <https://www.buzzfeed.com/patrickstrudwick/this-gay-man-was-given-repeated-electric-shocks-by-british>. Accessed 16 October 2018.

¹¹ Venn-Brown, *A Life*. The church was the Queen Street Assembly of God and the pastor was Neville Johnson. See also an interview with Venn-Brown: Patrick Strudwick, 'This Is What It's Like To Have Exorcisms Performed On You Because You Are Gay', *BuzzFeed News* (14 July 2018), https://www.buzzfeed.com/patrickstrudwick/this-is-what-its-like-to-have-exorcisms-performed-on-you?utm_term=.ct28BO7Xk#.tfzAvvpem. Accessed 29 July 2018.

¹² Briken, Dekker, and Reininger, 'Gutachten i.A. der BMH'.

¹³ I have drawn this notion of 'broken' personhood from my discussions with Tim Jones. Cf. Jones et al., *Preventing Harm*.

doing so. To acknowledge this is not to discount the importance of stories of suffering, much less advance a revisionist argument that ‘it wasn’t all that bad’. Indeed, for all the ‘voluntary’ patients reported in the medical literature and clinical trials, there were potentially scores of others who were treated against their will or under extreme coercive pressure from figures of authority in their lives. For Jeremy Gavins, it was a case of teachers and his Catholic headmaster, a Monsignor, conspiring with a doctor and a psychiatrist, and he remains traumatised to this day.

To what extent were others able to exercise agency in their encounters with psychological medicine? And what were the constraints on that agency? The criminal status of (usually male) homosexual acts was undoubtedly a primary structural factor; for some, proscription by religious institutions and communities was tantamount to the same thing. For a small proportion of same-sex attracted men, the path of medical treatment for their pathologised desire seemed like a way out of an unworkable predicament. In the absence of social acceptance, some sought sexual assimilation. Others, like LoSchiavo, sought release from guilt and moral self-reproach. Yet there were also those who reacted with contempt and left treatment feeling galvanised against society’s disapproval. As scorn for the ‘medical model’ spread in the early 1970s, a broader layer of critical commentators spurred by the anti-psychiatry sentiments of the New Left emerged, alongside the new social movements for women’s and gay rights, to give visual expression to their scorn and fear in radical publications and theatre.

Previous chapters explained the history of homosexual aversion therapy from the therapists’ point of view. This chapter turns to the patients themselves, foregrounding their voices and perspectives. To do so, I have made use of every possible type of source that offers insights into subjective experiences, recollections and opinions of treatment. This includes both ‘unmediated’ personal accounts in the form of contemporary interviews and written accounts, oral history interviews and memoirs, and ‘mediated’ third-person accounts from the published medical literature in the form of psychiatrists’ reports of patient behaviour and speech. Following an outline of this methodological approach in the next section, this chapter identifies and categorises a variety of responses by patients to homosexual aversion therapy, paying special attention to the strategies they employed to exercise agency in their dealings with the psychological medicine establishment. My contention is that while ‘victim narratives’ may be an expedient

necessity imposed by the structural limitations of legal compensation and official apologies in the here and now, for historians it is important to attend to former patients' motivations, experiences and recollections in all their diversity and contradictions.

Reading with and against the grain

One challenge in writing the history of queer encounters with psychiatry is the difficulties historians have finding 'unmediated' voices of queer subjects. First-hand accounts can sometimes be found by trawling the gay press established in the early 1970s. As Rebecca Jennings and many others have noted, for the period prior to this, oral histories are often the only access we have to queer subjectivity in the past, in the absence of personal diaries, which are rare.¹⁴ Oral histories and memoirs written after the fact are subject to the effects of time-delay and the complex workings of memory. There are, however, examples of remarkable consistency in past and present accounts by the same person. A description given by Fabian LoSchiavo in an interview on Sydney's *Gay Waves* radio program in 1981 – eight years after he was treated by Neil McConaghy – was consistent, if slightly sharper on some details, with those he related in interviews in 2012 and 2017, corroborating his recent memories not only of the procedure itself but of his emotional responses to it, though the 1981 recording was unfamiliar to him.¹⁵

Where possible, I have drawn most heavily on contemporary accounts, yet such primary sources are precious and rare. This chapter therefore also turns to sources containing 'mediated' voices: descriptions of patient behaviour given by psychiatrists and therapists in the published medical journals. In earlier decades of LGBT history such material was regarded with due suspicion in the interests of writing 'history from below'. I seek not to disintegrate the boundary between subjective and non-subjective accounts, but to show how we can use the sources of a homophobic psychiatric establishment in ways not originally envisaged by their authors, to sympathetically illuminate the experiences of those who were oppressed by that establishment.

¹⁴ Jennings, *Unnamed Desires*.

¹⁵ ALGA radio recordings, 'Lesbian and Male Homosexual Victims of Psychiatry: Part 2 of 5', *Gay Waves*, 2SER-FM, Sydney, 30 July 1981. These audio recordings were made by a listener and donated to the State Library of NSW; ALGA obtained a copy for its collection.

A strategic response developed by historians of empire in their search for ‘subaltern’ voices in archives created by or on behalf of those in power has been to read sources ‘against the grain’. This refers both to mining sources created with the backing of institutional power and mine them for indications of subjects’ experiences but also to using homophobic sources for the purposes of anti-homophobic historical work, that is, against their originally intended purpose. I argue that by combining methodological approaches developed by queer and feminist postcolonial scholars of sexuality and historians of emotion, it is possible for us to attend to the political goal of history from ‘below’, while using sources from ‘above’. Dan Healey describes the way in which this strategy is practically crucial in Russian queer history, given the layering of oppression and discrimination that is not only evident in sources themselves, but that lives on in restrictions on access to archival material, homophobic readings of sources by present-day scholars, or the outright destruction of positive records of same-sex desire in Russia’s past.¹⁶

From a critical theory perspective, Anjali Arondekar has expressed frustration with the way some queer historical scholarship is conducted through a limited ‘lens of historical invisibility’ which presumes ‘that there is something about sexuality that is lost or silent and needs to “come out”’.¹⁷ In her 2009 book *For the Record*, which combines critical postcolonial and queer considerations of the archive as a symbolic concept, Arondekar advocated a historical methodology focused rather on ‘fact-reading than fact-finding’.¹⁸ Instead of holding onto the idea that there is somewhere a locked closet containing suppressed material, and that this ‘body’ of evidence will necessarily enable the discovery of ‘subjectivity’, reading existing records *without* assuming an original source may offer ‘new ways of both mining and undermining the evidence’ of already known archives and accounts.¹⁹ This echoes Ann Laura Stoler’s early considerations of what to do when confronted by the seeming dead-end of archival absence. She suggested that scholars should shift away from ‘archive-as-source to archive-as-subject’, and pay more attention ‘to the process of archiving than to the archive as a repository of facts’.²⁰ Acknowledging

¹⁶ Healey, *Russian Homophobia*, esp. chapters 7 & 9.

¹⁷ Anjali Arondekar, *For the Record: On Sexuality and the Colonial Archive in India*, ed. Inderpal Grewal, Caren Kaplan, and Robyn Wiegman, *Next Wave: New Directions in Women’s Studies* (Durham: Duke University Press, 2009), 4.

¹⁸ *Ibid.*

¹⁹ *Ibid.*, 3.

²⁰ *Ibid.*, 9.

this sophisticated methodological development in (post)colonial historiography, Arondekar nevertheless took Stoler to task for failing to think beyond this dead-end when it comes to *sexuality*, despite nodding to it in passing; Stoler seemed not to see how her own theory could be generalised from colonial subaltern to queer subjects.²¹

In *Along the Archival Grain*, published the same year as Arondekar's book, Stoler drew upon Walter Benjamin's notion of reading 'against the grain' to propose another complex idea: 'to explore the grain with care and read along it first', in order to then read *against* it.²² Stoler's attempt to understand the failed career of a Dutch colonial civil servant in the Netherlands Indies required her to compare archival documents produced by the Dutch authorities with the private family archive of the civil servant.²³ None of these materials were produced by colonial subaltern subjects, yet the method Stoler used to read them exposed inconsistencies and discrepancies within the colonial project in ways that would not otherwise have been possible, thereby undermining the colonial narrative of a 'frictionless course'.²⁴ The jump to 'read against the grain', noted Stoler, tended to be done 'quickly and confidently' in an admirable, yet brash, effort to deconstruct 'excessively told' master narratives of colonialism; yet the assumption that 'we know those scripts rests too comfortably on predictable stories with familiar plots'.²⁵ The latter are common devices in the service of immediate political demands, as with compensation claims for past injustices against queer people.

However, these familiar plots often do not hold up: as shown in Chapters 3 and 4, psychiatrists were *not* uniformly invested in the attempt to change or eradicate homosexual desire. Nor – as this chapter will show – were patients uniformly cowed by their experience of treatment. Colonial archives, Stoler reminds us, are 'sites of command – but of countermand as well'; 'discrepant accounts, dissenting voices and extraneous detail' and undermine their monolithic façade.²⁶ Mining the medical journals for insights into the subjective experiences of homosexual aversion therapy, reading 'along the grain' can help expand our perspective beyond singular narratives of suffering, especially when

²¹ Ibid., 14.

²² Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton: Princeton University Press, 2009), 50.

²³ Ibid., 49, 51.

²⁴ Ibid., 53.

²⁵ Ibid., 50.

²⁶ Ibid.

juxtaposed and contrasted with the less mediated accounts given by patients and former patients. While not addressing the subaltern experience directly, this approach serves to illuminate the broader structural dynamics that shaped their subjugation. In the history of psychiatry and homosexuality a similar approach can help us avoid ‘frictionless’ narratives of victimhood, but also to understand discrepancies between representatives of the medical establishment, and importantly, between their subjects.

Given the constraints imposed by relying upon records of the police, military, courts and doctors, much of what Stoler describes has long been at least intuitively part of queer historical methodology. As Arondekar’s critique indicates, however, something more is needed. If this offers a way forward for *how* to read sources, there is then still the problem of *what* we read. The question of archival evidence has been a central challenge for scholars working in the history of emotions, too. In the absence of ‘ego documents’ that tell us explicitly how our subjects felt, how can we glean how they comprehended, experienced and responded to their circumstances and events? What evidence can historians draw upon and what clues should we be attuned to? Both Arondekar and Stoler make heavy use of narrative theory and discourse analysis to ask how we might ‘produce a counter-record’ of colonial *and homophobic* history and instead build narratives that disrupt the ‘teleological promise of archival claims’.²⁷ This accords with the critique of empiricism central to postcolonial studies and queer theory. Yet a retreat from crude empiricism needn’t be a retreat from empiricism altogether. In the case of psychiatric literature, subaltern queer voices have been mediated through the recollections or records of the psychiatrist. Yet this does not render such source material useless. How, then, can we use it?

Monique Scheer has proposed a methodological approach to sources that involves looking for descriptions of practices and behaviours as evidence of felt emotions.²⁸ A description of this method can be found in Chapter 1. For the purposes of this chapter, Scheer’s methodological innovation dovetails well with the strategies proposed by Arondekar and Stoler. Not only can we read along the grain of psychiatric and medical literature to gain an understanding of hegemonic, differentiated and contradictory voices within the psychological medicine establishment, but we can also mine their articles for

²⁷ Arondekar, *For the Record*, 14, 20.

²⁸ Scheer, ‘Are Emotions’.

descriptions of patient behaviour and, through these, gain rich insights into patients' own perspectives and experiences. Consider, for example, the following portrayal from a report of a failed case of homosexual aversion therapy at Banstead Hospital in Surrey, England, in 1963:

After a few shocks had been given a conditioned 'gasp' could be heard through the amplifier. [...] For a period of about 30 min following these sessions the patient was extremely disturbed, and wept bitterly [...] He presented himself for the fourth session, entered the treatment room, put on the shoes, but after a few seconds took them off, burst into tears, came out of the room, put on his own shoes [...] and continued to weep bitterly.²⁹

The therapists had fitted a pair of shoes with 'an electrically conductive sole' to be worn by the patient during treatment sessions, in which he stood alone in a small room with a projection screen. We do not have the name of this patient, nor any documents recording his experience in his own words. We know only that he was 28 years old, of 'average' IQ and that he had previously declined verbal psychotherapy to treat his same-sex attraction at a neighbouring hospital. We can, however, read this description of his emotional practices and conclude with some confidence that his experience of aversion therapy was unpleasant, and likely traumatic.

Sometimes psychiatrists remarked explicitly on the 'emotional reactions to treatment', as did John Bancroft and Isaac Marks of Maudsley Hospital in 1968 while reporting the preliminary results of an experiment using electric aversion therapy with 40 patients – '16 homosexuals, 3 paedophiliacs, 14 transvestites and transsexuals, 3 fetishists and 4 sadomasochists'.³⁰ They noted that patients 'varied greatly in their amount of anxiety and the stage at which this was experienced during treatment' but that '[o]ften the anxiety was not related to the strength of the shocks'.³¹ It was typical for patients, many of whom were in any case already likely to be depressed, to react with fear over 'losing something important to them'; although patients 'sometimes felt aggressive during treatment', they 'never acted out this aggression, and on the whole they 'tolerated aversion well and were

²⁹ J. G. Thorpe and E. Schmidt, 'Therapeutic Failure in a Case of Aversion Therapy', *Behaviour Research and Therapy* 2, no. 2-4 (1963): 295.

³⁰ Bancroft and Marks, 'Electric', 796.

³¹ *Ibid.*, 798-799.

able to continue normal activities between sessions'.³² Bancroft and Marks themselves had only ever had to stop a session three times due to patient distress, they said, but it was never severe enough to abandon the treatment entirely. They nevertheless issued a warning about the possible after-effects for patients, which could include exacerbated depression; in two of their own cases, the patients 'experienced their first overt homosexuality after treatment'.³³ Interestingly, Bancroft and Marks noted the possible negative emotional reactions not only in the patient but in the therapists and for this reason urged that only 'experienced' colleagues should attempt such procedures. Such attention to the feelings of the psychiatrists and psychologists administering treatment was rare outside psychoanalytical frameworks.³⁴

When we do find directly quoted speech from patients in the medical literature, these too can be mined for emotional meaning: another patient treated at Banstead for 'transvestism' in 1961 reportedly described the team of therapists as 'the heavy gang'.³⁵ That patient, a 22-year-old, married, well-spoken and athletic truck driver with a coal miner for a father and an interest in weightlifting, was treated once every two hours continuously over six days and nights with apomorphine aversion therapy, using still images and a tape recording of the patient's own voice describing putting on women's clothing as conditioning stimuli.³⁶ The practitioners described the patient's physical and mental condition 'for the greater part of treatment' as 'excellent':

Some idea of the patient's condition can be gained from the fact that, after five days and nights on this regime, he insisted on cleaning his room and washing the walls, maintaining that he wanted some 'occupational therapy'. Several visits from his wife boosted his morale [...] and he also had frequent discussions with doctors, psychologists and nurses between injections.³⁷

However, they also noted that after several sessions, the patient 'admitted feeling a deep sense of humiliation' and 'wondered whether a deliberate attempt was being made to

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Thorpe and Schmidt, 'Therapeutic Failure', 294. Thorpe & co. were associated with Maudsley, as detailed in Chapter 3.

³⁶ Lavin et al., 'Transvestism', 347-348.

³⁷ Ibid., 349.

make his reactions to the pictures more unpleasant than was strictly necessary'.³⁸ After the 68th (!) emetic session, 'he became increasingly irritable and confused', 'expressed hostility to his medical attendants', exhibited impaired coordination and 'was unable to maintain a normal conversation', probably due to the dextroamphetamine that had been used to keep him awake for six days.³⁹ Nevertheless, in the follow-up interviews over three months after treatment, and in a letter to the therapists six months later, the patient reported being 'completely indifferent' to women's clothing (after being encouraged by their wife to try on her clothes and see if it had worked) and 'expressed complete confidence in his future'.⁴⁰

Motivations

These examples illustrate the value of a methodological approach that infuses Scheer's focus on emotional practices with the earlier insights of Arondekar and Stoler. In particular, the two examples from Banstead Hospital demonstrate the extent to which patient reports, whether quoted verbatim or mediated through the voices of medical authorities, were full of contradictory dynamics. The therapists, for their part, were puzzled, speculating that failure was caused by the patient's alleged fear 'that the electric shocks would produce cancer in him', or perhaps also their overly confident reassurances to the patient that the treatment would not 'do him any harm'.⁴¹

What were the patients' motivations, and how did they report their own experiences during and after treatment? To what extent were they victims or agents? Jennifer Terry has noted the double layer of definitional control entailed in the subjectifying human sciences. Drawing on Foucault's idea of 'confessional technology', Terry describes how these interpretive sciences 'are bound up with speech, voice and the act of listening' whereby, alongside the objectifying procedures of clinical measurement, they also 'require the subject to speak' within a specific framework that is aimed at 'inducing, coding, and controlling' that very speech.⁴² Did patients report success to impress or perhaps even placate their therapists? Were they so desperate to change that they glossed their reports

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid., 350.

⁴¹ Thorpe and Schmidt, 'Therapeutic Failure', 295.

⁴² Terry, 'Siting Homosexuality'.

in follow-up interviews to give the most optimistic impression possible? Did they really believe themselves to have changed? Did the accounts they gave their peers and loved ones differ radically from what they told their psychiatrists and psychologists? As we have seen in earlier chapters, many psychiatrists were sceptical of patient self-disclosures. Doubts about the veracity of their claims – whatever their motivation – were, after all, precisely what led Kurt Freund and Neil McConaghy to place so much stock in the penile plethysmograph. Yet patients did not simply go along with the definitions of their desires and their personhood asserted by courts, psychiatrists and security agencies. Nor is their speech so compromised or contained within the system of structural power, as Foucault would have it, that we cannot glean some insights into patient agency – both patients and those who rejected treatment were, as a rule, viscerally cognisant of the structural limitations they faced.

Again and again in the medical literature, in responses to research surveys, in eyewitness recollections and interviews, in whatever national context, there is evidence of queer subjects refusing to accept that there was anything wrong with them.⁴³ Most of them did not seek medical assistance; on the contrary, they believed they could find joy and contentment if only it weren't for social stigma and oppression. In his presentation to Czechoslovakia's peak medical association, the Purkyně Society, in 1950, the psychologist Karel Nedoma distinguished between two groups of homosexuals: one group – the vast majority – who did not see their orientation as an illness or problem, were 'satisfied' with their sexual feelings, were 'in all other manifestations [...] not different from heterosexual people' and wanted only to be socially accepted and escape loneliness and stigma; another group – a minority – were distressed about their condition, 'feel ill' and 'seek for help'.⁴⁴ Only the latter should concern medical professionals. A similar observation was made by McConaghy, who told colleagues at a conference in Brisbane in January 1967 that he had accepted for treatment 'all persons conscious of homosexual feeling who *wished* to have this reduced or eliminated', though in reality most had been referred by other psychiatrists or psychologists.⁴⁵ In 1968, Bancroft and Marks opened a report to the Royal Society of Medicine with the acknowledgement that 'Many sexual deviants neither want treatment

⁴³ Winner, 'Homosexuality'; Nedoma, 'Homosexuality'; Davis, *Factors*.

⁴⁴ Nedoma, 'Homosexuality', 223.

⁴⁵ McConaghy, 'Aversion Therapy', 48. My italics.

nor seek it, but many others ask for help because their deviation causes them personal or social distress'.⁴⁶

In truth, the reasons for seeking medical help were manifold and varied from person to person. Some were enthusiastic, some fearful, many desperate. Once there, they adopted a variety of coping strategies. In 1972 McConaghy was asked in an interview for the Sydney gay magazine *William and John* what kind of homosexual would come to him seeking treatment. 'I suppose that they'd all be homosexuals who feel unhappy with their homosexuality', he replied; 'a lot of them come on religious grounds; a lot of them come on social grounds, that is, they feel that socially their homosexuality is somehow unacceptable and – sometimes – they see their homosexuality as abhorrent'. Surely, asked editor Michael Delaney, this was 'due to social pressure and not a fault within the homosexual?', to which McConaghy responded that all people are shaped by social pressures – 'nobody can get values out of thin air'; how they react to their cultural environment 'is from their own judgments', and 'for this particular group of homosexuals [...] who want to either reject or control their homosexuality in some ways [and] want to accept heterosexual society's values rather than those of the homosexual subculture', treatment may ultimately be of positive value.⁴⁷ In a 1966 episode of the Sydney television documentary series *7 Days* under the title, 'Love is Love: Lesbians', a woman called 'Jane' explained to host Anne Deveson that she was referred for treatment following an overdose of tablets.⁴⁸ When probed by Deveson, Jane revealed that she tried to take her own life due to the unhappiness of her situation: 'I was looked down upon socially', she explained, yet, having begun therapy with McConaghy, she now had high hopes for the future. In an interview with Barry Lowe for *Gay* newspaper in 1975, a 'bi-sexual' man referred by a psychologist at Sydney University explained that he sought treatment with McConaghy, who 'was considered the best psychologist [sic] in Sydney', not because 'M' felt 'sick' or considered homosexuality to be 'wrong', but because he was unable to cope with the difficulty of making his desires compatible with social realities, which in his case included being called a 'poofter' by his father whenever he wore colourful shirts and aftershave: 'homosexuality was disturbing because nobody wanted to play my games [...] I wasn't coping. That's why I went. The fear was that my whole life would be like this. I

⁴⁶ Bancroft and Marks, 'Electric'.

⁴⁷ Delaney, 'Aversion', 8.

⁴⁸ *7 Days*, 'Love is Love: Lesbians', ATN7, Tuesday 15 February, 1966.

just wanted to get out of the whole scene. I thought it was time to leave'.⁴⁹ The most likely circumstance was for patients to 'feel that they can't control their homosexuality in the way that they want to, like, when they go by a public lavatory they feel compelled to go in and take risks that they feel they really don't want to take'.⁵⁰

There is some support in the literature for the widespread perception that aversion therapy patients were subjected to the procedure against their will, but this represents only a minority of cases. Law enforcement was a significant factor, but not necessarily in the direct way commonly assumed. In some cases, submitting to treatment was a part of a sentence imposed by the court, but more often it was a strategic manoeuvre at the behest of lawyers attempting to secure a plea deal or reduced sentence, as Syd Lovibond later asserted.⁵¹ This is precisely what 'Paul' reported when interviewed in January 1979 for the *Gay Viewpoint* radio program on Canberra's 2XX about his experience of going to court in Sydney in the early 1970s over a charge of 'indecent assault on the male', which carried a sentence of up to five years in prison.⁵² On the advice of the magistrate he engaged a solicitor, who 'referred me to a psychiatrist who gave evidence in court [...] that he had methods of curing homosexuals that were 100% successful, and he felt quite sure that if I entered his course, I wouldn't repeat this offence again'. This, together with a good report from a welfare officer, resulted in 'a very light legal penalty, which was a two year good behaviour bond'. Paul reflected that, while 'it was not actually a requirement of the bond that I should submit to aversion therapy [...] I did feel that as the psychiatrist did give evidence in court that prevented me from receiving a jail sentence, I did feel obliged to indulge in a course of treatment'. This indulgence lasted about a year at weekly interludes, but when the psychiatrist moved to Queensland, Paul 'didn't feel obliged to follow him'; his final, glib remark was, 'I'm afraid that the aversion therapy was not successful'.⁵³

Paul's case is a good example of the complex legal, social and emotional transactions involved in deciding to undergo the treatment. Another is that of Henry Tunbridge who underwent aversion therapy with Wright-Short at Sydney University in order to obtain a

⁴⁹ Lowe, 'Mind-Fuck', 5.

⁵⁰ Delaney, 'Aversion', 8.

⁵¹ *Monday Conference*, 'Aversion Therapy', ABC Television, 20 November 1972.

⁵² ALGA radio recordings, A05 27.01.1979 2XX *Gay Viewpoint* #4 – Side B, 1 January 1979, 2XX (Canberra).

⁵³ *Ibid.*

certificate of incapacitation he could use to avoid the draft for Vietnam.⁵⁴ He had given evidence in court for a draft-dodging friend, but for Tunbridge, avoiding Vietnam was an emotional rather than ideological question; his distress over his emotions and desires were a reason to *avoid combat*, not to *seek treatment*. On the whole, there was almost total consensus among psychiatrists and psychologists that, in the words of Bill Rowe in Sydney, ‘those who are directed to seek “treatment” by the Court are obviously poor therapeutic material’.⁵⁵ As two investigators at Royal Victoria Hospital in Montreal shrewdly noted – citing Freund – ‘homosexuals who were forced into treatment by the police lacked motivation and [...] their results were therefore less impressive’.⁵⁶ Only two out of McConaghy’s first cohort of 30 subjects in 1964 were under threat of conviction at the time of seeking treatment, and throughout his career he maintained that the proportion of his patients who were facing court when they presented for treatment remained low.⁵⁷ In his fourth experiment, 21 out of a total of 46 patients had faced charges in the past for sexual offences, some more than once; ‘legal action was instrumental in six patients being referred for treatment, but they all claimed they wanted treatment in any case’.⁵⁸

A similarly small proportion of patients in the Prague experiment sought treatment in connection with legal proceedings. Of the 21 case histories described in detail in Srnec and Freund’s first published report, only two patients cited conflict with the law as a motivating factor. Patient ‘AK’, a clerk aged 40, sought treatment because of a disciplinary investigation for homosexual intercourse, while patient ‘BE’, a 22-year-old worker, was referred after being arrested but, rather than being tried, was sent to the clinic for further advice.⁵⁹ In fact, Freund and Srnec only made a note of patients’ reasons for seeking treatment if they were ‘informed that the patient [either] did not come completely voluntarily [or] was being prosecuted for his deviation at the time of his admission’.⁶⁰

⁵⁴ Henry Tunbridge, personal communication, 25 April 2020.

⁵⁵ Rowe, ‘Correspondence’, 159.

⁵⁶ L. Solyom and S. Miller, ‘A Differential Conditioning Procedure as the Initial Phase of the Behaviour Therapy of Homosexuality’, *Behaviour Research and Therapy* 3, no. 3 (1965).

⁵⁷ McConaghy, ‘Aversion Therapy’, 48.

⁵⁸ McConaghy and Barr, ‘Classical’, 153.

⁵⁹ Freund and Srnec, ‘K otázce mužské’, 169, 182.

⁶⁰ *Ibid.*, 154.

A more common denominator among this first cohort of Prague patients was feelings of unhappiness, anxiety, social inferiority, loneliness and depression. 17 of the 21 patients reported having had suicidal thoughts at some point or other. Sometimes such feelings of malaise were explicitly named, while in other cases they can be deduced. Patient 'AE', a clerk in his mid-20s, often felt 'in a sad mood', while 'AB', a farmer in his late 20s, reported poor sleep and irritability and 'AF', a craftsperson of 24, had experienced 'dull depressive states, palpitations and occasional tremors'.⁶¹ Patient 'AD', a worker of 41, sought treatment *not* for homosexuality but due to the feeling of pressure and constraint it caused at work; this patient reported having wished to be a woman since the age of 15, describing a mysterious 'seizure' at 23 which resulted in broken furniture around the home and a month-long stay in a psychiatric clinic.⁶² 'AD' was one of nine patients who expressed feelings about gender that might today be associated with transgender identity. For patients 'AH', 'AJ', 'AK', 'AS', 'AV' and 'BE', this extended to dressing up in women's clothing from time to time, sometimes from a young age. Doing so had enabled 'AS', a waiter of 38, and 'AJ', a clerk of 31, to feel 'something akin to excitement' from the ages of 10 and 12 respectively; 'BE', who 'regretted not being a girl', had been doing so since the age of 8. On the other hand, patient 'AG', a worker of 20, had never dressed in women's clothes despite reporting having wished to be a girl 'already in preschool'. Another clerk, 'AV', 25, who had likewise not yet tried it in practice said that while imagining wearing high heels, 'I don't see myself, but I see my feet in my shoes', describing this as a pleasant feeling. At other times, however, 'AV' was struck with anxiety, manifesting in shakes 'all over my body'.

Almost always, it was not atypical desire or gender that was the motivating factor for seeking expert medical help, but these feelings of malaise, social isolation and the stress caused by having to conceal it. 'BE', who exhibited no other neurotic symptoms, reported being particularly careful to hide any deviant feelings, while 'BG' a teacher of 25, said what most worried him was 'being forced to lie'. This was especially acute for patients who were bisexual, had partners, or had attempted to adapt to heterosexuality by engaging in sexual encounters they did not enjoy. For patient 'AP', an applied scientist of

⁶¹ The quotations in this sentence are the words of Freund and Srnc. Most other quotations in the subsequent two paragraphs are the quoted words of patients as reported by Freund & Srnc in their report, unless otherwise indicated.

⁶² Freund and Srnc, 'K otázce mužské', 159.

28, his first attempt at heterosexual sex when he was 19 did not attract or excite him, but was part of his effort to ‘conceal’ his homosexuality; at the age of 26, after five months of psychotherapy, he was able to have sex with a woman successfully for the first time. This was followed by a year of no sex – either with women or men – and an absence of homosexual desires, but then they returned. Before seeking help at the sexology clinic, he had been practicing sex with women monthly; he had only felt physically right on two occasions and then ‘only weakly’, and often thought of suicide ‘for fear of being alone’. Some patients had actively sought intimate encounters with women ‘out of curiosity’, as ‘AG’ reported, or to ‘be like the rest’, as it was for ‘AZ’, a clerk of 25, who had experienced some excitement with women but only twice, while ‘BB’ reported having had sexual encounters with women when drunk.⁶³

Many of the Prague patients sought treatment in an effort to preserve important relationships at work (as with ‘BG’ above) and at home. Some were motivated by a partner’s eagerness to marry, such as ‘AJ’, while others reported having entered into marriages to satisfy parental wishes or social demands. Patient ‘AU’ had been married twice: once at his mother’s bidding at the age of 22 to a much older woman he had been sexually involved with on and off since he was 16 (they divorced a year later), and a second time at the age of 32, again to a much older woman, but this time it was a strategic marriage in order to enable him to adopt the 14-year-old boy he ‘loved’ (Freund and Srnec’s word). Freund and Srnec noted that ‘AU’ was ‘most troubled’ that ‘because of his susceptibility he could not have a family (his own children)’. He was depressed, suicidal and distressed by the fact that he frequently had trouble with the law, but the final catalyst for seeking treatment was a prosecution for a homosexual act.⁶⁴

The desire to preserve social and family relationships is a common refrain in the Prague cases, but it can be found in diverse national contexts throughout the literature and is cited repeatedly in personal recollections as a motive for seeking professional assistance. It was a key factor for Fabian LoSchiavo in Sydney, who had grown increasingly anxious about the effect of social stigma on his mother and whose prospective brother-in-law made no secret of his disapproval; just as important to him was his religious vocational ‘family’, first as a Catholic priest in training and later as a member of a Protestant

⁶³ Ibid.

⁶⁴ Ibid.

community in NSW.⁶⁵ In fact it is astonishing how many former aversion therapy patients were motivated by genuinely felt religious concerns, much like the situation today for many young people who find themselves in reorientation programs run by their religious community leaders.⁶⁶ This social aspect of patient motivations – the desire to protect and preserve a sense of belonging to communities and families – is important because it illustrates that the decisive factor was the social moral framework of homophobic attitudes, and not a fear of being ‘ill’ or neurotic, and it further troubles the simplistic ‘victim narrative’ we find reiterated in popular discourse by third parties.

Some aspiring patients exhibited an extraordinary level of proactivity in seeking treatment, particularly before the emergence of the gay liberation movement. One case in particular defies simplistic characterisations of victimhood. It was reported in Eysenck’s *BRT* journal in late 1963 by Thorpe and his team at Banstead Hospital in Surrey. A ‘male homosexual aged 35 years’ attended the hospital seeking admission, having recently ‘read an account in a Sunday newspaper of James’s article in the *British Medical Journal* of 17 March 1962’.⁶⁷ Remarkably, ‘[a]s a direct result of reading this newspaper article he sought psychiatric help for his condition, demanding aversion therapy’; even more remarkably, the patient ‘had given up his job in order to be free to receive treatment and had sub-let his flat for three months. He brought with him 60 photographs of nude young and adult males which he had been using in his masturbation sessions’. While his ‘main complaint was one of frustrated homosexuality’, that is, his inability to live a sexual and romantic life in accordance with his desires, he ‘saw no point in marriage as it would be unfair to his wife’ and he ‘could not begin to contemplate it before his homosexuality had been cured’.⁶⁸

Expectations vs. experiences

What exactly was this man signing up for? As noted in earlier chapters, medical and psychiatric professionals in the post-war period were at pains to present *themselves* as the appropriate, specially trained experts to handle issues of aberrant sexuality, not the police

⁶⁵ LoSchiavo, interview, 2017; Fabian LoSchiavo, interview by John Witte, 9 June 2012, PHG.

⁶⁶ Todd, interview, 2017; McManus, interview, 2010; LoSchiavo, interview, 2012.

⁶⁷ Thorpe, Schmidt, and Castell, ‘Comparison’, 357.

⁶⁸ *Ibid.*, 357-358.

and justice system. Such claims were typically accompanied by assurances that information about these phenomena should and would be strictly contained within professional literature. Yet the case of the man in Surrey shows that any such assurances of a clear dividing line between professional and popular media were fanciful. This was also true of the HIV-AIDS crisis two decades later, when gay men with no medical training were compelled to go looking for information that was of immense importance to their health, but not forthcoming from professionals.

Even so, is it possible that the man in Surrey did not fully grasp what the treatment involved? This is unlikely, for although the newspaper article he had read may have tempered the description, James' original *BMJ* report pulled no punches. As Rowe in Sydney noted in 1967, 'homosexuals prepared to undergo this type of therapy were obviously well motivated towards change, as the treatment is not pleasant'.⁶⁹ It is more likely that the man was attracted by the method's promised efficiency. After all, James boasted to have cured 'a 40-year-old 100% homosexual' within just one week.⁷⁰

The emphasis on photographic material in James' report explains why the man turned up at Banstead Hospital with his own collection of visual porn. Contrary to his expectations, however, he would undergo a rather different procedure: one using electricity instead of apomorphine and involving not two phases, but three distinct techniques tested in sequence, carried out daily in 100 trials spanning three months.⁷¹ For the first technique the patient 'was directed into a small room' in which there was 'a three by three feet floor area which was completely covered by an electrical grid'. A microphone on the wall was 'connected to an amplifier in the adjoining room which was occupied by the psychologist', who also had control of a switch to a projector in the treatment room. The door was closed and the lights switched off. The patient 'was supplied with tissues and instructed to masturbate in the darkness' using any fantasy he liked, but to 'keep his eyes open, look ahead of him, and report "now" when he felt that orgasm was being reached', at which point the psychologist would press a switch to illuminate a 'scantly dressed' woman. Afterwards, the patient had to describe the woman to prove he had kept his eyes open, which he had, but after eleven sessions his fantasies were still homosexual. The second technique was basically identical, only this time the

⁶⁹ Rowe, 'Treatment', 638.

⁷⁰ James, 'Case', 768-770.

⁷¹ Thorpe, Schmidt, and Castell, 'Comparison', 358.

psychologist did not wait for the patient to say ‘now’, but illuminated the picture of the woman at random intervals throughout the session. The result was similar – no change after five sessions – except that, ‘by concentrating upon certain aspects’ of the picture, ‘e.g. the buttocks’, the patient reported that he was able to integrate it into his still homosexual fantasies.⁷² No electric shock was used for these first two ‘positive conditioning’ techniques.

Eventually the patient began to complain, and is quoted in the report saying ‘the longer it was delayed the more (he) would think we were not progressing’.⁷³ The investigators thus ‘resorted’ to introducing a third ‘negative conditioning’ technique – aversion therapy – using electric shocks in connection with homosexual stimuli. This time, the patient had to remove his shoes and socks before entering the treatment room. While the patient masturbated, the psychologist in the neighbouring room illuminated ‘one of the patient’s own photographs of male nudes (both adult and younger males) and deliver[ed] a strong electric shock to the patient’s bare feet through the grid’ on the floor. The electricity was provided by a ‘hand-operated generator delivering 120 V a.c. when resistances of 10,000 Ω and upwards were placed on the grid’; ‘two sharp turns of the generator handle were sufficient to give a painful electric shock’. The sessions were daily (except Sundays) and involved at least five, but sometimes as many as ten trials, each lasting about 10 minutes. The goal of each ‘trial’ was for the patient to masturbate to the point of orgasm. The picture, which was changed daily, was illuminated 40 times per trial, and shocks were given at random, immediately after the illuminations, about a quarter of the time. Every day, after these negative conditioning sessions, the patient also had to undergo a session of positive conditioning based on the first two techniques, using the images of ‘scantly dressed’ women.⁷⁴

What do we know about how this man – so eager and proactive at the beginning, yet quick to grow impatient with the lack of progress – actually experienced this third phase of treatment? The abstracted, clinical description in the published report glosses over the brutal reality that this man – in mathematical summary – was required to masturbate to the point of emission at least five, but up to ten times every single day, during which he was issued 50-100 electric shocks through his bare feet while looking at 200-400

⁷² Ibid., 359.

⁷³ Ibid. Original brackets.

⁷⁴ Ibid.

illuminations of male nudes and several illuminations of ‘scantily dressed’ females, and that this gruelling physical and emotional routine continued for more than two weeks. In total, he went through 100 aversion trials and 38 positive conditioning trials for this third experiment. We can glean some of the effect from the behavioural descriptions in the report: Thorpe and his team said they could hear through the amplifier in the neighbouring room how the patient began to exhibit ‘an obvious respiratory change’ each time the picture was illuminated, and ‘was very soon reporting sensations of electric shock [...] irrespective of whether shock actually followed’. The man’s reports of the alleged effects of the treatment seemed to affirm the investigators’ confidence: at the end of the first day, he ‘reported great reluctance to utilize homosexual fantasy’; by the end of the week, his use of heterosexual fantasy had increased from 60 to 100 per cent, though he was no longer able to achieve orgasm. He was released for the weekend – presumably staying at a hotel, since he had sublet his flat – during which time his fantasies were exclusively homosexual. Returning to his hospital on Monday for the eighth session, his inability to achieve orgasm during positive conditioning continued, and ‘at this point the patient became extremely emotional, accusing the psychologists of a complete lack of understanding of him as a person’. Tellingly, ‘he claimed we had been critical of him right from the start and that we were more interested in our experimental results than in him’.⁷⁵

Throughout the report, it is possible to discern a stark dissonance between the patient’s actual behaviour, what he was allegedly claiming about the effects of treatment, and how the investigators chose to interpret and represent these. Thorpe and colleagues pressed the point that the patient’s ‘emotional outburst’ was not a turning point from a therapeutic point of view, since the change in fantasy had preceded it. Yet this dismissal does not match their own narrative of events. They halted the trials for a week, but resumed when the patient ‘asked if he could continue treatment, apologizing for the outburst’, saying he had managed to use female pictures to masturbate three or four times during the break ‘with a little homosexual fantasy added’. In the ninth and tenth treatment session he failed, allegedly saying that continuous illumination of the female picture was ‘disrupting’, yet he succeeded in subsequent trials, and began to report that he was able to successfully use female photographs or fantasies about women he saw around the hospital even outside the treatment sessions.

⁷⁵ Ibid., 359-360.

An alternative reading is that the patient's emotional outburst was indeed significant, perhaps not in the sense of the actual psychological mechanism of aversive conditioning itself, but certainly in terms of his obviously deep investment in the treatment being a success. The investigators' descriptions of his behaviour suggest not only an extraordinary level of sustained commitment and indignation on his part – seen in his complaints and demands – but also a tragic battle against potentially overwhelming feelings of humiliation, vulnerability and hopelessness, as well as an against-all-odds optimism in his reports of the results. The patient doesn't tell us this in his own words, but we can extrapolate from the investigators' report.

Despite plain evidence to the contrary, the investigators' belief in the technique's validity remained undiminished and their faith was supported by circular logic. They reported receiving a letter from the patient eight months after treatment saying he had not yet managed to have intercourse with a woman (his single attempt had failed), but they explained this away on the grounds that he had been unable to 'get rid of the person to whom he had sub-let his flat', despite the patient also saying his homosexual activities had continued.⁷⁶ Although he was 'technically relapsed', they protested that it was impossible to determine the causal agent for failure from a single case study, and after all, 'it was not until aversion therapy (method III) was introduced that any change in masturbation fantasy was observed' in the first place. Of course, they noted, 'heterosexual activity at the real rather than at the imaginary level would in fact be more successful in effecting a behaviour change', but this was 'the responsibility of the patient himself! Amid this circular logic, the investigators ultimately admitted that the patient had merely 'been taught to use females in a way completely new to him and more in line with the requirements of the existing social structure'. This strongly echoed the criticisms voiced years earlier by Kurt Freund. Unlike Freund, however, the Banstead Hospital investigators appear to have completely accepted this social structure: the patient would 'become well-adjusted heterosexually when he meets someone he is sufficiently fond of to marry'. They blithely dismissed the patient's worries over his persistent fantasies of 'young men and boys' with the confident supposition that these were only a problem in hot weather: scarcely a serious concern in an English summer!⁷⁷

⁷⁶ Ibid., 360.

⁷⁷ Ibid.

In my reading of the published literature, the aversive techniques used at Banstead Hospital were at the extreme end of the scale in terms of the physical demands placed upon, and the stamina required of patients. This was the same team who subjected a 22-year-old 'transvestite' patient to 68 apomorphine sessions, mentioned earlier in the chapter. That patient was also required to participate in the preparation of elaborate audio and visual stimuli. Rather than using externally sourced pornography, the investigators made their own, with the patient as the model. First, they took photographs of 'the patient in various stages of female dress' which were used to make slides, and claimed that the patient appeared to 'enjoy exhibiting himself to psychiatrists and psychologists', adopting 'a model's stance, with hands extended, arms internally rotated and one knee partly flexed'. They also made an audio cassette of the patient 'reading from a script as follows: I am.....(name). I have now put on and am wearing a pair of ladies' panties. I am.....I have now put on and am wearing a pair of ladies' panties and a suspender belt etc., until all items of clothing were mentioned'. The purpose of the cassette was to aurally reinforce the aversive stimulus 'even when the patient's eyes were closed during vomiting'.⁷⁸

As noted earlier, this patient, too, broke down, but felt compelled to put an implausibly positive spin on the results in follow-up questioning. A letter submitted to the *BMJ* by one of the Banstead investigators some years later revealed the ghastly reality that the patient had 'dressed and undressed in female clothing before a full-length mirror 400 times in six days' while receiving electric shocks to the bare feet.⁷⁹ Once again, based on their descriptions of the patient's behaviour, their interpretations appear to be at odds with the patient's experiences, or are expressed in such a way as to reinforce the patient/therapist power divide. The patient's willingness to participate in the production of the material was interpreted as enjoyment, apparently offering further proof of psychological abnormality, even though the investigators themselves emphasised the importance of using stimuli that were uniquely relevant to each individual patient. In other words, the patient's cooperation to ensure the treatment had the best chance of success was itself re-written as evidence of illness.

⁷⁸ Lavin et al., 'Transvestism', 347.

⁷⁹ J. C. Barker, 'Correspondence: Electrical Aversion Therapy', *British Medical Journal* 1, no. 5380 (15 February 1964): 436.

One other published example of electric shock being administered to the feet comes from a 1972 interview in the British left-wing newspaper *7 Days* with Jim Scott, a member of Gay Liberation.⁸⁰ Scott described how his ‘bare feet were placed on a sackcloth mat, embroidered with wires and placed on a line [sic] floor to encourage the feet to sweat (and thus facilitate conduction)’, while a nurse controlled the supply of current from behind a screen.⁸¹ Beyond this, there is no evidence to suggest that this particular variation was widespread, and bespoke equipment such as electrified floors and shoes were no doubt expensive.

Queer people were not necessarily singled out as the sole recipients of these extreme experiments. Investigators Quinn and Patten described an experiment at Purdysburn Hospital in Belfast in 1964 ‘with five severe alcoholics’, whereby electric shocks were ‘delivered through special slippers to the soles of the feet from a modified E.C.T. machine’.⁸² Queer people were, however, singled out for suspicion in terms of how they might *experience* certain aspects of treatment, especially with respect to electric shocks. J. C. Barker from the original Banstead team cautioned in a letter to the *BMJ* against do-it-yourself home booster units when treating fetishism or transvestism, on the grounds that patients might use it for masochistic purposes, a caution echoed by Bancroft.⁸³ According to Barker, it was the patient’s responsibility to ‘constantly choose’ against ‘indulging a pleasurable perversion’, and ‘his motives for cure must never weaken’ or ‘relapse’ would be certain.⁸⁴ In the same issue of the journal, Frank Whitlock made his first intervention against the use of electrical shocks in psychiatry on the grounds that the deliberate use of pain was inhumane and unethical.⁸⁵

The most common bodily points for electric shock were fingers and forearms, as was typical in alcoholism treatment.⁸⁶ In Sydney, William Rowe administered electric shocks to the back of the neck, with the electrodes probably attached with adhesive tape.⁸⁷ There are, however, more disturbing claims. Peter Todd said in 2016 that he knew people who

⁸⁰ John Hoyland, ‘The Patients: Interview with Jim Scott’, *7 Days* (1 March 1972). *7 Days* was associated with *New Left Review*. Jim Scott was later associated with the Socialist Workers’ Party.

⁸¹ *Ibid.*

⁸² James T. Quinn and James W. Patten, ‘Correspondence: Electrical Aversion Therapy’, *British Medical Journal* 1, no. 5380 (15 February 1964): 436.

⁸³ Barker, ‘Correspondence’; Bancroft and Marks, ‘Electric’, 32.

⁸⁴ Barker, ‘Correspondence’.

⁸⁵ Whitlock, ‘Correspondence’.

⁸⁶ Bancroft and Marks, ‘Electric’; Morley, ‘A Man’; Franks, ‘Alcohol’.

⁸⁷ Todd, interview, 2017; Rowe, ‘Treatment’, 638.

had had shocks delivered to their testicles.⁸⁸ A woman interviewed under the pseudonym 'Jamie' for a 2018 study in Australia reported having an electrode attached to her labia while restrained on a surgical table in the context of religious 'ex-gay therapy' in the late 1980s, when she was just 17 years old.⁸⁹ This bears a striking similarity to an account given on Melbourne's community radio station 3CR in 1976 by a woman called Jody, who said she had had 'aversion therapy' during an involuntary stay at a psychiatric hospital as a teenager, for which she was 'strapped [...] into an electric chair' while a doctor pressed a button that sent a 'shock up both of my legs to my genitals'.⁹⁰ These are disturbing reports of extreme techniques that have no parallels in the published literature. They are also the only eyewitness accounts by women I am aware of so far in Australia, aside from the interview Anne Deveson conducted with 'Jane' for her *7 Days* broadcast in 1966.⁹¹ Recent attempts to uncover the first-person stories of lesbians and queer women treated with aversion therapy in the UK have turned up similarly sparse records. Researchers Helen Spandler and Sarah Carr, supported by the Wellcome Trust, did manage to find one of two unnamed women treated at the North Manchester General Hospital in 1965, now in her 70s and living happily as a lesbian.⁹² She said she had 'voluntarily' sought help 'to change her sexuality, because she felt so isolated, ashamed and guilty'; 'I found myself willingly sitting in a chair', she recalled, 'looking at a blown-up picture of an unknown, semi-clad female and waiting to receive an electric shock' with the male psychologists all the while 'sniggering about it' and inviting her to an office 'to take pictures of me semi-clothed' (which it seems they actually did, as she has always 'wondered what happened to those pictures and worried whether they were used in other treatments').⁹³

While women patients are rare in the aversion therapy literature and first-person accounts are like 'needles in haystacks', as British aversion therapy historian Tommy Dickinson reportedly described them,⁹⁴ women-as-patients were not the only women affected by aversion therapy. Psychotherapists' case reports of treating homosexual patients, for

⁸⁸ Todd, interview, 2016.

⁸⁹ 'Jamie' in Jones et al., *Preventing Harm*, 36.

⁹⁰ ALGA radio recordings, tape 144/1, *Gay Liberation Program*, 3CR, 1976 (no specific date recorded).

⁹¹ *7 Days*, 'Love is Love: Lesbians', ATN7, Tuesday 15 February, 1966.

⁹² Helen Spandler and Sarah Carr, 'The Shocking "Treatment" to Make Lesbians Straight', blog post, 22 January 2020, <https://wellcomecollection.org/articles/XhWjZhAAACUAOpV2>. Accessed 11 May 2020.

⁹³ *Ibid.*

⁹⁴ Quoted in *ibid.*

example, typically (almost to the point of cliché) include wildly optimistic reports of encouraging their patients to try to have sex with their girlfriends, fiancées and wives. In some cases, there is some indication that these women were let in on the secret, but this is an exception; most of them would have been blithely unaware of their pivotal role in a theatrical play they had no knowledge of. In other cases, however, their participation was explicitly built into the treatment structure, or they were by default involved because the marital pair had sought advice for sexual problems together. Freund, Bancroft and McConaghy all report on the wives of their patients and their marriages. Bancroft included a discussion of whether marriages had improved, though it seems he relied upon patient reports of their wives, so what we have, in reality, is a psychiatrist's tertiary rendering of a secondary report from a patient about the patient's wife's feelings.⁹⁵ Hardly reliable. By contrast, Freund's team in Prague conducted face-to-face follow-up interviews with at least ten of their patients' wives, asking them directly about their feelings and sexual satisfaction; this enabled the Prague team to develop an overview of types of marital relationships their Kinsey 4 and 5 patients were involved in, from marriages of convenience to genuine romantic unions. The actual interviews were conducted by a female member of the team, Vera Březinová, and the results presented in early 1958 to the 5th Congress of the German Society for Sex Research in Vienna.⁹⁶ The Prague project was unique in interviewing the women themselves.

Jody's account, read out on air during the 3CR broadcast, was more or less the same paper she had presented the year before in 1975 to the Women and Madness Conference held in the Union building at the University of Melbourne. In a review of the conference in *Tharunka* student magazine at UNSW, the authors, who had travelled to Melbourne to attend, picked out Jody's presentation as a highlight:

One woman related her own experiences of aversion therapy. Because she was a lesbian she was sent to a mental institution and given aversion therapy without her consent. She was shown pictures of two women making love. When her pulse increased with excitement she was given electric shocks to her genitals. As a result

⁹⁵ Bancroft and Marks, 'Electric', 32.

⁹⁶ Freund, Pinkava, and Březinová, 'Eheschließung'.

of the treatment she can no longer reach orgasm. Not to mention what it has done to her emotional stability.⁹⁷

She reported that, as a 13-year-old, she was referred for psychiatric treatment by her parents for dope use; once in hospital, staff discovered that she was homosexual and, apparently believing that her lesbianism was the cause of her dope addiction (echoing the idea popular among psychoanalysts in the 1930s that alcoholism was a result of sexual perversion), began subjecting her to what she called ‘aversion therapy’ for that. She states that she was strapped down and was issued with electric shocks, ‘up both of my legs to my genitals’ and up her arms to her neck. Jody’s description of this extreme procedure differs substantially from just about every other account I have found so far. Certainly it seems that the medley of methods and treatments she experienced included elements of aversion therapy. One possible explanation is that she used the term ‘aversion therapy’ more like the term ‘conversion therapy’ is used today: as a description of any procedure Jody felt was aimed at extinguishing aberrant desire, within a broader set of psychiatric goals. Another is simply that one person’s experience of something does not always match the perceptions of others.

In some ways it seems odd to attempt to chart a spectrum of extremity when it comes to aversion therapy procedures. Human experience is subjective. Moreover, the mechanics of the treatment procedure are not the sole determinant of how different patients experienced and remembered their encounters with aversion therapy. At the same time, the relative level of patient agency, the relative amount of pain used and the relative level of informed consent did play a role. Patient involvement in setting the intensity of electric shocks was a key factor distinguishing some practitioners from others, and often had an impact on the extent to which patients were traumatised by their aversion therapy experience. McConaghy, for example, required patients themselves to set the level of intensity of electric shocks. In a 1972 interview with the gay magazine *William & John*, he was at pains to emphasise that the electric shock should be used ‘at a level that the patient finds painful but NOT unbearable’ and ‘not so as to cause any emotional upset’, elaborating that the intensity should be the same as that used in ordinary experimentation and training, including by psychology students as part of their course.⁹⁸ As Fabian

⁹⁷ Fran, Kathy, and Lyndall, ‘Going to Pieces: Women and Madness Conference’, *Tharunka* (Wednesday 20 August 1975): 10.

⁹⁸ Delaney, ‘Aversion’, 7.

LoSchiavo attested, he had to tell McConaghy ‘on a range of nought to ten was it this painful or that painful’.⁹⁹ An almost identical approach was taken by Bancroft and Marks, who reported that the level of shock used in their experiment ‘was decided by the patient, who was asked to indicate a level which was unpleasant enough to remove any pleasure from the deviant situation, yet not so unpleasant as to make the treatment intolerable’.¹⁰⁰ A psychiatrist interviewed for the same edition of the British Communist Party paper mentioned above stated that the shock was ‘calibrated so that it’s below the threshold of what hurts’: ‘you have to do some test runs and when he says Gosh, that hurt, then you turn it down a bit and that’s the level you use’.¹⁰¹ He also said he had ‘put the electrode on myself, and there’s no question about it – it *does* hurt’.

By contrast, William Rowe’s patients had no say in the matter. Unlike other practitioners who used *either* electric shock *or* apomorphine, Rowe used them in combination so as to deliberately cause ‘the maximum discomfort compatible with attention’ since ‘too much vomiting’ caused the patient to become ‘inattentive and [lose] concentration’.¹⁰² His patients were subjected to this ‘maximum discomfort’ twice a day in two-hour sessions for the first week, and thereafter in weekly follow-ups ‘using both homosexually and heterosexually orientated films and slides, and delivering an unpleasant electrical shock by a terminal attached to the neck (from a 9-volt battery), when the homosexual material was screened’.¹⁰³ At no stage was Peter Todd ever asked by Rowe about the level of shock, nor his feelings about the films and slides being used, and this enforced passivity and lack of agency seems to have been a contributing factor to what he began referring to as his ‘post-traumatic stress disorder’.¹⁰⁴

These examples demonstrate not only the divergent interpretations of ethical practice on the part of practitioners and the wide spectrum of techniques from the extreme to the more moderate. They also demonstrate the broad range of patient collaboration and agency required. On top of basic physical, emotional and psychological endurance, aversion therapy was a method of treatment that, in order to proceed at all, usually

⁹⁹ LoSchiavo, interview, 2017.

¹⁰⁰ Bancroft and Marks, ‘Electric’, 796.

¹⁰¹ John Hoyland and John Mathews, ‘The Therapists: Interviews with Two Psychiatrists’, *7 Days* (1 March 1972).

¹⁰² Rowe, ‘Treatment’, 638.

¹⁰³ *Ibid.*

¹⁰⁴ Todd, interview, 2017.

necessitated patient action in various forms such as operating and controlling buttons, levers and slide projectors, the selection and creation of stimuli to be used, keeping diaries and other accountability measures such as reporting to third parties, or even involving wives and girlfriends. Yet the inclusion of the patient in determining the therapeutic infrastructure was no guarantee that patients would not experience the treatment as negative, harmful and traumatic. Some therapists played explicitly with patient agency, lying to patients by telling them they were in control of the slide projector and could press the button to remove a slide in order to avoid an electric shock – known as the ‘anticipatory avoidance’ technique – only for the patient to discover they had been tricked and that electric shocks were instead delivered at random by the therapist. The purported goal was to test whether the technique had any conditioning effect. From the perspective of patients, however, being kept in a state of constant unknowing and on high alert was exhausting. As ‘Jeff’ (Jeffrey Hill) reported about his experience with McConaghy,

I was always clicking away at this button to get rid of the slide before I was given a shock. Sometimes, however, a slide would remain up, then I’d get a shock. Of all the aspects of the treatment that was the most nerve racking [sic]. I’d be clicking away desperately at the button to get rid of the slide but it would stay and then whammo the big shock. After 40 minutes of that sort of thing I was washed out with anxiety.¹⁰⁵

In their own words: ‘I may as well have been going to a porn show!’

So far the discussion of patient perspectives, motivations and experiences has focused mainly on what can be gleaned from reports written by those administering the treatment. Using a methodological workaround I have developed based on the work of Arondekar, Stoler and Scheer, I have proposed mining the published psychiatric literature for patient perspectives by paying attention to descriptions of their ‘emotion practices’, even and especially when the psychiatrists’ interpretations of these behaviours seem to contradict the emotions they represent. Fortunately, however, we needn’t simply take the psychiatrists’ word for it. As the above quote from Jeff demonstrates – along with the voices of Fabian LoSchiavo, Peter Todd, ‘Paul’, Henry Tunbridge, Jim Scott, ‘Jamie’ and

¹⁰⁵ ‘Jeff’, ‘Aversion Therapy: New Twists on a Shocking Old Tale... Electricity Makes Life Harder for Queers’, *Gay Rays*, December 1972.

Jody we have heard from so far in this chapter – patient accounts, when they can be found, typically reveal radically different, and sometimes surprising, perspectives from those of the practitioners. And they can be found: I have tracked down numerous first-person accounts by former patients in oral histories, contemporary interviews, printed articles in the gay and alternative press, intelligence reports and other sources. They reflect a broad range of patient responses encompassing not only trauma but dogged determination, opportunism, amusement, ridicule, outright contempt and even feelings of personal growth.

For Peter Todd, the experience of aversion therapy left him feeling ‘dissociated, and emotionally blunted and numb’.¹⁰⁶ He was not suffering from any emotional difficulties before the treatment, but once he left he slid into an ‘*extremely* severe depression with suicidal ideation’ for a period of five years.¹⁰⁷ Todd was treated by William Rowe in his private clinic at North Shore Medical Centre in Sydney in 1966 and 1967. This makes him one of the earliest, still-living patient-witnesses to homosexual aversion therapy in Australia. He was referred to Rowe, a self-described ‘conservative Catholic’, by a Catholic priest during confession at St Patrick’s church, nestled just beside the ramp to the Sydney Harbour Bridge, a short walk from Circular Quay. At the time of his treatment, Todd was studying psychology part time at Sydney University while training in athletics, weightlifting and competitive physique (bodybuilding). He was also considering joining the priesthood at the suggestion of a Jesuit priest, who insisted that such a strapping young athlete couldn’t possibly be homosexual.

Strapping or no, for two years Todd attended weekly sessions with Rowe for almost two years, during which he was subjected to an eclectic cocktail of psychoanalytic psychotherapy, aversion therapy and Stilboestrol (oestrogen hormone). ‘I’d been a very good athlete’ he recalled in 2017, and ‘experienced this as a very painful insult to my bodily integrity’.¹⁰⁸ During the sessions, Todd was made to watch films of ‘men walking around in costumes [...] carrying apparently phallic objects in their hands like spears’ (which he ‘frankly found quite boring’¹⁰⁹) while Rowe sat behind him saying ‘you are finding what you are looking at repulsive, repugnant, hideous, disgusting, you will take

¹⁰⁶ Todd, interview, 2017.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

no pleasure in it any longer’, and without any ‘attempt to measure whether I was having any erectile response [...] I just got the electricity zaps randomly’.¹¹⁰ From what he remembers, it ‘was very painful. I don’t know what the voltage was but I can tell you it wasn’t a mild shock; it was really nasty’.¹¹¹

Todd described Rowe as ‘cold and glacial’: ‘He didn’t convey, at any level that I can recall, any empathy, even though I was actually almost crying out in pain from the shocks’. Rowe continuously verbalised ‘statements that were grossly humiliating, and designed to induce in me feelings of shame and hatred of this sickness which would be “sending you to hell”’ and ‘kept referring to the Church’s teachings’.¹¹² Despite Todd’s own piety, and his sense of duty as a penitent, he became increasingly sceptical of Rowe’s credentials. As a psychology student, Todd suspected that Rowe’s grasp of Freud and Jung was rudimentary at best, observing the way he misused terms like ‘transference’, and that his understanding of radical behaviourism was not much better. At last he stopped the treatment because he had ‘observed no shift, either in my behaviour or inner life of fantasy [...] so I thought, “no, this is just not working”’. He suggested to Rowe that ‘maybe we should review what we’re doing’, at which point Rowe ‘became quite angry, and shouted at me and said, “Actually, you’re not compliant enough; you’re failing the treatment”, and that was the last time I saw him. I got up and walked out’.¹¹³

Todd’s description of his recovery echoes the ‘trial by fire’ idea expressed by Fabian LoSchiavo. Although he had disclosed his sexuality to his family about a year before treatment (his mother ‘collapsed in a hysterical fit’), including a discussion with his aunt Bronte Pulsford, a psychiatrist in Adelaide, who advised him he would have to live the rest of his life being satisfied with masturbation, Todd did not discuss the treatment with them.¹¹⁴ Nor did he talk to any friends or fellow athletes about it, much less anyone in the Sydney University Psychology Department, fearing that it could have a negative impact on his grades. Once he had stopped treatment, he had a year or two of feeling ‘emotionally disconnected’ from himself and ‘most other people’, followed by a ‘descent into a Dante-esque inferno of torment and depression’: only ‘what was left of my Catholic

¹¹⁰ Todd, interview, 2016.

¹¹¹ Todd, interview, 2017.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Todd, interview, 2016.

faith and [a] belief that I had a future and meaning to fulfil in the world prevented me from actually acting upon those suicidal urges’ and eventually he emerged ‘a rather different person, much more wholly integrated, very solid in my sense of self-identity’.¹¹⁵ Ironically, it was also his Catholic faith that had kept him in for so long. Todd’s almost two years of aversion therapy treatment is by far the most prolonged example I have come across. He trusted Rowe because he ‘trusted the source of the referral’ – his priest. He therefore had a dual process going on of questioning Rowe’s credentials but at the same time feeling committed to the process because of where the referral had come from. His investment in making it work kept his contempt in check.

Other patients reached feelings of contempt much more quickly, perhaps because their encounters with psychiatry were less intermingled with religious faith – both in terms of their own world views and inner feelings and those of their therapists. For some, the encounter was overwhelmingly pragmatic or it was immediately clear that it was not what they were looking for. Their experiences of aversion therapy are therefore remembered more as something to scoff at than as something that left them deeply scarred.

Henry Tunbridge underwent a brief stint of aversion therapy with the psychiatrist Dr Wright-Short in 1967. It was his Honours year at Sydney University and ‘a fairly turbulent time’.¹¹⁶ He ‘enjoyed escaping to the bars & beats’, but was also seriously dating a woman called Susan and felt he ‘needed & preferred female company’; he even fantasised frequently about sex with her, yet somehow ‘never wanted to consummate the relationship’. This ambivalence about his sexuality was causing considerable anxiety, and he was having some difficulties with his parents. On top of everything else, he had recently been to court to testify – in vain – as a witness for a close friend who had been called up for conscription to Vietnam and come out as a conscientious objector, when his own call up came. ‘I was in no state to go into the army’, he recalls. He presented to the student health clinic at the edge of campus near Parramatta Road and was referred to Wright-Short, but their patient-doctor relationship was short-lived. Wright-Short seemed ‘more interested in the process’ and to believe that ‘if he could suppress my homosexual feelings, all else would follow’.

¹¹⁵ Todd, interview, 2017.

¹¹⁶ Tunbridge, 25 April 2020.

Right from the start, I was never convinced of this. I found the pictures he used were almost comically stereotypical, especially the females. He would inject electric shocks with the male photos. Come to think of it, I can't recall what these were.¹¹⁷

Looking back, Tunbridge says he wasn't angry with Wright-Short because he 'wasn't invested in his therapy' and 'didn't hang around long enough to experience that resentment & anger' – 'I saw him for a few sessions & quickly decided what he had to offer was not for me', so he simply 'disengaged'. Moreover, he 'was no longer facing conscription & had no desire to continue with him'. This did not mean Tunbridge abandoned therapy altogether; he went looking for something else. He found it in Dr Marie Bashir, a newly qualified psychoanalyst based at Broughton Hall (Callan Park), who helped him 'to find a stronger self-concept, greater confidence & self-esteem'. A year later he was in full-time work, forming new relationships, including with women, and by 1969 he was also once again enjoying the bars and beats with his childhood friend Jeffrey Hill, Jeff's boyfriend John Lee, and Tony Crewes. Together they set up a shared house in Randwick and by 1970 they were all members of CAMP or Gay Liberation. Bashir, whom he continued to see for six years, never conveyed the view that homosexuality was a disordered state, for which he 'will always be grateful' to her.¹¹⁸

Dennis McManus was also treated by Wright-Short, in 1968, but his encounter was even briefer, lasting just three sessions.¹¹⁹ Like Henry Tunbridge, he didn't bear a grudge, but for different reasons. For McManus, the process was more like an awakening. His motivations for seeking treatment were similarly broad. He was 'stressed out about university exams' and had been prescribed Valium by the doctors at the Sydney University medical centre after 'presenting as someone who was really in trouble'. On top of that, he felt 'isolated' about his sexuality and recalls that 'like a lot of people at the time, the concept that I might be gay, I thought, well I've got to do something about this', so they referred him to Wright-Short, who by this time was working from a private practice suite at the North Shore Medical Centre (coincidentally the same building as Rowe).¹²⁰ McManus was living in Blacktown, on the western edge of Sydney, and working

¹¹⁷ Ibid.

¹¹⁸ Ibid.

¹¹⁹ McManus, interview, 2010.

¹²⁰ The North Shore Medical Centre, located at 66 Pacific Highway, St Leonards, is a seven-storey, orange-brick, post-war modernist building. Then as now, its rooms are leased to numerous private practice clinics.

full time as a public servant in the city centre. This meant travelling one and a half hours by train to attend aversion therapy treatment sessions with Wright-Short before starting work punctually at 8:45 am each day, which proved difficult:

If you were late three times, you'd have to explain yourself to the boss, Frank O'Neill. And he asked me about where I'd been, and I said 'I can't tell you', and he said 'Well why can't you?' and I said 'Well, it's private; I don't want to discuss it.' And what was happening was, I was going to these sessions at 7 o'clock in the morning, from Blacktown! [...] going to North Shore, so you had to go across the Harbour Bridge – God knows how I did all this – and then get on the train and come back.¹²¹

But there was an 'upshot' for all these exertions: a welcome introduction the world of gay porn. The treatment was 'unpleasant', but overall left him feeling more excited than downtrodden:

they were very simplistic things; you had these electrodes on both fingers, and he would show you a slide show [...] and there would be heterosexual and gay slides, and of course when the gay ones came up he'd administer the shock. [...] I don't know what shock it was but [*laughs*] it wasn't very pleasant – but the upshot for me – it was just ridiculous because I'd get back to the railway station and I'd think, 'Oh my God! That's fantastic!' because I hadn't seen any gay shots like this in my life before [and] it made me even more interested in men [...]! So much for aversion!¹²²

According to his tax records for the 1967-68 financial year, McManus paid a total of \$24 (\$8 per session) for the privilege. This was a good deal cheaper than the \$492 (about \$13 per session) he paid the following year for nine months of weekly psychotherapy with Dr Winifred ('Winnie') Childs in Randwick, who was suggested to him by a close friend. Childs 'was quite helpful' and by the time he stopped seeing her in June 1970, he had moved out of home, felt more settled, 'was meeting guys' and thought he'd 'just make the best of it', just in time for the 'whole business' with CAMP and Gay Liberation. He later participated in protest actions against aversion therapy. Looking back, he says he 'wasn't holding a grudge or anything', but 'certainly didn't want other people to go

¹²¹ McManus, interview, 2010.

¹²² Ibid.

through it’, and was aware that there were likely ‘plenty in the profession thinking that this was barbaric [...] but also stupid!’ His own experience of aversion therapy, however, was ‘totally the opposite; I may as well have been going to a porn show!’

The shortest encounter with aversion therapy, however, was that of Dino Hodge in 1975, who attended one single session with the psychologist Dr. A. E. (‘Gene’) Whitford.¹²³ Whitford was the chairman of the South Australian branch of the Australian Psychological Society, who had been quoted in the newspaper in 1972 saying he had treated ‘more than 50 homosexuals’.¹²⁴ Hodge, then just 17 years of age, was referred to Whitford by a counsellor at the Adelaide Central Methodist Mission (later UnitingCare Wesley Adelaide Inc.), who – curiously – was herself living with her female partner. This was odd, because Hodge was not seeking ‘help’ with his sexuality, but guidance and strategies in dealing with homophobia. Nevertheless he made a booking for a one-hour appointment with Whitford. He remembers having electrodes attached to his hands via a metal ring worn on the finger, which was attached to electrical wires connected to a machine that issued electric shocks. In a darkened room, Hodge was shown slides of still pornographic images of men and women in random sequence while Whitford sat behind him and delivered electric shocks each time a man appeared. He remembers thinking that the session did nothing to meet his presenting concerns. He left feeling confused that a professional in the so-called mental health system would subject him to an obviously harmful intervention, and annoyed that he had to pay for it. Looking back now, he recalls that he didn’t have the language, capability or confidence to express his dissatisfaction. At the end of the session he decided not to return, and left in contempt. Some years later, at a gay community social event, he confronted the counsellor who had referred him, who conceded the referral had been inappropriate.

Hodge had two more encounters with the psychological establishment following his interaction with Whitford, neither of which were any more satisfactory – indeed, they were arguably worse. He enrolled at the University of Adelaide that same year and presented at the Student Health Service with the same request for guidance on dealing with homophobia, which was a continuing problem in his student cohort. He was referred for counselling to the Student Health Service’s psychiatrist who, coincidentally,

¹²³ Hodge, personal communication, 18 August 2018.

¹²⁴ ‘SA Aversion’.

was a ‘homosexual’ although he never disclosed this himself. The only advice this man offered was ‘do not tell anyone, complete your course, and live your life quietly’. Hodge completed the academic year, but did not return to university until 1978, when he again sought support and guidance in dealing with homophobia. Again he saw a professional psychologist – another homosexual man. This time, however, the psychologist seduced Hodge, which left him feeling let down, taken advantage of, and upset about his treatment. It turned out that this psychologist had a reputation for seducing many of his young male patients and was later the subject of a formal complaint. This narrative is an object lesson in how the psychological and psychiatric establishment as a whole – not just the aversion therapists – repeatedly failed Hodge, whose demands were minimal.

Unlike Hodge, who walked away from aversion therapy in immediate contempt, and McManus and Tunbridge, neither of whom carried the weight of their brief encounters around with them for long, Todd was more deeply scarred by his prolonged experience with Rowe. One difference is that Rowe’s methodologically jumbled and moralistically framed approach differed greatly from Whitford and Wright-Short, who viewed behavioural therapy as a pragmatic, stand-alone, and largely mechanical method. However, this [simplistic] distinction is complicated by the first-person accounts of those who underwent aversion therapy with Neil McConaghy. In Peter Todd’s view, McConaghy’s set up was more ‘sophisticated’ than Rowe’s.¹²⁵ Todd formed this view when, several years after ending his treatment with Rowe, he was working at Prince Henry Hospital and happened to bump into McConaghy’s clinical assistant, Alex Blaszczyński, whom he knew from another context. He asked Blaszczyński to show him McConaghy’s aversion therapy laboratory and equipment and noted in particular their use of the plethysmograph, which suggested a methodologically advanced framework. This of course was no prophylactic against trauma, irrespective of how patient-centred McConaghy believed his approach to be, and his patients certainly didn’t view his methods as exceptionally ‘scientific’.¹²⁶

Four first-person accounts by McConaghy’s patients, given in varied formats and at different times, present a unique opportunity for comparison: ‘Kevin’, whose interview with Sue Wills for *Camp Ink* in October 1972 was the first account by an aversion therapy

¹²⁵ Todd, interview, 2017.

¹²⁶ See Chapter 4 for a discussion of McConaghy’s brand of ‘humanism’.

patient in Australia ever printed; Jeffrey Hill, whose written account of having treatment in 1969 – while living in a shared house with his boyfriend John Lee, Tony Crewes, and Henry Tunbridge – was first published in December 1972 in the Melbourne Gay Liberation paper *Gay Rays*; Fabian LoSchiavo, who has described his 1973 experience in numerous oral history and radio interviews; and ‘Michael’, treated in 1965 at the age of 22 but first interviewed about it in 1975 by *Gay* editor Barry Lowe.¹²⁷ The dates of LoSchiavo’s and Hill’s treatment are confirmed by McConaghy’s appointment diaries and treatment log books, whereas Michael used a fake name and address.¹²⁸ Like the man in Surrey UK, all four accounts show remarkable proactivity: determination to access treatment, extensive travel and accommodation arrangements, and careful negotiations with friends and family; notably there were no costs involved, because it was through a public hospital. They also confirm one another’s and McConaghy’s descriptions of the procedure, including his claims to allow patients to select the slides they liked most, and to involve them in setting pain thresholds, yet they didn’t simply accept it passively, and Kevin’s, Jeff’s and Michael’s recollections are laden with bemused scoffing and bitter criticisms of the procedure, of McConaghy and his staff, and of the whole concept.

Like most of McConaghy’s patients Michael was referred by another psychologist. In his interview with Barry Lowe he explained how he had sought help because he was having trouble understanding his relationships; he was living with a steady girlfriend of two years, the latest in ‘quite a succession’, but had fallen in love with a close male friend and couldn’t understand why his advances were being pushed away. It was the first time he had felt ‘really deep adult-type longing for a particular person’. Yet he also disclosed how, throughout his life, people ‘quickly drifted away after they heard what I was like’; he doesn’t use the words ‘isolation’ or ‘loneliness’, but this remark is strongly suggestive of social anguish. He didn’t consider himself sick, but ‘wasn’t coping’ and went to see his university psychologist, who said ‘I know the best thing for you – McConaghy at UNSW has got a treatment exclusively for your complaint. I’ll contact him and you can do the rest.’¹²⁹ Michael made careful and deliberate arrangements to conceal his plans. Sitting in

¹²⁷ Sue Wills, ‘Intellectual Poofter Bashers’, *Camp Ink*, October 1972; Jeff, ‘Aversion Therapy’; Jeff, ‘Steel Prick: Aversion Therapy, New Twists on a Shocking Old Tale’, *The Act*, 1973; Hodge, *Fall Upward*; LoSchiavo, interview, 2012; LoSchiavo, interview, 2017; Clare Wright, ‘The Ruins of Science’, *Shooting the Past*, ABC RN, 22 January 2019; ALGA, *Gay Waves*, 30 July 1981; Lowe, ‘Mind-Fuck’.

¹²⁸ NMArch-3/9, appointment diaries 1957-1993; Lowe, ‘Mind-Fuck’. Barry Lowe cannot recall the man’s name either. Barry Lowe, personal communication, 14 April 2020.

¹²⁹ Lowe, ‘Mind-Fuck’, 5.

the pub with his friends as they celebrated the end of exams and the start of the university break, he explained his suitcase by saying that he ‘was going home to the country for a week’. Instead, he took a bus across town to the hospital, where he provided staff with bogus names and addresses of his next-of-kin.¹³⁰

Michael’s descriptions are remarkable for their richness of sensory description. In the interview, he provided an extremely detailed, step-by-step explanation of his admission to hospital, the pre-treatment preparations, and the plethysmograph assessment test. He noted that he was hospitalised in a private room, because ‘you couldn’t treat “it” in the public ward’, and was examined and shown around by ‘very friendly’ doctors and nurses. The following morning he was taken to another building for the plethysmograph test, where a ‘thin Englishman’ took him into a laboratory with ‘giant machines with knobs and dials, a chair in the centre of the room facing a film screen, a movie projector sitting on a hospital trolley and another trolley next to my chair loaded with sticking plaster, fingerstalls, scissors, etc. [and] rolls of graph paper’. Early on, Michael’s experience was a stark contrast between emotional alienation and physical nearness: ‘The man didn’t introduce himself but when I asked him he said he was a doctor helping McConaghy. He asked me to sit in the chair and take out my penis’. There follows an almost identical description to that given by McConaghy of his simplified version of the plethysmograph: the doctor ‘took a finger stall and cut the tip off, then slid the stall over an aluminium cup [...] The other end of the cup was connected to a tube which ran into one of the machines behind me’, while pads were attached to his fingers to record galvanic skin responses. The lights were switched off and the film started – the travelogue of London interspersed with triangles, circles, and images of men and women, undressing, naked, or towelling themselves. Michael seems to have been aware of what was being tested: ‘Clearly I was supposed to learn to react to the symbols before the people appeared. The anticipation of something sexually pleasurable would cause my prick to stiffen’ and push air down the tube to be recorded on the graph paper. Yet he was also sceptical when, once his ‘baseline emotional reactions’ to the film were established, the cup and wires were removed and he was shown a large collection of coloured slides and asked to ‘pick

¹³⁰ Ibid., 6.

out the ones I was most excited by'; this seemed absurd, because surely the doctor 'could have told me which ones I liked if I WERE STILL WEARING THIS APPARATUS'.¹³¹

Most evocative is Michael's description of the aversion sessions with apomorphine, which were conducted in his private room. After the procedure was explained, he was given his first injection by a male nurse, who put a basin next to his pillow 'just in case you are sick' and pulled down the blind, 'which began to flap madly'. He was then left alone

with the projector whirring, the blind flapping; I had begun to sweat heavily and salivate. I began to feel as though I had been punched in the stomach. The blind rattled but I only had what I estimated to be another minute before I was violently sick so I couldn't waste time by fixing the blind when I hadn't even viewed my first slide. This was a big moment as I switched on the first pretty boy. I couldn't think of anything more than 'I hope I don't get sick'. I vomited within three seconds, dry retched for half a minute then passed out.¹³²

When he came to, the slide of the 'pretty boy' was still up on the screen, which Michael described with gentle affection as his favourite of all the slides: it was 'a dark-haired young man [...] lying on the carpet in a lounge room [...] nude and [looking] up into the eyes of another man. [...] He had his hand on the leg of this other man and I felt that there was a warmth between them'. It was his favourite because of this warmth, and because the man lying down reminded him of the friend he was in love with. Interviewer Barry Lowe picked up on this, asking whether the slides were 'porno or romantic' and speculating on whether the treatment was designed to condition patients 'away from the romantic notion of homosexuality as well', yet Michael was circumspect, saying there were also other more pornographic slides which he found 'exciting'. He doubted they knew why that slide was his favourite, although he also feared embarrassment in case the nurses accidentally saw 'what delicious men were on the screen and they'd know what turned me on'.¹³³

Michael said he accepted the referral because McConaghy was 'considered the best psychologist [sic] in Sydney'. Yet even in the middle of the process, he found himself

¹³¹ Ibid.

¹³² Ibid., 7.

¹³³ Ibid.

submitting a list of suggested improvements to the procedure based on his subjective experience as the patient involved, especially concerning the dosage of apomorphine and lack of positive reinforcement (which McConaghy did not introduce until later in the 1960s). Every day it was the same: ‘being injected, vomiting, being unconscious, awakening and being injected [...] with the blind flapping’, yet he never made it past the third slide. Yet the dosage was never dropped. Michael angrily scoffed at the impression the staff had that he was trying to deliberately avoid unpleasantness: ‘they didn’t believe I was cooperating with them to get the strongest feeling coupled with nausea, but not vomiting [...] For five days it was “roll up your sleeve” six times a day and nobody would listen’. In fact the opposite was true. ‘Christ!’ he exclaimed, ‘I wouldn’t sabotage my efforts to act cured after going this far, would I?’ Michael said he ‘sincerely believed’ he couldn’t cope as a homosexual and was ‘desperate for a cure’, yet his complaints and suggestions were effectively ‘torn up’.¹³⁴

This account completely undermines McConaghy’s oft-expressed belief that his procedure was patient-centred. Michael warned gravely, ‘if he was wrong with us then, he could be wrong again now in thinking he knows what he’s doing’, yet there is a remarkable lack of vitriol in Michael’s words. Rather, he seems to have concluded that McConaghy and his team were clueless, and even admitted to having tricked them on the final plethysmograph test – to the incredulity of Barry Lowe: ‘What!! They made no check?’ – by having his eyes closed. He had realised that the treatment was ‘farcical’ and had even ‘wanked over the fantasy of a schoolfriend with incredible ease’ the night before he was discharged, which he remembered as being a ‘particularly satisfying moment’. The team on the other hand ‘saw the whole thing as a success [and] seemed happy enough to have cured me in six days’. He lost a lot of weight during the week, but the only residual effect that stayed with him was a feeling of nausea whenever he used a hand-operated slide projector.¹³⁵

Michael’s account resembles that of Dennis McManus: he found it ridiculous on the one hand, but walked away much more educated about porn than he had been prior to treatment. He described how the slides depicted ‘positions and sights of beautiful people the likes of which I had never seen before’ and he found this enlightening.¹³⁶ The same

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

sense of wonder and enlightenment was felt by LoSchiavo, who said that when the moment came for choosing the slides, every possible representation of the male image was there – ‘from tiny boys [some as young as ten] to big black American muscle builders’.¹³⁷ On the other hand, most of it was ‘very dated’, and this was also true of the women in the film, whom LoSchiavo humorously described as reminiscent of ‘Annette Funicello or Connie Francis, but naked!’¹³⁸ Jeffrey Hill was much more scathing about this, saying there was ‘a complete derth [sic] of imagination’ in the slides of ‘slutty girls with hair piled up into beehives reclined naked on furlene [sic] rugs. Some pouted with their lips, others hinted at the delights of their vagina with their hands’ which he found represented a ‘low-brow corny idea of erotica, big boobs, the works’.¹³⁹ The male slides were no better, ‘a dreary line-up of boring to ugly men flashing erect or half erect cocks’; Hill seriously doubted that this ‘third rate porn’ was going to make him a better person, and he ridiculed McConaghy and his team for their evidently ‘limited experience and imagination with erotica’ – ‘being an academic I suppose is the excuse’.¹⁴⁰

These comments by Jeffrey Hill contain a bitterness that is missing from the other accounts. Whereas Michael and LoSchiavo looked back with amused, if dismissive, scepticism, Hill describes how, over the months following his course of treatment, his ‘immediate strongly felt aversion to McConaghy solidified into a low burning hate’, and this is the tone that shapes his 1972 memories of his 1969 experience.¹⁴¹ Part of the reason may be the fact that he had anticipatory avoidance conditioning, explained in the previous section. Yet he also observed that McConaghy and the assistants operating the machine ‘weren’t that familiar with the thing’ because ‘on several occasions I got shocks when female slides were upon the screen; “Whoops sorry about that”’.¹⁴² He described the electric shocks as ‘painful in a grating, irritating way. All the nerves, teeth were set jangling’, and though he was highly stressed about when he would get a shock, what came up on the screen didn’t seem worth the trouble. According to McConaghy’s log books

¹³⁷ LoSchiavo, interview, 2012.

¹³⁸ LoSchiavo, interview, 2017.

¹³⁹ Jeff, ‘Aversion Therapy’.

¹⁴⁰ Ibid.

¹⁴¹ Ibid., 7.

¹⁴² Ibid.

for Study II, Hill received shocks at a minimum voltage of '9' on his first day of treatment, increasing to '13' on Friday.¹⁴³

Long before making contact with McConaghy, Hill had been overwhelmed by a sense of dissonance on multiple levels: cognitive, emotional and sexual. After nine months of frolicking in the 'camp scene', he suffered a 'week long paroxysm of emptiness and despair'; he became consumed by the fear of never being able to have children, feel human warmth, or have real emotional connections, so he attempted to go straight – even trying to masturbate to heterosexual fantasies. He only sought psychiatric treatment when his own 'internal conditioning' attempts didn't work. Initially hoping to please his parents, Jeff became extremely persistent in his attempt to get help. He saw five psychiatrists before ending up with McConaghy, and only obtained the referral after repeated requests to his fifth psychiatrist: 'I told him I had heard of electrical aversion therapy and that I wanted it'. However Hill also noted the 'great incongruities in the different messages he was giving', what today might be called a total failure of the psychiatrist to uphold his duty of care: 'At times he pointed out that homosexuals could be happy and even took pains to impress this on me, yet in the end I was referred to Dr. McConaghy'.¹⁴⁴

An indication of Hill's optimistic anticipation about the treatment and meeting the notorious McConaghy can be gleaned from his disappointment about his initial interview, which was not conducted by McConaghy himself, 'but some laconic doctor-technician who only wanted to ask very business-like questions about my sexual history [...] A tremendous let down'. Although they both agreed he would have treatment, there was to be a delay of several months, and Hill 'felt that the man didn't care one bit about me personally'. The questions he asked 'about the likelihood of being cured; what precise form the treatment took; was it painful [...] appeared unwelcome and received vague short answers'. Several months later he arrived for admission to Prince Henry's Hospital on a Sunday night, but after his week of treatment he said 'I certainly didn't emerged as a new heterosexual, non-deviant me', yet he was also aware that the statistics only gave him a 'fair' chance of success anyway. 'Wending my way out of that hell-hole I couldn't

¹⁴³ NMArch-7/9: Logbooks: Study A-Homosexual, Study D/Homo Study III, Studies I, II, III, untitled.

¹⁴⁴ Jeff, 'Aversion Therapy', 6.

have given a stuff', he wrote bitterly, and went 'straight home to my love and into bed. Human warmth never felt so good'.

Astonishingly, the 'love' Hill was referring to here was his boyfriend, John Lee. As noted above, at the time of his treatment, Hill was living in a shared house with Lee, Henry Tunbridge – veteran of aversion therapy with Wright-Short – and Tony Crewes. Incidentally, Crewes himself had also seen Wright-Short in 1968 when he was going through a difficult period and sought 'what would now be called "counselling"'.¹⁴⁵ Though 'pleasant, WS saw everything through the prism of sexuality' and claimed to Crewes that aversion therapy was 'the only thing that works'. Crewes wasn't interested in changing his sexuality but sought life guidance, which Wright-Short 'saw as beside the point', so he never went back and never bothered seeing another psychiatrist either.¹⁴⁶ Crewes remembers the day Hill came home from his week at Prince Henry:

The day Jeffrey was due home we were all a bit anxious about what we'd find - as we had not been allowed to visit while he was under treatment. Virtually as soon as he came in he went off to the bedroom with his boyfriend, John, and they had sex! I was much relieved and it re-inforced [sic] my cynicism about this 'treatment'.¹⁴⁷

Here we can see, as in the stories above, that when patients did inform their friends and loved ones the ripple effects of treatment can be seen in their reactions too. Crewes and Tunbridge remember Hill as a reserved person who would mostly have confided in Lee, but he did discuss it a few times with Tunbridge, describing the feeling of 'brac[ing] for the shock' as 'tortuous'; he was 'contemptuous of the whole process' yet also 'a bit scarred by it mentally – it was a bad place in his memory'.¹⁴⁸ Though Hill and Lee's relationship was 'intense and fractious' (in Tunbridge's words), the more 'vulnerable' Lee himself was also deeply affected by it, and Tunbridge described him as a 'crusader against McConaghy'.¹⁴⁹ In a 1990 interview, Lee cited Hill's experience of aversion therapy as a source for his own deep anger when, in 1973, he led Gay Liberation Sydney's zap action against McConaghy at the 'Liberation Movements and Psychiatry' symposium: 'I felt

¹⁴⁵ Crewes, 13-16 June 2018.

¹⁴⁶ Ibid.

¹⁴⁷ Tony Crewes, personal communication, 14-25 April 2020.

¹⁴⁸ Quoted in *ibid.*

¹⁴⁹ Tunbridge, 25 April 2020.

strongly about it personally because my lover Jeff had undergone aversion therapy. We threw eggs at McConaghy on the stage'.¹⁵⁰

Hill's narrative starkly contrasted the cold, distant and alienated experience of treatment with the human warmth he longed for (and ultimately returned to). Though it might sound 'cliched', it was 'a hollow, empty, despairing experience, bereft of any human warmth or kindness'. It was this lack of humanity that lay at the core of his scepticism about the 'scientific' claims made by McConaghy. The final three paragraphs of his account were printed in italics, as a parting denunciation and a forewarning to readers. Though acknowledging his own proactivity in seeking the treatment, he flatly rejected the idea that it was 'voluntary' and gave a complex deconstruction of the notion of 'choice' in an overarching context of social stigma and homophobia: *'Some choice! If homosexuals are bashed (as often happens) laughed at, joked about, labelled "sick" and fired from jobs, and then asked "Do you want to be a homosexual or a heterosexual?["] what answer am I likely to give?'*¹⁵¹ He directly attacked McConaghy's claims to science, accusing him rather of 'contributing to the bigotry and prejudice against homosexuals' and worse still, of being dishonest, 'because he tries to give the old human emotion of hatred scientific justification':

Undoubtedly he thinks he is being kind in trying to help the 'sick' and he probably tells people we should not hate and punish people who are 'sick', yet he punishes them with aversion therapy – he can destroy people's sexuality, all for medical science? No it is not medical science for it has never, ever, ever been demonstrated that homosexuality has been abnormal in any way.

He warned 'any homosexual' considering the procedure against it, describing it as 'undoubtedly the most personally destructive process I've known', reducing human beings to 'rat[s] in a laboratory experiment' and a 'form of treatment incompatible with human dignity'.¹⁵² McConaghy kept a copy of the 1973 reprint of Hill's article in his files.¹⁵³

Unfortunately for Fabian LoSchiavo, he didn't get Jeff's memo. Yet it is unlikely he would have heeded the advice anyway. For LoSchiavo, going through the treatment afforded him a sense of release from moral culpability.¹⁵⁴ As noted at the beginning of this chapter,

¹⁵⁰ Robert French, Interview with John Lee (PL70)- Transcript, 16 April 1990, ALGA.

¹⁵¹ Jeff, 'Aversion Therapy'.

¹⁵² Ibid.

¹⁵³ NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

¹⁵⁴ ALGA, *Gay Waves*, 30 July 1981.

McConaghy was not the first psychiatrist LoSchiavo had seen. After returning to Sydney from the United States at the end of 1972, he began seeing a Franciscan priest who was also a psychiatrist at the Catholic Caritas Centre, next to the Darlinghurst Courthouse and a block from St Vincent's Hospital.¹⁵⁵ He went on the recommendation of a nun at the nearby Sisters of Charity chapel in Potts Point, where he would sometimes 'duck in and sit', after she found him crying one day.¹⁵⁶ Yet even this priest-psychiatrist suggested a form of what he called 'deconditioning', where 'a man and a woman would lie together and hold hands and then they'd progress to a point where—and that—I thought that was pretty awful'.¹⁵⁷ For LoSchiavo, McConaghy's method *was* scientific in comparison. And in contrast to both Michael and Jeffrey Hill, LoSchiavo's experience with nurses and other staff during his week at Prince Henry's was contradictory – neither cold nor warm, but ambiguous. At one point, a nurse came to him and said 'you are wasting our time and a *real* sick person could be in this room, occupied by you; you should get out and [...] and go to bars and meet people like any normal camp person does!'¹⁵⁸ LoSchiavo did not appreciate this accusatory tough love; on the contrary it made him angry, yet it also gave him pause to think. When he broke down at his booster appointment six months later, McConaghy himself referred LoSchiavo to a kind, supportive, gay-friendly counsellor at the Smith Family in Woolloomooloo, who in more gentle terms, told him the same thing as the nurse: 'don't feel bad about being gay [...] go out and mix with people, go to the bars, meet people, you know, that's the way forward'.¹⁵⁹ Perhaps for this reason, LoSchiavo does not bear any lingering hostility towards McConaghy; he was, if scientifically naïve, at least not mean, nasty or cold.¹⁶⁰

As some of these accounts have contrasted negative aversion therapy experiences with positive psychoanalytic or psychotherapeutic ones, it is tempting to simply conclude that the latter was the lesser evil, as far as patient perspectives go. Yet the reports were always mixed. While Dennis McManus and John Lee had positive experiences with Winnie Childs and Henry Tunbridge with Marie Bashir, Dino Hodge's experience with psychanalytic psychiatrists constituted what today would certainly be regarded as a

¹⁵⁵ LoSchiavo, interview, 2012.

¹⁵⁶ Ibid.

¹⁵⁷ LoSchiavo, interview, 2017.

¹⁵⁸ LoSchiavo, interview, 2012.

¹⁵⁹ Ibid.

¹⁶⁰ LoSchiavo, interview, 2017.

criminal offence and serious professional misconduct. Nevertheless, there does seem to have been a more relaxed attitude towards homosexuality within the Australian psychoanalytic community than in the US, for example. This can also be traced back to the 1950s. In an oral history interview with Robert Reynolds in 1991, a man called Walter recounted his experience of attending both individual and group therapy at the Melbourne Institute of Psychoanalysis in the mid-1950s where he saw the director, Dr Graham about once a week, which was all he could afford, for three years while working in a youth centre. He found the experience positive and said he was 'glad I had the nerve'; he was unhappy, and the analysis helped him understand himself better. He even travelled during this time and briefly attended analysis at the Tavistock Clinic in London while abroad. It only unravelled when Dr Graham decided to try group psychotherapy, and admitted a man to the group, a scout master, who had been caught molesting boy scouts and was forced to attend treatment by the magistrate. In an apparent act of sabotage, he reported Walter to the police for something he had said about his work at the youth centre and ended Walter's career as a youth worker.

This also raises the question of group therapy, and whether, how and when it was used. As a general rule, it does not seem to have played a role in anglophone aversion therapy, and most aversion therapy patients report that they never met any other aversion therapy patients. Jeffrey Hill described attending morning group discussions with other patients at Prince Henry, but none of them were there for the same reason – a manic depressive woman 'who had fits of crying', a man who was to have a brain operation and talked constantly about his case, 'at breakfast, lunch, dinner, anywhere and everywhere', and another woman who 'refused to walk'.¹⁶¹ Michael found that he 'missed company so [he] went out to join the other patients, none of whom were having the same treatment'.¹⁶²

The absence of group therapy from the aversion therapy literature, most of which was published after 1960, may be a historical artefact. As an experimental model it had been more popular in the 1940s and 1950s. More likely it was because it repeatedly seemed to run into contradictions and problems. On the one hand, it was desirable to encourage socialisation, but on the other hand, especially with homosexuals, it posed one major risk: hook ups. A remarkable book by the American science writer and later psychoanalyst

¹⁶¹ Jeff, 'Aversion Therapy'.

¹⁶² Lowe, 'Mind-Fuck', 7.

Arno Karlen called *Sexuality and Homosexuality*, published in 1971 (which Fabian LoSchiavo incidentally ordered and read while he was still in Wisconsin¹⁶³), discussed this very problem, noting the widespread view among clinicians that ‘homosexuals disrupted mixed-problem groups’, and observing that the main competitor to individual analysis was behaviour therapy such as that promoted by Eysenck and Wolpe.¹⁶⁴ In Sydney, William Rowe reported in 1967 that he had been using group therapy at Broughton Hall from the late 1950s in combination with ‘conditioning’ treatment, though Peter Todd was never offered any. Rowe became concerned when ‘some of the group members became homosexually involved amongst themselves’ despite ‘no obvious previous’ propensities in this direction; there was also an ex-nun who, during group therapy, came to realise she was bisexual.¹⁶⁵ Although up to half of the members of his many therapy groups were homosexual, he claimed – rather implausibly – that ‘in six years, only one homosexual pair in one group (all-male group) became involved sexually with each other for a period of a few months’.¹⁶⁶

In Prague, patients were indeed able to turn the group treatment setting into an opportunity for socialising, building community and solidifying identity. Czech historian Jan Seidl has gleaned from interviews with men treated by Freund in the 1950s that they used their time at the clinic to get to know other men like themselves. Ota Tasinato, who was one of the 222 men in Freund’s Prague experiment, explained in an interview in 1994 how ‘there was an inpatient unit with four beds’ but ‘soon, our people figured it out and changed the unit into a dating centre’.¹⁶⁷ Another man interviewed by Franz Schindler explained how for friends of his, ‘it was all a good joke’ – they were hospitalized, to be sure, but would go on outings accompanied by an oblivious nurse, and they would always suggest going to Šroubek Café on the ground floor of Hotel Europe on Wenceslas Square, a queer café well-known to insiders since before the First World War, and ‘she didn’t know where they were taking her, so she went. But they would go wild there, arrange this and that, and she was just sitting there, sipping a cup of coffee with cream’.¹⁶⁸ Afterwards they would go back to resume treatment, but before long they would tell

¹⁶³ LoSchiavo, interview, 2017.

¹⁶⁴ Arno Karlen, *Sexuality and Homosexuality* (New York: W. W. Norton, 1971), 593.

¹⁶⁵ Rowe, ‘Treatment’, 637.

¹⁶⁶ *Ibid.*, 638.

¹⁶⁷ Seidl, ‘Decriminalization’, 191; Seidl, Wintr, and Nozar, *Od žaláře k oltáři*, 290.

¹⁶⁸ Quoted in Seidl et al., *Queer Prague*, 81.

Freund they were healed and would be discharged. As Vera Sokolová has observed, this testimony suggests that ‘at least some men could have participated in Freund’s study not in order to “cure” or “change their homosexuality [but] on the contrary, to meet other homosexual men’.¹⁶⁹ This would present a ‘significant reversal of meaning and moment of subversion of state authority, when the expert endeavour itself, examining presumably ignorant and helpless subjects, is used by the “objects” of the study for their own means’, Sokolová speculates, and playfully poses the question of whether Czech sexology was the ‘heteronormative arm of the state or the first gay club’.¹⁷⁰

Furthermore, in the case of Kurt Freund and his patients, the positions of power and vulnerability were not necessarily clear-cut. Freund began his research in the early 1950s, during a volatile phase in the establishment of political order in Czechoslovakia, in which the effects of the war and antisemitic sentiment could still be felt. As a Jew, Freund felt for a time to be in a precarious position despite the support of his superiors Zdeněk Mysliveček and Josef Hynie, according to a field report collected by Radio Free Europe in Munich in December 1953.¹⁷¹ The source for the report was a 37-year-old man who had been one of about ten voluntary patients at Freund’s clinic between November 1952 and January 1953, during the most intense phase of the show trials conducted within the Communist Party against General Secretary Rudolf Slánský and 13 other functionaries, eleven of whom were Jewish.¹⁷² Most, including Slánský, were sentenced to death and hanged on 4 December 1952. This patient had observed that Freund seemed greatly nervous during the days of the trial, which ran parallel to Stalin’s antisemitic ‘Doctors’ Plot’ crusade, in which arrests of Jewish doctors in the Soviet Union had intensified since September. Freund had good reason: he had lost virtually his entire family and narrowly escaped transport to Theresienstadt Ghetto himself in March 1945.¹⁷³ Freund had reportedly asked his patients in every respect to comply with the wishes of the older of the two nurses working in the department. The latter had asked patients to listen to the

¹⁶⁹ Sokolová, ‘State’, 86.

¹⁷⁰ *Ibid.*, 85.

¹⁷¹ Treatment of Homosexuality in CSR, Field report, 31 December 1953, Records of Radio Free Europe/Radio Liberty Research Institute: General Records: Information Items, HU OSA 300-1-2-42323, 12833/53: Open Society Archives at Central European University, Budapest, <http://hdl.handle.net/10891/osa:387946e4-d3b5-47c1-89dc-41d62f22f7cb>.

¹⁷² Martin Schulze Wessel, *Der Prager Frühling: Aufbruch in eine neue Welt* (Ditzingen: Reclam, 2018), 26.

¹⁷³ Arolsen Archives, ref. code 11422001, Ghetto Theresienstadt Card Files, Freund, MUDr. Kurt, 01/17/1914. Freund’s card is stamped ‘Abgängig’ with a handwritten date of ‘8.3.45’ meaning he went into hiding in early March 1945. Many thanks to Anna Hájková for this document and the clarification.

report of the trial on the radio in reception, rather than the music they had switched on. They had refused her request, which had probably led her to complain to Freund. Freund seemed to be hinting at this complaint when he implored patients that failure to follow the wishes of these sisters might not have consequences for the patients, but for him, the doctor. The source explained that the nurse had a higher function in the party and her son-in-law was with the police. Here we see how patients were in some respects in a less vulnerable position than their supposed torturer.

Reorienting to resistance

This chapter began with a set of questions asking to what extent patients of homosexual aversion therapy were victims, whether they were also – or instead – agents in seeking treatment, and to what extent their motivations, choices, experiences and memories of treatment were shaped and constrained by their social and material circumstances. Given the relative scarcity of first person accounts, I combined innovations in archival research from postcolonial feminist and queer historians and historians of emotion to propose a methodological solution for finding ‘subaltern’ patient voices in mediated accounts written by psychiatrists, while also searching for the unmediated first-person accounts of patients themselves. What emerged was a rich and diverse spectrum of patient experiences from agency to victimhood. In many cases, the full spectrum was experienced in varying degrees by the same individuals. On the whole, aversion therapy patients were deeply invested in, and committed to the treatment procedure. They made extensive arrangements and undertook careful negotiations with friends, family, employers and landlords in order to give their treatment the best chances of success. They had a wide variety of motivations, but in almost every case, some level of anguish caused by social stigma, legal repression and ensuing loneliness and isolation was involved. This broad context meant that many were confronted by a general inability to reconcile parts of themselves into a whole, had difficulties negotiating the borderlines between friendship and romantic, erotic and sexual relationships, and usually had some background of other psychological encounters that had been ineffective, suboptimal, or bad before submitting themselves to behavioural conditioning as a last resort.

For Fabian, Dennis, Jeff, Michael, Henry, Peter, Dino and others, the treatment clearly didn’t work, yet they were also clearly aware of this at the time. They either critically questioned the treatment or their therapist, or simply abandoned the whole endeavour.

Some reached this motivation to walk away more quickly than others, yet the unifying factor in their accounts is that these were not feckless ‘victims’. They made calculated decisions within a certain set of circumstances, and didn’t simply accept the outcomes at face value or turn blame for failure inwards. Rather, we can see patient responses as constituting a set of strategies. Some patients, such as those in Prague in the 1950s, used it to form networks, bonds and friendships, and in rare cases were even able to create environments of solidarity. Some, like Dennis McManus, used it to educate themselves about sexual possibilities, or it turned out that this was a positive side effect, as for Michael, Jeffrey Hill and Fabian LoSchiavo. For LoSchiavo, Jane, and many more like them, it was a final baptism of fire – a test of strength that if they could come through it they could live comfortably in the knowledge that they had at least tried to change, and possibly at the same time offering an alternative to taking their own life. Others were completely destroyed by the experience and were driven into suicidal depression, such as Jody, Peter Todd and Jeremy Gavins. What is conspicuously missing from this chapter is a discussion of those who actually did take their own life after having aversion therapy, a gap that will have to be addressed in future work.

The common thread in all cases was that criminalisation, social stigma and moral condemnation drove them to seek treatment in the first place, or meant that treatment was the only place they could find information about themselves that could assist them to reach a positive or accepting attitude about their own desires. As Jeffrey Hill bitterly exclaimed, ‘*Some choice!*’ His last word was this:

Dr. McC would say that I undertook treatment at my own free will, no-one forced me. But I would say that he knows nothing of the socialization process. Any person’s ideas about what they are and what they should be are the result of family upbringing, schools, religion and other forces in society. Of the many institutions which influence people’s socialization there is none which celebrates homosexuality being a good thing. With all these forces operating against me – my family, friends, doctors, etc., is it any wonder that I could not accept myself as homosexual. Like most people in our society I tended to be respectful and deferential to medical opinion. [...] This was not a voluntary choice.¹⁷⁴

¹⁷⁴ Jeff, ‘Aversion Therapy’, 7.

Hill's article not only superbly summed up the complexity of dynamics involved for patients of homosexual aversion therapy. Printed in the newly established gay press in 1972, the year before same-sex desire was removed from the diagnostic catalogues of treatable mental illnesses in Australasia, the United States and other countries, Hill's account also added a first-hand patient's perspective to the growing tide of activist resistance that had already begun to confront McConaghy in 1972: the year the zappers got 'zapped'.

Chapter 6 – Liberation Movements and Psychiatry, or, 1972: The Year the Zappers Got Zapped

On 14 May 1970, from the stage of San Francisco's Veterans' Auditorium, Neil McConaghy looked out over 600 international peers at the American Psychiatric Association conference and educated them on his first two clinical experiments using aversion therapy to treat homosexuality. This was his first international opportunity to present on the topic and he must have been buzzing; as a passionate consumer of theatre and art, he may have been distracted admiring the stunning, floor-to-ceiling, art nouveau murals of the four elements – earth, fire, wind and water – lining the walls next to the stage where Harry Truman had signed the declaration of human rights in 1945.¹ Half-way through his presentation, he was interrupted by heckling from about 30 activists from San Francisco's Women's Liberation and Gay Liberation groups. 'Barbaric!' 'Torture!' they cried, 'Gay is good!' and 'Where did you take your residency, Auschwitz?'² McConaghy was 'in shock' – he had never encountered anything like this in Australia, nor any notable criticism beyond polite expressions of differing views by learned colleagues.³ 'Let me congratulate you on the splendid manner in which you conducted yourself at the American Psychiatric Association Thursday', Richard Green commended him a few days later, 'You did very well!'⁴

Three years later, on 7 August 1973, McConaghy stood before 250 colleagues in a lecture theatre of the Clinical Sciences Building at Prince Henry Hospital in Sydney's suburb of Little Bay, shielding himself from pelted eggs.⁵ He had just finished delivering his speech, the last in a panel on homosexuality at a Ciba-Geigy-sponsored symposium he had organised, in which he pondered the nature of 'scientific humanism' and whether it was victim to a 'set of liberal humanist dogmas'. Grandiloquently, he invoked the example of the Catholic Inquisition's suppression of the Copernican revolution.

¹ The murals were painted by artist Frank Brangwyn.

² Bayer, *Homosexuality*, 103.

³ McConaghy, interview, 1995.

⁴ Green to McConaghy, 18 May 1970. NMArch-1/9, f. 'Archival Value?'

⁵ The audience figure of 250 is from Denis Freney, 'Zapping the Psychiatrists', *Tribune*, 14-20 August 1973.

Just as Galileo, despite his fears, continued his researches ... (SHORT WHISTLE) contemporary scientists will continue to seek evidence ... (SHORT WHISTLE) for or (CONTINUING WHISTLE) against the existence of innate differences between groups of people. (END WHISTLE) Does this mean ... (FROM AUDIENCE: 'WHY BOTHER TO ASK THE QUESTION IN THE FIRST PLACE?')⁶

His final assertion, that the main concerns of the medical profession were to put patients' interests first – '(LOUD WHISTLE, "WHAT A LIE! WHAT A LIE!")' – and 'to encourage against all opposition the fullest and freest progress of the scientific study of human behaviour', met with

APPLAUSE, WHISTLES, SOUND OF EGGS SPLOTTING.

SOUND OF SCUFFLE, SCREAM OF "YOU PISS OFF" WORDS SPOKEN BY MALE NEAR THE MICROPHONE "I THINK IT MIGHT BE A GOOD IDEA TO RETIRE".⁷

A lively discussion followed, as per the program, until they broke for lunch. Less than two months after this 'zap', a memorandum co-authored by McConaghy was ratified by the RANZCP affirming that the majority of the Australasian psychiatric community believed that homosexual feelings were not associated with neurotic symptoms and demanding law reform. This was slightly ahead of the American Psychiatric Association's vote on 15 December to amend the *DSM* classification of homosexuality, which 'by itself does not necessarily constitute a psychiatric disorder'.⁸ The year 1973 is thus a major milestone in the history of psychiatry and queer sexuality in the anglophone world.

The intervention at Prince Henry was the ripe fruit of groundwork in the preceding three to four years. In the US, a 'zap' of the Association for the Advancement of Behavior Therapy by the New York Gay Activist Alliance on 8 October 1972 – specifically calling for an end to 'torture' and 'the use of aversion techniques to change the natural sexual orientation of human beings'⁹ – was, in Ronald Bayer's words, the 'triggering event'. It

⁶ Sue Wills Archive, Transcript of Neil McConaghy's speech, Geigy Symposium 'Liberation Movements & Psychiatry', UNSW, August 1973.

⁷ Ibid.

⁸ The full text of the ANZCP Memorandum was not published until February 1974. Barr, Greenberg, and Dalton, 'Homosexuality', 189; Bayer, *Homosexuality*, 137.

⁹ This was the text on the flyer that was circulated. Bayer, *Homosexuality*, 115-116.

‘set in motion the intellectual, professional, social and political forces that had been generated’ between 1970 and 1972, a period he described as ‘the American Psychiatric Association under attack’; the disruption of McConaghy’s speech was the first post-Stonewall spark.¹⁰ Since the mid-1960s, radical movements had emerged around the world in opposition to the Cold War (and its ‘hot’ manifestations in Vietnam) and the failure of governments to address global inequalities since the Second World War, within which the uprising in Prague in the spring of 1968 was one of the most significant geopolitical events.¹¹ Suspicion of institutionalised authority grew, and the so-called ‘anti-psychiatry’ ideas of Hungarian-American psychiatrist Thomas Szasz and Scottish psychiatrist Ronald David Laing gained popular attention.¹²

In Australia, similar political movements built throughout the 1960s, manifesting in campaigns for Aboriginal citizenship and against nuclear testing, trade union struggles, a formidable feminist movement, and a renewed drive for homosexual law reform following the forsaken attempts of the 1950s.¹³ In 1969, an Australian chapter of the American lesbian organisation Daughters of Bilitis opened, and in 1970, the first mixed homosexual activist group, Campaign Against Moral Persecution (CAMP) was established. In 1971, Sydney activist Dennis Altman’s influential book, *Homosexual: Oppression and Liberation*, was published in the US, a global first in providing a detailed, scholarly theorisation of the new movements and their assertion of identity. Written mainly in Australia, Altman had ‘returned with missionary zeal to spread gay liberation ideas’, ‘after living in New York City over the winter of 1970-71’, and previous trips in 1968-69 when he had become ‘deeply involved’ in the movement leading up to Stonewall.¹⁴ Yet there was no ‘Stonewall moment’ in Australia, and Altman’s book was not published locally until the following year.

¹⁰ Ibid., 101-3. McConaghy was sent and kept press clippings from the US: ‘Psychiatric Session on Sex “Disturbed”’, *Honolulu Advertiser*, 15 May 1970; ‘Homosexuals Rout Sex Meet’, *San Jose Mercury*, 15 May 1970; David Perlman, ‘The Psychiatrists & the Protestors’, *San Francisco Sunday Examiner & Chronicle*, 24 May 1970.

¹¹ These events precipitated Kurt Freund’s decision to leave Czechoslovakia sometime in August 1968, travelling first to Munich before emigrating to Canada in 1969.

¹² Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row, 1961); Ronald David Laing, *The Divided Self: An Existential Study in Sanity and Madness* (Harmondsworth: Penguin, 1960).

¹³ Willett, *Living Out Loud*.

¹⁴ Dennis Altman, *Homosexual: Oppression & Liberation* (St Lucia: University of Queensland Press, 2012; [1971]), xi-xii, 18, 249-250. Curiously, McConaghy had written Altman’s address – ‘207, 2nd Ave, New York City’ – on the 1 December page of his 1970 diary; perhaps McConaghy intended to get in touch

McConaghy's surprise in San Francisco was possible because the psychiatric establishment in Australia remained virtually untouched by external criticism. The absence of hostility he reported in 1970 was symptomatic of the lack of public concern over ethical questions surrounding aversion therapy in general, to say nothing of its application to homosexuality, but it wouldn't last forever. Australia's 'triggering event' against aversion therapy came in March 1972, when internal professional debates over whether pain had any justifiable therapeutic function spilled onto the pages of mainstream, national newspapers and dovetailed with an invigorated and radicalising gay rights movement. It set off a chain of interventions, correspondence, political street theatre and mainstream media appearances, such that the year of 1972 can be viewed as one continuous zap action against the medical model in Australia, with McConaghy and aversion therapy as its most notorious symbolic targets. Despite inertia, meaning that the use of aversion therapy would drag on throughout the decade, the events of 1972 shocked the psychiatric establishment out of its homophobia and enabled the formalisation of a shift in professional and public opinion that had long been underway.

The earliest histories of these events were written by two key participants – Alexander 'Lex' Watson and Sue Wills, co-presidents of CAMP from 1972 to 1974 – within ten years of their occurrence. A book chapter by Lex Watson in 1979 was the first history of psychiatric approaches to homosexuality in Australia, while Sue Wills' 1981 PhD thesis dissected the first years of the Australian gay and women's liberation movements, focusing on groups involved in confronting McConaghy at the Geigy symposium.¹⁵ Watson's chapter was a closely researched inventory distinguishing the various methods and naming their main practitioners (McConaghy, Bailey, Czillag, Whitaker, Wright-Short, Bartholemew, et al.).¹⁶ Distancing himself from the debate that 'for the last eight years [had] raged between the homosexual activists and the professionals (the two categories are not mutually exclusive)', Watson noted that there were not just ethical, but empirical concerns, not to mention the problem of patient consent. He mercilessly scorned McConaghy's 'scientifically "neutral" stance'.¹⁷ The chapter marked a transition, of sorts, from the era of struggle over aversion therapy to the era of analysis and

while on sabbatical in New York in 1971, but Altman does not recall him doing so. Damousi and Plotkin, 'Introduction'; Altman, 18 December 2018.

¹⁵ Watson, 'Homosexuals'; Wills, 'Politics'.

¹⁶ See Chapter 4.

¹⁷ Watson, 'Homosexuals', 153, 157.

reflection, and I shall return to it towards the end of the chapter. Wills on the other hand went into detail about internal feuds between CAMP, Gay Liberation and Women's Liberation over militancy, hostility towards lesbians, and political priorities more pressing than Neil McConaghy. The Geigy symposium in 1973 was 'not of major significance to CAMP as a whole', yet the battle with psychiatrists provided an arena for internal feuds to play out, and was significant enough for Wills to devote her PhD thesis to it.¹⁸ Wills' account leaves the impression that activist attention to psychiatry increased from early 1972 as a side-effect of progressive shifts in other areas: by late 1971, the leader of the federal opposition party as well as Anglican governing bodies in Canberra, Goulburn and Melbourne had openly declared support for homosexual law reform.¹⁹

Watson and Wills' contributions have stood the test of time. Yet the campaign to dismantle aversion therapy in Australia has attracted little further attention from historians. Graham Willett's short 2005 essay on the RANZCP's Clinical Memorandum and Emily Wilson's 2008 book chapter on medical attitudes to homosexuality between 1960 and 1979, which mainly focuses on practitioners Bartholemew, Court, McConaghy and Bailey, remain the main scholarly exceptions, while a further book chapter by Wilson in 2012 on anti-psychiatry in Australia provides context for anti-aversion therapy sentiments outside the profession.²⁰ Beyond these interventions, the history of opposition to aversion therapy and its legacies has been left to independent media, such as community radio, and the queer press. Even then coverage has been intermittent at best.²¹

The crucial roles of Watson and Wills alongside 'celebrity liberationists' like Dennis Altman are still largely confined within the memories of their contemporaries.²² This might – at least in part – be an artefact of the ideological and strategic conflicts Wills addressed in her thesis that ultimately devoured the less militant CAMP. It is also possible that, as a woman, Sue Wills' role has slid out of view due to tendencies to privilege male voices and actions; this would be ironic, considering that a key moment was Wills'

¹⁸ Wills, 'Politics', 172.

¹⁹ *Ibid.*, 66-67.

²⁰ Willett, 'Psyched'; Wilson, "Someone". Cf. Wotherspoon, *City of the Plain*; Reynolds, *Camp to Queer*.

²¹ ALGA, *Gay Waves*, 30 July 1981; 'Aversion Therapy: An Old Shocker Swaps His Electrodes for Golf Clubs', *Capital Q*, 10 April 1992, 7-8.

²² This moniker is from Michelle Arrow, *The Seventies: The Personal, the Political and the Making of Modern Australia* (Sydney: Newsouth, 2019).

appearance on ABC television's *Monday Conference* in November 1972 – the only woman and the only lay person on a panel of professionals. It was here that the grassroots gay rights movement and internal professional disputes converged, fusing 'gentlemanly' disagreements over the ethical use of pain with militant accusations of fascist torture and all-round comparisons with Orwell's *1984*.

In the memories of such activists as Sue Wills, the conundrum of McConaghy – the symbolic figurehead for the medical model in Australia, despite his radical ideological views and support for homosexual law reform, not to mention his rejection of categorical restrictions on gender and sexual fluidity – remains unsettled within the LGBTIQ movement today.²³ Echoing, though not citing Watson, Wilson observed in 2008 that 'an individual practitioner's pre-existing opinions and prejudices could influence their interpretation of scientific data', arguing that the 'inability of people like Court, Bartholemew and McConaghy to envisage homosexuals as anything but patients [...] can be seen as homophobic'.²⁴ I agree with this assessment; nevertheless the brevity of Wilson's account sacrificed attending to differentiations I have argued for, and which Watson, as participant-historian, was acutely attuned to. Access to Sue Wills' and McConaghy's personal papers has made a crucial difference, and comparison with Lex Watson's newly acquired papers will assist further.²⁵

McConaghy's papers provide access to the inner world of a psychiatrist confronted by a social movement opposed to everything he represented, and confused by their perceptions. Until his death in 2005, he kept newspaper clippings, letters, and leaflets from the San Francisco conference, including Gay Liberation's 'DEMANDS TO THE APA CONVENTION'. Annotations on the final draft (out of three) of his paper reveal that he began by showing a segment of the film he used for plethysmography tests and continued to illustrate his talk with slides of equipment and photographs used for aversion therapy, meaning the auditorium was dimmed when Gay Liberation interrupted. He also kept handwritten notes of his response (Figure 3). 'I do not believe that there is any evidence that homosexuality is a psychiatric disorder', and 'I have in fact gone on TV

²³ Sue Wills, interview by Rebecca Jennings, 23 October 2009; *Shooting the Past*, 22 January 2019. Cf. Chapter 5.

²⁴ Wilson, "Someone", 157.

²⁵ Robert French reported on social media in May 2020 that he was down to sorting and cataloguing the final boxes of Watson's papers. There is at least one piece of correspondence from Watson in the early 1980s in McConaghy's papers, NMArch-2/9, f. 1.

in Australia to say that it may be biologically an advantage' for society; nor did he 'feel homosexuality per se should be treated – society's attitude should be changed', yet there were 'a lot of unhappy homosexuals + bisexuals who want out', and if they would just hear him out, they would find that his research 'will produce considerable reservations about these procedures'.²⁶ They did allow him to finish, while heckling, and as Gay Liberation participant Gary Alinder reported days later in counterculture magazine *Berkeley Tribe*, they hadn't even gone for him; their 'too good a target' was Irving Bieber, 'one of the worst mind-pigs', an 'old man with a pinched face' whose views were 'grotesquely reactionary'.²⁷ In McConaghy's clipping, sent by Queensland colleague Neville Parker, Alinder's description of McConaghy as 'young, charming, sympathetic' is highlighted. 'What a conference it was!' wrote Parker, to which McConaghy replied, 'I can't imagine any of ours living up to that for some time to come'.²⁸ McConaghy kept these items in a folder with his correspondence with Sue Wills, Dennis Altman, gay press and medical journal editors and others, and assorted ephemera.

This chapter charts the shift from professional to public debate in the mainstream media and activists' strategic role in facilitating and capitalising on it. It also charts the activist challenge to the medical model beyond the 1973 Clinical Memorandum. This enables us to acknowledge the foundational and continuing work of key activists in the campaign, and enriches our understanding of Australian specificities. It can also help us comprehend McConaghy's surprise in San Francisco in 1970.

²⁶ 'Attitudes'.

²⁷ Gary Alinder, 'Gay Liberation Meets the Shrinks', in *Out of the Closets: Voices of Gay Liberation*, ed. Karla Jay and Allen Young (New York: Douglas, 1972). Published variously under the title 'Off Dr. Bieber!!'.

²⁸ Neville Parker to McConaghy, 12 July 1970, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

① I don't believe that in any culture that homosexuality is a psychiatric disorder - I have in fact given a TV on Antibiotics & say that it may be biologically an advantage & a source for a percentage of the members to be homosexual.

② I don't feel homosexuality if you see should be treated - societal attitudes should be changed. BUT meanwhile there are a lot of unhappy homosexuals & bisexuals who want out - ~~I feel we should~~ ~~over the world~~ Throughout the world these people are being treated by aversive techniques. In my ~~papers~~ research I evaluate these techniques to see ~~if~~ whether they are of any use - & if you have the patience to wait & hear me you will find my research ~~is~~ with profound reservations ~~that~~ about their ~~is~~ ~~procedures~~.

③ If you let me say my piece now, I am prepared to meet with you to discuss my position & listen to yours any time over the next two days.

Figure 3. Neil McConaghy's handwritten responses to Gay Liberation Activists at the APA convention in San Francisco, May 1970. NMArch-9/9, f. 'HOMOSEX - ATTITUDES'. Scan: K. Davison.

From professional debate to public discourse

Discussions of homosexual aversion therapy reached a public audience in Australia only after 1964. Popular attention grew more rapidly following publications by McConaghy, Rowe and Court in medical literature in 1967 and 1968. By 1973 it had so permeated public awareness that Prime Minister Gough Whitlam could deploy ‘shock treatment’ and ‘aversion therapy’ as opposing metaphors in connection with the federal budget.²⁹ Throughout the 1960s and even into the 1970s, the few media reports that appeared were conspicuously uncritical of homosexuality’s designation as something requiring treatment. Most reiterated practitioners’ optimism. Sydney University criminologist Gordon Hawkins published one of the earliest comments beyond the medical literature in *The Bulletin* in March 1964, around the time McConaghy would have been seeking subjects for his Prince Henry experiment. Reporting on discussions in British legal circles about using drugs and aversion therapy to correct violent criminals, Hawkins noted that besides alcoholics, ‘homosexuals’ and ‘a variety of erotic fetishists’ had been treated ‘with some success’ using apomorphine and electric shock. Describing the pram fetishist case reported by Raymond in 1956, he offered neither endorsement nor criticism.³⁰

During the early years of his experiment, McConaghy occasionally reached audiences beyond the profession in print and television media. In February 1966, he appeared in a 30-minute television documentary about lesbians in Australia explaining aversion therapy to journalist Anne Deveson from his treatment room at Prince Henry.³¹ Deveson opened the psychological part of the episode with a brief Freudian explanation before asking ‘Is there any cure for homosexuality?’ She summarised: ‘No treatment has had sweeping success, but one involves lengthy psychoanalysis and the other, more radical and controversial, attacks the symptom rather than the cause’. The bulk of the episode comprised interviews with anonymous lesbians, their faces in shadows or partially concealed.³² ‘Jane’, explained she had ‘had two lots of treatment’; the camera captured ‘Jane’ in a darkened room with the phrase ‘IN LOVE WITH A WOMAN’ projected on

²⁹ ‘Whitlam Lists Budget Aims - The Perils of Plain Speech’, *Canberra Times* (Canberra), Friday 22 June 1973.

³⁰ Gordon Hawkins, ‘The Thug Drug: Myths about “Aversion Therapy”’, *The Bulletin* (7 March 1964): 24; Raymond, ‘Fetishism’.

³¹ *7 Days*, ‘Love is Love: Lesbians’, ATN7, Tuesday 15 February, 1966.

³² One of these was the infamous Sydney nightlife entrepreneur Dawn O’Donnell.

a screen, before cutting to a close-up of electrodes attached to her hand.³³ This was the first time homosexual aversion therapy was depicted on Australian television, and may have been a world first.³⁴ Deveson's frank and sympathetic handling of the issue received glowing reviews in *Australian Women's Weekly* and the *Sun-Herald*, while Hawkins mutedly praised Australia's change in mood.³⁵ As the sole medical authority and only interviewee other than the women themselves, the documentary gave McConaghy an opportunity to express philosophical and political views on television. Rejecting the purported link between homosexuality and 'social degeneracy', he noted that 'creative traits or traits of non-conformity' may mean homosexuality was 'possibly of survival value to the community rather than of destructive value', yet he tempered this reflection with a disclaimer that this was 'moving into a very theoretical area'.³⁶ This was the television appearance he grasped to defend himself in San Francisco. McConaghy's next media appearance came in October 1966, when an article in the *Sydney Morning Herald* reported that more than 50 Australians including 15 'homosexuals' per year were undergoing aversion therapy treatment, signalling 'a new hope for deviates'.³⁷ This article, like other contemporary press reports on aversion therapy, focused on its use in the treatment of alcoholism, gambling and smoking, positively citing the innovations at UNSW and the Prince Henry Hospital and reflecting optimism about the potential for behaviour therapy in reintegrating antisocial or problem individuals back into normal society.³⁸ Towards the end of the 1960s, however, the medical treatment of same-sex desire began to generate modest critical scrutiny.

A significant cause of the change was the growing momentum in debates over decriminalisation, spurred initially by the recommendations in the Wolfenden Report and reinvigorated by the change in UK law in 1967. Part II of a three-part series on

³³ *7 Days*, 'Love is Love: Lesbians', ATN7, Tuesday 15 February, 1966.

³⁴ A 20-minute documentary film produced by the University of Adelaide Department of Mental Health, depicted aversion therapy for alcoholism, with John Court as the consulting psychologist; I am uncertain whether it appeared on television and sexuality was not mentioned. Morley, 'A Man'.

³⁵ 'Television: Love is Love', *Australian Women's Weekly* (Review), 2 March 1966; 'Anne Calls A Spade A Spade', Review, *Sun-Herald*, Sunday 20 February 1966, Sunday; Gordon Hawkins, 'A Subject to Be Avoided', Review, *Australian*, 4 February 1967.

³⁶ *7 Days*, 'Love is Love: Lesbians', ATN7, Tuesday 15 February, 1966.

³⁷ Bert Castellari, "'Learning therapy" A New Hope for Deviates', *Sydney Morning Herald* (Sydney), 14 October 1966, 2.

³⁸ 'Shocks to Cure a Craving', *Canberra Times* (Canberra), Thursday 23 May 1968; Jon Wood, 'Electric Shocks Used to Fight Alcohol', *Canberra Times* (Canberra), Tuesday 23 September 1969; David Fishlock, 'Alcoholism: A Medical Problem', *Canberra Times* (Canberra), Wednesday 6 May 1970; 'Aid Near'.

homosexuality and the law in the *Canberra Times* in August 1969 presented the views of psychiatrists on causes and treatment, citing Rowe's bold claims in the *MJA* in September 1967.³⁹ The author, Peter Sekules, cited two Canberra psychiatrists who disputed views in letters to the editor that homosexuality was incurable. One of these psychiatrists, W. A. McIlrath, had used aversion therapy with prisoners convicted of crimes such as theft; he reported in connection with debate over the inadequacy of in-prison treatments for violent criminals and gamblers, in which behavioural therapies were proposed as a budget-friendly remedy to a crisis in correctional health care.⁴⁰ Yet even as late as 1971, the mainstream press continued to present aversion therapy as just another psychiatric curiosity – an answer to mildly anti-social phenomena such as smoking and drinking, or an opportunity to spice up the newspaper.⁴¹

One exception was the flash of media attention following McConaghy's presentation in San Francisco in May 1970. On 15 May, an Associated Press report in the *Canberra Times* noted that '[a]n Australian psychiatrist told of some success in treating homosexuality by "aversive therapy" – the use of electric shocks and nauseating drugs while the subjects looked at provocative photos'; the indelicate headline, 'Dirty Pictures Bored Students', referred to the other speaker on the panel.⁴² A more sensationalist report, from the US, appeared in Sydney's *Sunday Telegraph* on 17 May: 'Gay' Hecklers Jeer Aust. Doctor'.⁴³ A week later, McConaghy set about correcting falsehoods in the article – that he had been 'vigorously heckled', that a 'woman leaped onto the stage and seized the microphone', and that he would have finished his speech by saying the treatment was 'unsuccessful'; editor John Moses used the report from an 'overseas source [...] in good faith', but proposed a 'locally written' feature on McConaghy's work 'to set the record straight'.⁴⁴

The *Telegraph* article did generate homegrown but mostly uncritical media attention. On 26 May, an ABC film crew for the popular program *This Day Tonight* visited McConaghy's clinic and took footage, but I have found little public discussion about the broadcast, and – like the Deveson investigation in 1966 – it seems all but forgotten by colleagues,

³⁹ Peter Sekules, 'Homosexuality and the Law Part II: Incidence and Causes', *Canberra Times* (Canberra), 7 August 1969, 2. See Chapter 4.

⁴⁰ 'Gaol', 16.

⁴¹ Fishlock, 'Alcoholism'; 'Aid Near'; 'Shocks'.

⁴² 'Dirty Pictures Bored Students', *Canberra Times* (Canberra), Friday 15 May 1970, 4.

⁴³ "'Gay" Hecklers Jeer Aust. Doctor', *Sunday Telegraph* (Sydney), 17 May 1970.

⁴⁴ McConaghy to John Moses, editor, *Sunday Telegraph*, 26 May 1970; Moses to McConaghy, 4 June 1970, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

patients and activists.⁴⁵ Yet on the same day, Rupert Murdoch's broadsheet *The Australian* ran a short, equiposed piece by science journalist Robert Lehane, who appears to have interviewed McConaghy.⁴⁶ McConaghy 'said he had given the therapy to about 130 homosexuals over the past six years', of whom about half reported a 'decrease in homosexual feelings' and a quarter had 'given up homosexual activity'.⁴⁷ Here, for the first time in the press, was a concrete number indicating how many men had undergone treatment. As in Deveson's documentary, McConaghy philosophised about how 'homosexuality existed in every society and might have positive value', saying that a percentage of 'homosexuals may give society a greater flexibility, making it more capable of dealing with different environmental stresses'.⁴⁸ A week later in the same newspaper, Gordon Hawkins mounted a defence: the 'initially hostile reception [...] by members of the "Gay Liberation Front" [...] was undeserved', not only because his presentation 'was merely a straightforward scientific report', but because 'far from championing wholesale aversion therapy, Dr McConaghy does not believe that all homosexuals should be "treated"' but 'only those who wish to be'.⁴⁹ On the other hand, it was 'understandable that "militant homosexuals"' should oppose 'electric shock treatment designed to diminish [sic] their gaiety'.⁵⁰ McConaghy's brush with public opposition overseas barely made a ripple in Australia.

This changed in March 1972 when the professional clash over the ethics of pain spilled out of the conference halls into the mainstream press. 'Dirty Books Cure Sex Haters' declared *The Australian* headline.⁵¹ Author Cliff Baxter examined the impact of censorship

⁴⁵ The whole episode has not yet been found but a short piece of film footage survives (see Figure 1 on the cover of this thesis): record number 331505. Neil McConaghy's 1970 appointment diary shows that he had two media appointments scheduled for 26 May (two days after he returned from San Francisco): '3.20 News report; 6.30 Channel 9'. NMArch-3/9, appointment diaries 1957-1993. It is possible that the first appointment was with the ABC news crew. Inquiries with the Channel 9 Archive returned no results. McConaghy's student clinical assistant at the time, Denis Colette, who appears in the archival footage, cannot clearly recall the ABC crew's visit, nor any eventual broadcast. Denis Colette, personal communication, 12 November 2018. In 1972, McConaghy's appearance on *This Day Tonight* was mentioned in a letter to the UNSW student newspaper *Tharunka* by Alex Blaszczyński, yet he is likewise unable to recall precisely when it aired. Blaszczyński, personal communication, January-October 2018.

⁴⁶ Robert Lehane, 'Homosexuals Cured', *The Australian* (Sydney), 26 May 1970. Lehane cannot recall clearly but says it would have been over the telephone. Robert Lehane, personal communication, 20 November 2018. Sympathetic journalists at *The Australian* such as Phillip Adams had been covering the activities of CAMP since its formation in 1970; Calder, *Pink Ink*, 7.

⁴⁷ Lehane, 'Homosexuals'.

⁴⁸ *Ibid.*

⁴⁹ Gordon Hawkins, 'Between Consenting Adults in Private', *The Australian* (Sydney), 2 June 1970.

⁵⁰ *Ibid.*

⁵¹ Cliff Baxter, 'Dirty Books Cure Sex Haters', *The Australian* (Canberra), Wednesday 1 March 1972, 3.

and import restrictions on aversion therapy, yet this doubled as a dog-whistle about ‘pornography supplied by the Commonwealth Government’ and facilitated by an increasingly liberal Customs Office. The first half focused on ‘shock therapy’ used by UNSW psychologist Ron Farmer to cure ‘frigid’ women, illustrating the sexual oppression of both women and queers. The second half offered a simplified description of McConaghy’s procedure, whereby the ‘subject is punished by an electronic shock when he is sexually aroused by the photograph of a naked man’ and then ‘encouraged to replace his homosexual tendencies by watching men and women in arousing photographs’. Baxter also took aim at McConaghy’s ‘liberal’ political tendencies – McConaghy was quoted deriding Australian conservatism, which ‘cannot stand the idea of [women] enjoying sex’ and goading that perhaps the ‘permissive society is not so permissive’ – with a veiled accusation that he might be willing to lie about the goals of his research.⁵²

The article was a masterstroke in conservative tabloid press strategy. A racy story about sex disorders and ‘liberal’ psychiatry raised hackles about pornography and border control in what was promising to be a seismic election year. In August 1970, federal opposition leader Gough Whitlam indicated that his party, if elected, would call a ‘conscience vote’ on homosexual law reform, and by late 1971 branches of the Anglican Church had declared support for it (the election in December 1972 ended 23 years of conservative rule on opposition to the Vietnam war and strengthened liberal social attitudes). Yet it also appeared at the right time for audiences to take note of how sexual minorities and other socially disadvantaged patients were subjected to pain by psychologists and psychiatrists in the service of outdated social mores.

Throughout March, April and May, *The Australian* printed seven replies from important stakeholders. All but one attacked aversion therapy, claiming that it inflicted unnecessary pain and constituted barbarism masquerading as treatment. Peter Brett, professor of jurisprudence at the University of Melbourne, pounced on the discrepancy between McConaghy accepting ‘homosexuals “referred from prisons and courts”’ and preferring patients to ‘attend of their own free will’; he questioned his techniques ‘even where the victim willingly co-operates’ and accused the medical profession of ‘assisting the State’ in

⁵² Ibid.

carrying out ‘torture’ and ‘flogging’, replacing the ‘lash’ with ‘electric shock’.⁵³ Graeme Halford, a psychologist at Newcastle University, defended the method, arguing that expertise accumulated throughout the century had shown that ‘punishment’ can be effective in some psychiatric settings, but his was a lone voice.⁵⁴ Subsequent letters took Brett’s side. Brian Day asked ‘by what temerity are homosexuals considered to be sick?’⁵⁵ John Lee, writing on behalf of Sydney Gay Liberation, expressed ‘full support’ for Brett and rejected the reduction of ‘complex emotional factors’ to physiological responses elicited by devices like the plethysmograph, concluding that ‘in a sexually free society [for all – not just homosexuals and women], Dr McConaghy’s work would simply be irrelevant’.⁵⁶ Reverend Neil R. Gill from Brisbane invoked the repressive governments in Orwell’s and Huxley’s novels: if homosexual aversion therapy were allowed to continue, we’d end up with a world ‘where people are conditioned during foetal life and childhood to fit exactly into stereotyped “socially acceptable moulds” and patterns of behaviour’.⁵⁷ Ronald Conway, a psychologist at St Vincent’s in Melbourne, noted that the ‘aggressively primitive’ methods of behaviour therapy had ‘long been subjects for sharp controversy among psychiatrists and psychologists in English-speaking communities’, however he was circumspect about its merits; the main shortcoming was a focus on symptoms rather than causes, which did little to solve the problem.⁵⁸ Working in the UK, he had seen many patients ‘reduced to complete confusion and anguish’ after relapsing, occasionally to the point of suicide, leading him to conclude that ‘reports of unsuccessful cases are being ignored in the cause of the therapeutic “new order” [...] to make aversion therapy look more successful than it actually is’.⁵⁹ The root problem was the method’s Pavlovian origins and ‘a basically authoritarian view of social conduct’; if courts supported patients being ‘brainwashed’, there was ‘nothing to prevent the extension of the practice into other areas of non-approved behaviour’, from ‘the “cleansing” of socially troublesome deviates to the scientific harassment of homosexuals’.⁶⁰ These strong words did not

⁵³ Peter Brett, ‘Merits of Aversion Therapy’, *The Australian*, 14 March 1972, Letters to the Editor, 8. McConaghy kept a copy of Brett’s letter (filed with his correspondence with activists), NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’.

⁵⁴ Graeme Halford, ‘Aversion Therapy’, *The Australian*, 20 March 1972, Letters to the Editor.

⁵⁵ Brian Day, ‘Temerity’, *The Australian*, 20 March 1972, Letters to the Editor.

⁵⁶ John Lee, ‘Sex Freedom’, *The Australian*, 28 March 1972, Letters to the Editor.

⁵⁷ Rev. Neil R. Gill, ‘Shudders’, *The Australian*, 29 March 1972, Letters to the Editor.

⁵⁸ Ronald Conway, ‘Therapy Data “Juggled”’, *The Australian*, 3 April 1972, Letters to the Editor.

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

fundamentally question homosexuality's status as pathology. This heated correspondence in *The Australian* voiced at least three themes: a dispute between lawyers and doctors about how to achieve social rehabilitation, a focused discussion on the roles of pain, force and free will in psychological medicine, and – in the contributions of Day and Lee – a reassessment of whether same-sex desire was a mental illness at all. A follow-up feature in Murdoch's more liberal magazine *Nation* asked, 'Whose Aversions? Gay Lib and others take issue with the research and treatment of behaviour therapists'.⁶¹ This was the initial public acknowledgement in mainstream Australian press of a political challenge to aversion therapy from a homegrown gay rights movement.

As behaviour therapy's leading advocates, the article probed Lovibond's and McConaghy's political motivations. Despite the 'similarity in their outlook on scientific methodology' developed over 20 years, Lovibond believed the 'pay-off' with homosexual patients was too low and stressed that McConaghy's views were 'more liberal than his own, because despite supporting law reform, he found it 'difficult to believe that homosexuality is as good as heterosexuality', though McConaghy was 'surprised [...] that these were his friend's views'.⁶² The author incredulously reported how 'a Sydney practitioner' – presumably McConaghy – had called 'a fellow academic involved with Gay Lib' – presumably Dennis Altman – and 'requested that his acquaintance help him locate young male homosexuals willing to act as models for pictures' to use in treatment (one can only wonder about the possible consequences of patients recognising the person in the picture); was this 'a shrewd move to co-opt the enemy' or 'professional blindness'? And if aversion therapy wasn't simply a way of 'straightening' society out, why had the colleague treating frigid women (Ron Farmer) 'turn[ed] down an experimental suggestion from a colleague [...] to try to turn her from heterosexual to lesbian'?⁶³ The article drew no conclusions. In July, debates about homosexual law reform before the South Australian state parliament further exposed divisions within the psychological profession to the pressure of shifting public opinion. Psychologist A. E. Whitford acknowledged that fear of prosecution prevented many from seeking treatment and he favoured reform, but rejected the notion that legal status had any effect on the method's success rates.⁶⁴

⁶¹ Anonymous, 'Whose', 12.

⁶² Ibid.

⁶³ Ibid., 13-14.

⁶⁴ A. E. Whitford, 'Homosexuality "Not Concern of Law"', *Advertiser* (Adelaide), 18 July 1972, Letters, 5. On behalf of the South Australian branch committee of the Australian Psychological Society.

For John Court, whose conservative activism was instrumental in sparking the reform debate, decriminalisation was the ‘first step’ towards full-blown moral degeneration.⁶⁵ Despite legal and moral disagreement, however, both Court and Whitford used the method with almost indistinguishable aims.

In November 1972, the issue reached prime time television on ABC’s *Monday Conference*, a slick, high-rating, weekly current affairs program.⁶⁶ The panel of experts included, on the opposing side, Professor of Jurisprudence Peter Brett, psychologist Ronald Conway, an anonymous ‘consultant psychiatrist who opposes aversion therapy’ and Sue Wills, ‘a social scientist who has written on aversion therapy with particular reference to homosexuals’, and also at that time President of the gay rights group CAMP and the only woman on the panel.⁶⁷ Lovibond and Wright-Short defended aversion therapy.⁶⁸ Before moderator Robert Moore introduced the panel, a clip was played from Stanley Kubrick’s controversial 1971 film adaptation of Anthony Burgess’s 1962 novel *A Clockwork Orange* – the scene depicting the protagonist Alex allowing himself to be subjected to the ‘Ludovico Technique’, his eyes held open by metal clamps as he is forced to watch ultra-violent films while nauseous, accompanied by a soundtrack of his favourite Beethoven symphony, in an attempt to get out of prison. A second clip depicted Alex conversing with the doctor who assured him that he felt sick because he was healing. Moore first questioned Lovibond, asking whether this was an accurate depiction of aversion therapy. Lovibond responded that it was a ‘caricature’.⁶⁹

This *Monday Conference* was remarkable for two reasons. First, homosexuality was not explicitly mentioned until the episode’s end.⁷⁰ At an abstract level, the debate was an

⁶⁵ John H. Court, ‘A First Step?’, *Advertiser* (Adelaide), 3 July 1972, Letters, 5. Court had founded evangelical ‘Moral Action Committee’. The opposing ‘Moral Reform Committee’ was composed of ‘young, heterosexual, university-trained men and women [...] compelled to act by the controversy surrounding Dr Duncan’s murder’. Clare Parker and Paul Sendziuk, “‘It’s Time’: The Duncan Case and the Decriminalisation of Homosexual Acts in South Australia, 1972”, ed. Yorick Smal and Graham Willett, *Out Here: Gay and Lesbian Perspectives VI* (Melbourne: Monash University Publishing, 2011), np. See also John Chandler, ‘Law and Morals’, *Advertiser* (Adelaide), 5 July 1972, Letters to the Editor. Reprinted in *Humanist Post* (July 1972), 4. The *Humanist Post*’s opposition to Court (and pathologisation of homosexuality) escalated in subsequent years in response to Court’s Festival of Light activities.

⁶⁶ *Monday Conference*, ‘Aversion Therapy’, ABC Television, 20 November 1972.

⁶⁷ State Library of New South Wales MLMSS 4487, Transcripts: *Monday Conference* Television Program, 1971-1978, ‘Monday Conference – 66, Aversion Therapy, recorded on 19th November 1972, Gore Hill Studios, Sydney, for transmission to all States on November 20th’, Australian Broadcasting Commission.

⁶⁸ Wright-Short was not identified by name, but I could confirm his identity in correspondence with Tony Crewes, Dennis McManus and Henry Tunbridge.

⁶⁹ SLNSW MLMSS 4487.

⁷⁰ The first mention of homosexuality is on page 17 of the 20-page transcript. SLNSW MLMSS 4487.

expansion of the themes aired in *The Australian* – pain (how much was too much?), free will and choice (whether patients were brainwashed or helped to escape distressing behaviours), and punishment; was it justified, were doctors or lawyers responsible, and did moral judgement play any role? But the first three quarters were spent discussing alcoholism, with a clip of an alcoholic being treated at the UNSW clinic. Homosexuality was the elephant in the room.

Second, the debate was deeply imprinted with Cold War motifs. Brett and Conway drew (factually incorrect) parallels between societies that promoted aversion therapy and societies that were authoritarian, by which they meant those on the other side of the Iron Curtain. Although agreeing with Lovibond that Kubrick's film was 'a caricature', Conway was oblivious to his own caricature of the method's history: 'It began in places like Korea, Hungary, where it was used for negative purposes by a police state'. It wasn't the technique or therapeutic approach that mattered, 'but the spirit in which it is being carried out'. Behaviourists might not care about good or evil, but their core belief 'that man is in fact a mechanism who can be adapted or altered at will' omitted 'free will, responsibility, all the things on which a democratic society is based', and what will happen, he fretted, 'if we have bureaucracies gradually taking over [...]? What happens if we have socialised medicine, socialised controls?'⁷¹ He contradicted his own assertion about the centrality of free will in Western democracies by suggesting that socially deviant individuals may enjoy punishment. Lovibond retorted, 'I disagree with just about everything Mr. Conway said'.⁷²

When Sue Wills finally got the word two-thirds into the program, she steered the discussion toward sexual behaviour. She challenged Lovibond and Wright-Short over whether by using aversion therapy a 'sneaky' medical profession was usurping the job of the legal profession and the state, 'offer[ing] punishment in the guise of help'.⁷³ Wright-Short argued that while the state had long tried to reform behaviour, psychological medicine was 'doing it more precisely, much less painfully, and with the consent of the individual'; past patients 'had no alternative', whereas they now actively sought help. For Wills, however, the motive was the same – 'to get people who are different to conform'. This finally prompted Moore to raise homosexuality as 'one of the more contentious

⁷¹ Ibid., 6.

⁷² Ibid.

⁷³ SLNSW MLMSS 4487.

areas'. Wright-Short implored that he, Lovibond and their colleagues focused only on averting patients 'against a piece of undesired behaviour, undesired on his or her part', yet he could only agree as Wills demolished his defence:

Wills: [...] Could it not be possible that it is not the behaviour that is disturbing, but the reactions of other people to that behaviour...

[Wright-Short]: Oh, yes.

Wills: [...] Now would it not be better, unless you had some moral value at stake [...] to help that person to accept his or her own homosexuality, and at the same time make it easier for other homosexuals, because for every homosexual you try to convert to heterosexuality, you are simply reinforcing very strong oppressive attitudes to all other homosexuals in society. [...]

[Wright-Short]: I think you're absolutely right. [...]

All arguments brought against aversive conditioning could be brought 'with much greater strength against the analytic position, because they seek to remove not symptoms but [...] to alter personality'. What they all had in common was that the success rate was 'not very high', something Conway also had to acknowledge.

The *Monday Conference* represented the culmination of a year of persistent campaigning that forced the issue onto prime time television. Sue Wills was largely responsible, alongside fellow CAMP president Lex Watson and previous president John Ware. Wills was not identified as a lesbian during the broadcast, but she had come out on national television three weeks earlier with her partner Gabrielle (Gaby) Antolovich on *Chequerboard*.⁷⁴ Wills was also already familiar with most of her fellow discussants. As a graduate student who had studied psychology, she knew of Lovibond by reputation, and earlier that year had initiated correspondence with Brett and Conway following their interventions in *The Australian*.⁷⁵ McConaghy declined the invitation. We don't know why he demurred – he wasn't shy – but the year's events may have given him pause: since the

⁷⁴ Wills and Antolovich appeared alongside Peter Bonsall-Boone and Peter de Waal. *Chequerboard*, 'This Just Happens to be Part of Me', ABC Television, 30 October 1972.

⁷⁵ Sue Wills Archive, docs. 64-67, Correspondence with Prof. Peter Brett and Ronald Conway, 15, 18, 23 May 1972.

article in *The Australian* in March, he had become a prime subject of gay puzzlement, ridicule and, increasingly, rage.

The gay (activist) agenda: reorientation through resistance

On 22 March 1972, prompted by the report and letters in *The Australian*, Sue Wills wrote McConaghy requesting an interview. Wills intended to write an article on aversion therapy for the CAMP magazine, *Camp Ink*. Although McConaghy had sent some of his publications to Dennis Altman, she felt ‘it would be better to get a first hand account [...] rather than rely on newspaper reports which may have misrepresented [...] or neglected’ aspects of his research.⁷⁶ McConaghy agreed, with the customary stipulation that he see any material before it was printed; ‘I think he was flattered’, Wills recalled.⁷⁷

This was not the first time *Camp Ink* tackled aversion therapy. In November 1970, the magazine’s first issue and its only feature article were dedicated to the topic at the instigation of editor, author and CAMP co-president John Ware, who read about McConaghy in the *Telegraph* in May 1970.⁷⁸ Like many others, Ware had clashed with his psychology lecturers over their teachings about sexuality.⁷⁹ Judging psychology as ‘potentially the most dangerous weapon’ ever developed, Ware quoted George Bernard Shaw’s scathing review of Pavlov’s work, which had ‘plunge[d] professional science into an abyss of stupidity and cruelty [sic]’. Pavlov and his supporters ‘absurdly infer that the pursuit of scientific knowledge [...] is exempt from moral obligations’, wrote Shaw, and although there was ‘no reason to suppose that Pavlov was by nature a bad man [...] his academic environment [had] corrupted, stultified, and sterilized him’.⁸⁰ Ware noted that psychology had ‘come along way’ since Pavlov, yet the refinement of scientific implements had enabled ‘even more barbaric’ experiments and this could be seen in a 1963 *BMJ* report on the ‘successful cure of a 40-year-old homosexual man’, referring to Basil James.⁸¹ Accompanying the article were detailed drawings of a ‘penile response

⁷⁶ Wills to McConaghy, 22 March 1972. NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’.

⁷⁷ McConaghy to Wills, 6 April 1972. Ibid. Wills, interview, 2009.

⁷⁸ Wills, interview, 2009. Ware’s co-president was Christabel Poll.

⁷⁹ Calder, *Pink Ink*, 6.

⁸⁰ John Ware, ‘Rat-Psychology and the Homosexual’, *Camp Ink*, November 1970, 4.

⁸¹ Ibid., 5. See Chapters 2 and 3.

gauge' and an 'electric shock administrator', while a line-drawing on the cover associated aversion therapy and castration.⁸²

In August 1971, CAMP wrote professionals at Callan Park Mental Hospital seeking their views on homosexuality, but got no reply.⁸³ Little else happened with respect to aversion therapy until Ware again raised the issue in early 1972 with his newly-elected successors, Lex Watson and Sue Wills, incensed over McConaghy being allowed to import gay pornography which was banned for everyone else.⁸⁴ Wills already knew about McConaghy from one of the anonymous examiners of her 1969 Honours thesis investigating governance and mismanagement in NSW psychiatric services (especially Callan Park), who wrote:

In your discussion of reinforcement therapy, you could perhaps have mentioned the work being done by Dr. McConaghy of the University of N.S.W. at Long Bay – an example of conditioning through the use of punishment for deviant behaviour. This is of course not being done under the auspices of the Health Department and so it is not all that general to the topic of your thesis, but it is an illustration of the gain in popularity in operant conditioning.⁸⁵

Wills offered to try to interview McConaghy, and on 20 April she travelled to Prince Henry Hospital with her reel-to-reel tape recorder.⁸⁶

Wills' discoveries instigated a concerted public education campaign, initially fairly intellectual, but increasingly shifting to street theatre and protest actions. This was an exciting and frenetic time, as a dizzying timeline in Sue Wills' PhD thesis attests.⁸⁷ The gay, women's, student, anti-censorship, anti-Vietnam war, pro-environment and trade union movements were burgeoning. CAMP held its first public meeting in February 1971, the initial gay rights protest occurred in Sydney in October 1971 and in January 1972 Sydney Gay Liberation was formed, more radical and militant than CAMP, though

⁸² Ibid.

⁸³ Wills, 'Politics', 67.

⁸⁴ Wills, interview, 2009.

⁸⁵ Sue Wills Archive, examiner's comments on Sue Wills, 'The Organization of Psychiatric Services in the Sydney Metropolitan Area', Honours thesis, Department of Government, University of Sydney, 1969.

⁸⁶ Wills, interview, 2009; Damousi and Plotkin, 'Introduction'.

⁸⁷ Wills, 'Politics', 16-19, 66-68.

group memberships overlapped somewhat.⁸⁸ *Camp Ink*'s print run rose from 500 to 5000 within its first year, and from early 1972 CAMP and Gay Liberation branches in Adelaide, Melbourne and elsewhere produced their own publications.⁸⁹ These were augmented by the student and leftist press, including the communist paper *Tribune*.

Following the interview with McConaghy in April, CAMP planned a countrywide 'Sex Lib Week' of lectures, forums and debates on university campuses from 22 to 30 July. In May, Wills invited Brett and Conway to debate McConaghy over the treatment of homosexuality during the event at UNSW.⁹⁰ Both declined. Brett clarified that his interventions in *The Australian* concerned aversion therapy's use of pain, not its application to homosexuality. Conway, a Catholic psychologist, was more effusive in his support for CAMP's objective of homosexual law reform, yet he explained that he offered psychodynamic treatment, often with psychedelic drugs, to patients 'motivated towards returning to a more conventional mode of sexual behaviour'; he would nevertheless be happy to support the Melbourne branch on the law reform issue.⁹¹ Conway's letter casts his *Monday Conference* appearance six months later in a less favourable light, suggesting his differences with McConaghy were more ideological than anything. Wills had better luck with UNSW psychologist Robin Winkler, a rising figure in the anti-psychiatry movement. Winkler agreed to debate McConaghy on 22 July, and to write a *Critique of Aversion Therapy for Homosexuals*, a pamphlet published the following week with support from the Australian Union of Students (AUS).⁹²

Sydney was not the only place where CAMP members were reaching out to the religious, legal and psychiatric establishments. On 29 July 1972 the fledgling Adelaide branch of CAMP held a seminar on 'Sexual Oppression & Liberation', where 'over 300 people heard nine speakers cover every aspect' of the subject.⁹³ John Court was one. Court was blunt: the offer of therapy 'presupposes there is something wrong', the abnormality is neither genetic nor hormonal but 'arises from social learning', those seeking treatment

⁸⁸ For an overview of the emergence and growth of the movement nationally, see Willett, *Living Out Loud*.

⁸⁹ Calder, *Pink Ink*, 6, 12.

⁹⁰ Sue Wills Archive, docs. 64-67; Correspondence between Sue Wills and Ronald Conway, 15 & 23 May 1972.

⁹¹ *Ibid.*

⁹² Winkler, *Critique*. See Chapter 4.

⁹³ 'Recent C.A.M.P. Activities', *Campites*, September 1972, 2.

‘either implicitly or explicitly accept’ this view, and denying it to them is ‘unhelpful’.⁹⁴ Superficially, there seems little to distinguish Court from, say, McConaghy, yet Court never questioned that homosexuality was morally wrong and socially undesirable, not even before a 300-strong audience at a CAMP event, and he fudged on the issue of pain by implying that ‘direct aversion’ (using pain) and operant ‘avoidance’ conditioning (focusing on the ‘threat of pain’) were entirely different.⁹⁵ His speech reads like a sales pitch for the latter: it was less ‘timeconsuming [sic] and demanding’ and did not carry the ‘heavy expense of psychoanalysis’, and though the probability for success was still low, progress in research over the preceding decade meant ‘one may now reasonably hope’ that it would prove more effective, especially with young, motivated individuals.⁹⁶

A key criticism from Gay Liberation concerned CAMP’s preference for critical dialogue over militant opposition, because it risked propping up oppressive systems by accepting them at face value. The Winkler-McConaghy debate at UNSW, however, tapped into a cooperative spirit and encouraged radicalisation, aided by Winkler’s pamphlet. Winkler, aware of his intervention’s significance, noted that public concern about behaviour therapists’ use of aversion therapy was mostly recent, despite it being ‘the “treatment of choice” for homosexuals’ for more than ten years.⁹⁷ Although journalists and letter writers had begun to present alternative views, most were unfamiliar with the procedure. Now, ‘a new consciousness among homosexuals as expressed in CAMP and Gay Liberation, and the impact of the film “A Clockwork Orange”’ meant that aversion therapy was receiving ‘considerable publicity’ and he was ‘pleased to have the opportunity to speak as a clinical psychologist from the inside’ about how clinical psychology and psychiatry were ‘maintaining society’s oppression of homosexuals’.⁹⁸ The pamphlet’s cover illustration was a line drawing depicting a jumble of tubes spilling out of a Picasso-esque head and joined at the other end to a box with dials and buttons.⁹⁹ Winkler’s support galvanised activists, affording the intellectual weight of an insider and emphasising their centrality in shifting public discourse. Following a successful Sex Lib Week protest of 150 at Sydney Town Hall, where despite ‘personal differences’ it ‘was

⁹⁴ John Court, ‘Behaviour Therapy with Homosexuals: Paper for CAMP Seminar, July 29th, 1972’ (Sexual Oppression & Liberation, University of Adelaide, 29 July 1972).

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Winkler, *Critique*, 1.

⁹⁸ Ibid.

⁹⁹ The artist was Ellen J. Stern, who illustrated John H. Pflaum’s sexual libertarian tract *Delightism* (1972).

full on solidarity’, another demonstration was called at UNSW to get ‘McConaughy [sic] and aversion therapy off campus’.¹⁰⁰

On 8 August 1972, [m]ore than a score of homosexuals led by the intrepid Good Fairy, staged a demonstration to inform students of the presence on campus of the original of Kubrick’s clockwork orange’.¹⁰¹ On the UNSW library lawn, they staged a melodrama in which ‘two homosexuals, one male and one female, “discovered” in the crowd’ were forced by a ‘MOTHER’, ‘FATHER’, ‘POLICE’ and a nun to submit to ‘electronic torture’ at the hands of a ‘LAB ASSISTANT’ and ‘PROFESSOR MCCONAGHY’.¹⁰² The latter role was played by Dennis McManus dressed in an academic gown, captured in a photograph being chased by a triumphant, baton-wielding Good Fairy.¹⁰³ The main prop was a ‘MOBILE AVERSION THERAPY UNIT’ – a foil-covered milk crate garnished with jumper leads from McManus’s car, fashioned by his boyfriend Stephen Harris.¹⁰⁴ Afterwards, Gay Lib vice-president John Story spoke to 300 or more onlookers describing the ‘grisly activities’ of McConaghy and colleagues, while participants brandished placards such as ‘HOMOSEXUALS HAVE HAD ENOUGH!’, ‘GET MCCONAGHY OFF CAMPUS’ and ‘AVERSION THERAPY = SCIENTIFIC CASTRATION’.¹⁰⁵ Noting participants’ bravery and the novelty of public protests, a reporter for *Tharunka* wrote that the demonstration ‘signified that Gay Lib had come out from the anonymity of discreet forums and obscure meeting rooms’.¹⁰⁶

In the wake of Sex Lib Week, Winkler’s *Critique* and the UNSW street theatre protest, McConaghy’s obscurity well and truly ended, and the confidence of CAMP and Gay Liberation swelled. Polite ‘debate’ over aversion therapy became a heated war of words that reflected growing activist militancy. In a letter to *Tharunka*, McConaghy’s lab assistant Alex Blaszczynski, who had witnessed the demonstration, praised the activists ‘for the concerted effort towards the furthering of acceptance of homosexuality in the community’; they were nevertheless wrong in ‘singling out’ McConaghy and several aspects of their “stage-act” were a gross exaggeration’, especially the portrayal of

¹⁰⁰ Michael Delaney, ‘Sex Lib Demonstration’, *William and John*, [c. September] 1972, 7.

¹⁰¹ R. Johnston, ‘Gay Lib Comes Out Again’, *Tharunka*, Tuesday 29 August 1972, 13.

¹⁰² The actors wore these character labels attached to their backs.

¹⁰³ Johnston, ‘Gay Lib’.

¹⁰⁴ McManus, interview, 2010. Harris has no recollections from the day but was definitely there. Stephen Harris, personal communication (via Robert French), 28 April 2018.

¹⁰⁵ Many thanks to Pride History Group for providing access to John Storey’s original photographs.

¹⁰⁶ Johnston, ‘Gay Lib’.

‘compulsion or force to seek treatment’ and the simulation of electric volts.¹⁰⁷ In ‘A Gay Reply’, the pseudonymous ‘Lindy N.’ disputed this, for ‘surely being bashed at Green Park, arrested at Chez Ivy’s, laughed at by friends [...] and cried for by parents does constitute some sort of force’.¹⁰⁸ Street theatre naturally involved exaggeration, but on the question of voltage she quoted McConaghy himself, interviewed by Michael Delaney in the July-August *William and John*, describing how a patient typically received ‘total of 1,050 shocks’, adding that ‘several members of Gay Liberation’ could attest that it was ‘very painful’.¹⁰⁹

When Sue Wills’ long article, based on her own interview with McConaghy, appeared in the October issue of *Camp Ink*, its title pulled no punches: psychiatrists like McConaghy were ‘Intellectual Poofter Bashers’.¹¹⁰ The article was divided into four parts: 1) ‘The General Idea’; 2) ‘Aversion Therapy’; 3) ‘Homosexual Guinea Pigs’ and 4) ‘The Forgotten Individual’. Rather than reprinting McConaghy’s view as *William and John* had done, Wills picked out key claims made by McConaghy in her interview and systematically debunked them by drawing on psychological experts such as D. J. West and Robin Winkler, and groundbreaking work in medical ethics by Maurice Pappworth in *Human Guinea Pigs* (1967). Wills paid particular attention to McConaghy’s use of ‘science’ to justify his methods: that ‘if we are to have a scientific psychology we must be able to control human behaviour’, and that ‘the more one adopts a scientific attitude over an area, the more one moves away from value judgements’; yet he had also conceded that ‘there is some explicit value judgement in treating homosexuals’.¹¹¹ The final section was a transcript of Wills’ interview with former patient ‘Kevin’. The article was accompanied by cartoons, one of which caricatured McConaghy in a white coat, hands pressed together, standing uncertainly behind a salivating patient with crazed eyes hooked up to wires. Behind them is a floor-to-ceiling projection of a naked man’s back side, but the patient is not looking at it; rather, he’s craning his neck to beseech McConaghy with the caption, ‘at least Pavlov’s dog got the bread’. The image mocked McConaghy’s theoretical basis and scientific claims, and one can detect a nudge at McConaghy’s own sexual identity.¹¹² Like

¹⁰⁷ Alex Blaszczyński, ‘Gay Lib Demo’, *Tharunka*, 29 August 1972, 3.

¹⁰⁸ Lindy N., ‘A Gay Reply’, *Tharunka*, Tuesday 5 September 1972.

¹⁰⁹ *Ibid.*

¹¹⁰ Wills, ‘Intellectual’. Winkler had used the term ‘institutionalised “poofter bashers”’ in *Critique*.

¹¹¹ *Ibid.*, 4-5.

¹¹² Attempts to confirm this were unsuccessful; Sue Wills cannot recall the name of the artists and they are not listed anywhere in the article. Sue Wills, personal communication, 9 September 2018.

Winkler and Delaney (*William and John*), Wills included a bibliography, creating further reading opportunities for readers. Yet her article was more serviceable as a campaigning tool because, finding the Australian Medical Association's Code of Medical Ethics 'by and large irrelevant' for anyone wanting to challenge aversion therapy, she incorporated the full text of the 1964 Helsinki Declaration of Recommendations Guiding Doctors in Clinical Research, according to which homosexual aversion therapy was clearly unethical.¹¹³

Weeks after 'Intellectual Poofster Bashers' was printed, Wills appeared on *Monday Conference* to take on the profession from the point of view of an extremely well-informed activist, knowing Brett and Conway would help little, but with a new, radicalising street movement to back her. She was nevertheless 'sorry to hear' that McConaghy 'had "declined to appear"', as she wrote to him on 27 November, the week after the broadcast, attaching her article.¹¹⁴ McConaghy's absence must have been an anti-climax. In December, rounding out the year against the backdrop of Labor's historic federal election victory, the first account of homosexual aversion therapy in Australia by a former patient appeared in print, in the Melbourne Gay Liberation magazine *Gay Rays*.¹¹⁵

Zapped, but not yet thwarted: the very slow death of aversion therapy

It was in this context that McConaghy conceived his 'Liberation Movements and Psychiatry' symposium. In the back pages of his 1972 diary, he brainstormed topics and potential speakers, including Dennis Altman, Gordon Hawkins, Robin Winkler and Harry Freeman.¹¹⁶ He rang Liz Fell from Women's Liberation to discuss the idea.¹¹⁷ Over several calls they 'talked about the themes: [...] who else might do the anti-psychiatry section; who else might take on censorship', Fell recalled later; 'Then he raised the women thing and I only said I thought it would be really beaut [...] The gay thing I didn't discuss with him at all because he'd obviously made up his mind about that'.¹¹⁸ In January, McConaghy sent invitations to all three groups – Gay Liberation, Women's Liberation

¹¹³ Wills, 'Intellectual', 9.

¹¹⁴ Wills to McConaghy, 27 November 1972. 'Attitudes'.

¹¹⁵ Jeff, 'Aversion Therapy'.

¹¹⁶ 'Introduction'; Wills, 'Politics'.

¹¹⁷ They met at the party of a Women's Electoral Lobby member in 1968 (his wife Helen was a WEL member) and argued over Freund and Skinner. Wills, 'Politics', 125.

¹¹⁸ Quoted in *ibid.*

and later CAMP – to nominate speakers. It is possible that McConaghy got the idea to reach out to the liberation groups from the APA: after the 1970 San Francisco zap, a homosexual panel was negotiated for the following year.¹¹⁹

Fell felt it was McConaghy's attempt to be 'more democratic'.¹²⁰ Simultaneously, however, he penned a 'special article' for *MJA* claiming that, contrary to 'widespread opinion among doctors that there is no treatment for homosexuality [...] successful results have been reported with the use of both psychotherapy and aversion therapy', that 'shy isolated people are more liable to homosexual seduction', and that 'effeminacy, cross-dressing and, in prepubertal boys, an interest in appearing in stage performances may precede homosexual behaviour in later life (Green and Money, 1966)', and might require referral to a child psychiatrist 'to determine that the behaviour disappears'.¹²¹ On the other hand, he emphasised the dangers of doctors with moral objections to homosexuality encouraging treatment at all costs. Many patients had 'no desire' to 'commence heterosexual activity' but wished to 'gain more control' and 'continue homosexual activity [...] in a more discreet manner' to avoid 'prosecution and public exposure, if not actual physical danger'; he acknowledged activist objections to all treatment 'on the grounds that [it] militates against [...] public acceptance', and urged medical professionals in Australia to engage more actively against 'current legal and social sanctions'.¹²²

Typically ambiguous, the article did not endear him to the activists. Now, though, they were able to fight him on his own turf. CAMP member John MacKay was a medical doctor. Together with Sue Wills he wrote a reply, challenging McConaghy's 'expertise'; the *MJA* could have asked any of 'Australia's 1500 homosexual registered medical practitioners' who would likely disagree that 'obsessive conditions, depression and schizophrenia' were 'underlying causes' of homosexuality.¹²³ On 5 March, MacKay hand-delivered the letter to the *MJA* office, 'so that there could be no unverifiable claims that

¹¹⁹ Bayer, *Homosexuality*, 104-115.

¹²⁰ Quoted in Wills, 'Politics', 125.

¹²¹ Neil McConaghy, 'The Doctor and Homosexuality', *Medical Journal of Australia* 1 (13 January 1973): 68-69.

¹²² *Ibid.*, 68-70. The Adelaide reference concerned the murder of University of Adelaide law lecturer Dr. George Duncan in May 1972 and subsequent (partial) decriminalisation of homosexual acts South Australia in November 1972.

¹²³ John W. MacKay and Neil McConaghy, 'Correspondence: The Doctor and Homosexuality', *Medical Journal of Australia* 1 (19 May 1973): 1015.

[...] it had never been received'.¹²⁴ This was prudent: forwarding the letter to McConaghy on 12 April, *MJA* editor Ronald Winton stated he had 'no wish to publish it' since it was 'emotional and seriously misinterprets a number of statements', but if McConaghy thought 'it should be published, preferably with a reply from yourself, this can of course be done. If not, I shall politely decline it'.¹²⁵ McConaghy evidently recommended it be printed with his reply. While appreciating MacKay's 'strongly emotional attitude' in light of social persecution, he believed that 'as a psychiatrist one should be prepared to work within the value system of the patient, modifying this only as far as this seems possible and necessary for the patient's emotional well-being', a view that was 'anathema to militant homosexuals who believe that their policy is the only acceptable one'.¹²⁶ While loath to 'scapegoat' McConaghy alone (in light of other offenders like Bailey), MacKay emphasised that McConaghy had only shifted his position when pushed by CAMP and Gay Liberation, describing his reply as a 'backdown rather than an actual misunderstanding', and re-emphasising CAMP's activist, volunteer-run Homosexual Guidance Service as a more legitimate source of advice and support.¹²⁷ As Sue Wills noted later, MacKay was hoping to attract media attention, and his figure of 1500 homosexual doctors was indeed picked up by *The Mirror*.¹²⁸

In March, members of CAMP, Gay Liberation and Women's liberation, along with Paul Foss from the AUS, wrote a joint reply declining McConaghy's invitations to nominate speakers for his symposium unless 1) a committee was set up enabling 'the various liberation groups and the invited individuals to jointly decide on the structure and direction' of the event, and 2) the symposium itself was 'open to all peoples to attend, eg psychiatric patients, etc' (Figure 4).¹²⁹ In a separate letter, Dennis Altman said he could only see McConaghy's invitation 'as a political one' from someone 'associated with a view that must be offensive' to him as a homosexual; he was willing to meet with psychiatrists as his visit to McConaghy at Prince Henry had shown, however if McConaghy was aiming for 'genuine interchange' it would need to be jointly organised 'by both psychiatrists and

¹²⁴ Wills, 'Politics', 157.

¹²⁵ Ronald Winton to McConaghy, 12 April 1973, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

¹²⁶ MacKay and McConaghy, 'Doctor', 1016.

¹²⁷ John MacKay, 'Correspondence: The Doctor and the Homosexual', *Medical Journal of Australia* 1 (30 June 1973): 1316.

¹²⁸ Wills, 'Politics', 158.

¹²⁹ Joint letter from CAMP, Gay Liberation and Women's Liberation to McConaghy, 11 March 1973, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

those of us on whom you presume to make judgements'.¹³⁰ McConaghy was 'puzzled' by these suggestions; perhaps the proposed title, 'Liberation Movements and Psychiatry' had awakened the wrong impression.¹³¹ If indeed he had been inspired by the APA's approach, this did not extend to involving activists in decision-making, however he softened in a response a few days later, suggesting that 'certain aspects' of the program were 'not yet fixed' and it 'might be possible to reach some agreement about the structure and direction'.¹³² In his reply to Altman on 13 April McConaghy protested that he was 'doubtful that any members of the Australian and New Zealand College of Psychiatrists have a viewpoint closer to that of your movement'; he and his colleagues at the Prince Henry Behaviour Therapy Unit had been agitating for the College to make a public statement that homosexuality was compatible with psychological health, but had encountered significant resistance.¹³³ John MacKay's assessment was correct: activist pressure was working.

Polite letters were not the only activist response. Gay Liberation re-printed McConaghy's invitation in its first newsletter, sarcastically annotated 'Invitation from a friend!'.¹³⁴ A more conspiratorial reply was a musical death threat written in invisible ink (Figure 5):

McCONAGHY,

IT'S TIME THAT VERMIN LIKE YOU WERE EXTERMINATED.

YOU, WHO, UNDER THE MANTLE OF 'SCIENTIFIC HUMANISM'

PREY UPON THOSE WHO YOU HAVE CHOSEN TO DEFINE AS

ILL. YOU ARE A VILE MONSTER.

♪ 'THE ONLY GOOD AVERSION THERAPIST IS A DEAD ONE'

♪ (WON'T YOU SING ALONG WITH US?)

COUNT YOUR DAYS BABY.

THE ANGRY BRIGAYDE¹³⁵

¹³⁰ Dennis Altman to McConaghy, n.d. 1973, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

¹³¹ McConaghy to 'Paul Soss' [Foss] and Colleagues, 19 March 1973, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

¹³² Ibid.

¹³³ McConaghy to Altman, 13 April 1973, NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'.

¹³⁴ 'Invitation from a friend!', *Intercapital Gaylight Express*, January 1973, 8. McConaghy kept a copy of this, NMArch-9/9, f. 'HOMOSEX ATTITUDES'.

¹³⁵ NMArch-9/9, f. 'HOMOSEX ATTITUDES'.

This tone was consonant with the ascendance of Gay Liberation in the attack on psychiatry, and the growing influence of a militant minority of ‘pissed off activists’ also associated with the anti-psychiatry movement.¹³⁶ During February and March, a plan was hatched to travel out to Prince Henry Hospital, break in, and smash McConaghy’s equipment. A reconnaissance mission was carried out in early March by John Lee and Rod Byatt using a map provided by Jeffrey Hill, but the plan ‘lost momentum’ after the letter refusing participation in the symposium.¹³⁷ Lee in particular ‘felt strongly about it personally’ because of his lover Jeff.¹³⁸ In April, a better coordinated group ‘zapped’ psychosurgeon Harry Bailey, spreading sheep’s brains over ‘the lovely beige carpet’ at his rooms in Macquarie Street and distributing a leaflet about the ‘psychobutchery’ of homosexuals.¹³⁹ In May, an anti-psychiatry edition of the AUS paper *National U*, co-edited by gay activist Paul Foss, included articles by several signatories of the letter to McConaghy, notably Meaghan Morris; another article by Morris attacking aversion therapy for homosexuals was published that month in the Communist party’s *Tribune*.¹⁴⁰ Along this trajectory, when August rolled around, plans to produce a flyer and intervene in the symposium were accompanied by another hot plot.

¹³⁶ Wills, ‘Politics’, 173.

¹³⁷ *Ibid.*, 180-181.

¹³⁸ John Lee, interview by Robert French, 16 April 1990, PHG.

¹³⁹ *Ibid.*; McManus, interview, 2010; Wills, ‘Politics’, 182-183.

¹⁴⁰ Paul Foss et al., ‘Confrontations with the Mind Fuck Machine’, *National U*, May 1973. Robin Winkler was also involved in producing the edition; McConaghy kept a copy in his records, NMArch-9/9, f. ‘HOMOSEX ATTITUDES’. Meaghan Morris, ‘The Service Called Psychiatry’, *Tribune*, 22-28 May 1973, 7.

Professor N. McConaghy
School of Psychiatry
University of New South Wales

104 Johnston St
Annandale
11-3-73

Dear Sir,

At a meeting at the above address on 11-3-73 the invitations to participate in the "Psychiatry and Liberation" Conference were discussed and it was agreed that we would only participate under the following conditions:

1. That a committee be set up that would be open to the various liberation groups and the invited individuals to jointly decide on the structure and direction of the Conference,
2. and with the automatic proviso that the Conference itself be open to all peoples to attend e.g., psychiatric patients etc.

Yours,

~~Wendy Bacon~~

Robert Jones (A.S.)
Lue Wells (CAMP)
David McDiarmid (Gay Lib)
V. W. [unclear] (CAMP)
A. Veenstra (Gay Lib)
John [unclear] (GAY LIB)
Michael Elvins (Gay Lib)
Christine L. Curry (Women's lib)
Theresa A. Jack (Women's lib, Gay lib)
Miriam Loftus (Women's lib, Gay lib)
J. Sheehan (W.L.)
Pam Stein (Women's lib, Gay lib)
G. [unclear] (Women's Lib, Gay Lib)
Robert Byatt (Gay lib)
Lenny Short (Women's lib, Gay lib)
Peter [unclear] (GAY LIB)
John [unclear] (Gay Lib)

Wendy Bacon
James [unclear]
Susan [unclear]
Frank Taylor
David [unclear] (Gay lib)
Gaby [unclear] (CAMP)
Meaghan [unclear] (President
Campus Camp, Women's lib)
Gill Lecky (Women's lib)
[unclear] (Womens
campus)

Paul Soss
National Office
N.V.B.

Figure 4. Joint letter from CAMP, Gay Liberation and Women's Liberation to McConaghy, 11 March 1973. NMArch-9/9, f. 'HOMOSEX.-ATTITUDES'. Photo: K. Davison.

W/ COVAGATHY
VERMIN LIKE YOU WERE EXTERMINATED.
YOU WHO, UNDER THE MANTLE OF 'SCIENTIFIC HUMANISM' PREY UPON THOSE WHO YOU HAVE CHOSEN TO BECOME ASK ILL YOU ARE A VILE MONSTER.
"THE 'ONLY' GOOD 'AVERSION' THERAPY IS 'ADDREASON' (WONT YOU SING ALONG WITH US)
COUNT YOUR DAYS BABY.
THE ANGRY BRIGAYDE

Figure 5. Musical death threat to McConaghy from 'The Angry Brigayde'. NMArch-9/9, f. 'HOMOSEX ATTITUDES'. Photo: K. Davison.

True to the McConaghy's contradictory character, the symposium's final line-up included such diverse figures as the prominent feminist and labour activist Judy Munday, anti-censorship campaigner Wendy Bacon, child psychiatrist and Women's Electoral Lobby member Helen Molony (McConaghy's wife), sociologist Andrew Jakubowicz (who was gay but not openly so at the conference), anti-psychiatry activist Liz Fell, Communist psychologist Syd Lovibond, gay psychoanalyst Harry Freeman, anti-pain critic Frank Whitlock, anti-psychiatry psychologist Robin Winkler, libertarian aversion therapist Ron Farmer, and socially conservative anti-pornography campaigner (and fellow aversion therapist) John Court, as well as towering figures in Australian psychiatry Wallace Ironside and John Cade.¹⁴¹ McConaghy opened proceedings with a wistful reassessment of Mozart's *Magic Flute*, which had made him realise that 'people of good heart can hold very different views', but his hope was that the symposium could encourage 'some convergence' and recognition for 'all ways of helping our fellow men'.¹⁴²

It wasn't until the second day, before lunch, that the eggs flew. As Sue Wills described, on Tuesday 7 August, 'some of the pissed off activists [...] met at Australia Street at around 9 o'clock. At Australia Street were 100 copies of *Camp Ink*, copies of the Gay Liberation leaflet, whistles and balloons and eggs' (brains were 'expensive and they would have needed thawing out'); there were few enough people to take 'two taxis out to Prince Henry Hospital, one taxi stopping on the way to get more eggs'.¹⁴³ During the tea break, they distributed the printed material. Cade spoke first, then Jakubowicz, who defensively explained that 'someone' ought to take on McConaghy, even though he agreed with Dennis Altman's remark that inviting a homosexual to speak there 'would be very much like inviting a Jew to talk at a Nazi Party rally'.¹⁴⁴ The analogy dogged McConaghy: at San Francisco, activists accused him of having trained at Auschwitz; Winkler was approached by an audience member at the Sex Lib Week debate who claimed 'he had been given aversion therapy by the Nazis during World War II';¹⁴⁵ and in 'Intellectual Poofster Bashers', Sue Wills quoted Pappworth's example of Nazi doctors claiming 'they did not

¹⁴¹ Neil McConaghy, ed., *Liberation Movements and Psychiatry*, Geigy Psychiatric Symposium held at the Clinical Services Building, Prince Henry Hospital, 6-8 August 1973 (St Leonards: CIBA-Geigy Australia Ltd, 1974).

¹⁴² *Ibid.*, 5.

¹⁴³ Wills, 'Politics', 223.

¹⁴⁴ Transcript, Session 3 (B) Homosexuality, Geigy Symposium, 1973, Sasha Soldatow Papers, Australian Lesbian and Gay Archives.

¹⁴⁵ Winkler, *Critique*, 11.

aim to cause suffering but [...] to serve medical science'.¹⁴⁶ It was after McConaghy's 'Galileo speech' – in which he compared his own struggle against the twin orthodoxies of the psychiatric establishment and the new gay liberation movement to the Italian astronomer's alleged heresies – that the eggs flew, most of them missing their target; another anti-climax. John Lee recalled how strange it was that after lunch, everyone returned to the auditorium as if nothing had happened, noting that this was how 'liberalism' worked: 'we were allowed to go back into the place without being sort of manhandled or anything. We'd just smashed eggs all over the guy [...] and yet we went back into the place quite calmly with all these people sort of talking to us quite calmly'.¹⁴⁷ These people were 200-250 psychiatrists and psychologists.

Judgements were mixed. Sasha Soldatow's glib report included a photograph of the audience 'showing definite symptoms of boredom'.¹⁴⁸ Denis Freney's report in the *Tribune*, by contrast, was triumphantly titled 'Zapping the Psychiatrists'. Freney took particular aim at McConaghy's version of 'liberal humanism' and refusal 'to question his role as an enforcer of social and sexist prejudice, and the unreality of "free choice" for someone who has internalised these prejudices into self-hate'.¹⁴⁹ In 1981, Sue Wills wondered whether the RANZCP Memorandum was passed in October 'despite, because, or totally independently, of the nature of the Gay Liberation participation?' McConaghy himself offered little clarification. Asked repeatedly by Graham Willett in 1995 whether things would have been different 'had there not been a Gay Liberation Movement', McConaghy hedged: he 'could see the movement as a whole was necessary to change social attitudes more quickly', but the Memorandum passed in October with a 70 per cent majority because it was a '*fait accompli*'; as he remembered it, 'within the profession there was very little concern'.¹⁵⁰ This contradicts his claim to Dennis Altman in April 1973 that he was encountering strong resistance and having trouble finding support. Based on the evidence, it seems reasonable to conclude that it was not the Geigy symposium per se that made the difference, but 18 months of relentless campaigning on all fronts, intellectual as well as militant. As Lex Watson argued in 1979, the challenge by

¹⁴⁶ Wills, 'Intellectual', 7.

¹⁴⁷ Quoted in Wills, 'Politics', 239.

¹⁴⁸ Sasha Soldatow, 'Psychiatric Liberation', *Camp Ink*, September 1973, 7.

¹⁴⁹ Freney, 'Zapping', 12.

¹⁵⁰ McConaghy, interview, 1995.

sexual liberation activists made it difficult for the pathological view of same sex desire to persist within the medical profession.¹⁵¹

Unfortunately, aversion therapy was far from dead, and the campaign had to lurch along throughout the 1970s and into the early 1980s. The 1970 San Francisco zap set an international trend and by 1974 the list of gay disruptions of psychiatric conferences across the US, UK and Australia had grown long, often documented in official proceedings.¹⁵² From 1975 homosexuals and activists were more integrated in planning or hosting such events, such as the Women and Madness Conference in Melbourne where Jody Emerson spoke about her experience of aversion therapy, and it was becoming commonplace for professionals to question the continued use of homosexual aversion therapy even for ‘voluntary’ patients.¹⁵³ Yet the RANZCP Memorandum was not the end of homosexual aversion therapy in Australia. ‘Ego-dystonic’ homosexual feelings – unwanted feelings that caused significant distress – remained treatable, both as a matter of opinion and officially within the newly named *DSM* category of ‘sexual orientation disorder’. McConaghy continued to take on aversion therapy patients and he was not alone. ‘The simplest solution to this continuing saga of physical and mental violence by professionals’ noted Watson, ‘is for homosexuals to stop going to them’.¹⁵⁴

¹⁵¹ Watson, ‘Homosexuals’, 158.

¹⁵² Carolyn Weathers documented a GLF intervention at a Conference on Behavioural Modification in Los Angeles; Lillian Faderman dates this as October 1970 but it may have been 1971. Lillian Faderman and Stuart Timmons, *Gay L.A.: A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians* (Berkeley: University of California Press, 2006), 177. Mark Adrignola attended this disruption as a cadet newspaper photographer; personal communication, 16 December 2017, 3 April 2018. Communication with Kay Lahusen confirmed that the actions involving herself, Frank Kameny and John Fryer (a gay psychiatrist who presented at the APA with a paper bag over his head to protect his identity) did *not* take place at the 1970 conference but 1972. Kay Lahusen via Eric Marcus and Judith Armstrong, personal communication, 20 April-17 May 2017. Dagmar Herzog kindly provided me with an audio recording of fierce pro- and anti-gay debates at the 1973 APA in Honolulu featuring Irving Bieber. 1795-069-029a, Judd Marmor Papers, audio recording, APA Panel: Homosexuality and Cultural Value Systems, 9 May 1973. In 1974 a three-day conference hosted by Hugo Milne – who recommended Jeremy Gavins for treatment (see Chapter 5) – was ambushed by GLF UK; Milne negotiated an additional session and shortened paper by D. J. West for the activists to participate in; aversion therapist John Bancroft was present. Hugo Milne, ed., *Psycho-Sexual Problems.: Proceedings of the Congress held at the University of Bradford 1974* (London: Granada Publishing Ltd, 1976), 156-168. See also Hubbard. Katherine Anne and David Andrew Griffiths, ‘Sexual Offence, Diagnosis, and Activism: A British History of LGBTIQ Psychology’, *American Psychologist* 74, no. 8 (2019).

¹⁵³ Ross, ‘Paradigm Lost’. See also papers by Davison, Silverstein and Begelman to a symposium on ‘Homosexuality and the Ethics of Behavior Therapy’ in San Francisco in 1975, published in *Journal of Homosexuality* 2, no. 3 (Spring, 1977).

¹⁵⁴ Watson, ‘Homosexuals’, 158.

Taking up the baton from Sue Wills, Lex Watson drove forward the campaign against the medical model. In 1974 he intervened as a formidable and well-informed audience member at a Sydney conference on 'Psychosurgery and Society'.¹⁵⁵ In 1976, the year McConaghy acknowledged that the methods he had tested in four studies involving almost 200 patients over ten years had no altered the patients' sexual orientation, Watson debated McConaghy on mainstream ABC radio station 2BL.¹⁵⁶ The other three guests were the notorious, anti-gay campaigner Reverend Fred Nile, a pastor from the pro-gay Metropolitan Community Church, Lee Carlton, and Hazel Duell from Gay Line counselling service, who was studying to become a deacon, but the two atheists occupied the most airtime. The following week in *Campaign* magazine, Watson described McConaghy as 'his usual evasive self', denying his experiments constituted a form of 'poofter bashing', and explaining off-air that 'his techniques are now more refined and that he uses blue movies rather than slides because they are more effective'.¹⁵⁷ Watson continued to use his *Campaign* column to attack McConaghy, even beyond his scholarly historical analysis of the medical model in 1979, published while McConaghy was in Prague at the International Academy of Sex Research meeting. In 1981, while McConaghy was with Kurt Freund at the IASR meeting in Haifa and the World Congress of Sexology in Jerusalem, and Sue Wills was preparing to submit her thesis (for which she interviewed most activists who had played a role in the battles of 1972-1973), Watson wrote scathingly: 'in the decade-long history of debate with him on this [McConaghy] has conceded only one point', which was that since the mid-1970s he had refused for treatment anyone who was subject to legal action for their homosexuality, meanwhile his 'indefatigable' pursuit of scientific 'knowledge' continued.¹⁵⁸

Watson had been asked to respond to another co-authored article by McConaghy on 'bisexual feelings and opposite sex behaviour', which found that 60 per cent of 542 medical students at UNSW reported that they had been aware of at least some homosexual feelings in adolescence, with 40 per cent still experiencing these feelings; the authors claimed their data supported the hypothesis that hormonal factors *in utero* may

¹⁵⁵ J. Sydney Smith and Leslie S. Kiloh, eds., *Psychosurgery and Society: Symposium Organised by the Neuropsychiatric Institute, Sydney, 26-27 September 1974* (Rushcutters Bay: Pergamon Press, 1977).

¹⁵⁶ City Extra, 3 September 1976. Courtesy ALGA.

¹⁵⁷ Lex Watson, 'Radio Program on Gays', *Campaign*, September-October 1976, 4.

¹⁵⁸ Watson, 'Watsonews', 15.

shape sexual feelings in adulthood, a proto-epigenetic theory.¹⁵⁹ In the same issue of *Campaign*, former aversion therapy patient Peter Todd, then a research psychologist at Prince Henry Hospital, accused them of failing to consider the effects of ‘early sex role socialisation experience upon the emergence of masculine or feminine stereotyped behaviour patterns in childhood’.¹⁶⁰ That same year, McConaghy’s last paper associated with the homosexual aversion therapy experiment was published, and presenters on *Gay Waves* announced that they did not believe aversion therapy was still widely practiced, if at all in Australia. In fact ‘ego-dystonic’ sexual orientation – having a sexual orientation at odds with one’s idealised self-image – was not removed from the *DSM* until 1987, and it lives on as a core tenet of homophobic Sexual Orientation Change Efforts. Recalling McConaghy’s 1973 claims in the *MJA* that psychiatrists should ‘be prepared to work within the value system of the patient’, Watson’s ‘shudder’ in 1981 about possible future research activities was judicious.¹⁶¹ In 1999, British researchers Annie Bartlett and Michael King noted that professionals ‘who published extensively’ on aversion therapy ‘such as Bancroft, McCulloch [sic], McConaghy’ and others remained in ‘prominent positions as commentators or as principals or chairs in institutions around the world’.¹⁶²

‘Old shocker swaps his electrodes for golf clubs’

In 1992 the fledgling gay paper *Capital Q* interviewed ‘Neil McGonaghy’ [sic] to mark his retirement: ‘The old shocker swaps his electrodes for golf clubs’, quipped the headline¹⁶³ – a ‘fair’ portrayal, McConaghy told independent journalist Mark Ragg a few months later, ‘but they got my game wrong’.¹⁶⁴ The article acknowledged Sue Wills as ‘one of the leaders in the battle’ against aversion therapy and reprinted Wills’ 1972 interview with former patient ‘Kevin’. It also directed readers to Watson’s chapter.¹⁶⁵ Ragg cannot recall

¹⁵⁹ The specific article is not named, but likely refers to Neil McConaghy et al., ‘The Incidence of Bisexual Feelings and Opposite Sex Behavior in Medical Students’, *Journal of Nervous and Mental Disease* 167, no. 11 (November 1979).

¹⁶⁰ Peter Todd, ‘The Man Who Sees Us As Being Curable’, *Campaign*, September 1981, 14.

¹⁶¹ Watson, ‘Watsonews’.

¹⁶² Annie Bartlett and Michael King, ‘British Psychiatry and Homosexuality’, *British Journal of Psychiatry* 175 (1999): 110.

¹⁶³ ‘Old Shocker’, 7-8.

¹⁶⁴ Mark Ragg, Annotated draft of an article for *Independent Monthly* faxed to Neil McConaghy, 20 May 1992, NMArch-9/9, f. ‘HOMOSEX.-ATTITUDES’.

¹⁶⁵ ‘Old Shocker’, 7. The interview with ‘Kevin’ originally appeared in *Camp Ink*, as part of Sue Wills’ investigative piece, ‘Intellectual Poofter Bashers’, to be discussed later in the chapter.

whether the article he based on his interview, prepared for *Independent Monthly*, was ever published, but the draft in McConaghy's papers – including McConaghy's corrections – noted that McConaghy's views on treating homosexuals had not changed:

among his regular clientele of exhibitionists, pedophiles, voyeurs, fetishists, transsexuals, people who are frigid or impotent, gamblers, shop-lifters and compulsive hair-pullers, McConaghy still sees the odd man who feels gay and doesn't like it. He is happy to treat them. Only his methods have changed.¹⁶⁶

Ragg recently recalled that McConaghy's 'manner was odd – he didn't seem to notice that he was out of step' and 'didn't really understand how anyone could think differently – he believed he was a scientist in a simple search for truth'.¹⁶⁷ Ragg even tried out the electrode machine, which 'hurt'.

McConaghy's interviews with *Capital Q* and Ragg in 1992 and Willett in 1995, reveal the dominance of biological theories and transphobic attitudes within the community in the early 1990s.¹⁶⁸ The *Capital Q* author was confused by how McConaghy's sympathy for a biological view should have made them allies, but didn't. The truth is that McConaghy's view on aetiology had always been ambivalent. He consistently rejected categorical theories of sexuality and gender. In his 1993 text book *Sexual Behavior: Problems and Management*, he criticised other influential sexologists, including John Gagnon and William Simon, for misinterpreting Kinsey and using it – bizarrely – to confirm a categorical model of 'sexual feeling' (McConaghy preferred this term to 'orientation' for the same reason).¹⁶⁹ In his final book manuscript, *So You Say You're Straight?* (2004) McConaghy sang the praises of the multi-dimensional expansion of the Kinsey scale developed by the bisexual sexologist Fritz Klein in the 1970s and 1980s, known as the Sexual Orientation Grid.¹⁷⁰ In all cases, McConaghy never failed to mention the importance of Freund – sometimes simplified by editors to 'a Czech psychiatrist' – in his own trajectory. In the interview with Ragg he also mentioned that Wolpe's method of 'imaginal desensitisation' was what he was mostly using in the 1990s.

¹⁶⁶ Ragg, NMArch-9/9: f. 'HOMOSEX.-ATTITUDES'.

¹⁶⁷ Mark Ragg, personal communication, 22-25 May 2020.

¹⁶⁸ Cf. LeVay, *Queer Science*.

¹⁶⁹ McConaghy, *Sexual Behavior*, 101, 106.

¹⁷⁰ NMArch-1/9. An early subscription form for Klein's *Journal of Bisexuality*, established in 1999, can be found in McConaghy's papers. NMArch-7/9, f. 11.

McConaghy's last public words on his career in aversion therapy came in 2000, ironically, perhaps, in the conservative magazine *Quadrant*. The editor printed a lecture delivered by Hon. Justice Michael Kirby to the Australian Capital Territory (ACT) Mental Health Branch reviewing 'lessons from psychiatry's mistreatment of homosexual patients'.¹⁷¹ Drawing on the disciplinary proceedings by the Congregation for the Doctrine of the Faith under Cardinal Joseph Ratzinger in 1999 against the two religious founders of a gay-Catholic reconciliation initiative, reasserting the 'intrinsic evil' of homosexual acts, Kirby emphasised that modern psychiatry's prejudices against homosexual, bisexual and transgender people were rooted in legal and religious traditions. Despite lessons from Kinsey and changes to the *DSM*, psychiatrists like McConaghy continued the 'infliction of aversion therapy' throughout the 1970s, the legacy of which could still be seen in US media attention 'to claims supported by some religious groups, to have achieved "conversions" in a trivially small component as if, contrary to all empirical evidence, such "conversions" were either practicable or desirable'.¹⁷² Noting how US, British and Australian psychiatry had 'stumbled slowly, and at first apparently reluctantly, to the conclusion that in going along with the treatment of homosexuality as an illness, psychiatry had become part of the problem, not the solution', Kirby entreated all professions to 'learn from the errors of the past – churchman, lawyer and psychiatrist', for if 'we were totally blind in respect to homosexuality in the 1970s' how would we look back on 1999 in 30 years' time? The mark of a true professional was continuing to question, demanding empirical proof, and 'always to remain sceptical of the orthodoxies and assumptions of our own professions'.¹⁷³

Kirby could hardly have delivered a more perfect and ironic serve. In his rejoinder, McConaghy criticised Kirby for ignoring positive developments in Australian psychiatry relating to homosexuality, compared to other countries. Freud's 'Letter to an American Mother', cited approvingly by Kirby, had 'provided no barrier' to psychoanalysts like Bieber attempting 'reorientation' of homosexual patients, while King and Bartlett, cited selectively by Kirby, had reported the 'failure of British psychoanalysis in the 1990s to have moved on from its view of lesbianism as a perversion'.¹⁷⁴ He repeated arguments

¹⁷¹ Michael Kirby, 'Remaining Sceptical: Lessons from Psychiatry's Mistreatment of Homosexual Patients', *Quadrant*, January-February 2000.

¹⁷² *Ibid.*, 51.

¹⁷³ *Ibid.*, 53.

¹⁷⁴ McConaghy, 'Australian'.

he had made over decades: although aversion therapy was originally used with numerous symptoms, only homosexuality had been repeatedly singled out; the ‘pain’ was akin to a dentist visit; treatment of distressed homosexuals was ‘justified’, especially considering the hypocrisy of professionals who ignored the distress of women seeking abortion, ‘transsexuals’ seeking ‘sex-change operations’, and argued against injecting rooms because it could ‘send the wrong social message’; he defended the validity of the penile plethysmograph; reasserted the scientific value of his studies in clinically proving that aversion therapy could not alter sexual orientation; and renewed his push for change within the RANZCP in 1973. Kirby made ‘no reference to these Australian developments’, despite positively citing interventions by McConaghy’s friend and colleague Richard Green of Los Angeles. Furthermore, a commonly ignored implication of Kinsey’s research, was that ‘men who identify as gay are not representative of the majority of men who have had sex with men’; on the contrary, ‘the majority of men with concerns about homosexual feelings and behaviour are predominantly heterosexual’.¹⁷⁵ These men were what he would later call ‘the one in five hidden homosexual heterosexuals’.¹⁷⁶

His closing remarks focused on Kirby’s reiteration of a complaint made by Bartlett and King that ‘gay men and lesbians continue to be treated almost exclusively by heterosexual psychotherapists’. Contrary to Bartlett and King’s implications, the sexual identity of a therapist did not guarantee appropriate treatment. Lack of knowledge – for example, about ‘homosexual heterosexuals’ – was also evident among therapists who identified as gay, some of whom believed ‘that anyone with homosexual interest or behaviour should be encouraged to identify as homosexual’, whereas some men simply, genuinely, wanted to ‘maintain an otherwise satisfying marriage’.¹⁷⁷ Harking back to his 1977 *Journal of Homosexuality* contribution, in which he used Ibsen’s *The Wild Duck* to illustrate the dangers of blunt, obtuse ‘honesty’, McConaghy ended with the ‘hope that choice of therapists for patients’ would henceforth ‘be based not on the therapists’ identification as heterosexual, homosexual or bisexual, but on their known attitudes and skills’.¹⁷⁸ In light of McConaghy’s own sexual feelings, this was a fitting end to his public life.

¹⁷⁵ Ibid., 49.

¹⁷⁶ *So You Say*, NMArch-1/9.

¹⁷⁷ McConaghy, ‘Australian’, 50.

¹⁷⁸ Ibid.

After his death in 2005, an obituary in *Archives of Sexual Behavior*, the journal he helped to establish in 1971, summarised a life of contradiction: ‘Although many in the gay and lesbian community respected Neil’s work in the scientific study of sexuality, his earlier attempts in the 1960s to offer treatment to those who wished to suppress their desires to engage in then-illegal homosexual activities created considerable controversy, and colored perceptions of his work in this area long after his research focus had shifted, and social changes had rendered such studies irrelevant’.¹⁷⁹

¹⁷⁹ ‘In Memoriam: Nathaniel (Neil) McConaghy, M.D., D.Sc. (1927-2005)’, *Archives of Sexual Behavior* 35, no. 1 (February 2006): 1. The obituary was ‘written by colleagues and friends of Dr. McConaghy’.

Conclusion – Queering the History of Psychiatry

I'm taking what I would see as a Marxist approach to the issue, that you've got to have a thesis and an antithesis to get a synthesis.

—Neil McConaghy, 1995¹

How do you solve a problem like McConaghy? A Marxist psychiatrist with at least some homosexual feelings and a Communist best friend in socially-conservative post-war Australia, and the only practitioner of homosexual aversion therapy in that country who ever reached international recognition: was he (with apologies to Rogers and Hammerstein) a darling or a demon or a lamb?

Traces of this conundrum sprinkle McConaghy's papers, such as a photograph of Czechoslovakian sexologist Aleš Kolářský and an unidentified person with a rose between their teeth, intriguingly inscribed 'Who is this – so vain that he (or she?) distributes enlargements of him/herself at Christmas – with the EASTERN BLOC's leading SEXOLOGIST?'² In the same folder, McConaghy filed his last letter from Kurt Freund, dated 10 October 1996, in Toronto, Canada:

I was sorry to read that you had such difficulties in regard to your health. Fortunately, as you know yourself, this is one of the best treatable cancers, and it can be realistically hoped that you either already have or will reach good health. My apologies for not having answered your letter for such a long time.³

¹ McConaghy, interview, 1995.

² NMArch-00, n.d. Many thanks to Petr Weiss for identifying Kolářský. Personal communication, 30 November 2019.

³ Freund to McConaghy, 10 October 1996, NMArch-1/9, f. 'Archival Value?.'

Thirteen days later Freund ended his own life. A member of Dying with Dignity, he had been ill with lung cancer for some time. McConaghy did reach good health again and lived for almost another ten years.

So ended a warm, collegial relationship of more than three decades, during which time these two psychiatrists conducted the largest and longest clinical studies on the treatment of homosexuality in history, and the most significant empirical research on homosexual behaviour and feelings since Kinsey. They agitated for the removal of same-sex desire from catalogues of mental conditions, co-founded one of the most important sexology journals in the world, and after shifting the primary focus of their research, carried out groundbreaking research on the possibilities for treating child sex abusers. Freund spent almost the last three decades of his life in Canada, yet he and McConaghy both maintained connections with sexologist colleagues in Central Europe, even beyond the collapse of Communism in 1989.⁴

Though they and their pupils abandoned homosexual aversion therapy decades ago, the principles of evidence-based clinical practice, behaviourist therapeutic approaches and empirical diagnosis of ‘aberrant’ sexuality remain. On a conference trip to Prague in November 2019, I visited the rooms of the psychiatrist and sexologist Ondřej Trojan, a forensic expert diagnosing and treating sex offenders, who proudly exhibited his current and vintage-model plethysmographs.⁵ Contact with Trojan was made via Petr Weiss, psychologist and secretary of the Czech medical society’s sexology section, who suggested I also visit Jan Raboch, the son of Freund’s colleague Jan Raboch and custodian of Freund’s original plethysmograph prototype.⁶

The drive for technologies of detection and security that shaped the context of its invention during the Cold War survives, too, and while the geopolitical and technological terrain has shifted, there are many continuities. In 2018, researchers of psychometrics and organisational behaviour at Stanford published a paper claiming they had developed a facial recognition algorithm using both fixed and ‘transient’ features (grooming, style)

⁴ Freund’s former colleague in Canada, Ray Blanchard, informed me that ‘Freund’s correspondence files were cleaned out after he died to make room in the lab’; personal communication, 29 March 2018. Many thanks also to John Court, archivist at the Centre for Addiction and Mental Health at the University of Toronto for sending me some of the few surviving records and photos of Freund from his time in Canada; personal communication, 22 November 2016.

⁵ Ondřej Trojan, personal communication (including visit to clinic), 21-29 November 2019.

⁶ Petr Weiss, personal communication, 20 November 2019.

that could ‘correctly distinguish between gay and heterosexual men in 81% of cases, and in 74% of cases for women’ on the basis of a single image, whereas the human accuracy was only 61% for men and 54% for women.⁷ Earlier work on Artificial Intelligence at the Cambridge Psychometrics Centre by one of the authors, Michal Kosinski, ‘inspired the creation’ of Cambridge Analytica, the political consultancy group responsible for the 2018 Facebook data-harvesting scandal, and reviving Cold War tropes, anglophone media articles emphasised his popularity with secretive ‘foreign’ governments, meaning Russia.⁸ These old strategies of emotional recognition have been revived in recent years through Paul Ekman’s ‘basic emotions’ theory, which has been critiqued (among others) by Ruth Leys, especially its application to racialised anti-terrorism measures in airport security systems.⁹ The proximity between queer and racial otherness and security was evident when BBC anchor Kirsty Wark asked Glenn Greenwald if the ‘vast amounts of material’ that ‘not even Burgess, Philby and Maclean’ could match, passed by NSA whistleblower Edward Snowden to Greenwald’s Brazilian husband David Miranda, was in his ‘bedroom, in Rio?’¹⁰ ‘I’m not going to talk about what’s in my bedroom’, Greenwald replied. A biographical film about Chelsea Manning produced by *The Guardian* in 2011 was criticised by one viewer for its portrayal of Manning as a ‘gay freak that’s mentally instable’. Sexuality and gender are thus still important conduits for the loyal/disloyal binary.¹¹ Le Carré’s border-crossing pansy lives on.¹²

⁷ Yulin Wang and Michal Kosinski, ‘Deep Neural Networks Are More Accurate than Humans at Detecting Sexual Orientation from Facial Images’, *Journal of Personality and Social Psychology* 114, no. 2 (2018).

⁸ Paul Lewis, “‘I was shocked it was so easy’: Meet the Professor Who Says Facial Recognition Can Tell if You’re Gay”, *Guardian*, 7 July 2018, <https://www.theguardian.com/technology/2018/jul/07/artificial-intelligence-can-tell-your-sexuality-politics-surveillance-paul-lewis>.

⁹ Ruth Leys, *The Ascent of Affect: Genealogy and Critique* (Chicago: University of Chicago Press, 2017), 128. Leys’ framework for understanding the connections between body and emotion will be useful for future considerations in my research.

¹⁰ *Newsnight*, ‘Edward Snowden debate and Kirsty Wark interviews Glenn Greenwald’, BBC, 5 October 2013.

¹¹ One of the first attempts to chart the genealogy of this idea was the first episode of British TV series ‘Gay Life’ aired in February 1980, including interviews with public servants and former members of the defence forces who had lost jobs on the grounds of sexuality. Stephen Butcher, *Gay Life*, episode 1 (London Weekend Television (London Minorities Unit), 10 February 1980). As recent oral histories on LGBTQ experiences of the Australian military show, this binary has never been absent. Noah Riseman, Shirleene Robinson, and Graham Willett, *Serving in Silence? Australian LGBT Servicemen and Women* (Sydney: NewSouth, 2018). Cf. Eve Kosovsky Sedgwick, ‘Epistemology of the Closet’, in *The Lesbian and Gay Studies Reader*, ed. Henry Abelove, Michele Aina Barale, and David M. Halperin (New York: Routledge, 1993).

¹² One Australian correspondent reporting on the *Gay Life* episode (see previous footnote) affirmed the line drawn in the episode from the Cambridge Five, John Vassall and John Le Carré’s Alec Guinness series to more recent political campaignst against Mary Whitehouse, reporting that some gay viewers

These technologies and attitudes give expression to deeply rooted ideas about gender and sexuality as being fixed and categorical. As this thesis has shown, however, sexologists like Freund, McConaghy and many of their contemporaries were ambivalent about the ability for bodies, gender expression, or even sexual behaviours to tell us much about sexual feelings and orientation overall. While the plethysmograph could confirm the presence of homosexual feeling, it could not judge how an individual would act. Their evidence-based conclusions had more in common, ironically, with the dynamic concepts of habitus, bodily materiality and performativity developed by Bourdieu and Butler respectively.¹³ This suggests an urgent need for more work examining how ‘(always gendered)’ bodies and emotions were framed within the Pavlovian behaviourist paradigm¹⁴ – what Monique Scheer and Pascal Eitler might describe as an examination of ‘bodies and emotions in a “process of materialisation”’¹⁵ – which requires a different set of questions to those posed in relation to psychoanalysis. This research can provide ballast to the emerging field of transgender history, and should be linked to a broader project tracing the spread and impact of Pavlovian theories on constructions and treatment of sexuality and gender, a core task of which is centring patient experiences. Among other things, this will require the systematic collection of first-person accounts by former patients, including oral histories.

The research must continue to be transnational in perspective, or as Feuchtner, Haynes and Jones’ suggest, follow the ‘circuits of sexological knowledge’.¹⁶ The cities and countries in which both Freund and McConaghy were based (even after Freund’s move to Toronto) were located in minor-league Cold War players, yet performed important symbolic roles as allied sites of major-league belligerents. Of even greater significance is the rich transnational network they and their colleagues both inherited and promoted across other ‘minor cosmopolitan’ sites including Bombay and Johannesburg. Josef Hynie and colleagues energetically built Prague up as a scientific, medical, psychological and sexological interface for researchers from Central European, Balkan and Eastern

expressed anxiety that ‘such a sensitive issue as security risk was aired’, presumably for fear of intensified discrimination. Sandra Jobson, ‘Gays Take to Television to Get Their Point Across’, *Sydney Morning Herald*, Sunday 17 February 1980, 44.

¹³ Scheer, ‘Are Emotions’; Bourdieu, *Outline*; Judith Butler, *Bodies that Matter: On the Discursive Limits of “Sex”* (New York: Routledge, 1993). Many thanks to Ghassan Hage, whose postgraduate seminar on Bourdieu helped me clarify my thinking on the links and gaps between Bourdieu and Butler.

¹⁴ Sutton and Leng, ‘Rethinking’.

¹⁵ Eitler and Scheer, ‘Emotionengeschichte’.

¹⁶ Feuchtner, Haynes, and Jones, *Global*.

European countries with their Western European, Scandinavian, Indian, Asian and Anglophone colleagues. They enthusiastically hosted international conferences and visitors from all sides of the Iron Curtain, including medical apprentices sent by the globally well-connected sexologist and physician A. P. Pillay in Bombay, India.¹⁷ Hynie and Raboch sat on the editorial board of Pillay's *International Journal of Sexology* (previously *Marriage Hygiene*) alongside representatives from Australia, China, Thailand, the Malay Peninsula, the Middle East, South Africa and South America, as well as Harry Benjamin and Norman Haire, the ex-Australian reproductive health specialist and close collaborator of Magnus Hirschfeld in the International League for Sexual Reform.

Haire's and McConaghy's Australian roots suggest a third area demanding research: an inclusive and intersectional history of Australasian sexology, sexual science and queer experiences of psychological medicine remains to be written. In order to take full advantage of intersectional perspectives – meaning, the research must be shaped and informed by a multiplicity of gendered, cultural, linguistic perspectives, especially those of First Peoples – this history, too, must be transnational in scope. Alongside the work of Anjali Arondekar and others in queer postcolonial studies, a model approach is Samia Khatun's 'South Asian odyssey' *Australianama*, which narrates a history of post-colonisation Australia from primarily South Asian and Indigenous perspectives and non-English sources.¹⁸ Starting from the rich body of pioneering research on gender and sexuality conducted by McConaghy and several of his PhD students, a possible title for such a project could be 'The McConaghy Circle: Transnational Cultures of Knowledge in Post-War Australian and European Sexology'. McConaghy's papers provide an astoundingly rich source of material for exploring the porous boundaries between queer and medical identities. The material used for this thesis represents a fraction. It is the archive of a psychiatrist and sexologist – a taxonomer, chief investigator, and representative of the psycho-medical establishment – yet one who himself was exploring internal issues, moved in leftist, sexually liberal circles, understood himself as a radical humanist in the tradition of Magnus Hirschfeld, and supervised the most advanced and progressive sexological research in post-war Australia. His final, unpublished manuscript,

¹⁷ Hynie, 'Geschichte'.

¹⁸ Samia Khatun, *Australianama: A South Asian Odyssey in Australia* (London: Hurst, 2018).

written the year before he died, advanced the thesis that the ‘one in five hidden homosexual heterosexuals’ were the most truly neglected sexual minority.

Before reaching this point, however, both he and Freund dedicated the last two to three decades of their professional careers to investigating whether the diagnostic tools and treatment methods they had used unsuccessfully on patients presenting as homosexual could instead be applied to rapists and paedophiles.¹⁹ In 2015, historian Tom Waidzunus traced a ‘shifting straight line’ from today’s ‘ex-gay ministries’ and their transnational spread, for example from the US to Uganda, back to the sexual orientation change efforts of psychiatrists in the ‘anti-homosexual era’ of 1948 to 1972, including Kurt Freund and Neil McConaghy.²⁰ Yet there is another genealogy yet to be charted in the contribution of early post-war ‘anti-homosexuality’ research to later clinical knowledge and expertise in abusive sexuality, the majority of which was, and remains, heterosexual. Indeed, the distinction between homosexual desire per se and paedophilia (whether homosexual or heterosexual), was one of Freund’s major findings. In 1997, McConaghy complained that unscientific use of unreliable tools (penile circumference gauges mislabelled as ‘plethysmographs’) was perpetuating the ‘mismanagement’ of abusers.²¹ Years of experimentation with homosexual aversion therapy had failed to produce aversion or alter sexual orientation and had shown that the increased ‘ability to control homosexual urges previously experienced as compulsive’ reported by some patients was *not* due to conditioning. Yet ‘in North America [...] the use of aversive procedures persisted’, encapsulated in the ‘relapse prevention’ strategy, while the more successful results of his ‘imaginal desensitisation’ technique in combination with proscribed medroxyprogesterone to reduce the strength of their sexual urges were being ignored.²² Abusive sexual orientations were probably permanent and would remain resistant to change. Freund, too, had reached the view that an abuser’s ‘underlying sexual preference for children may not change’, in the words of a Canadian colleague.²³ More disturbingly, there was no evidence that ‘attempts to correct offenders’ faulty cognitions’ – that is,

¹⁹ Neil McConaghy, ‘Science and the Mismanagement of Rapists and Paedophiles’, *Psychiatry, Psychology and Law* 4, no. 2 (November 1997).

²⁰ Waidzunus, *Straight Line*, 35-66, esp. 61-63. Waidzunus errs, however, in his description of Kurt Freund as a ‘sexologist at the Clarke Institute of Psychiatry in Prague’, 61.

²¹ McConaghy, ‘Science’.

²² *Ibid.*, 117.

²³ Karen Freeman, ‘Kurt Freund Dies at 82; Studied Deviant Sexual Arousal’, *New York Times*, 27 October 1996, 1.

‘rapists’ beliefs that women can mean yes when they say no, and paedophiles’ beliefs that sexual abuse of children is not harmful’ – by simply asserting the opposite was an effective treatment strategy. Rather, ‘the occasional reality of these behaviours should be acknowledged, along with emphasis that this reality must not be used by offenders to justify their behaviour’ and that ‘children are never able to give informed consent’.²⁴ McConaghy and Freund’s early research on homosexuality thus provided the empirical grounds for them to urge the psychiatric profession to dramatically raise the scientific quality of research and alter its therapeutic approach to abusers in order to minimise harm to potential victims.

This brings us back to the question of our two ‘imperfect villains’. The main historical task at hand, in my view, is an urgent historiographical reassessment and a revision of queer experiences of twentieth-century psychiatry that a) incorporate new perspectives developed in transgender history, queer postcolonial studies and the history of emotions in order to unearth and recover more diverse perspectives (not least those of both cis- and trans women in the history of homosexual aversion therapy), b) both deconstructs and overcomes the enduring Cold War intellectual and political logic evident even within feminist and queer scholarship²⁵, c) seeks to bridge or explain discontinuities and continuities between various stages of psychiatrists’ career paths with respect to health and harm, and d) confronts the uncomfortable contradictions posed by the figure of the queer homosexual aversion therapist; or, in the case of Kurt Freund, an aversion therapist who, unlike his parents and brother, survived the Holocaust to live on as a politically vulnerable Jew in a new Communist regime.

Holocaust historian Anna Hájková, whose work intricately traces the persistent homophobia evident in Holocaust historiography and survivor stories, unearths queer subjects’ experiences of the transportation and concentration camp system, and brings to light queer sexual and erotic experiences within that system – including those between prisoners and camp guards (*‘kapos’*), physicians and other functionaries – has recently stressed the urgent need not only for queer histories *of* the Holocaust for histories aimed at *‘queering’* the Holocaust.²⁶ Echoing Chiang’s observation that a categorical ‘Orient-versus-Occident’ binary (both temporal and geopolitical) makes a historical study of

²⁴ McConaghy, ‘Science’, 120.

²⁵ Herzog, *Cold War Freud*; Ghodsee and Lišková, ‘Bumbling’; Renkin and Kościańska, ‘Science’.

²⁶ Anna Hájková, ‘Den Holocaust queer erzählen’, *Jahrbuch Sexualitäten* 3 (July 2018): 110.

sexology in China impossible, she asks how a three-way entanglement involving a Jewish female prisoner, a female *kapo*, and a male Jewish prisoner with pre-Holocaust criminal convictions, in which the distinctions between sexual barter, queer erotic exchange, and emotional bonds are not always clear, can become intelligible without ‘queering’ our understandings of agency and subjectivity?²⁷ Hájková’s research shows that her protagonists were ‘deeply ambivalent characters’ shaped by the concentration camp system itself.²⁸ Viewing them through a queer lens enables historians to reflect this ambivalence.

Queered histories of the Holocaust and the Cold War can help us understand the operation of agency – not just with respect to power and oppression, but also action, on a range of desires that cannot be reduced to identity – within a certain set of material, social and political circumstances to create new subjects. This model, which bears a striking resemblance to Marx’s historical materialist dialectic, can apply to any establishment structure, including psychiatry. For this reason, it is time for a historical revision of queer histories of psychiatry aimed at *queering* the history of psychiatry. Only by doing so can the conundrum of figures like McConaghy and Freund, not to mention their many patients and patients’ wives, become historically intelligible.

²⁷ Chiang, ‘Double Alterity’.

²⁸ Hájková, ‘Holocaust’, 110.

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