

ENTERTAINMENT FOR MEN

MARCH 1969 • ONE DOLLAR

PLAYBOY

PLAYBOY PREVIEWS
"HIERONYMUS MERKIN,"
THE WACKIEST,
SEXIEST FILM YET

AN INTERVIEW WITH
MARSHALL McLUHAN

U. S. SENATOR
JOSEPH D. TYDINGS
ON GUN CONTROL

THE PLANETS—
ARTHUR C. CLARKE
ON MAN'S NEXT
SPACE TARGET



released from prison during the appeal to a higher court. Our son was born June 17, 1968, and I immediately notified our lawyer, as the court had instructed me to do. I was in a panic, wondering if the court would take the baby away from us, send me to prison and leave the baby with nobody to care for him or place him in some state institution. I remained in this state for three months, when I was finally notified to return to New Mexico for sentencing. My husband and I decided that we should go together and take the infant with us. We traveled for 32 hours by train.

The judge sentenced me not to the regular New Mexico marijuana-possession penalty of two-to-ten years but, instead, to a fine of \$500 and five years' probation on the condition that I appeal my case. Therefore, we had to pay for another appeal bond at a time when the previous bonds, hospital fees and lawyers' fees had drained away all our resources. One week later, our baby died of causes the doctors could not determine. I am sure the atmosphere of anxiety, panic, depression and despair in which my husband and I lived during the three months of his life was more than this tiny organism could bear.

Both my husband and I are working to pay our debts and our lawyer is still appealing our cases, but the meaning of life has gone. We live like robots now, too numb even to feel despair any longer.

The tragic, terrible irony is that we were not even true pot lovers when arrested; we had only tried the drug a few times because almost all the young people our age whom we knew were experimenting with it.

(Name withheld by request)
Chicago, Illinois

MARIJUANA AND HEROIN

I was shocked to read in the September *Playboy Forum* that two Army officers do not believe that marijuana users should be punished for their crime. I, too, am an Army officer and I most certainly will not tolerate the use of marijuana among my men.

In the same column, you stated that there is no evidence that anyone ever turned to heroin because of marijuana. This was flagrant deceit on your part. Dr. John C. Ball, formerly of the National Institute of Mental Health in Lexington, Kentucky, reported in 1967 that of 2213 heroin addicts examined, 70.4 percent had used marijuana before their addiction. In those states where marijuana was most readily available, 80 percent of the addicts had first used marijuana.

Capt. H. D. Spradley
APO San Francisco, California

Your statistics are meaningless for many reasons. (1) The fact that 70 or 80 percent of a group of users of one commodity has previously used another commodity does not, in itself, establish a

causal link. This would be obvious if we quoted similar statistics for two other products, such as "80 percent of all cigarette smokers previously used chewing gum; therefore, chewing gum leads to cigarettes." (2) There is no pharmacological or psychological reason why marijuana should lead to heroin, these being drugs of different families no more closely related than aspirin and insulin. (3) Other research has shown that 95 percent of all heroin users previously used alcohol, so your kind of post hoc, ergo propter hoc logic could be applied to yield the result that all alcohol drinkers should be thrown in jail to punish them for taking the risk that they might later become heroin addicts. We might add that Dr. Ball, under cross-examination during a Boston marijuana trial, admitted that no scientific case for a cause-and-effect relationship between pot and heroin could be deduced from his figures.

The only way to establish a scientific case for causality is to examine an entirely different set of statistics. The correct procedure is to ask how many marijuana users are there, compared with heroin addicts. Estimates vary between 6,000,000 and 12,000,000 for marijuana users in America and between 100,000 and 200,000 for heroin addicts. Taking the lowest figure for pot smokers and the highest figure for heroin addicts—so as to give you the best possible average—the result is that there are, at most, only 3.3 heroin addicts in the country for every 100 pot smokers. Thus, marijuana is not a "steppingstone" to heroin for 96.7 percent of its smokers; and it is still unproved that the other 3.3 percent went on to heroin "because of" marijuana.

NO COMPASSION

I am appalled and irritated with the writer of the November *Playboy Forum* letter "Interrupted Voyage." This young lady complains that psychiatrists do not know how to treat bad LSD trips.

As a well-traveled member of the school of hard knocks and as a former staff member of a large mental institution where I was in charge of admissions, I feel I can speak with some authority regarding drug users. If addicted, these people are sick. If not addicted, they can be classified in the same category as human waste! The very fact that this girl ridiculed approved medical treatment after receiving it only serves to illustrate her limited mental capacity.

It is obvious that this female would be lucky to attain the social status of a common prostitute. For one thing, a good amount of common sense is a requirement for that occupation.

I cannot dredge up the smallest amount of compassion or sorrow for this completely worthless being—only disgust!

Mike Cayton

New Bern, North Carolina

You illustrate the moralistic bigotry

and lack of scientific objectivity that the young lady charged were typical of many workers in mental hospitals.

PSYCHIATRIC BARBARISM

I congratulate you on the September *Playboy Forum* item titled "Matteawan Follies." I was the attorney privileged to try the case on behalf of Mr. Whitree, who was confined in Matteawan State Hospital for the Criminally Insane under an indefinite sentence. I wish merely to add one point that your readers may not have understood from your brief account of the case: Mr. Whitree was a perfectly healthy, normal individual for the period of over 12 years that he was permitted to languish at Matteawan. Furthermore, Mr. Whitree testified fully and at great length as to the details of the brutal assaults suffered by him throughout the period of his involuntary incarceration at the hospital. Notwithstanding the naming of specific persons who still remained in the employ of that institution, not one of those guards or attendants was called to the witness stand to refute the charges made against them.

Unless the responsible members of our community wake up now and do something with regard to raising the standards of our state hospitals, there will be a long line of innocent persons who are victimized and whose lives are ruined. Everyone rests comfortably in the fallacious notion that mental affliction will never be their lot in life. Statistics, however, demonstrate that the likelihood of such an unfortunate occurrence is high. The court record of this case reveals the heavy hand of authoritarianism clutching the throat of the innocent. The best that can be said for those of us who treasure our creature comforts is that we are unwitting accomplices to barbarism.

Aaron J. Broder
Attorney at Law
New York, New York

BEHAVIOR THERAPY

No doubt Gerald Davison and David Barlow (*The Playboy Forum*, April 1967 and August 1968) are well meaning in their desire to recondition sex deviants by behavior therapy. But before becoming too enthusiastic about their "new" treatment, especially as it pertains to homosexuality, we ought to have some definite answers to the following questions:

First, what is meant by "behavior therapy," and do we want to impose such treatment on human beings? Since 1961, professional journals have been reporting that two major types of aversion therapy—chemical and electrical—have been used with some degree of success in "curing" homosexuality, transvestism, gambling, marital infidelity, swearing, etc. As an example of chemical therapy, one journal reports the case of

a 22-year-old truck driver treated for transvestism. Every two hours for six days and nights, he was given injections of apomorphine—which brought on headache, nausea and vomiting. While in this condition, he was shown pictures of himself dressed in women's clothes. It had been planned to put him through 72 "trials," but the last four had to be abandoned because he became irritable, confused and hostile; developed rigors, high temperature and high blood pressure; suffered from impaired coordination and was unable to maintain a normal conversation. However, the doctors report the patient was cured and six months later had no desire to dress in women's clothing.

In the case of electric-shock therapy, the patient is placed in a small, dark room and is shown slides of attractive males and females. The homosexual male patient, if he does not push a button that turns off the slide of an attractive male within eight seconds, receives an electric shock "as painful as the patient can bear." As soon as he pushes the off button, the picture of an attractive female is flashed on and no shock is administered. The number of sessions varies from 5 to 28 and "booster" sessions (8 or 10) may be given each year in order to prevent relapse. One patient, it is reported, gasped every time a picture appeared, became extremely disturbed, wept for half an hour after each session and finally, rushing out of the room in tears, refused further therapy. I cannot see where this form of treatment differs from the tortures of the Inquisition or the brainwashing of the Communists.

I would also like to know: To whom is behavior therapy to be applied? The researchers may well respond: "Only to those who want it." But how do they propose to deal with those public officials who offer the sexual nonconformist the choice of being "cured" or of being sent away to a prison?

The Society for Individual Rights, the largest and most active organization of homosexuals in this country, believes that homosexuality is neither inferior nor superior to heterosexuality and that homosexuals should be accepted or rejected on the basis of their individual merits and not on the basis of their sexual orientation.

Larry R. Littlejohn, President
Society for Individual Rights, Inc.
San Francisco, California

Questioned about the alleged cruelty of chemical and electrical aversion-therapy techniques, Barlow told PLAYBOY:

All phases of the procedure we now employ are accomplished using the imagination of the patient. This, of course, requires not only the cooperation but also the active participation of the patient in imagining different aspects of his unde-

sired behavior in conjunction with unpleasant scenes of his choice. This procedure has evolved from recent research and seems an improvement over previous chemical and electrical techniques that, like early crude surgery, were sometimes painful. Our procedures are not "tortures of the Inquisition" but, rather, methods derived from the experimental laboratories just like other pharmacological and surgical innovations and carefully applied to consenting human beings to relieve some suffering.

• Dr. Davison responded to the comment about involuntary imposition of behavior therapy:

If judges and legislators come to regard behavior-therapy techniques as effective, there is, indeed, the danger of persons accused of criminal sexual behavior being forced to submit to them. This would be most unfortunate, but concern can be tempered by the fact that behavioral techniques can readily be thwarted by clients who do not wish to be affected. We have no "Manchurian Candidates." Nonetheless, the overriding problem is really the growing psychiatrization of the law, the trend toward "explaining" atypical behavior as due to "illness" and removing the individual concerned from due processes of law. This trend could make use of behavioral procedures in the same way it currently includes the work of the psychiatrist, and it certainly should be resisted. Indeed, we should anticipate that ingenious clinical researchers will develop procedures that can be forced on unwilling patients. While there will always be the occasional unethical and unfeeling clinician, our graduate and postdoctoral programs pay special attention to moral issues as well as to scientific and clinical training. Moreover, the American Psychological Association has its own code of ethics, which is under constant review, so that, like the other helping professions, we keep mindful of issues that transcend scientific findings.

• GAY IS GOOD ✓

I find the August Playboy Forum letter from David H. Barlow offensive and illustrative not only of the failures of psychology and psychiatry in their approach to homosexuality but also of the dangers in the form of "human engineering" practiced by behavioral therapists. I write as a homosexual. I am founder and president of the Mattachine Society of Washington, D. C., and chairman of the Eastern Regional Homophile Conference, although I am writing this letter as an individual.

There is no valid scientific evidence to show that homosexuality is a sickness, illness, neurosis or pathology of any kind. It is a preferred orientation or propensity, not different in kind from heterosexuality. Homosexuality is not intrinsically inferior to heterosexuality; it is not a second-best condition. The problems of the homosexual stem from discrimination by the heterosexual majority and are much more likely to be employment problems than emotional problems. There is no valid ethical reason for a person to subject himself to conditioning therapy other than submission to societal prejudice. Such submission is immoral, of course, because the prejudice is immoral.

Has Mr. Barlow ever considered that the fact that heterosexuals rarely (if ever) wish to change to homosexuality, while homosexuals occasionally wish to become heterosexual, may imply the same conclusion that can be drawn from the one-way traffic in Negroes passing as whites? The conclusion is that society has indoctrinated a minority group with a false sense of inferiority. Negro leaders in a wise effort to repair the human damage done them have coined the slogan "Black is beautiful." Barlow and his professional colleagues would be of greater service to the harassed homosexual minority if they ceased to reinforce the negative value judgments of society and, instead, adopted a positive approach in which therapy for a homosexual would consist of instilling in him a sense of confident self-acceptance so he could say with pride, "Gay is good."

Franklin E. Kameny, Ph.D.
Washington, D. C.

• We share your distaste for emotionally charged words such as "sickness" to describe what is more aptly called a "deviance" (the neutral term used by Barlow to denote a departure from behavioral norms); nonetheless, avoiding loaded epithets should not blind us to the fact that there are distinctions between heterosexuality and homosexuality. Contrary to your assertion that the latter is a "preferred orientation," the available evidence indicates that the exclusive homosexual is not following a preference at all but, rather, a compulsion based on phobic reactions to heterosexual stimuli.

The tenacity of this compulsion can be measured by the forces with which it is in conflict: In almost any human society, every influence, from parental upbringing to the broadest cultural persuasions, operates to encourage a man to perform as a biological male with females; for reasons as yet not known with scientific certainty, the homosexual reacts negatively to this conditioning and develops at odds with the very ground from which he sprang. This is not a deliberately chosen non-conformity, because exclusive homosexuality is involuntarily and unexpectedly

arrived at. Thus, the sexually inverted male finds himself rejecting his biological role and the physical and emotional satisfactions that it offers; he finds himself in conflict with parental expectations and in opposition to society's pervasive encouragement of heterosexuality. In return for the price in tension he must pay for his rejection of these values, he gains no greater good through his relations with males than the heterosexual gains in relations with females. Therefore, it is far from accurate to state that exclusive homosexuality is without intrinsic disadvantages for the individual, disadvantages that would exist even in a tolerant society.

It is just as inaccurate to state that homosexuals share "minority group" status with blacks (or with ethnic and religious minorities). Such minority groups are bound together by a vast complex of relationships, values and social structures, not least of all the preservation of the group by reproduction. Homosexuals, on the other hand, are an aggregate of individuals who share only a single attribute. The problems of most other minorities are caused primarily by persecution; homosexuality, when compulsive and phobic, is in itself a problem that exists in addition to the problems caused by society's attitude. For this reason, homosexuals should not be discouraged from seeking therapy when they want it; the suggestion by homophile spokesmen like yourself that individuals who do undergo treatment are violating group solidarity merely adds another conflict to the many already besetting homosexuals.

In spite of our disagreement on these issues, we share your belief that the situation of the homosexual in America today would be vastly improved were it not for an intolerant and hostile society that subjects him to enormous stresses. To do away with that kind of social intolerance has been a constant and fundamental purpose of "The Playboy Forum."

BUS-TERMINAL BLUES

One night, while on my way downtown to pick up a newspaper, I stopped at the bus terminal to relieve myself. A young man was standing at the next urinal and glanced at me while I was urinating. When I went to the washstand, he followed me, flashed a badge and told me I was under arrest for "public masturbation." At the police station, the charge was changed to "disorderly conduct, sex pervert." After making bond, the bondsman told me that only one lawyer in town handled such cases and that the lawyer's father was a police official. I tried to obtain a different attorney but was advised by all and sundry that nobody in this town but that one lawyer could ever win such a case. I contacted him and was told that

he would have "sex pervert" removed from the charge and that I would get off with a fine if I pleaded guilty to simple "disorderly conduct." I followed his advice and the whole travesty cost me \$500—the fine plus his fee.

Shortly thereafter, a prominent college official was arrested under similar circumstances and decided to fight the case. As a result, he stood trial for perversion rather than just disorderly conduct. He brought in scores of character witnesses and was acquitted, but the college fired him anyway.

I've learned that many citizens in this town have gone through the same routine as I did. They had the same original charge, the same reduction in charge, the same attorney, the same judge, the same fine and the same legal fee. Many, of course, are homosexuals who don't fight back because they know the police can always arrest them again on a similar charge. Others are merely intimidated by fear of public reaction.

The vice squad and that lawyer sure have a sweet racket going for them.

(Name withheld by request)
Birmingham, Alabama

POLICE AND SEX LAWS

As a police officer, I would like to give my views on the treatment of homosexuals by law-enforcement agencies. Most policemen will agree that the problem of so-called sexual perversion is inadequately handled by society. Sexual offenses are the result of psychological disturbances, for which the sex offender needs rehabilitation, not incarceration. Police officers are exasperated at having to engage in vain efforts to enforce laws that aren't justified by present-day knowledge and conditions. The resolution of society's sex problems has been left to the policeman, who has neither the time nor the training to cope in any scientifically oriented way with the sex offender. Every community should make a full, unbiased study of its laws governing sexual behavior. Those laws that have been shown by new knowledge to be obsolete should be stricken from the books. Only then will mistreatment of sexual minorities come to an end.

H. A. Brockman
Orlando, Florida

RAFFERTY'S RANT

The eminent Dr. Max Rafferty recently authored a *Reader's Digest* article titled "Crack Down on the Smut Kings!" in which he implies that pornography is to blame for teenage sex crimes, venereal disease and premarital pregnancy. In one paragraph, he describes a film in which all the actors and actresses are nude and says he finds this fact "pretty depressing in itself."

Dr. Rafferty ends with a plea that citizens work, for the sake of their children and grandchildren, to suppress the

production and sale of pornography. Does he feel that our offspring need saving from the knowledge that sex is enjoyable, or just from knowledge? Granted, pornography is not very educational. Still, it seems obvious to me that the real reason teenagers commit sex crimes, contract venereal disease or get pregnant is that too many of them are woefully ignorant about sex. If Dr. Rafferty were seriously concerned about juvenile sex tragedies, it seems to me he would be advocating thorough sex instruction for the young. To make current problems an excuse for an attack on freedom of expression is absurd, vicious and irrelevant.

Reese DeVere
San Lorenzo, California

SEVEN POISONED CHILDREN

In the firm belief that the deprivation of one man's civil liberties is an affront to us all, I am writing to *The Playboy Forum* to bring public attention to the largely unheeded plight of James Richardson, a Southern Negro. Richardson lived in Arcadia, Florida, with his wife and their seven small children. During October 1967, both he and his wife were working together as orange pickers on a farm 16 miles from Arcadia. On October 25, 1967, after arranging with a neighbor to care for and feed the children in their absence, the Richardsons boarded a farm-labor truck for a day's work in the fields. At noon, they were summoned to the Arcadia hospital, where they were subsequently informed that all seven of their children were dead. The children had been poisoned with an insecticide.

Shortly after the mass funeral that took place a few days later, the Arcadia sheriff, Frank Cline, charged James Richardson with murdering his children. At press conferences, the sheriff asserted that the motive was insurance money and that Richardson had taken out a life insurance policy on the life of each child the day before he killed them. The sheriff and the prosecuting attorney told the press that Richardson had previously killed three other children in Jacksonville, Florida. A jury was chosen in the lynch atmosphere that prevailed, and a few days thereafter, Richardson was convicted of murder in the first degree and sentenced to death in the electric chair. He is presently confined to death row at the state prison at Raiford, Florida.

The jury never was informed that there was, in fact, no life insurance policy on the life of any of the children and that Richardson, a former preacher and choir singer, had never harmed, much less killed, any other children.

Richardson's lawyer was called a "hippie," "nigger lover" and that epithet reserved for the most troublesome, a "Yankee agitator." The lawyer, John Spencer Robinson, is white, born and raised in Tennessee and a successful