THE AVERSION PROJECT —
PSYCHIATRIC ABUSES IN THE
SOUTH AFRICAN DEFENCE FORCE
DURING THE APARTHEID ERA

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During the long years of apartheid in South Africa, doctors were part of a system of systematic state abuse of prisoners. In the most notorious example, doctors claimed that Steve Biko was shamming when suffering from extensive brain damage as a result of severe beating while in custody. There were allegations of abuse of black patients in mental hospitals. Now a report has revealed bizarre psychiatric abuse in the South African Defence Force (SADF) over several decades.

The Aversion Project" claims that there was extensive psychiatric abuse directed at homosexual and, to a lesser extent, drug-abusing conscripts in the SADF. The report was publicised in a series of articles in the Mail & Guardian. The revelations have cast a pall on a profession trying to establish credibility after the apartheid era.

According to the report, over a period of close to 2 decades, homosexual conscripts of both sexes were culled from the military ranks and subjected to crude electric shock therapy based on rudimentary behaviour therapy principles. Male subjects were shown pictures of men to arouse them, then given electric shocks followed by colour pictures of nude women in Playboy magazines. When — predictably — this failed to change sexual preference, some of the subjects had sex change operations. It appears that most female subjects were spared the shock treatment but still went through the sex change procedures.

According to the Mail & Guardian article, possibly 900 sex-change operations were carried out (a rate of about 50 a year for 18 years) under the auspices of the SADF. In the half century since sex reassignment surgery was first performed, it must be unique for such operations to be done under the auspices of the military, with many, possibly all, of the procedures performed in military hospitals. Once the operations were completed, subjects were discharged from military service; their birth certificates were changed and they were given new identity papers. Some were discharged before the sex-change had been completed, leaving them in an uneasy state of limbo; they are now trying to get the military to pay the cost of completing the procedure. Others are petitioning for subsidisation of the expensive hormone treatments which are required for maintenance of female or male characteristics.

Investigation of the claims is difficult in view of the passage of time. In many cases records have been lost. Tracing the doctors involved in the treatment has proved contentious. A central figure in the allegations has been psychiatrist Aubrey Levin, who had the rank of Colonel in the SADF. Dr Levin is believed to be one of 24 doctors who have been warned by the Truth and Reconciliation Commission that they may be named as perpetrators of human rights abuses. From 1969 to 1974, Dr Levin ran the notorious Ward 22 at 1 Military Hospital in Voortrekkerhoogte, where most of the subjects were treated. After he left the military, Dr Levin continued treatment of conscripts in Bloemfontein while professor of psychiatry at the University of the Orange Free State.

Dr Levin, now based in Calgary, Canada, has strenuously denied that any abuse occurred with conscripts under his care in the military and threatened to sue for defamation. Dr Levin said the Health and Human Rights Project's submission was "based on distortions of the facts, and raises doubts about not only my credibility but also about several other doctors who worked with me." He claims he only used drugs and a 'battery-operated device' on patients, and denied that electric shock treatment or gender reassignment surgery was conducted by the military.

The approach followed by the SADF to homosexuals has shocking overtones of coercive and punitive treatment. Homosexuality was officially regarded as subversive and unacceptable by the SADF but, in practice, attitudes were ambiguous and inconsistent. Some homosexuals in the SADF established relationships and were accepted by their heterosexual counterparts. An all-homosexual unit operating from Upington was regarded as highly efficient and was praised for its combat record. Yet many other homosexuals were mercilessly persecuted and professional soldiers denied promotion.

At the time the aversive treatments were used, homosexuality was no longer regarded as a psychiatric illness in European or American psychiatry. And, while aversive therapy had a brief vogue to assist homosexuals who wanted to change orientation (without success) or reduce potentially risky behaviour such as cruising (often helpful), it was only performed with consenting adults. Furthermore, the electrical shocks used in treatment were of pinprick intensity; by contrast, an intern psychologist, Trudi Grobler, described the shocks administered to a female subject at 1 Military Hospital as so intense that the shoes came off her feet.

The approach followed in the SADF appears to have developed in complete ignorance of the scientific literature on homosexuality and transsexualism, going back at least a
century if one uses Krafft-Ebing or Havelock Ellis as a guide. The attitude was simplistic, crude and stereotypical to an extreme: male homosexuals were perceived as effeminate and passive, inadequate males who wanted to be female; female homosexuals were the reverse — butch women who aspired to be male. Considering that the first sex change operation occurred in the 1950s and that there has been a flood of literature on the topic since then, the only conclusion that can be reached is that the psychiatrists involved were not only woefully and balefully ignorant, but functioned as an extension of the military ethos.

The requirement for transsexuals going through gender reassignment surgery, in addition to involvement with disciplines such as endocrinology, is to have extensive psychiatric assessment and a period of supervision lasting 2 years to show that they can successfully adapt to their new identity. This is in marked contrast to the procedure reportedly followed in the SADF, where counselling was minimal or nonexistent and no follow-up was provided. Whether subjects selected for the operation were even given a choice is unclear. According to the report, it is doubtful that the sex-change operations proceeded with consent that would be regarded as fully informed on an ethical or legal basis; some conscripts were below the legal age of consent. By any standards, to advise a subject that a sex change operation will change their sexual preference is so egregiously misguided that it must constitute gross medical negligence.

The belief that sex-changes would alter homosexuality is a profound misinterpretation. Homosexuality is a matter of sexual preference; transsexualism is a disorder of gender identity. While some homosexuals (and heterosexuals) may engage in cross-dressing, chiefly for sexual purposes, the vast majority are comfortable and do not wish to change their gender. Transsexuals, by contrast, have a sustained unease with their biological gender and see cross-dressing and reassignment surgery as satisfying their desired identity.

Drug abusers were also subjected to unethical psychiatric treatment in the SADF. With homosexuals, political and conscientious objectors and the seriously mentally ill, they were regarded as 'deviants' in need of psychiatric cure, showing ominous similarity with psychiatric 're-education' in the Soviet Union. Narco-analysis was a favoured treatment in addition to electric shock therapy. Drug users (the majority were using cannabis or Mandrax) were incarcerated in the notorious Greeswald camp, located in the far north and unapproachable except by air. Here they were subjected to extreme discipline, amounting to hard labour, the logic apparently being that this would cure them of their drug problem. Once again, there was an issue of informed consent, resulting in complaints to the then-South African Medical and Dental Council.

Were the allegations confirmed, they would rank among the worst psychiatric abuse since the Nazi era, exceeded only by the systematic state abuse of dissidents in the Soviet Union. A more recent and comparable event is the Chelmsford Deep Sleep scandal in Australia. From 1963 to 1979, several hundred patients were subjected to a discredited, dubious and dangerous treatment, Deep Sleep therapy, in a private Sydney suburban hospital. Flattened by huge doses of sedatives, with little or no supervision, patients were left to wallow in their excretions, resulting in severe morbidity and numerous deaths. It took at least a decade before the media revelations and public uproar led to a Royal Commission. By then, the chief proponent, Dr Harry Bailey, had committed suicide.

In 1995, the Medical Association of South Africa issued a public apology for past wrongdoings. As recent television footage of police setting attack dogs on illegal migrants showed, torture continues to be used by some elements of the police in criminal cases. The South African medical profession needs to demonstrate unambiguously that there will never again be medical complicity in torture or other human rights abuses. Until there is a comprehensive and public investigation of medical abuses in the SADF, psychiatry in the new South Africa will remain deeply compromised. To maintain credibility there must be a full and open inquiry, the offenders brought to justice and a regulatory system established to ensure that such atrocities do not occur again. Anything less will be a serious injustice.

5. SAPA report. SADF used Playboy centrefolds to 'reprogramme' gay recruits. 16 June 2000.
6. Thiel G. It wasn't torture, says 'Dr Shock'. Electronic Mail & Guardian 1997; June.