

“WISH I WOULD BE NORMAL”: LSD AND HOMOSEXUALITY AT HOLLYWOOD
HOSPITAL, 1955-1973

A Thesis Submitted to the College of
Graduate and Postdoctoral Studies
In Partial Fulfillment of the Requirements
For the degree of Master of Arts
In the Department of History
University of Saskatchewan
Saskatoon

By

Andrea Ens

Permission to Use

In presenting this thesis in partial fulfillment of the requirements for a Postgraduate degree from the University of Saskatchewan, I agree that the Libraries of this University may make it freely available for inspection. I further agree that permission for copying of this thesis/dissertation in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work or, in their absence, by the Head of the Department or the Dean of the College in which my thesis work was done. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my thesis.

Requests for permission to copy or to make other uses of materials in this thesis in whole or part should be addressed to:

Head of the Department of History
Arts and Science Admin Commons
Room 522, Arts Building
University of Saskatchewan
Saskatoon, Saskatchewan S7N 5A5 Canada

Or

Dean
College of Graduate and Postdoctoral Studies
University of Saskatchewan
116 Thorvaldson Building, 110 Science Place
Saskatoon, Saskatchewan S7N 5C9
Canada

Abstract

This thesis examines the subjective experiences of twelve same-sex attracted men who received psychiatric LSD-25 therapy on the basis of their sexual orientation between 1955 and 1973 at Hollywood Hospital, a private institution in New Westminster, British Columbia. Using patient- and practitioner-authored materials from Hollywood Hospital, I first examine Hollywood Hospital's methodological practices and theoretical perspectives on same sex attraction, arguing that this hospital's treatment program was fundamentally shaped by its nature as a private medical facility and its controversial use of LSD-25 in treatment. Next, this thesis investigates the first-person descriptions of why these men desired greater insight and/or heterosexual conversion through psychedelic therapy. Their self-reported concerns were influenced by both medical and social discourses on same-sex attraction in the context of the Cold War, a time when ideas about global security, the family, sexuality, psychiatry, and psychopharmacology were in flux. Both Hollywood Hospital's practitioners and patients were influenced by this discursive blending of ideas. Ultimately, this thesis compares these patient experiences to wider mid-twentieth-century medical, legal, and cultural discourses on the nature of homosexuality as a crime or a disease. Records from the Forensic Clinic at Toronto (retrieved from the CAMH archives), Canadian parliamentary debates on the decriminalization of homosexuality, and contemporary parental advice literature support the sociological theory that various authorities competed to define homosexuality as deviance in mid-twentieth-century Canada. A close examination of Hollywood Hospital's patients helps to illustrate how the social, legal and medical discourses on same-sex attraction shaped their therapeutic experiences.

Acknowledgements

There are a number of people I would like to thank for their support, assistance, and kindness through the course of this thesis' development. First, I cannot overstate my appreciation for my supervisor, Dr. Erika Dyck. Her experience, knowledge, encouragement, and recommendations were invaluable throughout this process, and I consider myself extremely fortunate to have had the opportunity to work with someone I so deeply respect. She is truly the historian I aspire to one day become. My committee members, Dr. Matthew Neufeldt and Dr. Ashleigh Androsoff, provided much appreciated expertise – I am incredibly grateful for their suggestions, insight, and enthusiasm for this project. I would also like to thank Dr. Robert Englebert, my thesis defence chair, and Dr. Laura Wright, my external examiner. Drs. Jim Clifford, Frank Klaassen, and Katie Labelle taught me what it means to be a historian, grounding me in new methodologies, new ways of thinking, and a new kind of confidence in myself as an academic.

I would like to also extend my sincerest thanks to a number of people that have provided me with invaluable support during the writing, researching, and editing process. First, I would like to sincerely thank John Court at the Centre for Addiction and Mental Health (CAMH) Archives for his kind assistance during my visit. This project would not have happened without the hard work of my fellow members of the Hollywood Hospital research project team. Jon Bath deserves particular commendation for his role in the creation of the Hollywood Hospital database – the core of my research. I would be remiss to not thank my MA cohort for their encouragement, ideas, and thoughtful edits. I also could not have completed this project without support from the University of Saskatchewan's History Department, the Social Sciences and Humanities Research Council (SSHRC), and the CAMH.

My family, friends, and loved ones are deserving of my deepest thanks, as well. Thank you all for listening to me endlessly rant about my research, offering support when I needed it, stopping me from becoming a complete hermit, and reminding me that I am never alone. I cannot thank you all enough.

Dedication

Dedicated to my family.

Table of Contents

Permission to Use	i
Abstract	ii
Acknowledgements	iii
Dedication	iv
Table of Contents	v
List of Images	vi
Introduction	1
Chapter 1: Experience Versus Expectation: The Theoretical and Social Context Behind Hollywood Hospital’s LSD-25 Therapies	25
<i>1.1 Hollywood Hospital’s Treatment Process and Methodology</i>	27
<i>1.2 Psychoanalytic Theories on Same-Sex Attraction</i>	40
<i>1.3 The LSD-25 Controversy</i>	47
Chapter 2: “I have a homosexual problem”: The Intersection of Medical and Social Discourses in Hollywood Hospital’s Patients’ Experiences	54
<i>2.1 Patients’ Reasons for Treatment</i>	56
<i>2.2 Patient and Practitioner Understandings of Homosexuality</i>	63
<i>2.3 Medical vs. Social “Diagnoses”</i>	75
Chapter 3: Crime or Compulsion?: Defining Homosexuality as Deviance in Mid-Twentieth Century Canada	82
<i>3.1 The Forensic Clinic, Toronto</i>	84
<i>3.2 Members of Parliament, April 1969 Parliamentary Debates</i>	96
<i>3.3 North American Parental Advice Literature</i>	102
Conclusion	110
Appendix	114
Bibliography	119

List of Images

A.1: Diagram and Photograph of LSD-25 Treatment Room at Hollywood Hospital.....	114
A.2: Rear view of Hollywood Hospital including the patient garden.....	115
A.3: Photo of Dr. MacLean (left).....	116
A.4: Photo of Dr. MacLean (centre).....	117
A.5: Map of TPH and its Clinics.....	118

Introduction

The late 1950s and early 1960s were filled with loneliness and heartbreak for Neil McIvor, who felt that most of his troubles were caused by his sexual attraction to men. Neil, an American actor born in 1929, divorced his wife of three and a half years in 1958 and began psychoanalytic “talk” therapy the following year. He pursued multiple sexual relationships with men after his divorce but had found little satisfaction in any of these encounters; homosexuality, in his words, “brought [him] only unhappiness,” and by the mid-1960s, he desperately hoped to rid himself of this “compulsion.”¹ Psychiatric therapy offered a glimmer of hope. Neil wanted to return to his former married life through therapy by potentially remarrying his ex-wife. If he could not be cured of his homosexuality outright, he at least hoped treatment would help him understand the reasons behind his same-sex attraction. Instead, his view of his sexuality changed. On 16 October 1967, Neil underwent LSD-25 therapy at Hollywood Hospital in New Westminster, British Columbia. The day after his treatment session Neil wrote that his experience had left him feeling “reborn.”² Psychedelic therapy gave him a new perspective on himself and his same-sex attraction.

Neil may have been surprised to learn that he was not the only one who came to Hollywood Hospital to better understand his sexual attraction to men. Rather, he was one of twelve patients who received treatment for this purpose at this institution between 1955 and 1973. During this time period, psychiatrists at Hollywood Hospital attempted to “cure” male homosexuality using d-lysergic acid diethylamide-25 (LSD-25), a pharmaceutical synthesized by

¹ Neil McIvor’s Pre-Treatment Autobiography, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

² Neil McIvor’s Patient Description of Experience, October 18, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

Albert Hofmann in 1938 for experimental and research purposes.³ Hollywood Hospital's LSD-25 treatments for alcoholism were well known among the general public in New Westminster and it was popularly recognised as an addictions treatment clinic mainly serving elite clientele. This hospital did not particularly specialize in "treating" homosexuality, yet twelve patients sought treatment for same-sex attraction. The twelve cases examined in this study thus present a queer contradiction: why did these men seek help for at an addictions clinic for what appeared to be a problem with their sexuality?

The personal reasons these twelve same-sex attracted men cited for LSD-25 treatment at Hollywood Hospital reflect changing understandings of homosexuality amongst Canadians from 1955 to 1973. This thesis illuminates these twelve patients' agency in seeking treatment while examining how pathologizing homosexuality effected these individuals. The individualized and inconsistent nature of treatment at Hollywood Hospital also demonstrates how the relationship between physiology, psychology, sexuality, and social attitudes took shape from the mid 1950s to 1970s in a medicalized context. Further, this project explores how cultural and psychiatric ideas of "deviance" versus "normality" were influenced by one another in Cold War era Canadian society.

It is important to note that most of the men whose experiences I examined did not specifically identify themselves as homosexuals. There are several historical reasons why they might have chosen not to label themselves in this manner. In mid-twentieth-century North America, "homosexuality" was an extremely politicized and medicalized term which had specific and negative cultural meanings attached. Homosexuality was considered to be a crime

³ Albert Hofmann, *LSD: My Problem Child and Insights/Outlooks*, trans. Jonathan Ott, ed. Amanda Feilding (Oxford: Oxford University Press, 2013). Though Hofmann first synthesized LSD-25 on 16 November 1938, this compound was not considered relevant to psychiatry until he accidentally spilled a small amount on his hand on 16 April 1943 and discovered its psychedelic effects.

under Canadian law until 1969. It was also considered a psychiatric disorder whose classification within the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I, 1952), a document published by the American Psychiatric Association listing all recognized classifications of mental disorder, associated it with conditions like pedophilia and fetishism. It was not fully removed from the DSM until the release of its revised third edition in 1985.⁴ These psychiatric and legal connotations influenced cultural and social attitudes towards same-sex attraction. Historian Elise Chenier has explained that the concept of the “criminal sexual psychopath” which emerged in Canadian legal and public discourse following the Second World War associated homosexuality with sex offenders who targeted children. Thus, sexual “outsiders” – including but not limited to self-defined homosexuals – were both culturally and medically defined as mentally ill and increasingly seen as a danger to Canadian society, and to children in particular.⁵

The first half of the twentieth century was a turbulent time for Canadians. Two global conflicts of unprecedented scale and the Great Depression had disrupted traditional conceptions of gender roles. As women entered the workforce *en masse* during the Second World War, their families began dividing necessary household workloads and structured their day-to-day lives in fundamentally different ways than previous generations.⁶ These events led to widespread

⁴ Homosexuality was first introduced as a psychiatric disorder in the DSM-I (1952). This categorization was changed in the DSM-II-R (1973) by including a new category called “sexual orientation disturbance,” which applied to homosexuals who were deeply disturbed by their sexual orientation. However, this category continued to assume that homosexuality was a form of pathology. All references to homosexuality were not fully removed as symptoms of mental disorder until the DSM-III-R (1985).

⁵ Elise Chenier, *Strangers in Our Midst: Sexual Deviancy in Postwar Ontario* (Toronto: University of Toronto Press, 2008): 5; Elise Chenier, “The Criminal Sexual Psychopath in Canada: Sex, Psychiatry, and the Law at Mid-Century,” *Canadian Bulletin of Medical History* 20, no. 1 (2003): 76; Franca Iacovetta, “Freedom Lovers, Sex Deviates, and Damaged Women: Iron Curtain Refugee Discourses in Cold War Canada,” in *Love, Hate, and Fear in Canada’s Cold War*, ed. Richard Cavell (Toronto: University of Toronto Press, 2004), 77-8.

⁶ Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988): 8-9; Jeff Keshen, “Revisiting Canada’s Civilian Women During World War II,” *Social History* 30, no. 60 (1997): 241-2; Robert Rutherford, “Fatherhood, Masculinity, and the Good Life During Canada’s Baby Boom, 1945-1965,” *Journal of Family History* 24, no. 3 (1999): 353. See also Nicole Christie, *Engendering the State: Family, Work, and Welfare in Canada* (Toronto: University of Toronto Press, 2002) for more information on how the economic hardship experienced during the First World War and the Great Depression changed Canadian perceptions of gender roles and family responsibilities.

anxieties regarding the stability of North American families, gender roles, and fears over sexual chaos.⁷

The Cold War heightened these cultural apprehensions. The ideological conflict between the U.S.S.R. and the United States (and, by extension, their allies) created a sense of cultural anxiety characteristic of the atomic age and fostered lingering fears that American masculinity was under threat.⁸ This insecurity developed from the notion that men's work had become less focused on physical labour and from the growing expectation that fathers take a larger role in childrearing.⁹ Resolving this crisis in masculinity was seen as integral to the survival of the North American way of life: virile, strong, masculine men were needed to defend the nation from Nazis, Communists, and other enemies of the state.¹⁰ Canadian governments in the postwar period believed it was in Canada's best interests to follow the moral and military lead of the United States, and as fears of the "red menace" filtered across the border, these cultural discourses began to appear in Canada as well.¹¹ During the 1950s, for example, Louis St. Laurent's Liberal government believed in cooperating with the United States for the purposes of defending North America from Communists.¹² One way in which Canadian and American families reacted to concerns about sex roles and changing family structures was by focusing on

⁷ May, *Homeward Bound*, 93.

⁸ For a deeper explanation of how anxiety became part of the culture of the Cold War, see Jackie Orr, *Panic Diaries: A Genealogy of Panic Disorder* (Durham: Duke University Press, 2006).

⁹ Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997): 8-9, 30; Julia Grant, "'A Thought a Mother Can Hardly Face': Sissy Boys, Parents, and Professionals in Mid-Twentieth Century America," in *Modern American Queer History*, ed. Allida M. Black (Philadelphia: Temple University Press, 2001): 119.

¹⁰ *Ibid.*, 118-9.

¹¹ Adams, *The Trouble with Normal*, 6; Robert Bothwell, *The Big Chill: Canada and the Cold War* (Toronto: Irwin Publishing, 1998): 45. While Bothwell notes that anti-Communism never became as big of a political issue in Canada as it did the United States and that Canadian propensity for anti-communism has been exaggerated by historians, he nonetheless argues that Canadian society at large was in favour of anti-Communist policies and actions during the 1950s.

¹² *Ibid.*

the creation of “normal” or “traditional” families with rigid gender roles that would fulfill the needs of all members and provide stability in an otherwise unstable era.¹³

In the 1940s, the only culturally acceptable means of organizing emotional and sexual life was the companionate heterosexual marriage, which meant that anyone who did not conform to this structure and its associated values could anticipate social stigmatization and marginalization.¹⁴ In this context, homosexuality became a threat to Canadian society due to its implicit association with Communism at the height of the Cold War. Homosexuals, according to the logic of McCarthyism, had the potential to destabilize wholesome North American families and society’s moral and sexual order, thereby weakening the West’s stand against the Communist threat.¹⁵ Homosexuals were also feared in Canadian society because they were alleged security risks: these “deviant” individuals were widely seen as lacking the strong moral fibre associated with masculine, heterosexual men and could therefore be easily blackmailed, seduced, or tempted to join subversive groups which threatened society at large.¹⁶

The unsurprising consequence of these negative public discourses was widespread, state-sanctioned discrimination against same-sex attracted individuals. This discrimination took several forms in the Canadian context. Men suspected of being “sexual deviants” were fired from their jobs or were barred from employment in the first place.¹⁷ A change in Canadian

¹³ May, *Homeward Bound*, 11.

¹⁴ *Ibid.*, 13; Adams, *The Trouble with Normal*, 9; Carter, *The Importance of Being Monogamous*, 3-4; Reg Whitaker and Steve Hewitt, *Cold War Canada* (Toronto: James Lorimer & Company, 2003): 97-9; Gary Kinsman, “The Canadian Cold War on Queers: Sexual Regulation and Resistance,” in *Love, Hate, and Fear in Canada’s Cold War*, ed. Richard Cavell (Toronto: University of Toronto Press, 2004), 114.

¹⁵ Adams, *The Trouble with Normal*, 50; Bothwell, *The Big Chill*, 45. “McCarthyism” refers to the virulently anti-Communist ideology popularized by American senator Joseph McCarthy in the 1950s and 1960s. McCarthy fueled fears that American government institutions and pop culture had been infiltrated by Communist spies through his influential public smear campaigns. As his beliefs spread, they heightened Cold War social tensions in mid-twentieth century America, and, to a lesser extent, in Canada as well.

¹⁶ Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999): 323; Gary Kinsman and Patrizia Gentile, *The Canadian War on Queers: National Security as Sexual Regulation* (Vancouver: UBC Press, 2010): 66; May, *Homeward Bound*, 95.

¹⁷ Adams, *The Trouble with Normal*, 24.

immigration law in 1952 included homosexuality as a justifiable reason to deny someone entry into the country.¹⁸ The RCMP formed a specialized unit known as A-3 specifically meant to find and remove homosexual “perverts” from the civil service.¹⁹ Psychiatrists and psychologists were even recruited by the Mounties to take part in the creation of the “Fruit Machine,” an ultimately unsuccessful device intended to “catch” homosexuals by measuring a test subject’s reaction to homoerotic images.²⁰ By 1967, the RCMP had compiled eight thousand files on known or suspected homosexuals.²¹ They gained their information from blackmailing same-sex attracted men, forcing them to give the police the names of other homosexuals they knew.²² These efforts demonstrate the intense social pressures Canadian same-sex attracted men faced daily.

Given this historical context, psychiatrists and other medical practitioners in North America were eager to find a solution to the supposed social conundrum posed by homosexuality. In 1945, American psychiatrist Thomas V. Moore exemplified this perspective when he wrote that homosexuality was a “morally contagious disease” that would “bring about more and more unfruitful unions that withdraw men and women from normal family life, the development of homes, and the procreation of children.”²³ Not everyone agreed with these assumptions, however. Ground-breaking studies from within the psychiatric discipline, such as Alfred Kinsey’s *Sexual Behaviour in the Human Male* (1948) and Evelyn Hooker’s “The Adjustment of the Overt Male Homosexual” (1957), questioned the pathologization of

¹⁸ Ibid.; Nicole LaViolette, “Coming Out to Canada: The Immigration of Same-Sex Couples Under the *Immigration and Refugee Protection Act*,” *McGill Law Journal* 49 (2004): 973.

¹⁹ Adams, *The Trouble with Normal*, 24.

²⁰ Kinsman and Gentile, *The Canadian War on Queers*, 168-9; Adams, *The Trouble with Normal*, 24; Iacovetta, “Freedom Lovers, Sex Deviates, and Damaged Women,” 78; Whitaker and Hewitt, *Cold War Canada*, 97-9.

²¹ Ibid., 98-9. Less than half of these eight thousand files belonged to public service workers.

²² Ibid.; Kinsman, “The Canadian Cold War on Queers,” 109.

²³ Thomas V. Moore, “The Pathogenesis and Treatment of Homosexual Disorders: A Digest of Some Pertinent Evidence,” *Journal of Personality* 14, no. 1 (1945): 57.

homosexuality.²⁴ LGBTQ+ activism, combined with the growing anti-psychiatry movement, helped formulate a sect of radical psychiatrists who vocally protested the definition of homosexuality as a mental illness in the 1960s and into the 1970s.²⁵ Nevertheless, Moore's conclusion that "the growth of a homosexual society in any country is a menace...to the welfare of the state" was shared by many other medical and psychiatric experts of his time, making the transformation of homosexual men into heterosexuals not only a legitimate purpose for psychiatric treatment, but a moral and societal obligation.²⁶ This conclusion drew upon well-established ideas about the importance of heterosexual, monogamous marriage in constructing a stable Canadian nation dating as far back as the nineteenth century.²⁷

Part of the scientific enthusiasm for understanding, studying, and attempting to treat homosexuality stemmed from the fact that Canadian society had become increasingly secularized since the late Victorian period. According to historian Ramsay Cook, this historical transition transformed expressions of social and political norms regarding proper sexuality well into the twentieth century. He argues that the introduction of Darwinian science in the late 1800s prompted a religious crisis in English Canadian Protestant social reformers; these regenerationists "[attempted] to salvage Christianity by transforming it into an essentially social

²⁴ A.C. Kinsey, W.B. Pomeroy, and C.E. Martin, *Sexual Behaviour in the Human Male* (Philadelphia: W.B. Saunders, 1948); Evelyn Hooker, "The Adjustment of the Male Overt Homosexual," *Journal of Projective Techniques* 21, no. 1 (1957): 18-31; Douglas C. Haldeman, "The Practice and Ethics of Sexual Orientation Conversion Therapy," *Journal of Consulting and Clinical Psychology* 62, no. 2 (1994): 221; Frances V. Reilly, "Controlling Contagion: Policing and Prescribing Sexual and Political Normalcy in Cold War Canada" (doctoral thesis, University of Saskatchewan, 2016): 128; Judith A. Allen et al., *The Kinsey Institute: The First Seventy Years* (Bloomington: Indiana University Press): 39-41. Kinsey's controversial report used interviews from 5,300 men between 1938 and 1946 to examine American men's sexual behaviours. His research deprivileged heterosexual married sex based on his finding that more than one-third of men's sexual experiences occurred outside of matrimony, thereby broadening the spectrum of perceived American sexuality. Hooker's later study challenged the prevailing idea that gay men were inherently maladjusted and pathological based on her comparison of thirty homosexual men with thirty heterosexuals. She concluded that little difference exists between the 'pathologies' of homosexual and heterosexual men.

²⁵ Lucas Richert, "'Therapy Means Political Change, Not Peanut Butter': American Radical Psychiatry, 1968-1975," *Social History of Medicine* 27, no. 1 (2013): 110-5.

²⁶ Moore, "The Pathogenesis and Treatment of Homosexual Disorders," 57.

²⁷ From the 1800s to the early 1900s, the Canadian government specifically endorsed and encouraged monogamous, heterosexual marriage as a means of fostering social order in an era of mass European settlement and colonization. For more information on this topic, see Sarah Carter, *The Importance of Being Monogamous: Marriage and Nation Building in Western Canada to 1915* (Edmonton: University of Alberta Press, 2008).

religion.”²⁸ This response ironically resulted in Christianity’s decreased relevance since other social institutions were better equipped to perform the church’s social roles.²⁹ By the 1960s, then, social opinion was increasingly influenced by secular as opposed to religious thought among English-speaking Canadians, leading to an increased reverence for scientific, empiricist research. Not all historians agree with this interpretation, however. Scholars such as Nancy Christie and Michael Gavreau contend that, in the early twentieth century, Canadians did not reject spiritualism and theology as Cook argues but instead transformed these religious concepts to incorporate developing social welfare movements.³⁰ Nevertheless, science’s ability to provide observable empirical data in answer to social quandries elevated its status as a moral arbiter in postwar Canadian society. This context thus helps explain why scientific knowledge was utilized in attempts to understand and treat homosexuality during this period.

The Cold War era was also the golden age of pharmaceutical optimism: if homosexuality was an illness, then surely there must exist a chemical cure. Though same-sex attraction in adults was largely understood in psychoanalytic terms during this period – that is, as a form of psychosexual immaturity and not a neurological chemical imbalance – more mid-twentieth-century psychiatrists conceptualized mental illnesses through the lens of neurological biochemistry.³¹ These practitioners thus looked towards pharmaceutical remedies for previously incurable conditions. When blockbuster drugs such as chlorpromazine and Miltown entered

²⁸ Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian English Canada* (Toronto: University of Toronto Press, 1985): 4. Cook explains that this development was followed by sociological explanations for social phenomena replacing previously-dominant theological ones.

²⁹ Cook, *The Regenerators*, 5-6.

³⁰ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013): 98; Michael Gavreau and Nancy Christie, *A Full-Orbed Christianity: Protestant Churches and Social Welfare in Canada, 1900-1940* (Montreal; Kingston, ON: McGill-Queen’s University Press, 2001): xi-xiii. Gavreau and Christie actively reject Cook’s secularization thesis, stating that “until the late 1930s almost every facet of social investigation and social policymaking fell under the aegis of Christian leadership” (xi).

³¹ Andrea Tone, *The Age of Anxiety: A History of America’s Turbulent Affair with Tranquilizers* (New York: Basic Books, 2009): 80; Jack Drescher, “I’m Your Handyman: A History of Reparative Therapies,” *Journal of Homosexuality* 36, no. 1 (1998): 23; May, *Homeward Bound*, 94; Adams, *The Trouble with Normal*, 92.

commercial markets and revolutionized Western medical practice, they proved that synthetic solutions could perhaps exist for other psychiatric conditions.³² Various non-drug treatment approaches ranging from psychotherapy to surgery had been tried in the century before the pharmacological revolution to cure homosexuality in male patients, but had questionable long-term successes.³³ When psychiatric LSD-25 research began gaining traction in the 1950s, some experts viewed this drug as a potential cure.

Mid-twentieth-century psychedelic research in North America varied in its intentions and outcomes. From the CIA's mind control experiments under the MK-ULTRA program to Weyburn Mental Hospital's efforts to treat alcoholism and better understand the experiences of psychotic patients in Saskatchewan, LSD-25 was seen by some clinicians as a drug with perhaps unlimited potential, for good or for ill.³⁴ During this period of widespread experimentation, researchers P.G. Stafford and B.H. Golightly noted that homosexual patients who received LSD-25 therapy for other conditions also left treatment with "reported improvement in homosexual adjustments – almost as a by-product of other treatment."³⁵ Practitioners at the Forensic Clinic in Toronto, a foremost Canadian authority on the nature and treatment of sexual deviations in the mid-twentieth-century, also attempted to cure homosexuality using LSD-25 during this time.³⁶ This psychedelic application appeared in discussions about the drug in popular culture, as well;

³² David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: Johns Hopkins University Press, 2009): 3, 22; Tone, *The Age of Anxiety*, 79-80. Chlorpromazine is an antipsychotic drug that was used to treat schizophrenia, severe depression, mania, psychomotor excitement, and organic dementia after it was synthesized by Heinz Edgar Lehmann in 1954. This drug not only significantly contributed to the deinstitutionalization movement in North America, but to the broader pharmaceutical optimism of the 1960s. Miltown was a tranquilizer that came to dominate American drug markets by 1956.

³³ Haldeman, "The Practice and Ethics of Sexual Orientation Conversion Therapy," 221-7; Drescher, "I'm Your Handyman," 19-42. Though some studies, such as Irving Bieber's *Homosexuality: A Psychoanalytic Study of Male Homosexuals* (1962), claimed to have made homosexual men heterosexual during the course of treatment, it is important to note that the methodologies of many of these studies were flawed and that post-treatment follow-up was often limited, thereby making both contemporaries and modern scholars question the validity and findings of these attempts to "cure" same-sex attraction.

³⁴ Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus* (Baltimore: Johns Hopkins University Press, 2008); Martin A. Lee and Bruce Schlain, *Acid Dreams: The Complete Social History of LSD: the CIA, the Sixties, and Beyond* (New York: Grove Press, 1985).

³⁵ P.G. Stafford and B.H. Golightly, *LSD: The Problem-Solving Psychedelic* (New York: Award Books, 1967): 85.

³⁶ Chenier, *Strangers in Our Midst*, 119, 134-5.

the infamous Timothy Leary, for example, stated that “LSD is a specific *cure* for homosexuality” in a 1966 interview with *Playboy* magazine.³⁷ Given this public discourse, it is perhaps not surprising that Neil and the eleven other men who came to Hollywood Hospital between 1955 and 1973 believed that this psychedelic compound could give them greater insight into their sexual orientations or possibly cure them altogether.

Other social discourses factored into public perceptions of homosexuality in postwar Canada as well. While homosexuality was increasingly medicalized during this period, it remained deeply connected to religious ideas centred around the family, gender roles, and morality. The connection between religious doctrine and familial discourses were highly variable and complex even within the same religious denomination. For instance, in her article “Families that Pray Together, Stay Together,” historian Tina Block identifies that Protestant teachings helped to cement the heterosexual nuclear family as the postwar Canadian ideal in British Columbia. However, she also notes that “despite the best efforts of certain church leaders, there was no singular, settled Protestant perspective on what a family was, or should be, in postwar Canada.”³⁸ This example illustrates the important role that religion played in determining individual mid-twentieth-century Canadian attitudes of what constituted proper sexuality and marital norms.

Although a more in-depth discussion of the religious context is outside the scope of this thesis, it is important to consider how prevailing religious attitudes and beliefs shaped how the twelve patients featured in this study presented themselves both inside and outside of treatment. It is equally worth considering how this religious context impacted their desire to alter, suppress,

³⁷ “Playboy Interview: Timothy Leary,” *Playboy Magazine*, 1966; Lee and Schlain, *Acid Dreams*, 113.

³⁸ Tina Block, “Families that Pray Together, Stay Together’: Religion, Gender, and Family in Postwar Victoria, British Columbia,” *BC Studies* no. 145 (2005): 32.

or further understand their same-sex attraction. While five of this study's twelve men identified their religious affiliations in their pre-treatment autobiographies, they rarely discussed religion openly during their treatment sessions or in follow-up correspondence. Even Father Edward Herbertson – a same-sex attracted patient in this study who was also a Roman Catholic priest – did not refer to religious teachings in discussions about same-sex attraction and family values over the course of his treatment sessions. While it is impossible to make definitive statements, it is probable that the clinical nature of these men's treatment experiences prompted them to discuss their sexuality through medical frameworks more so than religious ones.

Few historical projects have combined the history of psychiatry, psychedelics, and the medicalization of homosexuality into one cohesive study since there are not many historical cases in which all three of these concepts explicitly intersect. Uniting these three disparate streams allows this thesis to present a complex examination of treatment at Hollywood Hospital and its impact on same-sex attracted patients because all three elements are inherently important to our historical understanding of the therapeutic process at this institution and its subsequent outcomes.

Since the 1980s, social historians of psychiatry such as Roy Porter, Geoffrey Reaume, and Andrew Scull have prioritized patient perspectives in examining cultural constructions of madness.³⁹ This thesis borrows from this approach by examining the experiences of patients who were marginalized as “mad” due to their same-sex attraction. My research also moves away from

³⁹ Roy Porter, *A Social History of Madness: The World Through the Eyes of the Insane* (New York: Weidenfeld & Nicholson, 1988); Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Don Mills, Ont.: Oxford University Press, 2000); Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (London: Thames & Hudson, 2015). Porter examines Western cultural conceptions of madness over time and considers individuals' conceptions of their own pathology. This author's primary source base includes published autobiographical works from relatively famous historical actors. In *Remembrance of Patients Past*, Reaume uses 197 case studies of patients at the Toronto Hospital for the Insane from 1870-1940 to discuss living conditions at this institution. Reaume identifies not only the abuses, inequalities, and struggles of life in the Toronto Hospital, but also notes that patients had varying experiences in this institution. Scull provides an examination of creative engagements with the concept of madness as they have appeared in Western society from antiquity to the late twentieth century *Madness in Civilization*.

simplistic narratives of coercion and incarceration that have been featured in the history of psychiatry since authors from the anti-psychiatry movement in the 1960s such as Erving Goffman, Michel Foucault, R.D. Laing, and Thomas Szasz began to write critical theoretical works questioning this discipline and its practices.⁴⁰ Hollywood Hospital's patients not only volunteered for a kind of therapy that they believed might stimulate a kind of sexual conversion, but they paid a significant amount of money to receive this treatment.⁴¹ This thesis complicates these theoretical perspectives by focusing on a private hospital that specifically catered to elite clientele.

Much of the historiography on the medicalization of sexual deviance is predicated on the works of sociological and philosophical theorists. While Ronald Bayer and Michel Foucault have examined how homosexuality moved from a legal or medical problem to a social and sexual identity, the later contributions of Peter Conrad and Joseph Schneider were significant in developing a sociological approach to understanding "sexual deviance."⁴² In *Deviance and*

⁴⁰ Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961); Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1965); R.D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (London: Penguin Books, 1965); Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper, 1961). The anti-psychiatry movement did not assume a uniform progression towards better and more effective treatment, but understood mental illness and its treatment as historically contingent and often ideologically informed. Goffman's idea of the 'total institution' refers to a place where many similar people both live and work while segregated from the rest of society for a substantive period and where most aspects of life are administered. Foucault argues that the development of the "age of reason" had disastrous consequences for 'mad' individuals in early modern Europe since these individuals were living metaphors for unreason with valuable hermetic and animalistic knowledge of the human condition. The 'mad' were segregated from the rest of society during "great confinement" of the insane in social institutions such as the asylum. Though Laing's primary focus is on the origins of schizophrenia, his writes that this book's purpose is to "make madness, and the process of going mad, comprehensible" (9). This emphasis implicitly attempts to build empathy between non-schizophrenic readers and psychiatric patients. He also argues against certain treatment practices common during his time, such as electroshock therapy. Szasz contends that 'mental illness' is a label created for the purposes of social control rather than a biological reality.

⁴¹ Correspondence from Dr. J. R. MacLean to E. Paterson, September 25, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. In 1967, the cost of LSD-25 treatment at Hollywood Hospital was \$450.00 CAD for an individual's first treatment session, and subsequent treatments would cost \$250.00 each. Patients were also expected to spend five to seven days in the hospital as part of their treatment with a cost of \$18.80 per day. Therefore, a patient who spent five days at Hollywood Hospital for their first treatment would be billed \$544.00. With inflation, this is the equivalent of \$3,855.30 in 2017.

⁴² Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books, 1981); Michel Foucault, *The History of Sexuality Volume 1: An Introduction*, trans. Robert Hurley (New York: Vintage Books, 1976); Conrad and Schneider, *Deviance and Medicalization*. Bayer argues that the decision to include homosexuality as a mental illness in the *Diagnostic and Statistical Manual of Mental Disorders* was political in nature. In *The History of Sexuality*, Foucault argues against the notion that, from the seventeenth to the mid-twentieth century, Western society supposedly imposed silence on

Medicalization, Conrad and Schneider combined a sociological and historical approach to examine how societies have used the medicalization of undesirable behaviours as a means of social control; medicalization is therefore political not just in its creation, but in its consequences.⁴³ While their theory is broadly applicable, their discussion of mid-twentieth century examinations of homosexuality focuses predominantly on the writings of psychiatrists and is geographically limited to the United States.⁴⁴ Political, social, and cultural changes from the 1950s to the 1970s influenced how homosexuality was medicalized and conceptualized by both patients and practitioners in a Canadian-specific context.

Historical literature that has engaged with the twentieth-century medicalization of homosexuality has largely followed at least one of two narrative streams. Some studies have focused on psychiatric, political, and/or scientific abuses in this field over time. Authors such as Gary Kinsman, Simon LeVay, and Elise Chenier used this approach to demonstrate medicine's influence on legal, political, and social articulations of homophobia.⁴⁵ While such societal pressures indeed influenced same-sex attracted men's decision to seek conversion or greater

discussions of sex and sexuality. Rather, he argues that discourses about sexuality in fact thrived from the seventeenth to the mid-twentieth century in the Western world. In the 1700s and 1800s, however, society's increasing interest in 'sexually deviant' behaviours caused sexual discourses to emerge from discussions of power and into discourses of the *scientia sexualis*. Foucault's theoretical arguments about power's relationships with discourses and sexuality offer an important lens through which historians have understood homosexuality over time, although *The History of Sexuality* was not concerned with the subjective individuality and lived experiences of those impacted by these social discourses.

⁴³ Conrad and Schneider, *Deviance and Medicalization*.

⁴⁴ *Ibid.*, 185-95.

⁴⁵ 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 (1995): 133-161; Simon LeVay, *Queer Science: The Use and Abuse of Research Into Homosexuality* (Cambridge, Mass.: MIT Press, 1996); Chenier, *Strangers in Our Midst*. Kinsman's article examines the impacts of the Canadian government's anti-gay and anti-lesbian campaigns that took place in the late 1950s and early 1960s. Through analyzing Canadian Security Panel memoranda, he suggests this security campaign was socially constructed as homosexuals were viewed as internal threats to the Canadian state. This top-down political program to 'root out' homosexuals from the civil service is connected to wider homophobic cultural and social discourses in Canadian society during this time which may have pressured same-sex attracted individuals into seeking conversion therapies. Neuroanatomist LeVay critically explores the connection between social understandings of homosexuality and Western medical explanations for this 'disease' from the twentieth century to present. He contends that medical research has had a historically important role in the development of LGBTQ+ activist movements and on American legislation on homosexuality. In *Strangers in Our Midst*, Chenier contends that modern arguments about 'sexual deviants' in Canada are the product of the concerns, values, and conditions articulated by middle-class English-speaking parents from the baby boom generation and analyzes this trend through an examination of the origins of modern sex offender legislation using archival sources.

personal insight into their sexual orientation as well as the type of therapy they received, the individualistic nature of therapy at Hollywood Hospital challenges historical understandings of how these broad social discourses influenced both patients and psychiatric practitioners by demonstrating patient agency in this case. Valerie Korinek puts forth a similar argument in “‘We’re the Girls of the Pansy Parade,’” where she writes that Winnipeg’s LGBTQ+ men and women were not passive victims to circumstance as largely described in academic literature.⁴⁶ Others, such as Jennifer Terry and Henry L. Minton, examined the role of LGBTQ+ activists in determining scientific definitions of “normality” and “deviance.”⁴⁷ Notwithstanding these important contributions, these authors do not discuss the agency of non-activist patients who did not specifically identify as LGBTQ+ in seeking treatment, nor do they analyze the role that these individuals played in shaping scientific and medical understandings of these concepts. This study addresses this historiographical gap by focusing on the experiences of non-activist patients who came to Hollywood Hospital for psychiatric treatment.

This project also draws on historical examinations of twentieth-century psychedelic research. In the late 1980s, historical works such as Martin A. Lee and Bruce Schlain’s *Acid Dreams* and Jay Stevens’ *Storming Heaven* discussed the rise of psychedelic culture and subsequent governmental reactions in American society.⁴⁸ In the 2000s, Canadian historians Erika Dyck and Elise Chenier examined the history of twentieth-century psychedelic research in

⁴⁶ Korinek, “‘We’re the girls of the pansy parade,’” 120.

⁴⁷ Terry, *An American Obsession*; Henry L. Minton, *Departing from Deviance: A History of Homosexual Rights and Emancipatory Science in America* (Chicago: University of Chicago Press, 2001). Terry demonstrates that homosexuality was conceptualized as a signifier of the ‘abnormal,’ which, in turn, facilitated the development of malleable definitions of ‘normality’ in American society from the twentieth century to the present day. She argues that LGBTQ+ activists helped define and challenge these notions of ‘normality.’ Terry uses a wide variety of primary source materials, including first-person narratives, legislative debates, and medical case studies. Similarly, Minton contends that gay and lesbian activism from the late nineteenth century to the mid-1970s advanced homosexual rights through scientific discourse.

⁴⁸ Lee and Schlain. *Acid Dreams*; Jay Stevens, *Storming Heaven: LSD and the American Dream* (London: Heinemann, 1987). Stevens and Lee and Schlain examined the CIA’s use of LSD as a potential mind control drug from the 1950s to the 1970s in their works. However, the examination of this drug as an experimental tool of intervention is secondary to their larger interest in the social history of LSD as it pertains to the counterculture movement in *Storming Heaven* and *Acid Dreams*.

Canada, though Dyck's examination was of much greater depth as psychedelics were at the core of her research. Neither of these books used patient perspectives in their analyses, either because there were few sources that provided such information, or because the author was not able to obtain ethical clearance to interview former patients for such purposes.⁴⁹ By focusing on the written experiences of the patients rather than on practitioners or government reactions to LSD-25 experimentation, I intend to expand the existing narrative of psychedelic research in mid-twentieth-century Canadian institutions.

This thesis uses selected patient files from the University of Saskatchewan's Hollywood Hospital Database as the main focus of its analysis. During the summers of 2016 and 2017, I helped construct this database as part of a team of Research Assistants for my supervisor, Dr. Erika Dyck, which allowed me to become deeply familiar with my primary source documents.⁵⁰ I transcribed over one hundred of these patient files, uploaded them to the Hollywood Hospital database, assigned keywords to each uploaded file, and populated patient demographic information in the database using information from the transcribed and uploaded files. The database includes more than five hundred patient records from the hospital's years of operation and contains various primary sources written by patients and practitioners at this facility. Such documents include patient pre-treatment autobiographies, physicians' progress reports written during LSD-25 treatment sessions, pre-treatment patient interview notes, patient descriptions of their LSD-25 treatment experiences, and miscellaneous correspondence between Hollywood

⁴⁹ Dyck, *Psychedelic Psychiatry*; Chenier, *Strangers in Our Midst*. Dyck's book analyzes the LSD-25 experiments that took place at the University of Saskatchewan and at Weyburn Hospital from the 1940s to the 1960s and examines how optimism for psychedelic drug research peaked and crumbled in the span of twenty years. She argues that particular social, economic, and political conditions both allowed such experiments to happen in Saskatchewan during this time and caused their later stigmatization and disuse. Chenier mentions attempts to 'cure' sexual deviance using LSD-25 in postwar Ontario, but does not explore their use in depth; she notes that the Toronto Psychiatric Hospital's Outpatient Forensic Clinics used LSD-25 as a means of conversion therapy in the mid-twentieth century, but she does not state how this took place or the logic behind the use of this drug in such therapies.

⁵⁰ B.C. Archives, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

Hospital staff and patients as well as between staff and referring psychologists and psychiatrists. The contents of each file vary – some contain a single handwritten note, while others have multiple documents resulting from several experiences – but each record gives greater insight into the types of treatments that occurred at this institution, the logic behind these therapeutic practices, and practitioner and patient understandings of such treatment methodologies.

While working with these files, I noticed that, although Hollywood Hospital was primarily an addictions-treatment facility, patients arrived at this hospital and received LSD-25 therapy for a wide variety of issues unrelated to alcoholism or drug addiction. Some people received therapy for symptoms of mood disorders such as anxiety and depression, for personal stress stemming from a patient’s work or interpersonal relationships, and, in some cases, simply for greater personal insight. One trend surprised me in particular. While transcribing these patient records, I found a file in which the patient, Charles Stroud, expressed sexual interest in women for the first time after his experience, writing that he finally realized his “role in procreation” through LSD-25.⁵¹ It was clear that he had come to this hospital hoping to be cured of his homosexuality, and I became curious about whether any other patients had sought out treatment at Hollywood Hospital for similar reasons. After analyzing the database more that summer, I eventually found a total of twelve cases involving same-sex attracted men who sought therapy or greater insight into their sexual orientation at this facility through guided LSD-25 therapy sessions. These case files form the core of my research.

The terminology used throughout this thesis is historically contentious and must be considered with care, particularly given the sensitivity of these patient files as private medical documents. To protect patient identities and to preserve the confidentiality of their medical

⁵¹ Charles Stroud’s Physician’s Progress Notes, B.C. Archives, Box 3, Folder 37, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

records, all patient names in this thesis have been replaced with pseudonyms reflecting their ethnic background. Further, I use the term “same-sex attracted” as opposed to “homosexual” when referring to the patients in my study. This definition follows the precedent set by historians such as Valerie Korinek and John Howard who recognize that not all historical actors who felt sexual attraction towards or engaged in sexual activities with members of the same sex specifically identified as homosexual.⁵² The term “homosexual” is further complicated by the fact that these patients largely defined themselves as either homosexual or not homosexual in a clinical setting, where “homosexual” was a psychiatric diagnosis. Therefore, I collectively refer to the patients in my study as same-sex attracted men so as not to impose labels on people who did not necessarily self-identify as homosexual at this time and to avoid the historically pathologized connotations of this term.

Two other files within the Hollywood Hospital database belonged to same-sex attracted women who received psychedelic therapy at this private institution, but neither of these women sought to explore their sexuality through treatment: Joan Messerly expressed a strong desire to cure her intense fear of dirt through LSD-25, while Dorothy Best wanted to alleviate her self-hatred connected to her masochism and compulsive behaviour over the course of therapy.⁵³ Since

⁵² Valerie J. Korinek, “‘We’re the girls of the pansy parade’: Historicizing Winnipeg’s Queer Subcultures, 1930s-1970.” *Social History* 45, no. 89 (2012): 120; John Howard, *Men Like That: A Southern Queer History* (Chicago: University of Chicago Press: 1999): xviii. Additionally, this terminology is useful in describing same-sex attraction and sexual activity before the term “homosexual” was popularized.

⁵³ Joan Messerly’s Pre-Treatment Autobiography, September 30, 1964, Box 6, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. MacDonald’s Pre-Treatment Assessment of Joan Messerly, November 13, 1964, Box 6, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Dorothy Best to Dr. J. Ross MacLean, April 19, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. MacDonald’s Pre-Treatment Assessment of Dorothy Best, July 17, 1967, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Joan mentioned in her pre-treatment autobiography that her first sexual experience was with another girl as a child (though she did not recognize the other person as a girl until years later) and felt a tremendous amount of guilt about the encounter afterwards since the two children were caught engaging in sexual behaviour by adults. She stated that her interest in women ended during her adolescence. Further, she did not connect her attraction to women to her fear of dirt, which increasingly negatively impacted her daily life and relationships. Dorothy Bell had exclusively homosexual relationships until two years before she sought therapy at Hollywood. She was married to a man at this time and described herself as “frigid” due to her aversion to sex, but did not view sexual problems as a main reason for treatment. In contrast, Dorothy was more concerned by her compulsive eating habits. She wrote to MacLean that she had been overweight most of her life and hoped LSD-25 therapy would help her lose weight and keep it off.

I did not find any cases of women who sought therapy primarily on the basis of their sexual attraction to women in the Hollywood Hospital files, I therefore decided to examine the experiences of the twelve men featured in my study because, in each case, questions and concerns regarding their sexual orientation were one of their core reasons for treatment.

In terms of demographics, the twelve same-sex attracted men in my study are predominately white and upper-middle class. Given the small sample size, the societal privilege these men enjoyed on the basis of their race and class, and the specificity of this demographic and treatment methodology, this thesis cannot make historical generalizations about the experiences of same-sex attracted men in psychiatric settings. My research instead complicates established historical narratives of same-sex attracted men's experiences with the psychiatric discipline and psychiatric therapy. Further, these twelve case files are dense: most patients received more than one LSD-25 experience at Hollywood Hospital, and even in cases with a single LSD-25 treatment the records possess a significant amount of information. Many documents in this database are authored by either psychiatric professionals or the patients themselves. The wealth of information from these files allows for a deep understanding of both the subjective treatment experiences of the twelve patients featured in this study and their practitioners' perspectives on these same therapy sessions.

The Hollywood Hospital database also contains various case files outside of my sample, which form a comparative base for my analysis. Although this project specifically examines the experiences of same-sex attracted men who received therapy based on their sexual orientation at this hospital, these other files further explain the process and nature of LSD-25 treatment at this hospital and allow his thesis to examine these cases related to same-sex attraction versus the other types of treatment offered at this institution. Additionally, a small number of cases that are

related to this topic but do not specifically belong to same-sex attracted men who received therapy based on their sexual orientation exist within the Hollywood Hospital database. These case files permit me to examine the different ways that homosexuality was discussed and treated at this hospital outside of files that are specifically designated for examining homosexuality.

This thesis also uses primary source materials from the Robert Edward Turner fonds collection (F27) and the Clarke Institute of Psychiatry Accrual fonds at the Centre for Addiction and Mental Health (CAMH) archives in Toronto.⁵⁴ These collections include, for instance, textual records from Canadian psychiatric organizations, copies of court cases, newspaper articles, photographs, and audio-cassettes from the late Dr. Turner's personal collection, generated while he worked at both the Toronto Psychiatric Hospital and the Clarke Institute.⁵⁵ The files relating to homosexuality and sexual deviance help inform the historical, medical, and political background of psychiatric treatment at Hollywood Hospital, and also provide context for how the men in my study presented themselves to clinicians before, during, and after their treatment experiences. The information from the CAMH archive allows me to compare Hollywood Hospital's practitioner philosophies with other authoritative social and medical institutions to discuss contemporary trends within Canadians' conceptualization of homosexuality.

I use two theoretical approaches in this thesis to understand the subjective experiences of patients and the wider mid-twentieth-century Canadian psychiatric and societal discourses on the nature of homosexuality. To connect these lived experiences with broader psychiatric narratives, this project uses Peter Conrad and Joseph W. Schneider's theory about how societies medicalize

⁵⁴ Robert Edward Turner fonds, F27, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada; Clarke Institute of Psychiatry Accrual fonds, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

⁵⁵ Such organizations include the Clarke Institute of Psychiatry, the Canadian Psychiatric Association, and the Ontario Psychiatric Association.

deviant behaviours for the purposes of social control in explaining wider mid-twentieth-century Canadian discourses about homosexuality.⁵⁶ Primary sources from the Robert Edward Turner fonds collection provide the necessary background information to apply Conrad and Schneider's theories regarding the medicalization of deviance to twentieth-century Canadian psychiatric understandings of homosexuality. While Conrad and Schneider's approach is useful for understanding the context behind the experiences of same-sex attracted men at Hollywood Hospital, it is best suited for "top-down" examinations of the medicalization of deviance and not individual experiences with this phenomenon. It is therefore necessary to use a second theoretical perspective, and thus I use a history-from-below approach to examine how and why the men in this study presented themselves to clinicians and understood their own "pathologies" in different ways. This historical methodology examines historical events through the perspectives of common people as opposed to authority figures. Historians that use this approach are particularly interested in the experiences of marginalized communities who do not enjoy some or all of the benefits of institutionalized power dynamics in society, especially those underrepresented in the documentary record. While the patients in my study were marginalized for their same-sex attraction, they were privileged in other areas: many were white men and most had considerable personal wealth. They also left behind textual recollections of their experiences unlike many groups analyzed under the history-from-below approach. This framework is nonetheless valuable for my research because it prioritizes patient agency and demonstrates that the men in my study were not a homogenous, passive group victimized by societal and scientific discourses, but rational actors who pursued treatment at this institution based on their individual needs,

⁵⁶ Conrad and Schneider, *Deviance and Medicalization*, 20-2. Conrad and Schneider approach medicalization from a sociology-of-knowledge perspective, and argue that the process of understanding certain behaviours through a legal or moral to a medical lens demonstrates that medicalization is a social construction and that various groups in society compete for the right to define "deviance."

preferences, and desires. Since this study is concerned with the subjective experiences of Hollywood Hospital's same-sex attracted patients, I critically read practitioner-authored sources to find patient perspectives through the psychiatric gaze and I examined patient-written documents for the same purposes.

Using two complimentary theoretical approaches has become an increasingly prevalent methodology within the history of medicine. For example, Geoffrey Reaume's *Remembrance of Patients Past*, Simonne Horwitz's *Baragwanath Hospital*, Erika Dyck's *Facing Eugenics*, Susan Smith's *Toxic Exposures*, and Judith Walzer Leavitt's *Typhoid Mary* have successfully used both top-down and bottom-up approaches within their historical examinations.⁵⁷ The increased availability of patient-written materials and the rise of patient activism since the 1980s has made contextualizing patient experiences within broader historical frameworks more feasible for historians. Additionally, given the institutional critiques of authority presented by foundational authors such as Foucault, it has become impossible for historians to interpret physician-authored reflections of patient life, for example, without being cognisant of the power dynamics inherent in these historical documents.

⁵⁷ Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public's Health* (Boston: Beacon Press, 1996); Reaume, *Remembrance of Patients Past*; Dyck, *Facing Eugenics*; Simonne Horwitz, *Baragwanath Hospital, Soweto: A History of Medical Care 1941-1990* (Johannesburg: Wits University Press, 2013); Susan Smith, *Toxic Exposures: Mustard Gas and the Health Consequences of World War II in the United States* (New Brunswick, New Jersey: Rutgers University Press, 2017). In *Typhoid Mary*, Walzer Leavitt examines the infamous story of "Typhoid Mary" from seven different perspectives, including that of Mary Mallon herself in the sixth chapter. The book explores how gender, race, and class have informed public health policy through this historical case study. Reaume's examination of patient life at the Toronto Hospital for the Insane epitomizes this dual perspective since Reaume was a former psychiatric patient himself, thereby allowing him to examine this history both as a former patient and a historian. Dyck uses survivor perspectives in *Facing Eugenics* in her examination of Alberta's *Sexual Sterilization Act* (1928-1972) while contextualizing them within a discussion of this legislation's purposes versus its outcomes in the history of eugenics. Horwitz uses nurse perspectives gained from oral interviews and correspondence as primary source materials but contextualizes them within, for example, the broader history South Africa's political and socio-economic landscape during apartheid. This text argues that apartheid was implemented in an ad-hoc manner in South Africa as opposed to there being a central governmental plan. Smith's book examines the United States' mustard gas experiments in both this country and its allied nations during the Second World War. Using Canadian and American government and military records, scientist's papers, and testimony by veterans, she explores the effects these racialized experiments had on the men involved in these studies while also exploring their environmental and medical impact later in the twentieth century.

This thesis is organized thematically into three chapters. The first chapter examines the historical and theoretical background of this project, focusing on Hollywood Hospital as an institution and the medicalization of homosexuality in the Canadian psychiatric context. This background information is essential for understanding Hollywood Hospital's treatment process as well as the intellectual background to their decisions. The second chapter describes and analyzes the personal LSD-25 treatment experiences of my twelve selected cases using patient-authored documents from the Hollywood Hospital database. It identifies why patients chose to have therapy at this institution based on their sexual orientation using their pre-treatment interviews and written autobiographies, and examines both patient and practitioner conceptions of this "pathology." These experiences are compared to wider psychiatric discourses on homosexuality in the third chapter. By connecting these broad discourses to patients' lived experiences using materials from the CAMH archives, parliamentary debates, and parental advice literature, this final chapter presents a nuanced historical examination of Hollywood Hospital's LSD-25 treatments for same-sex attraction.

Broadly speaking, this project contributes to historical understandings of how both "mad" and LGBTQ+ individuals have been "othered" over time in the Canadian context. Numerous academics have identified psychiatry as one of the key disciplines that defines normal, culturally accepted behaviours in opposition to those that are undesirable and therefore "deviant" in medicalized frameworks.⁵⁸ The interplay between medical and social constructions of deviance in this project thus demonstrates how twentieth-century Canadian psychiatry helped to create and reinforce the social marginalization of LGBTQ+ individuals.

⁵⁸ Foucault, *The History of Sexuality*; Bayer, *Homosexuality and American Psychiatry*; Conrad and Schneider, *Deviance and Medicalization*; Angus McLaren, *The Trials of Masculinity: Policing Sexual Boundaries 1870-1930* (Chicago: University of Chicago Press, 1997); Terry, *An American Obsession*.

This thesis also underscores the historical amnesia at the heart of current debates surrounding the legal status of conversion therapy in Canada. Conversion therapy is a pseudoscientific practice that attempts to change a person's sexual orientation from homosexual to heterosexual using a variety of approaches ranging from psychotherapy to religious-based "ex-gay" counselling.⁵⁹ Though it has been denounced as ineffective and even harmful – some cases have resulted in patient self-harm and suicide – such therapies continue to take place throughout North America within the realm of private practice.⁶⁰ To date, Manitoba, Ontario, and Nova Scotia are the only three Canadian provinces that have passed legislation banning conversion therapy. Both Ontario and Manitoba enacted such measures in 2015 and discuss conversion therapy in terms of its immediate impact on youth mental health in the context of Canada's tax-funded healthcare system, but neither recognized the history of this practice during these debates.⁶¹ Nova Scotia followed suit three years later.⁶² Questions regarding the ethics and legality of attempting to change a person's sexual orientation under Canada's human rights legislation also appeared in Alberta and the city of Vancouver.⁶³ LGBTQ+ activist groups have

⁵⁹ Christy Mallory, Taylor N.T. Brown, and Kerith J. Conron, *Conversion Therapy and LGBT Youth*, Los Angeles: The Williams Institute, 2018: 1; Martin Kantor, *Why a Gay Person Can't Be Made Un-Gay: The Truth About Reparative Therapies* (Santa Barbara: Praeger, 2015): xii-xvii; Jeffrey G. Ford, "Healing Homosexuals: A Psychologist's Journey Through the Ex-Gay Movement and the Pseudo-Science of Reparative Therapy," *Journal of Gay & Lesbian Psychotherapy* 5, no. 3 (2002): 69-86; Drescher, "I'm Your Handyman," 39. This practice is also known as sexual reorientation therapy or reparative therapy and primarily targets white, Christian gay men. Conversion therapists have also attempted to change transgender individuals into cissexual in recent years.

⁶⁰ Kantor, *Why a Gay Person Can't Be Made Un-Gay*, xii-xvii; Jeffrey G. Ford, "Healing Homosexuals," 69-86; Drescher, "I'm Your Handyman," 39.

⁶¹ Rob Ferguson, "Ontario to ask medical bodies to ban 'conversion therapy' for gay youth," *Toronto Star*, March 26, 2015, accessed April 2, 2018, <https://www.thestar.com/news/queenspark/2015/03/26/ontario-to-ask-medical-bodies-to-ban-conversion-therapy-for-gay-youth.html>; "Manitoba works to ban conversion therapy for LGBT youth," *CBC News*, May 22, 2015, accessed April 2, 2018, <http://www.cbc.ca/news/canada/manitoba/manitoba-works-to-ban-conversion-therapy-for-lgbt-youth-1.3083611>.

⁶² Michael Tutton, "Nova Scotia introduces law that bans use of conversion therapy with LGBTQ youth," *The Globe and Mail*, September 11, 2018, accessed September 17, 2018, <https://www.theglobeandmail.com/canada/article-nova-scotia-introduces-law-that-bans-use-of-conversion-therapy-with/>.

⁶³ Elizabeth Cameron, "Growing chorus calls for Alberta to ban conversion therapy," *Metro*, September 14, 2017, accessed April 2, 2018, <http://www.metronews.ca/news/calgary/2017/09/14/growing-chorus-calls-for-alberta-to-ban-conversion-therapy.html>; Ethan Reyes, "Vancouver could become the first city in Canada to ban anti-LGBT conversion therapy," *Xtra*, January 5, 2018, accessed April 2, 2018, <https://www.dailyxtra.com/vancouver-could-become-the-first-city-in-canada-to-ban-anti-lgbt-conversion-therapy-83289>.

even called for a ban on conversion therapy nationwide.⁶⁴ As governments at all levels consider taking such measures within their borders, more information on the history of this practice in Canada is needed to inform political policy and public discourse on this issue. The Hollywood Hospital records indicate that conversion therapy is not a new practice in Canada, that it has not been limited to minors in a psychiatric context, and that we must consider the various social reasons why people might volunteer for such therapies before implementing legislation on this practice to create nuanced, compassionate public policy. Neil's experiences and those of the other patients in this study show that this issue is complex and cannot be understood in simplistic binaries.

⁶⁴ Rob Salerno, "It's time for Canada to ban anti-gay conversion therapy," *Xtra*, October 23, 2017, accessed April 2, 2018, <https://www.dailyxtra.com/its-time-for-canada-to-ban-anti-gay-conversion-therapy-80479>.

Chapter 1: Experience Versus Expectation: The Theoretical and Social Context Behind Hollywood Hospital's LSD-25 Therapies

The psychedelic treatment rooms at Hollywood Hospital between 1953 and 1975 were a far cry from archetypal images of mid-twentieth-century clinical drug therapies. The buff-colored room with dark green drapes and a large, comfortable couch hosted hundreds of patients during its years of operation; as patients laid down on the sofa and let their LSD-25 and mescaline experiences unfold, the comfortable surroundings set them at ease during what might otherwise have been an unsettling treatment session (see A.1).⁶⁵ Though the room itself exuded an air of relaxation and tranquility, the LSD-25 therapies that took place within its walls generated a great deal of controversy outside of the hospital.⁶⁶ Nevertheless, patients from across North America paid for the privilege of a psychedelic experience. They each came with different hopes and expectations for what this type of therapy could potentially offer them. In some cases, this constituted a change in sexual orientation.

Hollywood Sanatorium, a private hospital that specialized in treating addictions and alcoholism, was constructed in New Westminster in 1919. It was officially renamed Hollywood Hospital forty years later. Where the street is now lined with metallic storefronts once stood a multi-level shingled hospital that looked more like a home to an observer, complete with large windows, multiple screened balconies, and a patient garden in the back (see A.2). Given these structural changes, Dr. J. Ross MacLean, the hospital's Medical Director from 1954 to 1975, perhaps would not recognize this address as the location of his former workplace.⁶⁷ The

⁶⁵ Leslie Millin, "Spill Mental Garbage – Come With New Outlook," *Nanaimo Daily News*, July 14, 1965, 9.

⁶⁶ "Church group support Cocke," *Richmond Review*, August 1, 1975, 7; "Alcohol Centre will be Disaster," *Surrey Leader*, August 28, 1975, 11. The Church of Scientology received public attention in the Vancouver area for its outspoken critiques of Hollywood Hospital's treatment practices during the 1970s. It was strongly in support of Hollywood's closure and against new plans to construct an Alcohol Centre in its absence.

⁶⁷ "Dr. MacLean 1977 Shrine Potealate," *Richmond Review*, January 28, 1977, 9.

University of British Columbia and Manitoba Medical School graduate was the public face of this institution during his tenure as Medical Director as well as a leader in its experimental practices. In addition to his role at Hollywood Hospital, he was appointed research consultant to the Stanford Research Institute in California in 1969 and the chair of the International Association for Psychedelic Therapy (IAPT) in 1965 (see A.3 and A.4).⁶⁸ Though MacLean closed Hollywood Hospital's doors in 1975, the records he left behind from this institution provide valuable information on what therapies took place within it and why.⁶⁹

This chapter examines the nature of the LSD-25 treatment practices that took place at Hollywood Hospital between 1955 and 1973 and identifies the theoretical and social backgrounds which influenced its practices, including those for same-sex attraction. It begins with a description of Hollywood Hospital's background as a private institution that catered to elite clientele, which greatly influenced this hospital's treatment practices and outcomes. This chapter then outlines the methodological progression of Dr. J. Ross MacLean's LSD-25 treatment sessions at this hospital. Finally, the theoretical perspective regarding homosexuality that MacLean employed in treatment sessions is identified in this chapter to further contextualize the nature of treatment at this facility. Hollywood Hospital's LSD-25 experiments followed psychoanalytic principles, including in their treatments for same-sex attraction and explanations of homosexuality. These theories were widely disseminated among the public and therefore informed popular ideas about homosexuality and its cures. At the same time, in conducting psychedelic therapies, these practitioners were careful to distinguish their experiments from the activities of counterculture organizations. Part of their experimental practice therefore relied on being able to legitimize psychedelic therapies to the public and the broader psychiatric discipline.

⁶⁸ "Doctor Appointed." *Nanaimo Daily News*, February 6, 1969, 2; Millin, "Spill Mental Garbage," 9.

⁶⁹ "Church group support Cocke," 7.

Hollywood Hospital's struggle to conduct its experimental LSD-25 practices while managing its patients' expectations greatly impacted treatment outcomes and therapeutic procedures at this private care facility.

1.1 Hollywood Hospital's Treatment Process and Methodology

It is impossible to fully understand Hollywood Hospital's treatment practices without acknowledging that it was a private institution preferring elite clientele. A number of famous individuals at this time had connections to the hospital and its staff. For instance, Al Hubbard, a former CIA operative who had himself conducted LSD experiments as a potential cure for alcoholism, was instrumental in establishing psychedelic therapies within this institution.⁷⁰ Doug Hepburn, the recipient of the Lou Marsh Trophy in 1953 for his accomplishments in weightlifting and 1963's heavyweight weightlifting world champion, came to Hollywood Hospital for help dealing with his alcoholism and depression, though it is not stated whether his therapeutic experiences involved the use of LSD-25.⁷¹ American Senator Robert Kennedy's wife, Ethel, reportedly underwent psychedelic therapy with MacLean during the hospital's years of operation.⁷² Some celebrities arrived at Hollywood Hospital not just for treatment, but to become part of the hospital's staff. Actress Mimsy Farmer left Hollywood, California, to enter training as a psychedelic therapeutic assistant, or "psychedelic handholder," at Hollywood Hospital in 1967.⁷³ Doug Hepburn even stayed in this institution for a year after receiving therapy to help others suffering from similar conditions.⁷⁴

⁷⁰ Martin A. Lee and Bruce Schlain, *Acid Dreams: The Complete Social History of LSD: The CIA, the Sixties, and Beyond* (New York: Grove Press, 1985): 49.

⁷¹ Jack Morris, "About Sports with Cal Walker," *Nanaimo Daily News*, May 26, 1964, 10.

⁷² Lee and Schlain, *Acid Dreams*, 93.

⁷³ "Actress to Interne New Westminster, BC," *Ottawa Journal*, February 22, 1967, 41; Cynthia Palmer and Michael Horowitz, ed., *Sisters of the Extreme: Women Writing on the Drug Experience* (Rochester: Park Street Press, 2000): 154.

⁷⁴ Morris, "About Sports with Cal Walker," 10.

The cost of this exclusive treatment was prohibitive for those without considerable personal income, making the upper classes the predominant clients of guided LSD-25 therapy at Hollywood Hospital. A patient's first treatment session at Hollywood Hospital would cost him or her \$450.00 CAD in 1967. Subsequent treatments were offered at a discounted price of \$250.00 CAD. Patients were also advised to spend between five and seven days at Hollywood Hospital as part of their treatment at a price of \$18.80 CAD per day. If potential patients decided to spend five days at the hospital for their first treatment session, they would be billed \$544.00 CAD, or \$3,855.30 CAD (2017) when accounting for inflation.⁷⁵ The expenses involved in receiving this type of therapy and the potential loss of income incurred during a hospital stay made this form of therapy largely inaccessible for low-income patients and more accessible for troubled upper-middle class individuals.

Another reason why Hollywood Hospital appealed to the upper echelons of society was because of changing notions of the connection between social status, stigma, and addiction in mid-twentieth-century North America. In the early 1950s, professional and academic groups began to argue that addiction should be dealt with as a medical rather than a criminal issue.⁷⁶ This new focus may have been influenced by the rise of psychopharmaceuticals and physician-prescribed tranquilizers during this period. Tranquilizers such as Miltown were enthusiastically embraced as "peace-of-mind-pills" by middle- to upper-class North American consumers, and some celebrities, like comedian Milton Berle, happily endorsed these blockbuster drugs to the American public.⁷⁷ Even as enthusiasm for these drugs waned and plummeted in the 1960s and

⁷⁵ Correspondence from Dr. J. R. MacLean to E. Paterson, September 25, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. I used the Bank of Canada's online Inflation Calculator (<https://www.bankofcanada.ca/rates/related/inflation-calculator/>) to determine the 2017 CAD equivalent of 1967 treatment costs.

⁷⁶ Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore & London: Johns Hopkins University Press, 2002): 17-8.

⁷⁷ Susan L. Speaker, "From "Happiness Pills" to "National Nightmare": Changing Cultural Assessment of Minor Tranquilizers in America, 1955-1980," *Journal of the History of Medicine and Allied Sciences* 52, no. 3 (1997): 339.

1970s, social authorities nonetheless continued campaigning for less stigmatizing views of addiction as middle-class white youth began taking illicit drugs recreationally in larger numbers.⁷⁸ This historical context therefore could have influenced upper-class Canadians to seek treatment at Hollywood Hospital because, superficially, paying for private therapy at an addictions-treatment clinic was less stigmatizing than receiving psychiatric therapy elsewhere for problems unrelated to addiction. The de-stigmatization of addiction in mid-twentieth-century Canada also helps explain why the same-sex attracted men in this study came to Hollywood Hospital for treatment regarding their sexual orientation. Since addiction arguably carried less social stigma in the eyes of Canadians than homosexuality, going to Hollywood Hospital helped preserve a patient's societal status while simultaneously providing the opportunity to mask their true reasons for desiring psychiatric treatment to friends, family, co-workers, and others.

Part of Hollywood Hospital's appeal also stemmed from the cultural importance of psychologists and psychiatrists in Cold War society. Such experts began to play a predominant role in mid-twentieth-century North America's culture of medical authority during and after the Second World War.⁷⁹ In the United States, for instance, close to two million men were rejected for military service because of "neuropsychiatric disorders," and a million more were admitted to army hospitals for such conditions between 1942 and 1945.⁸⁰ More than twenty per cent of all casualties from major campaigns were the result of behavioural reactions to the realities of combat.⁸¹ The near epidemic of mental illness during the Second World War propelled North

⁷⁸ Ibid.; Acker, *Creating the American Junkie*, 18.

⁷⁹ Frances V. Reilly, "Controlling Contagion: Policing and Prescribing Sexual and Political Normalcy in Cold War Canada" (doctoral thesis, University of Saskatchewan, 2016): 204; Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999): 19.

⁸⁰ Michael E. Staub, *Madness Is Civilization: When the Diagnosis Was Social, 1948-1980* (Chicago: University of Chicago Press, 2011): 20.

⁸¹ Richard C. Friedman and Jennifer I. Downey, "Psychoanalysis and the Model of Homosexuality as Psychopathology: A Historical Overview," *American Journal of Psychoanalysis* 58, no. 3 (1998): 252.

American psychiatrists and psychologists into roles which gave them unprecedented cultural and medical authority in the postwar era. One reason for the rapid acceptance of psychological knowledge in this period was due to its focus on personal wellbeing at a time when North American culture was becoming increasingly individualized.⁸² These experts, equipped with psychological and scientific wisdom on how to achieve personal well-being, strongly appealed to those who wanted individual success and happiness.⁸³ Additionally, as civil rights campaigns began to take shape during the 1950s, psychology was concurrently developing new theoretical models of behaviour that argued that human beings could not be born evil. Practitioners and laypeople alike used this discipline for activist purposes as a result, particularly for combating racism and homophobia. Such studies were not exclusively used by activists, however. Less sympathetic commentators also appropriated these works in a way that perpetuated prejudicial stereotypes in an attempt to undermine activist interpretations of these research findings.⁸⁴

As psychiatric language became normalized within Canadian and American households, so too did the search for psychiatric solutions to postwar problems. From defining normalcy to discovering latent personality maladjustments, these practitioners solidified the professionalization of their discipline by injecting it into the lives of everyday citizens.⁸⁵ Thus, as historian Michael Staub writes, “by the mid-1950s Americans routinely heard that psychological

⁸² Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988): 14; Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997): 31.

⁸³ May, *Homeward Bound*, 14.

⁸⁴ Staub, *Madness Is Civilization*, 32; Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999): 355-6, 362.

⁸⁵ Staub, *Madness is Civilization*, 13; Mona Gleason, “‘Knowing Something I Was Not Meant to Know’: Exploring Vulnerability, Sexuality, and Childhood, 1900-50,” *Canadian Historical Review* 98, no. 1 (2017): 55; Gleason, *Normalizing the Ideal*, 3-4, 7; Dagmar Herzog, *Cold War Freud: Psychoanalysis in an Age of Catastrophes* (Cambridge: Cambridge University Press, 2017): 33. There were many ways in which this cultural fascination with psychiatric thought manifested during the mid-twentieth century. For instance, psychological and psychiatric developments received popular coverage in magazines such as *Time*. Other magazines from this period also featured self-administered “diagnostic tests” in order to determine the test-taker’s “normalcy.” Contemporary parental advice literature also employed psychiatric and psychological ideas into their discussions on how to raise children into normal, well-adjusted adults.

thinking was everywhere around them – informing the minutiae of existence.”⁸⁶ Importantly, mid-twentieth century psychiatry’s concern with the woes of the “worried well” positioned experts - including those at Hollywood Hospital - as the best means by which the upper-middle class could alleviate its problems, psychiatric or otherwise. By expanding the definition of mental distress, psychiatrists and psychologists expanded their influence in society and their opportunities for government-sponsored research funding.⁸⁷

Psychoanalysts were especially important in this context. This form of psychiatric therapy fundamentally argued that neurotic symptoms in patients resulted from one’s aggressive and sexual drives struggling against the realities people faced in their day-to-day lives.⁸⁸ Psychoanalysis had its “golden age” in North America from the 1940s to the 1980s as waves of European psychoanalysts moved to the United States before and during the Second World War.⁸⁹ This treatment methodology was viewed within the psychiatric discipline as the greatest hope for clinical success in what historian Rachel I. Rosner refers to as “a time of therapeutic nihilism” after the Second World War.⁹⁰ Psychoanalysts soon came to dominate North American psychiatric practice, in part because nearly all psychoanalysts had medical degrees – this educational background was a mandatory qualification for many psychoanalytic institutes, thereby increasing psychoanalysis’ professional and public reputation.⁹¹ In 1952, the American Psychiatric Association joined with the Association of American Mental Colleges to advocate psychoanalytic training for all practicing psychiatrists.⁹² Most prestigious medical schools’

⁸⁶ Staub, *Madness Is Civilization*, 37.

⁸⁷ *Ibid.*, 4.

⁸⁸ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997): 151.

⁸⁹ Herzog, *Cold War Freud*, 1; Friedman and Downey, “Psychoanalysis and the Model of Homosexuality as Psychopathology,” 253. Many of these European psychoanalysts, such as Franz Alexander, Sandor Rado, and Karen Horney, moved to North America due to the threat of Nazism in their home countries.

⁹⁰ Rachel I. Rosner, “The “Splendid Isolation” of Aaron T. Beck,” *The History of Science Society* 105, no. 4 (2014): 735.

⁹¹ Rosner, “The “Splendid Isolation” of Aaron T. Beck,” 735.

⁹² David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: Johns Hopkins University Press, 2009): 15.

psychiatry departments in the United States had psychoanalysts as their chairs by the 1960s, and medical students at these schools received instruction from curriculums and textbooks infused with psychoanalytic principles.⁹³ By 1962, 52 out of the United States' 89 psychiatric departmental chairs were members of psychoanalytic organizations.⁹⁴ A form of psychoanalysis was employed at Hollywood Hospital during LSD-25 treatment sessions; however, unlike traditional psychotherapies, verbal communication was largely non-directive during these treatments and direct interpretation of patient experiences did not take place.⁹⁵

Psychoanalysis' influence was not limited to the medical profession, however. Like psychiatry and psychology more broadly, it became popularized in North American society as its principles became publicly disseminated. *The Basic Writings of Sigmund Freud* (1947), for instance, sold more than a quarter of a million copies in its first year of publication.⁹⁶ Psychoanalytic principles also appeared in widely-distributed parental advice literature of the time.⁹⁷ Since the psychoanalytic ideas which informed Hollywood Hospital's therapeutic practices were increasingly understood by the public, this not only gave Hollywood Hospital credence as a legitimate psychiatric institution, but also created patient expectations for what their treatment entailed.

Another reason why patients were attracted to Hollywood Hospital for LSD-25 therapy was that, by nature, private hospitals catered to the interests of their customer base. In her 1989 study of Ontario's first proprietary asylum, Homewood Retreat, historian Cheryl Krasnick Warsh

⁹³ Ibid.

⁹⁴ Friedman and Downey, "Psychoanalysis and the Model of Homosexuality as Psychopathology," 254.

⁹⁵ J. Ross MacLean, D.C. MacDonald, F. Ogden, and E. Wilby, "LSD-25 and Mescaline as Therapeutic Adjuvants: Experience From a Seven Year Study," paper presented at the Second International Conference on the Use of LSD in Psychotherapy (Amityville, NY, May 1965): 7.

⁹⁶ Staub, *Madness Is Civilization*, 13.

⁹⁷ Herzog, *Cold War Freud*, 1; Gleason, "Knowing Something I Was Not Meant to Know," 56; Elise Chenier, "The Criminal Sexual Psychopath in Canada: Sex, Psychiatry and the Law at Mid-Century," *Canadian Bulletin of Medical History* 20, 1 (2003): 86-7.

identified that Homewood's treatment practices and *modus operandi* from 1883 to 1923 were greatly influenced by the desires of patients and their families as its customers; its "dependence on the vagaries of public whim" meant that it "was forced by necessity to grant a greater voice than the provincial institutions to its paying patients and their kin."⁹⁸ Hollywood Hospital and Homewood are thus united as private institutions which had to compete for psychiatric/asylum patients with provincial care providers. There were significant differences between these institutions, however. First, it is important to note that these institutions existed in vastly different healthcare landscapes. Homewood operated before the introduction of Medicare whereas Hollywood Hospital's doors were open both shortly before and after this legislation was implemented at the federal level. This context demonstrates that Homewood's relationships with the government of Canada and provincial care providers were fundamentally different than Hollywood Hospital's. Second, addiction was understood in very different terms in the late 1800s than in mid-twentieth-century North America. During Homewood's years of operation, North American lawmakers and social reformers conceptualized addiction as a social problem related to individual vice.⁹⁹ By the 1920s, however, American psychiatrist Lawrence Kolb's writings popularized the idea that addiction resulted from an addict's defective personality, thereby framing addiction as a medical rather than a moral issue. This perspective was widespread among North American medical experts until the 1970s.¹⁰⁰ The historical change in twentieth-century understandings of addiction is important because it highlights changing perceptions of who was responsible for addiction: the addict individually or society as a whole. Understanding addiction as the result of the addict's mental dysfunction (as was the case during

⁹⁸ Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal: McGill-Queen's University Press, 1989): 171.

⁹⁹ Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore & London: Johns Hopkins University Press, 2002): 32-42.

¹⁰⁰ *Ibid.*, 99, 129.

Hollywood Hospital's years of operation) removed responsibility for its treatment from broader society to the individual, thereby making it acceptable to treat in private practice. Though significant temporal, geographic, and ideological distance separates Hollywood Hospital and Homewood, comparing these two hospitals is nonetheless valuable because the fact that they were ultimately accountable to their patients meant that they both had to ensure the satisfaction of the people providing them with their revenue. MacLean's individualized treatment approach therefore reflects both his experimental outlook and Hollywood Hospital's practical economic needs.

Hollywood Hospital's patients hoped to be cured of a variety of ailments through guided LSD-25 therapies between 1955 and 1973. This hospital was known during this time for its alcoholism and drug addiction treatment programs involving psychedelics. Many patients came to this institution specifically for these services.¹⁰¹ Joseph Nash, for example, heard that psychedelic therapy "might be a better way or possibly a faster way for an alcoholic to derive a happier sobriety or possibly a more contented sobriety" than other treatment methods.¹⁰² There were numerous men and women who came for help with mood disorders, such as depression and anxiety. Some, like Eileen Bell, reported that they had tried other therapies for these conditions with no success. Eileen had LSD-25 therapy recommended to her by her psychiatrist after psychoanalysis had failed to alleviate her depression.¹⁰³ Many patients requested psychedelic treatment at Hollywood Hospital in order to help them solve interpersonal or economic problems resulting in personal stress. LSD-25 would purportedly grant them insights into their behaviour they could use to solve such problems. For example, in 1959, Violet Pearce wanted psychedelic

¹⁰¹ MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 1-20; "Actress to Interne New Westminster, BC," 41.

¹⁰² Joseph Nash's Pre-Treatment Autobiography, October 4, 1959, B.C. Archives, Box 4, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁰³ Eileen Bell's Pre-Treatment Autobiography, October 1966, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

treatment to cure her of her alcoholism, but also hoped it would help her decide whether she should stay in her marriage. Her husband, Thomas, was also considering leaving Violet and received LSD-25 therapy for this problem two months later.¹⁰⁴

Twelve patients hoped for greater understanding of their same-sex attraction to men. These experiences will be described and elaborated upon in the next chapter. However, some patients came without a specific issue and simply hoped to gain greater personal insight from their psychedelic treatment sessions. Hollywood Hospital welcomed these patients, and its staff argued that “normal” people could derive a great deal of benefits from psychedelic therapy. In 1965, MacLean and his co-workers, Dr. D. C. MacDonald, Frank Ogden, and E. Wilby, wrote that “we have long held that the [psychedelic treatment] experience is one of accelerated learning and unlearning and relearning it: it is essentially an educational experience.”¹⁰⁵ Insight, according to MacLean and his staff, was the greatest benefit offered by LSD-25 treatments, regardless of the reasons why people came for this type of therapy.

This is not to imply that all patients who came to Hollywood Hospital were accepted for psychedelic therapies. On the contrary, MacLean and the other staff chose which patients they would treat using LSD-25 or mescaline based on whether the potential patient would, in their view, gain valuable personal insight from such therapies. In their 1965 report, Hollywood Hospital staff wrote that “there must always be a consideration of calculated risk requiring a balance between the probable benefits to be derived, the near certainty of prognosis in the

¹⁰⁴ Violet Pearce’s Pre-Treatment Autobiography, November 10, 1959, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Thomas Pearce’s Pre-Treatment Autobiography, February 8, 1960, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. D. C. MacDonald’s Account of Thomas Pearce’s Psychiatric History, February 8, 1960, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Violet had known that her husband was cheating on her with numerous other women before her LSD-25 therapy sessions. Upon learning this information, she began an affair with another man and was contemplating leaving Thomas for this individual. When Thomas read Violet’s pre-treatment autobiography, he discovered her infidelity and sought psychedelic treatment to deal with the resulting emotional trauma. Attending physician Dr. D. C. MacDonald described Thomas’ condemnation of his wife as “a clear cut case of the pot trying to call the kettle black” (1).

¹⁰⁵ MacLean et al., “LSD-25 and Mescaline as Therapeutic Adjuvants,” 18-9.

absence of treatment, and alternate courses.”¹⁰⁶ This decision-making process was influenced by a series of standardized screening processes. First, patients would be required to write an in-depth autobiography before they could be accepted for treatment. This document was mailed to patients and then returned confidentially. It could be written either as a chronological narrative or in response to a series of questions provided by the hospital that focused on the individual’s background and previous life experience.¹⁰⁷ This step was important to the treatment process because it encouraged patients to reflect on their personal relationships, important life events, personality, and desires, thus orienting them towards self-evaluation.¹⁰⁸ Potential subjects of LSD-25 therapies often underwent a pre-treatment interview with either MacLean or Dr. D.C. MacDonald, a psychologist employed at Hollywood Hospital, and also took part in Minnesota Multiphasic Personality Inventory (MMPI) testing to measure personality traits. This psychological test was used to help determine whether a person has (or has potential to have) mental health issues by evaluating the subject’s personality traits. It is primarily used in screening for psychosocial and personality disorders. The interviewer at Hollywood Hospital wrote a report about the potential patient after the interview. It included a summary of the patient’s case, a psychiatric diagnosis, and a treatment prognosis. All of this information was then used to evaluate patients’ potential to gain insights through psychedelic therapy. If MacLean or MacDonald did not think the individual would benefit from the experience, they routinely denied the person LSD-25 treatment.

Though the general public knew Hollywood Hospital for its psychedelic treatments, a variety of other therapies were performed at this institution. In fact, less than 1.5 percent of

¹⁰⁶ Ibid., 4.

¹⁰⁷ Ibid., 24-6.

¹⁰⁸ Ibid., 5.

patient days per year were dedicated to this approach.¹⁰⁹ Since this hospital had a total of 25,000 patient days in 1975, one could assume that a mere 375 that year were devoted to LSD-25 therapies.¹¹⁰ This institution used traditional psychotherapy for a wide range of illnesses, and MacLean was also a leading figure in the development of vitamin therapies as a means of curing drug addiction.¹¹¹ Despite the variety of other treatments that took place at Hollywood Hospital, this institution's LSD-25 therapies were well known. This fact created the possibility for public and medical scrutiny of their activities, and therefore necessitated the use of a clinical, formalized therapeutic method.

Hollywood Hospital's LSD-25 treatment sessions typically followed a standardized methodology and timeline over a period of six to twelve hours with occasional variations accounting for patient differences.¹¹² The Hollywood Hospital database demonstrates that psychedelic therapies at this institution typically began between 8:50-10:00am with staff introductions once the patient was brought into the treatment room. MacLean and others at Hollywood Hospital saw this informal setting as integral to therapeutic process: "The comfort and security of familiar surroundings," they wrote, "is considered essential in the maintenance of trust and warmth between patients and therapists."¹¹³ Patients were dressed comfortably for their treatments, often in pajamas and a bathrobe, to create a relaxed physical and emotional environment during therapy.¹¹⁴ Shortly after, patients ingested the psychedelic materials. The specific dosages varied. On average, patients received 400 mcgm of LSD-25 or 700mgm of

¹⁰⁹ Ibid., 1. The term "patient day" refers to a period of time in which patients use hospital services while admitted in such institutions. For example, if in one day a hospital had ten patients arrive for therapy, this would count as ten patient days.

¹¹⁰ "Acute Alcoholics Disrupt Hospitals," *Surrey Leader*, July 24, 1975, 2.

¹¹¹ "Vitamins turn him on," *The Brandon Sun*, September 22, 1973, 18; Millin, "Spill Mental Garbage," 9; Morris, "About Sports with Cal Walker," 10.

¹¹² MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 8.

¹¹³ Ibid., 6.

¹¹⁴ Ibid., 7.

mescaline; often, both drugs were given together.¹¹⁵ Some patients experienced nausea or vomited later in the experience. At least two staff members, one man and one woman representing the father and the mother in psychoanalytic terms, were always present during patient experiences, though, occasionally, they left patients alone in the room for a short period of time. Next, staff covered the patient's eyes using a cloth or a piece of Kleenex with an eye mask. Subjects were also encouraged to lay down on the couch and "go with the experience" to help ensure a successful experience with minimal anxiety or tension.¹¹⁶ Therapists often played music during treatment sessions using the treatment room's record player to reduce anxiety. There was a great deal of variety in the music selections – from Ravel's "Bolero" to readings of "St. Paul's Letter" – but Hollywood Hospital's practitioners admitted that this aspect of treatment was not fully understood. Rather, it was "one of the many facets of the therapeutic procedure under study" at this institution.¹¹⁷ Patients were also shown physical objects while under the influence of psychedelic drugs. For instance, they were encouraged to look at their reflection in a hand mirror, at a rose or other fresh flowers, or at pictures of their family or loved ones. These, according to Hollywood Hospital staff, were used to focus patients' attention and to reinforce the idea that past experiences and feelings shape various aspects of human experience, such as one's values, interpretations, and perceptions.¹¹⁸ Therapy typically ended in the evening, and patients were advised to stay in the hospital overnight and to remain the next day. These recommendations were not always followed in practice.¹¹⁹ Follow-up, like most other aspects of

¹¹⁵ Ibid., 6; Lee and Schlain, *Acid Dreams*, 289. While LSD-25 was used in the range of 100 mcgm to 1000 mcgm at Hollywood Hospital, mescaline was given in quantities ranging from 250 mgm to 1,400 mgm. The average dosage of LSD-25 used at this hospital in treatment (400 mcgm) was double the typical dosage of street acid available in the United States in the 1960s (200-250 mcgm).

¹¹⁶ MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 8.

¹¹⁷ Ibid., 7. Patients also had varying opinions of the music played during their treatment experiences. While some people greatly enjoyed the music selections, others hated them and asked for the music to be turned off.

¹¹⁸ Ibid.

¹¹⁹ Ibid., 8; John Austin's Psychedelic Treatment Day Progress Notes for Henry Sokolsky, July 21, 1967, B.C. Archives, Box 1, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. The 1965 report states that patients "must, under

these treatment sessions, varied from patient to patient, but everyone who received therapy was encouraged to return to the hospital for counselling afterwards.¹²⁰

Patients experienced different physical and emotional reactions to the psychedelics they ingested during therapy, some of which was purposeful. The goal of Hollywood Hospital's psychedelic treatment program was for patients to experience abreaction, defined as "a total reliving of past events with a duality of intense personal involvement and detachment."¹²¹ Observers at the time noted that this approach had the potential to greatly accelerate the treatment process beyond what was possible in conventional psychotherapy because experiencing "detachment" could help patients gain insight they could use in their everyday lives post-treatment.¹²² Psychiatrists were also excited by this drug's potential to increase the subject's emotional sensitivity, resulting in a wider range of emotional responses and increased sensitivity to the feelings of others.¹²³

Psychedelic therapy brought with it a wide variety of side effects, both physical and psychological. Patients often experienced feelings of physical bodily change, age regression, altered frames of reference, heightened perception of sound and colour, and depersonalization during their LSD-25 experiences in addition to abreaction. Other common reactions included nausea (both transient and persistent), tremors, paranoia, destructive impulses, and physical aggression, though Hollywood Hospital's staff noted that these negative symptoms were "easily

all circumstances, remain in the hospital overnight following treatment," (8) but some patients, such as Henry Sokolsky, left the hospital immediately after their therapeutic session ended.

¹²⁰ MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 10. MacLean and his co-authors wrote that patients received follow-up "in weekly appointments during the first month and a gradual weaning over the ensuing year." When this is not possible due to geographic limitations, patients and practitioners could communicate via mail "wherever such need is indicated" (10). Despite this statement, very little follow-up exists for many patients within the Hollywood Hospital Database. It is unclear if such documentation went missing before storage in the database, was not included in this database but exists elsewhere in private collections, or if this documentation never existed and instead follow-up was done on an informal basis.

¹²¹ Millin, "Spill Mental Garbage," 9; MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 3-4.

¹²² Millin, "Spill Mental Garbage," 9; MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 3-4; Jerome Levine and Arnold M. Ludwig, "The LSD Controversy," *Comprehensive Psychiatry* 5, no. 5 (1964): 314.

¹²³ *Ibid.*, 315.

controlled” and “[presented] little hazard to either staff or patient.”¹²⁴ Despite the risks, most individuals who underwent this type of treatment at Hollywood Hospital reported improvement in their interpersonal relationships, work habits, family and social responsibility, self-acceptance, and, in the case of alcoholics, abstinence levels after having LSD-25 therapy.¹²⁵ For some patients, then, the benefits of treatment outweighed the potential risks.

1.2 Psychoanalytic Theories on Same-Sex Attraction

In mid-twentieth century North America, most psychiatrists and psychologists concluded that homosexuality was a mental disorder, but few could agree on its causes or cures. Psychoanalysts became the experts on same-sex attraction in this milieu of medicalized opinions due to their focus on the role of middle-class families in the creation of homosexuals since the early twentieth century.¹²⁶ In the early 1900s, psychoanalytic theories on the origins of homosexuality focused specifically on bourgeois nuclear families as the centre of psychosexual development. This focus fueled growing social concerns that homosexuality was not limited to the lower classes as previously believed, but mostly occurred and perhaps proliferated among the elite. This, according to historian Jennifer Terry, “allowed psychoanalysts to argue that homosexuality was far more pervasive than prevailing theories had suggested.”¹²⁷

¹²⁴ MacLean et al., “LSD-25 and Mescaline as Therapeutic Adjuvants,” 9. Though not listed in Hollywood’s 1965 report, many patients in the Hollywood Hospital Database experienced physical tremors during the course of their LSD-25 experiences. It is unclear whether this was a result of patient anxiety during the treatment session or is a physical symptom of LSD-25 and/or mescaline.

¹²⁵ *Ibid.*, 11-12. Hollywood Hospital conducted two studies which tracked patient improvement post-psychedelic treatment. The first study used 89 patient cases with a mean follow-up of 9 months and was published in 1961. It reported that 52 percent of alcoholics were “much improved” after treatment (meaning that they had a marked improvement in all rated areas along with complete abstinence for alcoholics or remission of the current problem for non-alcoholics), and 26 percent were “improved” (meaning “easily recognized and significant improvement in the rated areas” (12) but not requiring absence or total remission of the issue). For non-alcoholics, 63 percent were much improved and 26 were improved. The results of the second study (1967) showed slightly different results using the same patient sample after a 55-month mean follow-up period. Only 25 percent of alcoholics were much improved, and 23 percent were improved. Conversely, 55 percent of non-alcoholics were marked as much improved while 34 percent were improved post-treatment.

¹²⁶ Terry, *Am American Obsession*, 57.

¹²⁷ *Ibid.*

Psychoanalysis was subsequently imbued with the cultural authority to lead discussions on homosexuality as well as a wide variety of other social concerns.

By the 1950s, however, there was no consensus on how homosexuality should be cured or understood even within this discipline. Hollywood Hospital was one of many institutions that used psychoanalytic perspectives in its treatment program, but their decision to treat homosexuality using LSD-25 had to be justified in opposition to other expert opinions this topic. Adherence to psychoanalytic principles assured them a level of medical legitimacy. The widespread influence of psychoanalytic thought in North American culture at this time also meant that Hollywood Hospital's potential patients had to be convinced that LSD-25 could work to cure same-sex attraction within their understanding of psychoanalysis' theoretical framework.

Psychoanalytic explanations for homosexuality began with Sigmund Freud at the beginning of the twentieth century. This Austrian neurologist-turned-psychologist was critical of explanations for same-sex attraction offered by naturalists and degenerationists in the late 1800s that equated homosexuality with sex inversion. These were the dominant theoretical models of the time.¹²⁸ Freud instead theorized that homosexuality was the result of psychosexual immaturity occurring when individuals failed to transition from childhood forms of sexual expression to adult ones. All individuals, in his view, were neither oriented towards homosexuality nor heterosexuality at birth since homosexuality was considered a stage in normal childhood sexual development towards heterosexuality.¹²⁹ He posited that sexual pleasure and

¹²⁸ Janis S. Bohan, *Psychology and Sexual Orientation: Coming to Terms* (New York: Routledge, 1996): 17; Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992): 185; Terry, *An American Obsession*, 43. Naturalists, such as sexologists Karl Heinrich Ulrichs and Magnus Hirschfeld, believed that homosexuality was an inborn anomaly and a form of sexual inversion, meaning that homosexuals were neither male nor female due to their same-sex attraction. Effectively, they constituted a third sex, but this condition was considered relatively benign. Conversely, degenerationists argued that homosexuals suffered from a defect from birth that ultimately resulted in degeneracy and sexual inversion. Richard von Krafft-Ebing, Jean-Martin Charcot, and Valentin Magnan, for example, all ascribed to this latter school of thought. Both degenerationists and naturalists agreed that homosexuality was necessarily biological in origin.

¹²⁹ Terry, *An American Obsession*, 56; Bohan, *Psychology and Sexual Orientation*, 76.

childhood development were organized in a hierarchical fashion, from oral to anal to genital stages. Homosexuals were stuck on infantile forms of sexual gratification, since oral and anal sexual activity was simply foreplay for mature, genital-genital (i.e. penile vaginal penetration) sexuality. Childhood trauma was the catalyst for this transitional failure.¹³⁰ Though Freud did not understand homosexuality as a disease per se, his theoretical explanation of homosexuality laid the foundation for further explanations of its causes and paved the way for other psychoanalysts to alter or supplement his theoretical perspective.¹³¹

Irving Bieber et al.'s 1962 study on homosexuality was integral in cementing the conflation of homosexuality with mental illness among North American psychoanalysts. In *Homosexuality: A Psychoanalytic Study*, Bieber's group examined 106 homosexual men with 100 heterosexuals as a control in order to prove that male homosexuality resulted from having an overprotective mother and a distant father.¹³² Through interviews with therapists, Bieber asserted that there was a pattern among the homosexual men in his study that verified his central claim. He also stated that twenty-nine homosexual patients had become exclusively heterosexual through therapy.¹³³ If homosexuality had psychological underpinnings as posited by this project, it could supposedly be cured through a casually oriented psychoanalytic method.¹³⁴ His ideas on the origins of homosexuality quickly became popular in psychoanalytic circles.¹³⁵ Bieber's conclusions therefore gave psychoanalysts authority to treat homosexuality as if it were a form of

¹³⁰ Terry, *An American Obsession*, 43, 56-60; Friedman and Downey, "Psychoanalysis and the Model of Homosexuality as Psychopathology," 250-1; Jack Drescher, "I'm Your Handyman: A History of Reparative Therapies," *Journal of Homosexuality* 36, 1 (1998): 23. Specifically, children failed to move from homosexual to heterosexual sexual behaviours when they were unable to successfully navigate the Oedipus complex. This, in Freud's view, would lead male children to choose men as their primary sexual object choices in adulthood.

¹³¹ Conrad and Schneider, *Deviance and Medicalization*, 185.

¹³² Drescher, "I'm Your Handyman," 28; Bohan, *Psychology and Sexual Orientation*, 77.

¹³³ Drescher, "I'm Your Handyman," 28.

¹³⁴ Martin Kantor, *Why a Gay Person Can't Be Made Un-Gay: The Truth About Reparative Therapies* (Santa Barbara: Praeger, 2015): 5.

¹³⁵ Bohan, *Psychology and Sexual Orientation*, 77.

mental illness, thereby contributing to the pathologization of male same-sex attraction. It is important to note that Bieber's report included a review of psychoanalytic work on homosexuality since Freud, including studies by critics of the disease model of homosexuality. Bieber's research group was, however, dismissive of these claims, stating that all psychoanalysts believed homosexuality to be pathological.¹³⁶

There were two main methodological problems with Bieber et al.'s study, notwithstanding its grand claims. First, the information used in this project was all secondhand. Bieber et al. approached psychoanalysts for information on their patients' familial backgrounds; this approach is problematic because patient self-reporting is influenced by practitioner expectations and this information could have been interpreted in a biased fashion by therapists.¹³⁷ Second, the fact that the main sample consisted exclusively of homosexual men already in therapy meant that their results were not generalizable to the broader homosexual population.¹³⁸ This study was nonetheless influential in mid-twentieth century psychoanalyst circles despite its issues because of its proclaimed success in transforming their research subjects' sexual orientations.

Sandor Rado, a Hungarian-born psychoanalyst who lived and worked in the United States, was another important contributor to the development of psychoanalytic theories that pathologized same-sex attraction. Unlike Freud and Bieber, Rado conceptualized homosexuality in relation to Charles Darwin's ideas of adaptation. This perspective caused him to distinguish

¹³⁶ Conrad and Schneider, *Deviance and Medicalization*, 190. According to Conrad and Schneider, these included "the Wolfenden Report from England, Kinsey's research, the anthropological studies of Ford and Beach, and the psychiatric evidence of Hooker, and Chang and Block" (190).

¹³⁷ Kantor, *Why a Gay Person Can't Be Made Un-Gay*, 5; Bohan, *Psychology and Sexual Orientation*, 77. Therapists may be influenced by their expectations, previous training, and experiences when interpreting patient testimony. For instance, as Bohan writes, "a therapist trained to expect this sort of family constellation in the background of his gay male clients is likely to hear just that and report just that" (77). Practitioner bias therefore complicates the results of Bieber et al.'s 1962 study.

¹³⁸ Bohan, *Psychology and Sexual Orientation*, 77.

between two types of human psychological responses to cultural experiences: adaptative, which were necessary for human survival and species proliferation, or maladaptive, which were not.¹³⁹ Rado used this distinction to put forward a psychoanalytically oriented homosexual etiology infused with evolutionary biology in 1969. This theoretical perspective had three central points. First, he contended that the male-female pattern was anatomically ingrained in human partnerships due to the biological necessity of procreation. This concept was proliferated culturally through male-female marriage. Second, he argued that all homosexual relationships constituted an attempt to mimic male-female relationships: effeminate homosexual men, for example, often paired with more traditionally masculine homosexuals. Homosexuality was further considered a maladaptive behavior because it could not result in offspring. The third point of this theory offers an explanation for homosexuality. In Rado's view, same-sex attraction was caused by overprotective parents who went too far in prohibiting their children from engaging in sexual activity. These parents caused their male children to fear vaginas and female ones to fear penises, therefore prompting them to "escape" into homosexual behavior.¹⁴⁰ Rado's overall evaluation of homosexuality was that it was biologically and psychologically impossible for homosexuals to engage in "healthy" sexual activities with members of the same sex. According to Drescher, "Rado declared, with great authority but without any supporting scientific research or evidence, that heterosexuality is the only non-pathological outcome of human sexual development."¹⁴¹ Rado further argued that same-sex attracted individuals were unconsciously attracted to members of the opposite sex, but childhood trauma caused them to view heterosexual desire as dangerous.¹⁴² His understanding of homosexuality dominated

¹³⁹ Jack Drescher, *Psychoanalytic Therapy and the Gay Man* (Hillsdale: Analytic Press, 1998): 58.

¹⁴⁰ Drescher, "I'm Your Handyman," 30.

¹⁴¹ *Ibid.*, 27.

¹⁴² Friedman and Downey, "Psychoanalysis and the Model of Homosexuality as Psychopathology," 263.

psychoanalytic discourses into the 1970s, and his therapeutic practices became the foundational ground on which conversion therapies would later be built. Rado's theories gained popularity within the psychiatric discipline because, when "homosexuality" was re-defined in the DSM-II (1968) as "deeply ingrained maladaptive patterns of behaviour," this coincided with Rado's theoretical perspective on homosexuality.¹⁴³

Mid-twentieth-century psychiatric practitioners tried a variety of techniques in their attempts to transform homosexual men into heterosexuals. Chemical agents – pharmacological or otherwise – often featured in these experiments. Some researchers and therapists tried electrical or chemical "shock treatments" to stop patients from associating homoerotic imagery with sexual attraction. Cocaine, the pesticide strychnine, and other nausea-inducing drugs were used by practitioners for such purposes.¹⁴⁴ There were experiments using chemically-induced seizures which would supposedly allow their patients to "free their energy" for proper, heterosexual activities.¹⁴⁵ Occasionally, patients received hormonal injections as a potential cure for their same-sex attraction.¹⁴⁶ Surgical interventions were another more extreme approach used by some practitioners. For instance, some therapists advocated lobotomies, chemical or physical castration, and the transplantation of sexual organs to curtail a patient's same-sex desires.¹⁴⁷ There were, of course, less physically invasive attempts at conversion therapy during this time, such as prayer, homosexual "flooding" (i.e. overdosing on homosexual stimuli), excessive

¹⁴³ Ibid.; Drescher, "I'm Your Handyman," 31; Drescher, "Queer diagnoses revisited," 387.

¹⁴⁴ Kantor, *Why a Gay Person Can't Be Made Un-Gay*, 3; Bohan, *Psychology and Sexual Orientation*, 18; Conrad and Schneider, *Deviance and Medicalization*, 187.

¹⁴⁵ Douglas C. Haldeman, "The Practice and Ethics of Sexual Orientation Conversion Therapy," *Journal of Consulting and Clinical Psychology* 62, no. 2 (1994): 221; Bohan, *Psychology and Sexual Orientation*, 18; Conrad and Schneider, *Deviance and Medicalization*, 187. For example, practitioners tried using estrogen to decrease "abnormal" sex drives or androgens to increase "normal" sex drives.

¹⁴⁶ Kantor, *Why a Gay Person Can't Be Made Un-Gay*, 3.

¹⁴⁷ Ibid., 3-4; Bohan, *Psychology and Sexual Orientation*, 18; Conrad and Schneider, *Deviance and Medicalization*, 185. Kantor notes that some clinicians believed that male circumcision was an effective cure for male homosexuality because "they believed that fewer Jews than non-Jews were gay" (4).

bicycle riding, visiting prostitutes for the purposes of heterosexual sex, and long-term psychotherapy. However, these approaches were no less traumatic for patients because they caused psychological distress in their own right and reinforced that homosexuality was an illness, meaning that these patients were diseased.¹⁴⁸ These medicalized ideas of homosexuality, in turn, were reciprocally influenced by popular discourses on this topic. In the words of sociologists Conrad and Schneider, there existed a “reservoir of revulsion that was the general cultural inheritance regarding same-sex conduct in the West,” and, as such, “considerable non-medical support for such medical practices and ideas...in turn reinforced popular thought on the subject.”¹⁴⁹

These modes of conversion therapy were similar in that they each required a significant, long-term investment on behalf of patients. Even supposedly “quick” interventions like surgery required lengthy hospital stays and recovery periods, notwithstanding side effects. These treatments were also expensive; as elective therapies, patients had to pay for them out-of-pocket in both the United States and Canada, even after the passing of Canada’s *Medical Care Act* in 1966. The temporal and financial expense of these treatments made them both unappealing to wealthy patients and inaccessible to poor and lower-class same-sex attracted men who may have desired heterosexual conversion. Further, when these therapies failed to work, patients often experienced a loss of self-esteem because they could not replace their homosexual desires with heterosexual ones, despite the money, time, and energy spent on such therapeutic programs.¹⁵⁰

¹⁴⁸ Kantor, *Why a Gay Person Can’t Be Made Un-Gay*, 4; Bohan, *Psychology and Sexual Orientation*, 18; Haldeman, “The Practice and Ethics of Sexual Orientation Conversion Therapy,” 221.

¹⁴⁹ Conrad and Schneider, *Deviance and Medicalization*, 187.

¹⁵⁰ Friedman and Downey, “Psychoanalysis and the Model of Homosexuality as Psychopathology,” 264.

1.3 The LSD-25 Controversy

LSD-25 was different. When used to treat alcoholism, practitioners in Saskatoon, Weyburn, and Hollywood Hospital claimed that a significant number of their patients achieved total, long-term sobriety after a single psychedelic experience.¹⁵¹ It is not unreasonable, according to contemporary therapists at Hollywood Hospital, to assume that LSD-25 could produce similarly expedient results for those hoping to be cured of their homosexuality, despite the controversies popularly associated with this psychedelic. LSD-25's powerful potential thereby increased Hollywood Hospital's appeal for some same-sex attracted male patients. Further, as previously noted, Hollywood Hospital's post-treatment patient release policy was more flexible in practice than what MacLean et al. implied in their 1965 report. This discrepancy meant that patients could potentially spend less time in-hospital than other treatment methods that required long recovery times, even if the financial expense remained considerable. The aforementioned combination of factors thereby increased Hollywood Hospital's appeal to upper-middle class same-sex attracted men seeking heterosexual conversion at this private institution.

By the 1960s, popular coverage of LSD-25 was not limited to its uses and consequences in psychiatric treatment. Medical experts initially viewed LSD-25 with a great deal of optimism. The first scientific article about this drug appeared in 1943, and subsequent medical reports and newspaper descriptions of LSD-25 in the 1950s were focused on its potential contributions to medical research, particularly within psychiatry.¹⁵² However, new scientific research and cultural events in the following decade prompted a shift in medical and social discourses about LSD-25 and its uses. Concerns about the drug's possible connection with chromosomal damage, fetal

¹⁵¹ Dyck, *Psychedelic Psychiatry*, 70; Dyck, "Flashback," 385; MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 11-12.

¹⁵²Erika Dyck, "Flashback: Psychiatric Experimentation With LSD in Historical Perspective," *Canadian Journal of Psychiatry* 50, 7 (2005): 382.

abnormalities, and memory impairment began to appear in North American newspapers in the late 1960s, thus damaging its reputation within the medical and psychiatric disciplines.¹⁵³ Further, as LSD-25 became increasingly associated with counterculture groups, radicalized youth, and spiritual gurus such as Timothy Leary and Ken Kesey during this decade, experts increasingly argued that LSD-25 was a dangerous recreational drug and not a compound suitable for medical experimentation and attention.¹⁵⁴

These “radicals” agitated for change in North American society through their political activism. The rise of second-wave feminism, civil rights movements, Indigenous rights movements, the Quiet Revolution in Quebec, and protests against the Vietnam War suggested to older generations that the baby boomers as both an age group and a social class were a threat to the status quo. Many of these young activists were influenced by popular coverage of countercultural acid use in the media. They came to view recreational drug consumption as a marker of their radical identities, thus solidifying the perceived link between the decline of North American culture and psychedelic drugs.¹⁵⁵ Scientific information and cultural concerns were combined in public anti-drug campaigns. For example, after a 1967 study incorrectly found that this drug could mutate human chromosomes, the American government used this information to create public campaigns advocating drug abstinence.¹⁵⁶ By the mid-1960s, MacLean faced a dilemma given these widely publicized fears: since LSD-25 was no longer considered a miracle

¹⁵³ Ibid.; John R. Neill, ““More Than Medical Significance”: LSD and American Psychiatry – 1953 to 1966,” *Journal of Psychoactive Drugs* 19, no. 1 (1987): 42.

¹⁵⁴ Dyck, “Flashback,” 386; Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus* (Baltimore: Johns Hopkins University Press, 2008): 4-5; Lee and Schlain, *Acid Dreams*, 73-91, 119-26. Timothy Leary was a Harvard educated psychologist turned spiritual guru who created a new religion known as the “League for Spiritual Discovery” in the mid-1960s. He is known for indiscriminately promoting drug consumption as a means of developing a person’s “inner freedom.” Ken Kesey, the author of *One Flew Over the Cuckoo’s Nest* (1962), was also the leader of the “Merry Pranksters.” This counterculture group distributed black-market acid while touring across the United States in a DayGlo-painted bus named “Furthur.” Kesey, like Leary, encouraged youth to reject dominant middle-class values and to consume LSD and other psychedelic drugs.

¹⁵⁵ Dyck, *Psychedelic Psychiatry*, 4; Lee and Schlain, *Acid Dreams*, 233.

¹⁵⁶ Neill, ““More Than Medical Significance,”” 42.

cure but rather a dangerous symbol of cultural revolution, therapies that used this psychedelic drug were no longer seen as legitimate by medical professionals or the wider population.

Hollywood Hospital's psychedelic treatments were caught in the crosshairs of North America's cultural distrust of LSD-25.

This situation prompted MacLean to defend psychedelic therapies both privately and publicly, and often in opposition to scientific criticisms and the activities of illicit acid users. As Medical Director at Hollywood Hospital and President of the IAPT, he used both positions to discuss the merits of legitimate psychedelic research and the dangers of recreational misuse. Those using "crude approximations" of LSD-25, in his view, faced countless risks due to their behavior, and he blamed people who used and sold black-market acid as the reason why legitimate psychedelic compounds were feared and underused in psychiatric settings.¹⁵⁷ Even the findings of Hollywood Hospital's 1961 report on its psychedelic experiments were carefully qualified when discussed in newspapers: MacLean stressed that the benefits of LSD-25 discussed in this report "[applied] only to the use of clinical LSD" and not black-market acid.¹⁵⁸

He also made sure to address medical concerns about LSD-25 experimentation. In a 1967 *Nanaimo Daily News* article, MacLean stated that this drug was non-addictive, not physically harmful, and did not cause death or brain damage.¹⁵⁹ Three years later, the same newspaper quoted him as saying that "there is no medical evidence to justify reports that clinical use of the drug LSD promotes chromosomal damage, a cause of birth defects."¹⁶⁰ One reason why MacLean may have focused so heavily on alleviating fears regarding chromosomal damage was because it had a direct impact on Hollywood Hospital's patient intake. According to a letter from

¹⁵⁷ "LSD Used In Illicit Tests Is Dangerous Says Doctor," *Nanaimo Daily News*, March 28, 1967, 8.; Millin, "Spill Mental Garbage," 9.

¹⁵⁸ "LSD Cleared of Damaging Chromosomes," *Nanaimo Daily News*, April 25, 1970, 2.

¹⁵⁹ "LSD Used In Illicit Tests Is Dangerous Says Doctor," 8.

¹⁶⁰ "LSD Cleared of Damaging Chromosomes," 2.

Hollywood Hospital Psychedelic Therapist John Austin to a patient, Marshall Thatcher, LSD-25 therapies slowed down considerably in 1968 for this reason. When Marshall expressed concern about psychedelic therapy because of its potential impact on chromosomes, Hollywood Hospital staff assured him that “there are several well known instances where the reputedly documented evidence is purely and solely fiction.”¹⁶¹

Some experts of the time also took issue with the qualitative nature of LSD-25 therapies and insisted that the benefits derived from this type of treatment were due to the placebo effect or environmental factors. MacLean was dismissive of such claims, and appeared offended by the implication that individuals who underwent psychedelic treatment “may have been equally aided by black magic or the laying on of hands.”¹⁶² Hollywood Hospital was not the only institution that received this criticism. Rather, Weyburn Mental Hospital in Saskatchewan faced similarly negative evaluations of their LSD-25 experiments from researchers at the Addictions Research Foundation (ARF) in Toronto. The ARF’s representatives argued that the psychedelic therapies that took place in Saskatchewan to cure alcoholism did not use appropriate scientific methodology. Weyburn, like Hollywood Hospital, elected not to use standardized controlled trials in their research. The ARF thus criticized the experiments that took place at Weyburn on the grounds that they ignored the role of environmental influences at Weyburn Mental Hospital, which may have altered patient treatment outcomes.¹⁶³ Rather than conceding to such critiques, Weyburn and Hollywood Hospital’s practitioners argued that the effects of LSD-25 were best

¹⁶¹ Letter from John Austin to Marshall Thatcher, April 3, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁶² MacLean et al., “LSD-25 and Mescaline as Therapeutic Adjuvants,” 19.

¹⁶³ Dyck, *Psychedelic Psychiatry*, 73-4. After publishing these critiques, the Toronto-based organization decided to conduct their own controlled LSD-25 experiments to see if Weyburn’s results could be replicated in a standardized, scientifically controlled study. Their experimental model blindfolded and constrained subjects after administering them LSD-25, and observers were forbidden from interacting with these individuals. Dyck notes that, while some patients showed marginal improvement as a result of the ARF experiments, their results did not match those produced at Weyburn.

studied in environments with as few scientific controls as possible. Abram Hoffer in Saskatoon and Humphry Osmund in Weyburn contended that both the environment and the drug itself should be considered when evaluating patient psychedelic treatment experiences and outcomes, while MacLean noted that the “sterile, perhaps threatening” atmosphere in clinical trials impeded the creation of trust-based doctor-patient relationships.¹⁶⁴

Despite MacLean’s staunch defense of his LSD-25 experiments, his overall position on psychedelic research was one of moderation. Though he was extremely critical of counterculture drug users, he was equally opposed to those in the psychiatric and medical communities who rejected psychedelic research on point of principle. The normative debates these individuals started regarding psychedelic experimentation would, in his view, ultimately lead to a scientific stand-still. As Hollywood Hospital’s 1965 report stated:

The future of psychedelics in North America appears to stand in jeopardy, and workers in the field must be prepared to evaluate their position realistically and with conviction. There must be a willingness by both proponents and opponents to concede theoretical and procedural limits; tunnel vision among the more vociferous critics must be broadened, and the unrestrained evangelism of some enthusiasts must be tempered. In the absence of a new measure of open-mindedness, tolerance and reason, controversy will persist with the distinct probability that society as a whole will be worse.”¹⁶⁵

MacLean and his staff’s persistent promotion of their LSD-25 research implies, as this quotation suggests, that their work was controversial during the 1960s because of its association with contemporary counterculture movements. In a sea of emotionally-charged criticisms to psychedelic experimentation, they felt that their private practice and entire discipline was in danger of being cast aside as the simple work of radicals. The safest response was therefore to advocate for rational, evidence-based appraisals of LSD-25 research. Both patients and

¹⁶⁴ Dyck, *Psychedelic Psychiatry*, 74-5; MacLean et al., “LSD-25 and Mescaline as Therapeutic Adjuvants,” 6-7.

¹⁶⁵ MacLean et al., “LSD-25 and Mescaline as Therapeutic Adjuvants,” 1.

practitioners could be comforted by the clinical, moderate approach employed at Hollywood Hospital, which would allow MacLean to balance his research objectives with his hospital's practical need for a customer/patient base.

MacLean also worked to demonstrate that LSD-25 therapies could have a wide variety of psychiatric applications in his attempts to legitimize this form of medical intervention. The 1965 report praised the merits of psychedelic research through their discussion of the beneficial treatment results that occurred at Hollywood Hospital in cases of alcoholism. However, they believed that psychopathic, schizophrenic, and addictions cases typically were not helped by LSD-25.¹⁶⁶ Its authors also noted the marked improvement that people suffering from non-addictions conditions experienced after their LSD-25 therapies. One group that apparently received benefit from Hollywood Hospital's therapies were homosexuals, but not in the way that MacLean and his staff anticipated. Hollywood Hospital did not always cure homosexuality according to their official documentation, and nor did they appear to view the removal of same-sex attraction as the only positive therapeutic outcome. In their 1965 report, MacLean and his co-authors stated the following:

Homosexual problems present an interesting illustration of difficulty of classification. In this study, the criteria for 'Much Improved' include the "complete remission of the presenting problem". Few homosexuals in our group have attained a satisfactory heterosexual adjustment, yet many have derived marked benefit in terms of insight, acceptance of role, reduction of guilt and associated psychosexual liabilities.¹⁶⁷

Based on this quotation, it appears that MacLean's group preferred for their patients to experience heterosexual conversion. However, they also counted patient self-acceptance as a satisfactory means of alleviating the "present problem" that led these individuals to seek therapy at Hollywood Hospital in the first place. This ambiguous position no doubt influenced the

¹⁶⁶ Ibid., 13.

¹⁶⁷ Ibid.

treatment experiences and outcomes of same-sex attracted men who underwent LSD-25 therapies at this institution on the basis of their sexual preferences. Regardless of their official position, both Hollywood Hospital's therapeutic method and patient expectations of the benefits of psychedelic treatments for same-sex attraction were influenced by contemporary theoretical explanations for homosexuality offered by psychiatric practitioners.

Hollywood Hospital's use of psychoanalytic principles to orient their patients' psychedelic experiences, combined with the widespread dissemination of psychoanalytic theories more broadly in North America at this time, created a type of treatment for same-sex attraction that could be understood by patients and justified as clinically acceptable to other psychoanalytic practitioners in the mid-twentieth century North American context. These aspects of Hollywood Hospital's LSD-25 treatment program attracted well-financed same-sex attracted male patients seeking heterosexual conversion. They also forced MacLean to employ a therapeutic program that adhered to dominant psychoanalytic treatment models given the controversy associated with psychedelic agents in society and psychiatric treatment. While MacLean's treatments were associated with a sort of therapeutic optimism, they had varying outcomes for individual patients. The experiences of twelve same-sex attracted men at this hospital will be explored in the following chapter.

Chapter 2: “I have a homosexual problem”: The Intersection of Medical and Social Discourses in Hollywood Hospital’s Patients’ Experiences

In her 2016 doctoral dissertation “Controlling Contagion,” Frances V. Reilly wrote that Cold War-era sexual psychiatry was “cultural as much as it was medical.”¹⁶⁸ This outlook has been shared by many medical historians since the 2000s. Academics have written extensively on the connection between cultural discourses and medical theories, diagnostic categories, and treatments, particularly in the realm of psychiatry. Both David Herzberg and Jonathan Metzl, for instance, examined how American cultural ideas of gender impacted tranquilizer advertisements in the 1950s, and Michael E. Staub analyzed how mental illness “both operated as a subject in its own right *and* as an occasion for addressing a host of other political, emotional, and social concerns” from 1948 to 1980.¹⁶⁹

Though these authors shared an interest in how social expectations historically influenced medical concepts and practice, fewer historians have connected these broader themes at the level of personal experience in mid-twentieth-century psychiatric systems. Fewer still have attempted to analyze the interplay between medical and cultural discourses when discussing twentieth-century North American psychiatry during the period in which homosexuality was understood as a mental illness. Despite the lack of scholarly attention in this area, examining this history from

¹⁶⁸ Frances V. Reilly, “Controlling Contagion: Policing and Prescribing Sexual and Political Normalcy in Cold War Canada,” Doctoral thesis, University of Saskatchewan (2016): 130.

¹⁶⁹ Jonathan Michel Metzl, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Durham: Duke University Press, 2003); David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: Johns Hopkins University Press, 2009); Michael E. Staub, *Madness Is Civilization: When the Diagnosis Was Social, 1948-1980* (Chicago: University of Chicago Press, 2011): 3. In *Prozac on the Couch*, Metzl approaches the history of Miltown from a cultural perspective and contends that psychoanalytic interpretations of gender reflected in advertisements for this drug demonstrate psychoanalysis’ lasting impact on twentieth-century American pharmacology. He examines newspapers, magazines, medical journals, and drug advertisements to examine how these drugs were used to reinforce gender hierarchies from a psychoanalytic perspective during the postwar period. Herzberg’s focus in *Happy Pills in America* is similar to that of Metzl; in this book, Herzberg presents a cultural history of mid-twentieth century tranquilizers in the United States and likewise argues that societal notions of race, gender, and class were used to help market these drugs. Staub’s *Madness Is Civilization* focuses on the intellectual history of the antipsychiatry movement from 1948 to 1980. He argues that the key figures in this movement, most notably R.D. Laing, Erving Goffman, and Thomas Szasz, built their critiques upon postwar North American concerns regarding the family as the originator of mental illness.

the angle of personal experience is valuable because it demonstrates that the relationship between medicine and culture in psychiatry does not exist purely in abstract terms, but instead has real impacts on the lives of pathologized groups. In this study, patient clinical experiences reflect the impact of these two discourses.

This chapter analyzes the personal treatment experiences of twelve patients who came to Hollywood Hospital from 1955 to 1973 with concerns connected to their sexual orientation to examine how the intersection of medical and social connotations of same-sex attraction influenced patient treatment experiences. It first describes how this study's twelve selected patients discussed their problems and ideas of same-sex attraction while in hospital for treatment. This section focuses on why patients felt they needed treatment at this hospital. The Hollywood Hospital database reveals that both practitioners and patients at this institution understood homosexuality through the dual lenses of contemporary psychoanalytic theory and homosexuality's non-conformity with traditional, reproductive life and nuclear family structures in the context of the Cold War. This chapter explores how these two frameworks influenced one another in a cyclical fashion, fundamentally shaping the clinical experiences of the twelve same-sex attracted men featured in this study. Both psychoanalytic and Cold War cultural authorities were concerned with the reproduction and maintenance of heterosexual families for various reasons, and same-sex attracted men were not seen as compatible with this type of family structure. These two disparate discourses complimented each other and influenced how homosexuality was understood both by patients and practitioners, thus impacting this hospital's treatments at the level of experience.

It is important here to acknowledge the limitations of my approach in this chapter. First, given this study's small sample size and the specificity of my selected demographic, this chapter

cannot make broad generalizations about the experiences of same-sex attracted psychiatric patients in mid-twentieth century Canada. These twelve reflective case studies instead present a rare historical opportunity to examine why these particular individuals decided to seek treatment on the basis of their same-sex attraction and the discursive elements both they and their practitioners employed to understand same-sex attraction before, during, and after treatment. Second, while I seek to understand these twelve cases' experiences through a medical and cultural framework, I recognize that there are other valuable ways historians could analyze these patient records. Using these patient accounts to examine religious connotations of homosexuality, for example, would provide a fruitful examination of the ways in which religious (specifically Christian) social discourses impacted Canadian perceptions of same-sex attraction in the context of the Cold War. This approach is beyond the scope of my thesis.¹⁷⁰ Instead, this chapter analyzes how psychoanalytic and broad cultural discourses on the nature of homosexuality influenced these patients' self-reported reasons for treatment, therapeutic experiences, and self-perceptions.

2.1 Patients' Reasons for Treatment

Patients' self-reported reasons for seeking treatment at Hollywood Hospital offer insight into how homosexuality was discussed and understood using contemporary medical and cultural paradigms at this institution, and how such understandings were internalized by patients. Before exploring the reasons why these men sought treatment, it is important to note that each of these

¹⁷⁰ Father Edward Herbertson's Pre-Treatment Autobiography, August 1, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; There are two reasons why I chose not to examine these twelve cases through the lens of religion. First, in seven out of twelve cases, these men's religious backgrounds were not recorded. The remaining five cases contain diverse religious affiliations (two men identified as Roman Catholic, one as an atheist, one as pantheistic, and one as Jewish) that complicate religious-based analysis of these sources. Second, these men did not discuss their same-sex attraction in conjunction with their religion. Even Father Edward Herbertson, a Roman Catholic priest, viewed his sexuality in connection to his early admittance to seminary school (meaning he did not have an opportunity to explore his sexuality before dedicating himself to the church) and not his religion itself despite his religious knowledge and authority.

individuals hoped that therapy would help them resolve issues that they did not think they could handle or control by themselves. This sentiment reflects the importance of experts, most notably psychiatric experts, in mid-twentieth-century North America, as well as the broader culture of individual self-improvement noted in the previous chapter. As discussed earlier, this period of North American history was one of overwhelming scientific enthusiasm wherein notions of progress and advancement proliferated in discussions of modern medical practice.¹⁷¹ These same sentiments appeared in the subject of psychiatry. This discipline in particular gained cultural and medical importance in the 1950s and 1960s because of its concern with alleviating the problems of the “worried well” and its role in helping individuals achieve personal well-being. Some psychiatric practitioners gained greater cultural authority and acceptance than others. Psychoanalysts in particular became key figures in the pursuit of happiness and the development of happy, self-fulfilled populations in the Western world due to their growing influence within the broader psychiatric discipline.¹⁷² These therapists were also important in that they defined normal versus abnormal behaviour, offering solutions to the problem of aberrance. This function included designating the difference between normal and abnormal sexuality, most notably from a psychoanalytic perspective.¹⁷³

The men who came to Hollywood Hospital to address their sexuality shared three common categories of concerns when describing why they needed psychedelic treatment. First, some men hoped that LSD-25 therapy would help them alleviate their worries about heterosexual

¹⁷¹ Reilly, “Controlling Contagion,” 142; Staub, *Madness Is Civilization*, 4.

¹⁷² Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988): 14; Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997): 31; Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999): 3-4.

¹⁷³ *Ibid.*, 6; Estelle B. Freedman, ““Uncontrolled Desires”: The Response to the Sexual Psychopath, 1920-1960,” *Journal of American History* 74, no. 1 (1987): 88. Freedman importantly notes that psychoanalysis’ influence on American psychiatry in the 1930s helped to develop the field of forensic sexology and sexual theories of crime.

procreation and childcare. Patients dealing with such problems often expressed hopelessness at their prospects for fatherhood. James Czajka, a Canadian clerk-typist, was eighteen years old when he arrived at Hollywood Hospital and spent ten weeks inside this institution. He received four separate LSD-25 treatments within this timeframe. Though James hoped to be cured of a variety of ailments through psychedelic therapies, he was specifically concerned about his same-sex attraction because it impeded the development of a “normal” family life. He wrote in his pre-treatment autobiography that he “will never be able to be married” due to his same-sex attraction and said during his first LSD-25 treatment that he “[did not] think [he] should ever be a father because [he] probably wouldn’t be a good one.”¹⁷⁴ Other patients, such as Salvatore Lannon, also viewed their same-sex attraction as incompatible with fatherhood. Salvatore believed that he needed LSD-25 therapy to determine if he was homosexual or heterosexual: “I hope to be helped by it,” he wrote, “...to know if I really loved my wife as I think I do or [if] I really should be satisfied with the fact that I am not really and never will be a stable person and marriage, children, [and] security are not really part of me.”¹⁷⁵ In addition to those worrying about the possibility of having children, thirty-one year-old American actuary Andrew Sandford had children of his own, but did not feel that he could successfully care for them because of his suppressed same-sex attraction. He struggled with the idea that he could both love his children and be homosexual during his 1968 LSD-25 experience, eventually concluding that facing his homosexuality though treatment was the “way back to [his] children.”¹⁷⁶ Overall, patients who

¹⁷⁴ James Czajka’s Pre-Treatment Autobiography, October 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; J. Austin’s Psychedelic Treatment Day Notes for James Czajka’s LSD-25 Experience, October 7, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁷⁵ Salvatore Lannon’s Pre-Treatment Autobiography, date unknown, B.C. Archives, Box 1, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada

¹⁷⁶ Physician’s Progress Notes on Andrew Sandford’s LSD-25 Treatment Experience, January 23, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada

discussed problems with reproduction in the context of nuclear families as a reason for treatment did so out of a feeling of hopelessness and pessimism. Same-sex attracted men, in their view, would have difficulty becoming fathers and were poor parents to the children they did have.

Second, many patients described dissatisfaction with their previous sexual and romantic relationships (both homosexual and heterosexual) as a problem requiring psychiatric intervention. For some, the challenges presented by the dating world prompted them to seek out LSD-25 treatment. Thirty-three-year-old American clothing designer Roger Feigenbaum was one such patient with dating problems. His former therapist Dr. James Gabby wrote to MacLean in 1967 that Roger first began treatment with him in 1964, hoping he could help him overcome his fears of latent homosexuality and with his troubles forming relationships with women. He became depressed after his most recent relationship because he “felt he was getting old and ugly and that he would never find a girl that would want to marry him.”¹⁷⁷ Charles Stroud, a Canadian schoolteacher, expressed similar pessimism about the possibility of marriage, writing in his pre-treatment autobiography that he did not “even dare to hope” for such a future because of his same-sex attraction.¹⁷⁸ Political Science professor Dr. Howard Boyle came to Hollywood Hospital in 1963 for treatment because he had found none of his previous relationships satisfying in any way; he described previous sexual encounters as “never wholehearted, never serious, and never happy.”¹⁷⁹ James Czajka had similar problems in forming sexual relationships.¹⁸⁰ Two American patients, thirty-seven year old stage actor Neil MacIver and twenty-five year-old

¹⁷⁷ Correspondence from Dr. James Gabby to Dr. J. Ross MacLean, June 7, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁷⁸ Charles Stroud’s Pre-Treatment Autobiography, September 10, 1960, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁷⁹ Dr. Howard Boyle’s Pre-Treatment Autobiography, December 18, 1962, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁸⁰ James Czajka’s Pre-Treatment Autobiography, October 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

musician Kurt Huddleson, faced just as much emotional hardship while dating other men. Kurt, for example, wrote that he started looking for homosexual relationships during university since he had become “very tired of unsuccessful relationships with girls,” but these efforts never resulted in “mutual attraction.”¹⁸¹ Neil commented on his repeated success in finding male sexual partners in his autobiography. However, these brief encounters did not fulfill his desire for a happy, long-term relationship.¹⁸²

Issues relating to marriage also loomed large in the minds of those seeking treatment in this category. Married patients expressed difficulty in maintaining their marriages, while those who were divorced articulated a desire to return to their spouses or, at the very least, to the nuclear family structure. Frank Hirschbeck, the son of a wealthy Canadian businessman, desired LSD-25 therapy because “the two most important things...are health and a stable marriage.”¹⁸³ He and his wife both suffered from mental health problems that resulted in frequent arguments. Underlying this tension were Frank’s unsuccessful attempts to “avoid homosexual thoughts.”¹⁸⁴ Similarly, Andrew Sandford planned on divorcing his wife but decided against it when she became pregnant in 1961. The couple went through a separation period beginning the following year instead, during which time Andrew began having several affairs. Despite the fact that these extramarital activities were with women, he nonetheless felt that the underlying problems that led to his infidelity were at least in part caused by his same-sex attraction.¹⁸⁵ Neil MacIver explicitly blamed his same-sex desires for his divorce: “Guilt about my past [sexual] history and

¹⁸¹ James Czajka’s Pre-Treatment Autobiography, October 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁸² Neil MacIver’s Pre-Treatment Autobiography, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁸³ Correspondence from Frank Hirschbeck to Dr. J. Ross MacLean, August 18, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁸⁴ Psychiatric Treatment Day Progress Notes taken during Frank Hirschbeck’s LSD-25 Experience, September 13, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁸⁵ Andrew Sandford’s Pre-Treatment Autobiography, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada

recurring desires for men, during my marriage, had caused me to allow and even to encourage my wife to divorce me, in spite of my love for her.”¹⁸⁶ When one examines these self-reported reasons for treatment, a similar pattern emerges to what appeared in cases concerned with reproduction: these patients, just like those mentioned previously, believed that their sexual desires were incompatible with happy relationships. The sadness with which they wrote and spoke of these problems permeates the textual records they left behind. It is possible that these men falsified, exaggerated, or simply wrote more forthrightly about mental distress than they might have otherwise to receive LSD-25 treatment at Hollywood Hospital. Even if this was the case, these patient writings are nonetheless valuable and historically informative because they show how these patients thought they *should* feel about their sexual attraction in 1960s Canada.

The third category of concern patients typically discussed was fear of personal and sexual immaturity in connection with their sexual orientation. Though fewer men discussed this topic than the other two as a reason for treatment, this sentiment was most often cited not as an initial reason for therapy, but as a justification for continued treatments at Hollywood Hospital. For example, Frank Hirschbeck stated after his second LSD-25 session at Hollywood Hospital that he now wanted to focus on making his marriage successful and on reaching simple, achievable goals. However, he was still concerned by his own “reluctance to accept “normal” (?) [sic] responsibilities,” thereby necessitating further treatment.¹⁸⁷ During his next LSD-25 session two months later, he and his therapists spoke frequently about the theme of immaturity versus age.¹⁸⁸ Roman Catholic priest and Associate Professor of Philosophy Father Edward Herbertson also

¹⁸⁶ Neil MacIver’s Pre-Treatment Autobiography, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada

¹⁸⁷ Frank Hirschbeck’s Description of his LSD-25 Experience, October 19, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁸⁸ Psychedelic Treatment Day Progress Notes for Frank Hirschbeck, December 16, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

expressed his sexual and emotional immaturity as a reason to continue LSD-25 therapy, writing that he “felt emotionally atrophied” as a result of his previous life experience. He was inducted into the seminary at a young age and therefore had very limited sexual or romantic experience despite “certain hetero- and homosexual phantasies [sic]” throughout his life.¹⁸⁹

Father Edward Herbertson’s case warrants further consideration given the fact that he was a Roman Catholic priest. Though Edward did not discuss his same-sex attraction in connection with his religious teachings, his vocation triggered certain assumptions from Hollywood Hospital staff about the nature of his problems and the types of insights he may derive from psychedelic treatment. Edward’s former psychotherapist, Dr. Frederick Flach, indeed saw a causal relationship between his patients’ profession and his reasons for treatment. “As we so often encounter in persons with similar vocation,” he wrote, “there are problems of sexual identity, guilt, self doubts [sic] and some intellectual erosion of that which has been traditionally accepted as faith.”¹⁹⁰ MacLean agreed with this evaluation based on the results of Edward’s pre-treatment MMPI test.¹⁹¹ MacLean and Flach’s correspondence regarding the origins of Edward’s problems illustrates that practitioners both inside and outside of Hollywood Hospital may have relied partially on broad generalizations in interpreting an individual patient’s symptoms and reasons for treatment.

Some people did connect immaturity directly with their sexuality as a reason for their first treatment. Roger Feigenbaum wrote in his autobiography that one of his main problems was

¹⁸⁹ Father Edward Herbertson’s Description of his LSD-25 Experience, August 17, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁹⁰ Correspondence from Dr. Frederick Flach to Dr. MacLean regarding Father Edward Herbertson, August 29, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁹¹ Correspondence from Dr. MacLean to Dr. Frederick Flach regarding Father Edward Herbertson, October 6, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. MacLean noted that Edward’s depression was “likely associated with some guilt related to sexual and theological doubts” based on his patient’s intelligence and professional background.

that he had difficulty loving people “in a mature way.”¹⁹² Implicit in Frank, Edward, and Roger’s descriptions of their immaturity is the assumption that it was caused by their same-sex attraction. Frank’s homosexual thoughts prevented him from having a mature marriage, Edward’s same-sex attraction and lack of sexual experience stunted his emotional growth, and Roger’s desires prevented him from having normal adult relationships. They viewed their same-sex desire as ultimately responsible for their failure to create and maintain meaningful, mature personal relationships, sexual or otherwise.

In summary, these twelve patients overwhelmingly desired treatment for their same-sex attraction because they believed it prevented them from becoming responsible parents, happy spouses, and functional members of society. The emotional impact of such conclusions was substantial. The loneliness, despair, perceived ineptitude, and self-loathing these patients felt appeared repeatedly in their writing, and these feelings prompted them to seek out a type of treatment that they hoped would cure them of what they saw as the root cause of their interpersonal problems. Their connection between same-sex attraction and social alienation was both medical and cultural in its origins.

2.2 Patient and Practitioner Understandings of Homosexuality

Many of Hollywood Hospital’s patients referenced the leading psychoanalytic theories of the day as explanations for their same-sex attraction, particularly those from Freud and Bieber et al. Though the latter was never mentioned by name, his research group’s theoretical understandings of homosexuality parallels those put forward by many of the twelve men featured in this study. For example, several of these men referenced having a “doting” mother and a “weak” or “absent” father figure in their childhoods that resulted in their current same-sex

¹⁹² Roger Feigenbaum’s Pre-Treatment Autobiography, June 20, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

attraction and desires. Both Freud and Beiber's research group argued for such an interpretation of the origins of same-sex attraction: Freud contended that overreliance on an opposite-sex parent prevented children from navigating the Oedipal conflict (resulting in homosexual adults), and Beiber agreed that this particular pattern of parental relationships created homosexual men.¹⁹³ Howard Boyle concluded that his lack of success with women was due to his "inability to stand emotional closeness to [his] mother, [his] mother generalized to include all women."¹⁹⁴ Similarly, James Czajka stated that he "always was babied by [his] mom & consequently turned into a real sissy" in his pre-treatment autobiography.¹⁹⁵ Though rooted in life experience, these psychoanalytic explanations for their current problems show that these patients were knowledgeable of such theories and were prepared to apply them to their lives in a clinical treatment setting. Their knowledge of these theories could also be explained by the prevalence of psychoanalytic theories in mid-twentieth century popular culture, thereby allowing these patients to use information from this discipline in understanding their same-sex attraction.

A few patients explicitly stated that their same-sex attraction was directly caused by their failure to overcome the Oedipal conflict. Andrew Sandford, for example, believed that he was subconsciously sexually attracted to his mother, and described her as one of his first masturbatory images.¹⁹⁶ Lawrence Savatier approached this concept differently. During his first and only LSD-25 experience, he said that all of his "rejected areas," as in the repressed aspects

¹⁹³ Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999): 43, 56-60; Richard C. Friedman and Jennifer I. Downey, "Psychoanalysis and the Model of Homosexuality as Psychopathology: A Historical Overview," *American Journal of Psychoanalysis* 58, no. 3 (1988): 250-1; Jack Drescher, "I'm Your Handyman: A History of Reparative Therapies," *Journal of Homosexuality* 36, 1 (1998): 23, 28; Janis S. Bohan, *Psychology and Sexual Orientation: Coming to Terms* (New York: Routledge, 1996): 77.

¹⁹⁴ Dr. Howard Boyle's Pre-Treatment Autobiography, December 18, 1962, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁹⁵ James Czajka's Pre-Treatment Autobiography, October 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁹⁶ Andrew Sandford's Pre-Treatment Autobiography, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

of his personality including his lack of sexual attraction to women, were from his mother.¹⁹⁷ This statement referenced Oedipal theory, but in a more oblique manner than Andrew. Interestingly, Howard Boyle referenced the Oedipal conflict theory and attempted to apply it retroactively to his own life experiences, even when he could not think of evidence supporting such theoretical explanations. He wrote that his same-sex desires could only have originated from love for his mother, but that he “cannot recall any such impulses” from his past.¹⁹⁸ This statement demonstrates the cultural and medical authority enjoyed by psychoanalytic theories in the minds of these patients, as well as its pervasiveness in popular culture.

These patients’ knowledge of contemporary psychoanalytic theories is unsurprising when one acknowledges that they were by and large members of the societal elite. This meant that they had the means and access to do their own personal research on psychoanalysis, its theories, and its explanations for homosexuality. Father Edward Herbertson, for example, was a member of the Association for Existential Psychology and Psychiatry and implied that he was interested in psychiatric theory for academic reasons in a letter to MacLean before treatment at Hollywood Hospital.¹⁹⁹ Frank Hirschbeck and Howard Boyle even referenced leading psychiatric figures, such as Jung and Freud, by name in their writings at this hospital.²⁰⁰

¹⁹⁷ Psychedelic Treatment Day Progress Notes on Lawrence Savatier’s LSD-25 Experience, July 10, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁹⁸ Correspondence from Dr. Howard Boyle to Bill (pseudonym), July 18-19, 1963, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

¹⁹⁹ Correspondence from Edward Herbertson to Dr. MacLean, June 22, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²⁰⁰ Frank Hirschbeck’s Description of LSD-25 Experience, May 20, 1971, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Dr. Howard Boyle to Bill (pseudonym), July 18-19, 1963, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Dr. Howard Boyle to Margot (pseudonym), July 26, 1963, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Frank referenced Jung’s theory of the collective subconscious following his last treatment at Hollywood. Howard, too, talked about Jung while reflecting on his LSD-25 treatment (this time referring to the “‘Jungian’ unconscious”), but also talked about Freud’s theories on the origins of neurosis in correspondence to friends.

Their knowledge of psychoanalysis is also in part explained by the importance of this psychiatric subdiscipline in mid-twentieth-century popular culture as explored in chapter one. Freudian psychoanalysis was particularly dominant in North America at this time.²⁰¹ From film to advice literature to novels and beyond, psychoanalytic explanations of both mental illness and sanity proliferated in the popular consciousness.²⁰² These depictions of the discipline further cemented the idea that psychoanalysis was capable of solving social problems that took root within the individual subconscious. In this way, psychoanalysis became “an integral part of twentieth-century social and intellectual history,” according to historian Dagmar Herzog.²⁰³

It is also important to note that many of these patients had previously underwent psychoanalytic therapies at other institutions outside of Hollywood Hospital. This previous experience may have informed them of contemporary psychoanalytic theories on the origins of their same-sex attraction and desires. Two patients, Roger Fiegenbaum and twenty-four year-old social worker Fred Milford, referenced their previous analysts’ thoughts and ideas in relation to their same-sex attraction in their pre-treatment autobiographies. Fred initially came to Hollywood Hospital for purposes of self-exploration, including introspection into his sexuality. He also struggled with a speech impediment since his childhood. His former practitioner, Dr. Edwards, encouraged him to write in his pre-treatment autobiography that his father would “become furious with his speech and tell [him] that [he] was nothing but a little queer,” possibly implying that both his homosexuality and speech impediment were caused by his poor

²⁰¹ Metzl, *Prozac on the Couch*, 77.

²⁰² Staub, *Madness Is Civilization*, 13; Dagmar Herzog, *Cold War Freud: Psychoanalysis in an Age of Catastrophes* (Cambridge: Cambridge University Press, 2017): 1; Mona Gleason, ““Knowing Something I Was Not Meant to Know,”: Exploring Vulnerability, Sexuality, and Childhood, 1900-50,” *The Canadian Historical Review* 98, no. 1 (2018): 56; Elise Chenier, “The Criminal Sexual Psychopath in Canada: Sex, Psychiatry and the Law at Mid-Century,” *Canadian Bulletin of Medical History* 20, 1 (2003): 86-7; Lori Rotskoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America* (Chapel Hill: University of North Carolina Press, 2002): 211-2.

²⁰³ Herzog, *Cold War Freud*, 1.

relationship with his father.²⁰⁴ Though Fred appeared unconvinced by his practitioner's suggestion of the link between his homosexuality and his stuttering, Roger took his analysts' ideas to heart, stating that his own ideas were greatly informed by his previous doctors' opinions. In his autobiography, Roger explained that he first experienced anxiety caused by homosexual thoughts in his childhood. However, he noted that he had seen three psychiatrists in the last five years who had each explained these feelings as "a disguise for other feelings, probably of a hostile nature."²⁰⁵ Regardless of whether or not Roger and Fred agreed with their previous practitioner's evaluations of their same-sex attraction, both of these men were encouraged by their practitioners to understand homosexuality within a psychoanalytic framework. This fact demonstrates not only pervasiveness of these discourses within psychiatric practice, but also the authority that practitioners wielded in determining patient understandings of their own identities in a medicalized context.

Patients were not the only people in Hollywood Hospital with knowledge of these theories, of course. Hollywood Hospital's practitioners, most notably psychologist Dr. D. C. MacDonald, also employed psychoanalytic theories when discussing and diagnosing homosexuality. In pre-treatment interviews, MacDonald often commented on the patient's early life situation but paid special attention to the relationship they had with their mother and father. For instance, in his evaluation of Fred Milford, MacDonald wrote that "there is no evidence of a close relationship to his parents, especially his father," and that "his mother attachment is fairly strong as is seen in numerous homosexuals."²⁰⁶ MacDonald also linked homosexuality with

²⁰⁴ Fred Milford's Pre-Treatment Autobiography, May 16, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²⁰⁵ Roger Feigenbaum's Pre-Treatment Autobiography, July 20, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²⁰⁶ Dr. MacDonald's Pre-Treatment Assessment of Fred Milford, June 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

psychosexual problems frequently in his evaluations.²⁰⁷ His diagnostic focus reflected the idea that childhood circumstances subconsciously resulted in certain adult behaviours in accordance with contemporary psychoanalytic theory on the origins of illness.

While patients and practitioners explained same-sex attraction using psychoanalytic theories, patients were also deeply concerned by the cultural connotations of their sexual preferences and desires. Same-sex attraction was time and time again associated with immorality, non-conformity, and asocial behaviour in their writings. Andrew Sandford described both himself and homosexuality as evil during his second LSD-25 experience.²⁰⁸ Neil MacIver suffered from low self-esteem and felt he was “not worth reproducing” before treatment at Hollywood Hospital.²⁰⁹ Charles Stroud wrote that he “was sure [he] was crazy” when he first considered men in his home town as sexual partners.²¹⁰ When Howard Boyle had similar realizations about his sexuality, he suffered from depression and suicidal ideation.²¹¹ He also felt that he was a deceptive and devious individual as a result of his hidden sexual desires.²¹²

These discourses had real, lasting impact on the lived experiences of these men beyond their emotional consequences; in fact, Charles implied that he wanted treatment because he did not feel safe as a same-sex attracted man in a predominately heterosexual world. He explained

²⁰⁷ Dr. MacDonald’s Pre-Treatment Assessment of Kurt Huddleman, September 19, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. MacDonald’s Pre-Treatment Assessment of Frank Hirschbeck, July 21, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²⁰⁸ Physician’s Progress Notes on Andrew Sandford’s LSD-25 Experience, January 23, 1968, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²⁰⁹ Physician’s Progress Notes on Neil MacIver’s LSD-25 Experience, October 17, 1967, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²¹⁰ Charles Stroud’s Pre-Treatment Autobiography, September 10, 1960, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²¹¹ Correspondence from Dr. Howard Boyle to Bill (pseudonym), July 18, 1963, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Howard described his suicidal thoughts as follows: “...two propositions chased themselves round in my head for months on end: Life without love is not worth living: Life with love for me is impossible. I suffered from long spells of the blackest depression in which suicide seemed the only way out..”

²¹² Note by Dr. Howard Boyle on LSD as Therapy, September 16, 1967, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

his terror at the thought of being “found out” as a homosexual and described the measures he used to protect himself in public while looking for male sexual partners.²¹³ These cultural associations even made it hard for him to consider psychiatric treatment for his same-sex attraction in the first place:

These words [re: his sexual attraction to men] are the hardest of all to write, and I doubt I could ever speak them. Work and prayer and the constant society of others have proven the only real control. The guilt of these evils haunt [sic] me always. I find it hard even now to get through with the treatment because of phobia...about this situation.²¹⁴

From these statements, one can observe that the twelve men in this study did not just come to Hollywood Hospital to solve interpersonal problems as previously described in this chapter. Rather, though not always said explicitly, many patients sought psychedelic therapy at Hollywood Hospital because they were pained by cultural connotations of same-sex attraction that framed them as immoral deviants incapable of “healthy” social and familial interactions.

These patients’ understanding of homosexuality’s influence on culture and the family illuminates the pervasiveness of negative discourses on this topic in both Canada and the United States. In particular, their statements reflect the significant emphasis North American cultural authorities placed on heterosexual reproduction and conformity to gender roles in the context of the Cold War. In the 1950s and 1960s, there was, in the words of historian Mari Jo Buhle, a “crisis in patriarchal authority” present in North American culture.²¹⁵ This breaking point appeared in reaction to the growing participation of women in the public sphere - especially in the work force - during and after the Second World War.²¹⁶ As political and social commentators

²¹³ Charles Stroud’s Pre-Treatment Autobiography, September 10, 1960, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Charles wrote that he made efforts to keep his behaviour discreet, and noted that he only looked for sexual partners while drinking or when he was sure that his surroundings were safe.

²¹⁴ Ibid.

²¹⁵ Metzl, *Prozac on the Couch*, 14; Mari Jo Buhle, *Feminism and Its Discontents: A Century of Struggle with Psychoanalysis* (Cambridge: Harvard University Press, 1998): 280. This quotation is the title of Chapter 8 of this book, which describes and analyzes popular depictions of contemporary postwar American masculinity.

²¹⁶ Adams, *The Trouble with Normal*, 8-9.

became increasingly concerned by this development, they advocated for a supposedly “new,” “modern” femininity that constituted a repackaged form of traditional feminine domesticity: women, in this ideology, were meant to be wives, homemakers, family caretakers, and economic consumers, whereas their husbands were supposed to provide financially for the family.²¹⁷

This gender-based form of social organization was discursively linked to North American global superiority and its survival over the threat of Communism at the height of the Cold War. This connection was often made explicit. Historian Lori Rotskoff notes that American Vice-President Richard Nixon, for instance, argued his country’s global superiority resulted from secure, abundant family life as well as its military strength.²¹⁸ In both Canada and the United States, citizens were on “moral alert” for subversive individuals who could weaken their country’s stand against the threat of Communist takeover. This was because, in the words of Frances V. Reilly, “the Cold War was a conflict that saw the transference of the global divide between superpowers to the individual,” suggesting that a single person’s deviant behaviour could discursively mean the difference between the survival of democracy and societal upheaval caused by the USSR or its allies.²¹⁹

In this context, homosexuality was not just an individual issue, but one that threatened the survival of North America and its entire way of life. North American society hinged on companionate heterosexual marriages as its base organizational structure, and heterosexual male “breadwinners” were an essential aspect of the idealized nuclear family.²²⁰ Homosexual men could not realistically be expected to have stable, fulfilling heterosexual marriages. Their failure to conform in this manner theoretically “robbed” normal, heterosexual women of a potential

²¹⁷ Rotskoff, *Love on the Rocks*, 7.

²¹⁸ *Ibid.*, 205.

²¹⁹ Reilly, “Controlling Contagion,” ii; Adams, *The Trouble with Normal*, 50; May, *Homeward Bound*, 94.

²²⁰ Carter, *The Importance of Being Monogamous*, 4-6. This attitude toward heterosexual, monogamous marriage was developed in Canada during the late nineteenth to early twentieth century and lingered into the postwar period.

provider, both in economic and reproductive terms. Further, homosexual men could not produce or raise “healthy” children, since many experts at the time believed that homosexuality was transmitted from “seductive,” “deviant” adults to “innocent” youth. This opinion cast exposure to same-sex attracted individuals as a threat to a child’s wellbeing and, by extension, society’s future.²²¹ Same-sex attraction was also thought to undermine men’s masculinity, making them incapable of defending the West from the “red menace.” Overall, at a time when the family became the scapegoat for a wide variety of social problems that threatened national security, mid-twentieth-century North American homosexuals were conceptualized as inherently dangerous, counterproductive, subversive, and antisocial for their inability to create and participate in “healthy” nuclear families.²²²

Hollywood Hospital’s staff’s descriptions of same-sex attraction drew upon these negative cultural assumptions about homosexuals just as much as their patients’ accounts. MacDonald often remarked on his subject’s masculinity when determining diagnoses while indirectly injecting his own opinion about homosexuality. For example, he wrote in his pre-treatment assessment of Kurt Huddleman that “there is some question as to whether in his psychosexual adjustment he is actually a pervert,” further commenting that Kurt did have, in his opinion, “some general appearance of being effeminate.”²²³ MacDonald employed similarly negative statements about homosexuality in his evaluation of James Czajka. At the end of his assessment, the psychologist noted the following:

I would hazard a guess that [James] is a passive homosexual that would be inclined to play a feminine role in such a relationship. It is questionable if a psychedelic might help

²²¹ Reilly, “Controlling Contagion,” 113; Adams, *The Trouble with Normal*, 94.

²²² Rotskoff, *Love on the Rocks*, 9.

²²³ Dr. MacDonald’s Pre-Treatment Assessment of Kurt Huddleman, September 19, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

him. It would in my opinion be experimental, but on the other hand **there is nothing to lose.**²²⁴ [bold added]

Although MacDonald expressed doubt that LSD-25 therapy would help James, the bolded section in the above quote suggests that, in his view, something had to be done about James' same-sex attraction and sexual activity. MacDonald was even concerned about the sexual orientations of patients with no reported history of same-sex attraction to men. He suspected that Peter Thorburn, a Canadian warehouse worker, had "hidden or latent homosexual trends" based on his lack of reported sexual history, heterosexual or otherwise.²²⁵ This is not to imply that all of Hollywood Hospital's staff understood homosexuality similarly to MacDonald. For example, Andrew Sandford noted that one of the nurses at this institution told him there was nothing wrong with homosexuality and that she was neither afraid of nor disgusted by him due to his same-sex attraction.²²⁶ Nevertheless, MacDonald's ideas on homosexuality permeated his pre-treatment evaluations. Due to his role as diagnostician, he implicitly encouraged patients and other staff to follow his view of same-sex attraction.

Despite the social concerns MacDonald raised in reference to these patients' sexuality, he was also constrained by medical tools in determining patient diagnoses. Hollywood Hospital's staff used leading medical documents like the DSM in order to classify patients into various categories of mental illness depending on their symptoms. However, though supposedly objective, diagnostic tools such as the DSM explicitly connected medical diagnoses like "homosexuality" with cultural expectations using a psychoanalytic framework. In the DSM-I (1952), homosexuality appeared under the diagnostic category "Personality disorders," which

²²⁴ Dr. MacDonald's Pre-Treatment Assessment of James Czajka, October 19, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²²⁵ Dr. MacDonald's Pre-Treatment Assessment of Peter Thorburn, October 10, 1964, B.C. Archives, Box 6, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²²⁶ Andrew Sandford's Description of his LSD-25 Experience, February 2, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

included sociopathic personality disturbances and sexual deviation. The classification criteria stated that individuals in this category were “ill primarily in terms of society and conformity with the prevailing cultural milieu.”²²⁷ This definition directly posits homosexuality as oppositional to normal and healthy cultural life. The DSM-I as a whole also privileged psychoanalytical diagnoses and pathologies rather than those posited by other competing sub-disciplines within psychiatry; disorders such as psychoneurosis, conversion, displacement, and other terms featured within this diagnostic tool assumed that all psychiatric symptoms resulted from undealt-with early-life traumas mapped onto the patient’s subconscious.²²⁸ The dominance of psychoanalysis within the DSM-I demonstrates its influence on the broader discipline as a whole, which, in turn, shaped patient interactions with psychiatric practitioners and the theoretical framework they shared in understanding their pathologies. The DSM-I’s successor, the DSM-II (1968), followed a similar vein as its predecessor. This document continued to include homosexuality in the “Personality disorders” section, but defined such conditions as “deeply ingrained maladaptive patterns of behaviour.”²²⁹ This definition paved the way for Sandor Rado’s theories on the origins of homosexuality that continued to pathologize same-sex attraction partly because it could not result in offspring, a major concern in the context of the Cold War because healthy bodies were needed to fight off potential Communist invaders into North America.²³⁰ Hollywood Hospital’s staff therefore utilized a medical diagnostic tool permeated with psychoanalytic theory and cultural concerns when treating and classifying their same-sex attracted patients.

It is interesting, then, that only three of Hollywood Hospital’s patients were formally diagnosed with “homosexuality” or “sexual deviation” as disorders when all twelve of these

²²⁷ Jack Drescher, “Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD,” *International Review of Psychiatry* 27, no. 5 (2015): 387.

²²⁸ Metzl, *Prozac on the Couch*, 1.

²²⁹ Drescher, “Queer diagnoses revisited,” 387.

²³⁰ Jack Drescher, *Psychoanalytic Therapy and the Gay Man* (Hillsdale: Analytic Press, 1998): 58.

patients viewed same-sex attraction as one of their main problems requiring psychiatric intervention. Two of these patients were diagnosed at Hollywood Hospital: Neil MacIver and Fred Milford were categorized as “homosexuals” by MacDonald at this institution.²³¹ Fred was diagnosed with “Personality Trait Disturbance, Sexual Inversion, Homosexuality” in 1967 whereas Neil was categorized as a “Passive Complaint Homosexual with Sado Masochistic trends the same year.²³² MacLean also noted that Neil could also be classified as “a case of psychoneurotic reaction in a personality trait disorder, sexual inversion – homosexuality.”²³³ The third, James Czajka, was diagnosed with “sociopathic personality – sexual deviation” by an unaffiliated psychiatrist outside of the hospital two months after his last LSD-25 treatment, whereas MacDonald diagnosed him with schizophrenia.²³⁴ Other patients, such as Andrew Sandford, Frank Hirschbeck, Roger Feigenbaum, Lawrence Savatier, and Edward Herbertson, were given diagnoses unrelated to their sexuality.²³⁵ Howard Boyle, Kurt Huddleson, Charles Stroud, and Salvatore Lannon do not have recorded diagnoses in their patient records either

²³¹ Neil MacIver’s Pre-Treatment Summary by Dr. MacDonald, October 16, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Fred Milford’s Pre-Treatment Assessment by Dr. MacDonald, June 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Fred Milford was diagnosed with “Personality Trait Disturbance, Sexual Inversion, Homosexuality” in 1967 whereas Neil MacIver was diagnosed as a “Passive Complaint Homosexual with Sado Masochistic Trends” the same year. However, MacLean noted that Neil could also be classified as “a case of psychoneurotic reaction in a personality trait disorder, sexual inversion – homosexuality.”

²³² Neil MacIver’s Pre-Treatment Summary by Dr. MacDonald, October 16, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Fred Milford’s Pre-Treatment Assessment by Dr. MacDonald, June 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²³³ Neil MacIver’s Pre-Treatment Summary by Dr. MacDonald, October 16, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²³⁴ Correspondence from Dr. Tony M. Calverley to Dr. Brewer (cc’d Dr. MacLean), December 30, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²³⁵ Dr. MacDonald’s Pre-Treatment Assessment of Andrew Sandford, January 20, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. MacDonald’s Pre-Treatment Assessment of Frank Hirschbeck, December 14, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. MacDonald’s Pre-Treatment Assessment of Roger Feigenbaum, July 21, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Dr. MacDonald’s Pre-Treatment Assessment of Lawrence Savatier, July 10, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Statement of Service for Edward Herbertson, December 14, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Andrew was diagnosed with personality disorder, anxiety reaction, and of chronic psychoneurotic anxiety reaction (non-alcoholic) in 1968. Frank was classified as a case of obsessive-compulsive neurosis in 1967. Roger was diagnosed with anxiety neurosis, anxiety reaction, and chronic psychoneurotic anxiety reaction with depressive features in 1967. That same year, Lawrence was categorized as a patient with personality trait disturbance – passive-aggressive personality. Edward was diagnosed with personality trait disturbance in 1967, as well.

because no diagnosis was given or documentary records containing such classification information are missing from the Hollywood Hospital database. Even considering these textual gaps, it is unclear why some patients were classified as “homosexuals” while others in this study were not. MacDonald may have employed a hierarchy of diagnosis while classifying his patients; in other words, he may have decided to diagnose some same-sex attracted men with homosexuality when more identifiable or easily treatable diagnostic categories did not fit the patient’s symptomology. In cases where other diagnoses could fit besides homosexuality, he could have viewed same-sex attraction as a symptom of another form of illness rather than the prevailing pathology. Such evaluations of MacDonald’s decision-making process are speculative, however, because he never clearly stated his reasoning for why these men were diagnosed with one illness rather than another.²³⁶ Nonetheless, it appears that both MacDonald and James’ other practitioner viewed homosexuality as a legitimate psychological problem, which reinforced to these patients that their same-sex attraction was pathological. This reality also influenced those who were not specifically diagnosed in this manner, since the existence of these diagnostic categories similarly gave them the impression that homosexuality was a disease.

2.3 Medical vs. Social “Diagnoses”

It is apparent that Hollywood Hospital’s patients and practitioners viewed homosexuality in both medical and cultural terms, and that the interplay between these two ways of understanding same-sex attraction directly impacted patient experiences. However, it is not immediately clear why these two types of discourses worked so well together in shaping patient and practitioner conceptualizations of homosexuality. Though these cultural and medical

²³⁶ MacDonald often included his final diagnostic evaluation in the last few lines of his pre-treatment patient assessments. In the preceding paragraphs he typically summarized the patient’s case (this information was usually derived from pre-treatment interviews and autobiographies) and offered his opinion as to the prognosis for psychedelic therapy. He did not justify his diagnostic decisions at the end of any pre-treatment assessments belonging to the twelve men in this study.

discourses may appear disparate, procreation and patriarchal heterosexual masculinity were concerns that bridged Freudian psychoanalytic theory and Cold War cultural explanations of same-sex attraction. Within these worries, two themes emerged: fears regarding “momism” and the idea that men were the leaders/inheritors of Western civilization. These themes were reflected in both mid-twentieth century North American social discourses and within the private medical records of this study’s twelve patients.

“Momism,” a term popularized by social commentator Philip Wylie in his book *Generation of Vipers* (1942), is defined here as excessive attachment to and/or domination by one’s mother; it was something to be feared both within psychoanalytic and cultural discourses of the time, though not always explicitly connected to homosexuality.²³⁷ Though these ideas were controversial, some North American politicians, writers, and cultural commentators took Wylie’s concerns seriously and were alarmed by the possibility of women dominating their households or even the public sphere.²³⁸ Psychoanalysts, too, were concerned by the degeneration of gender-based hierarchies in the home because it connected to the Freudian concept of the return of a previously sublimated maternal figure.²³⁹ This worry was reflected in Freud’s belief that, in order to successfully navigate the Oedipal conflict in childhood, a male child must be able to redirect his sexual desire for his mother towards other women – the appropriate objects for adult male sexual desire. Some practitioners were even concerned that

²³⁷ Philip Wylie, *Generation of Vipers* (New York: Holt, Rinehart, and Winston: 1942). In *Generation of Vipers*, Philip Wylie criticizes what he considers to be staples of contemporary American culture, including but not limited to the Christian church, doctors, and (most notably for the purposes of this thesis) mothers. Wylie was particularly concerned by the “feminizing” effects of “pathological” momism on both men and the military in the United States.

²³⁸ Metzl, *Prozac on the Couch*, 138; Roel van den Oever, *Mama’s Boy: Momism and Homophobia in Postwar American Culture* (New York: Palgrave MacMillan, 2012): 7-9; Mona Gleason, “Disciplining Children, Disciplining Parents: The Nature and Meaning of Advice to Canadian Parents, 1945-1955,” *Social History* 29 (1996): 200. Notable psychiatric texts, such as Edward Strecker’s *Their Mother’s Sons* (1946) and Erik Erikson’s *Childhood and Society* (1950), largely blamed mothers and momism for many of postwar North America’s social problems.

²³⁹ *Ibid.*, 11-4; Metzl, *Prozac on the Couch*, 96.

domineering mothers were a threat to their children's mental and physical health.²⁴⁰ When these cultural and psychoanalytic discourses intersect, they agreed that women, particularly mothers, must be sublimated both in the mind and in society at large in order to preserve public health and the so-called natural order. Strong, heterosexual husbands and fathers were needed to ensure women conformed to societal expectations. Homosexual men could not fulfill this role because they were supposedly incapable of controlling the women in their lives, most notably their mothers.

This blending of cultural and medical fears of "momism" implicitly appears in patient writings that blame their overbearing mothers for their sexual attraction to men. When Howard Boyle referred to his mother as "anxiously over-solicitous," when James noted that his mother consistently "babied" him, and when Edward Herbertson claimed that he had "no male figure to identify with" growing up, each of these men drew on the medical/cultural assumption that young boys needed to identify with their fathers while rejecting maternal figures to grow into healthy adult men.²⁴¹ Though none of these men cited any direct knowledge of *Generation of Vipers* or momism, they nonetheless reached these conclusions that further cemented their feelings of alienation from prevailing North American sexual and gender norms.

Both cultural and psychoanalytic discourses emphasized men's important role in both the private and public sphere: they were, in their view, the leaders and inheritors of civilization. In *Civilization and its Discontents* (1930), Freud compared the normal psychosexual development

²⁴⁰ van den Oever, *Mama's Boy*, 11-4. For example, psychoanalyst Margaret W. Gerard argued in her 1952 paper "Genesis of Psychosomatic Symptoms in Infancy" that all the nine psychosomatic illnesses (ulcerative colitis, celiac disease, duodenal ulcers, asthma, eczema, obesity, diabetes, and rheumatoid arthritis) she observed in thirty-eight hospitalized children were caused by poor mothering.

²⁴¹ Dr. Howard Boyle's Pre-Treatment Autobiography, December 18, 1962, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; James Czajka's Pre-Treatment Autobiography, October 5, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Edward Herbertson's Description of his LSD-25 Experience, August 17, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

of the human male to the development of civilization, stating that in both cases instinctual aims must be suppressed for positive results.²⁴² For civilizations, this redirection of energy created healthy, well-ordered societies, whereas for individuals the outcome was a well-adjusted person. Historian Jonathan Metzl explains that a male child's internalization and acceptance of a father's moral authority and the sublimation of their sexual desire for their mother is what constitutes a successful denial of primal libidinal instinct: "According to Freud," he writes, "the (male) superego's authority provides, not only the rules that allow the child to live in culture, but also the rules that organize culture itself."²⁴³ This psychoanalytic framework coincided with the Cold War era's emphasis on the formation and maintenance of strict gender hierarchies. Male authority was the key to controlling women within both the public and private spheres. In this manner, men were discursively responsible for the proliferation of healthy societies both within psychoanalytic and cultural discourses of the time.

The discursive connection between fatherhood and the survival of civilization may help to explain why so many of the patients featured in this study believed they needed to be married to women and have children with them to be happy. Heterosexuality, or, at least, the removal or sublimation of their same-sex attraction, was one way to accomplish these goals. Homosexuals, after all, were inherently immoral and unhealthy according to prevailing mid-twentieth century socio-medical knowledge. Same-sex attracted men could also not be expected to have healthy children, pass on expected cultural norms to them, or have those children accept their moral authority based on negative assumptions regarding same-sex attraction. Though the patients in this study did not directly connect their sexual attraction to men to the end of civilization, they

²⁴² Sigmund Freud, *Civilization and its Discontents*, trans. James Strachey (New York: W. W. Norton & Company, 1961), 44-5. This book was originally published in German in 1930, but was not translated into English until this edition thirty-one years later.

²⁴³ Metzl, *Prozac on the Couch*, 78.

did understand that their same-sex attraction was incompatible with the proliferation of their family lines, culture, and society. For example, James Czajka's concerns regarding whether homosexuality was hereditary in nature was directly connected to his belief that he should never be a father: his sexual attraction to men barred him from continuing his family line because it opened the possibility of passing his sexuality down to his children.²⁴⁴

Given these cultural and medical discourses, five of the twelve patients in this study ultimately and explicitly sought heterosexual conversion through LSD-25 therapy to solve their personal problems.²⁴⁵ Only three (Andrew Sandford, Charles Stroud, and Howard Boyle) claimed to have become heterosexual (or to ceased homosexual sexual encounters or relationships) following their treatment experiences.²⁴⁶ James Czajka at first wrote to Hollywood Hospital post-treatment that he had similarly "successful" results, but in the months that followed reported that he was once again engaging in same-sex sexual activity.²⁴⁷ It is difficult to determine outcomes related to sexual attraction for the remaining eight men in this study, either because there is no documentation, or because the documentation does not reveal the outcome. There is no textual evidence of post-treatment follow-up in the files of several patients. What

²⁴⁴ James Czajka's Pre-Treatment Autobiography, October 5, 1967, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Frank Hirschbeck to Dr. MacLean, August 22, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

²⁴⁵ Andrew Sandford, Neil McIver, Kurt Huddleson, James Czajka, and Charles Stroud stated that they arrived at Hollywood Hospital for the purposes of heterosexual conversion. The remaining seven patients were more interested in gaining greater insight into their sexual attraction to other men through psychedelic therapy.

²⁴⁶ Dr. Howard Boyle's Pre-Treatment Autobiography, December 18, 1962, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Christmas Card to Hollywood Hospital from Dr. Howard Boyle, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Charles Stroud to Dr. MacLean, September 26, 1969, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Misc. Document by Charles Stroud, December 22, 1960, B.C. Archives, Box 3, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Andrew Sandford's Description of his LSD-25 Experience, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. While Howard did not directly state that he wanted to become heterosexual as a primary reason for treatment, he nonetheless felt he removed his sexual attraction to men through therapy, thereby allowing him to happily pursue heterosexual relationships. Howard sent a Christmas card to Hollywood Hospital after his treatment, stating within it that he now had a wife and a child on the way. Charles wrote that he realized "his role in procreation" post-treatment and, in the months that followed, he had marked improvement in all areas of his life after taking LSD-25. Andrew stated that learned that he was not homosexual after his last LSD-25 session.

²⁴⁷ Correspondence from Dr. Tony M. Calverley to Dr. Brewer (cc'd Dr. MacLean), December 30, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

little documentation exists is often piecemeal and in the form of informal communication from patients to MacLean; Howard Boyle, for example, sent a Christmas card to MacLean after he left Hollywood Hospital, and Frank Hirschbeck sent him several casual letters after each of his experiences, as well.²⁴⁸ Though it is important to acknowledge self-reported treatment outcomes, one must be cautious in interpreting them because of this lack of post-treatment textual records. Despite this absence of documentation, however, one could realistically speculate that the medical/cultural discourses on same-sex attraction continued to affect these men long after they left Hollywood Hospital. Their clinical experiences may have formulated new – though not necessarily accepting or reaffirming – understandings of their own personal identities, sexual orientations, and societal roles as men informed by their historical context.

The twelve patient records analyzed in this chapter reveal that these men, by and large, used psychoanalytic theories to medically explain their failure to conform to heterosexist society's expectation for men to marry women and have "normal" children with them. The overlap between medical and cultural understandings of homosexuality in a clinical setting is historically significant because it demonstrates that diagnosis and treatment at Hollywood Hospital were not strictly scientific, but a blended combination of medical theory and cultural expectation. Hollywood Hospital's therapeutic framework influenced same-sex attracted patient understandings of their own "pathologies." Specifically, MacDonald's medicalized view of homosexuality reinforced to patients that same-sex attraction was, indeed, a problem requiring psychiatric intervention, and its negative connotations in both medical and cultural discourses

²⁴⁸ Christmas Card to Hollywood Hospital from Dr. Howard Boyle, date unknown, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Frank Hirschbeck to Dr. MacLean, August 18, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Frank Hirschbeck to Dr. MacLean, August 22, 1967, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada; Correspondence from Frank Hirschbeck to Dr. MacLean, April 17, 1968, B.C. Archives, Box 7, Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada. Many of Frank's letters to MacLean discuss topics entirely unrelated to treatment, such as real estate or Frank's future travel plans.

directly impacted patient self-esteem and self-perceptions. Their views of themselves were altered by their experiences at this hospital. Overall, these men's subjective experiences, writings, and treatment outcomes are particularly important from a historical perspective; their status as a marginalized, criminalized, and medicalized group at this point in Canadian history demonstrates how vulnerable populations can be affected by their experiences in clinical psychiatry.

Though it is important to recognize the specific, subjective reasons why patients voluntarily sought and paid for treatment at Hollywood Hospital on the basis of their sexual orientation, it is equally valuable to explore where their ideas regarding their sexual orientation may have come from. In the Canadian context, leading sexology research from the Forensic Clinic in Toronto, political debates on the legalization of homosexuality, and parental advice literature regarding the nature and origins of same-sex attraction provide valuable information on broader political, cultural, and medical discourses on homosexuality in use during this period. These areas will be examined in the following chapter to explain how Hollywood Hospital's patients came to understand their sexuality in such negative and medicalized terms.

Chapter 3: Crime or Compulsion?: Defining Homosexuality as Deviance in Mid-Twentieth Century Canada

Hollywood Hospital was by no means a conventional psychiatric facility. Its psychedelic treatment methods and insight-focused ideology were a departure from frameworks employed by mainstream Canadian institutions. This fact put the hospital and its staff under intense scrutiny from the rest of Canada's psychiatric discipline and society at large. Given its controversial status, it is important to contextualize the theoretical framework Hollywood Hospital's practitioners and patients employed in understanding homosexuality in comparison to explanations offered by other authorities of the time.

Leading psychiatric, legal, and educational experts in Cold War-era Canada disagreed on the nature of homosexuality. Some believed it was a disease, others thought it was a crime, and, interestingly, there were many individuals who conceptualized it as a combination of the two; homosexuality was in their opinion a psychopathic disorder which necessarily led to criminal actions. Examining this convoluted discursive landscape helps historians fully understand the reasons why the twelve patients featured in the previous chapter wanted psychiatric treatment at Hollywood Hospital on the basis of their sexual orientation. Their self-evaluations, after all, were no doubt informed by popular descriptions and evaluations of homosexuality from a variety of cultural, political, and medical sources beyond those presented in the previous chapter.

Academic literature on the history of the pathologization of deviance helps historians answer the question of how such divergent opinions on homosexuality could concurrently exist in the public sphere. Sociological theories, particularly those presented by Peter Conrad and Joseph W. Schneider, are especially useful in this regard. Conrad and Schneider argue that many social, political, and medical authorities compete in society for the right to define deviance in

their book, *Deviance and Medicalization* (1992).²⁴⁹ Building on the work of French sociologist Émile Durkheim (1858-1917), they explain that the more powerful members of society (based on race, class, age, ethnicity, profession, etc.) are the ones who typically define deviance because they can use their authority to establish and legitimate such definitions.²⁵⁰ They further contend that institutions responsible for medicalizing forms of behaviour gain the authority to control that form of deviance, meaning that those with the ability to define and control deviance are by necessity imbued with political power and cultural authority. This fact grants these authorities importance, prestige, and power.²⁵¹ These two theoretical points help explain why various groups in Canada were interested in defining homosexuality as a form of deviant behaviour in the postwar context. The competing discourses of various groups on the status of homosexuality in Canadian public consciousness from the 1950s to the 1970s (as explored in archival sources and secondary historical literature) demonstrate this point. Elise Chenier's book, *Strangers In Our Midst* (2008), is particularly important to this thesis because of the critical information it provides regarding ideas presented by practitioners at the Forensic Clinic at the Toronto Psychiatric Hospital (TPH) and the Clarke Institute of Psychiatry (CIP).²⁵² There were several social, legal, and medical authorities outside of the Forensic Clinic that offered explanations of same-sex attraction, however. Their ideas – at times clashing, at times complimentary - ultimately helped shape understandings of homosexuality across Canada as well as the self-perceptions of same-sex attracted Canadians.

²⁴⁹ Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992).

²⁵⁰ *Ibid.*, 5-6; Émile Durkheim, *Rules of the Sociological Method* (New York: The Free Press, 1938). Durkheim's theory of deviance argues that deviance is universal, socially defined, and based on social and historical context. He also states that social groups enforce their definitions of deviance on society through social sanction and judgement, and, further, that this ability is derived from their power in society.

²⁵¹ Conrad and Schneider, *Deviance and Medicalization*, 8.

²⁵² Elise Chenier, *Strangers in Our Midst: Sexual Deviancy in Postwar Ontario* (Toronto: University of Toronto Press, 2008).

This chapter draws on Conrad and Schneider's theory on the medicalization of deviance to describe how homosexuality was understood and discussed by three groups of cultural authorities in mid-twentieth century Canada: psychiatric experts from the Forensic Clinic at the TPH/CIP, members of parliament in the Canadian federal government, and psychologists who authored parental advice literature for North American families. While each of these groups had slightly different understandings of homosexuality and its origins, they often shared the belief that same-sex attraction was a societal problem necessitating intervention. Their textual records also indicate that each group wrestled with the question of whether homosexuality was primarily a medical or criminal concern. These authoritative discourses are important because they further contextualize the treatment experiences of the twelve men featured in the previous chapter, as well as their understandings of same-sex attraction more generally at this point in Canadian history.

3.1 The Forensic Clinic, Toronto

Experts at the Toronto Psychiatric Hospital (TPH) were one of mid-twentieth-century Canada's leading sources of information on the causes of homosexuality and its treatment. The hospital itself was founded in 1926 and located on Surrey Place, but expanded over time to encompass five associated buildings scattered across several closely-connected roads southeast of the University of Toronto's St. George Campus (see A.5).²⁵³ Between 1926 and 1959, approximately five thousand inpatients received treatment at this institution due to court order.²⁵⁴ A significant number of patients also volunteered for psychiatric therapy themselves or were referred by family members or community organizations.²⁵⁵ As a teaching hospital affiliated with

²⁵³ "Toronto Psychiatric Hospital," April 1959, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁵⁴ "Toronto Psychiatric Hospital," April 1959.

²⁵⁵ "Toronto Psychiatric Hospital," April 1959; Toronto Psychiatric Hospital Manual, January 1966, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

the University of Toronto, this institution also facilitated an expansive education program for training medical and psychiatric students: in 1959, for example, six hundred undergraduate medical students and around fifty graduate physicians were enrolled in a psychiatric specialization program at this hospital. Doctoral students from the University of Toronto also had the opportunity to gain professional experience at the TPH.²⁵⁶ The TPH was hence one of the main centres of psychiatric education in the country, which, in turn, gave it a significant amount of influence over the future direction of the discipline.

The TPH became a prominent authority on the nature and treatment of sexual deviancy after the creation of its Forensic Clinic in May 1956. This institution, housed within the upper two floors of a privately-owned office building rented by the Province of Ontario on Bay Street, was founded in response to public outcry and pressure from the Parents Action League (PAL) after three Ontario children were murdered in the winter of 1955-1956.²⁵⁷ These deaths led to significant media alarm. The PAL demanded the creation of a clinic that would provide treatment for sexual offenders in a meeting with Ontario Premier Leslie Frost on 22 September 1955 as a result of this press crisis.²⁵⁸ A panel discussion on the problem of the sexual offender was held in a public forum four months later, and a provincial committee was created shortly thereafter. They eventually recommended that the Forensic Clinic be established at the Toronto

²⁵⁶ Toronto Psychiatric Hospital Manual, January 1966; Chenier, *Strangers in Our Midst*, 119. Various other medical subdisciplines received training at this institution. Nurses at both the graduate and undergraduate level were given instruction at the TPH to give them “a grounding in the psychological aspects of nursing.” The TPH also gave courses in speech pathology, pastoral counselling, and occupational therapy.

²⁵⁷ Joan Hollobon, “Few Facts are Known: Clinic for Deviates,” *The Globe and Mail*, May 1961, 1; R.E. Turner, “The Forensic Clinic of the Ontario Department of Health,” paper presented at the 121st Annual Meeting of the American Psychiatric Association, May 6, 1965, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada; Chenier, *Strangers in Our Midst*, 43, 54-5, 72. Eight-year-old Judy Carter was one of these three murdered children. She was killed on February 25, 1955, but her body was not found until six weeks later. Although coroners did not believe Judy’s killer was a “sex psychopath” since she was not sexually assaulted, this case nevertheless encouraged members of the Parents’ Action League to launch a high-profile campaign determined to stop sex crimes against children. The other two murdered children were five-year-old Susan Cadieux and fourteen-year-old Linda Lampkin (both were killed in January 1956).

²⁵⁸ Chenier, *Strangers in Our Midst*, 52.

Psychiatric Hospital.²⁵⁹ Given the fact that this institution was specifically created from public pressure to medically treat sexual offenders after a highly publicized set of murders, TPH's Forensic Clinic concurrently served a medical, legal, and social role in determining and treating sexual offenders from its inception.

The Forensic Clinic originally began as a pilot project to “conduct research in the area of sexual deviation” for the courts, probation services, psychiatric hospitals, mental clinics, and the University of Toronto.²⁶⁰ It soon became a permanent facility, however, and treated over three thousand people in its first year.²⁶¹ While the Forensic Clinic was not a true “court clinic” in that it was not attached to a particular court or under the Division of the Attorney General, its diagnostic services were essentially the same as those provided by court clinics and it nonetheless had a close relationship with municipal probation services.²⁶² It was also unique from true court clinics because its outpatient department offered treatment services for patients and not just diagnostic services to parole officers.²⁶³ The Clinic's expertise in forensic psychiatry – the application of psychiatric principles and theories to legal problems and criminal procedure – was integral to this relationship.²⁶⁴ The Forensic Clinic was also unique in Canada because, according to historian Elise Chenier, it was “the closest Canada came to creating the ideal treatment environment that postwar experts insisted was essential if any hope of a cure to [sexual

²⁵⁹ Eighth Annual Report of the Forensic Clinic, Toronto (Toronto Psychiatric Hospital), 1965, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁶⁰ Hollobon, “Few Facts are Known,” 1.; “The Forensic Clinic,” date unknown, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁶¹ Chenier, *Strangers in Our Midst*, 55.

²⁶² P.G. Thomson, “The Forensic Clinic at Toronto,” reprinted from the *Journal of Social Therapy* 4, no. 3 (1956): 96-103, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁶³ Third Annual Report of the Forensic Clinic, Toronto (Toronto Psychiatric Hospital), 1960, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁶⁴ R.E. Turner, “Forensic Psychiatry and Criminology in Canada,” paper presented at the Fourth International Congress of Psychiatry, September 10, 1966, Robert Edward Turner fonds (F27), Box 6, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

deviance] was to be found.”²⁶⁵ This specialized environment created an unusually exceptional treatment and research environment for forensic sexologists employed at this institution.

Although the Forensic Clinic was absorbed by the Clarke Institute of Psychiatry (CIP) once the TPH was closed down in 1966, it remained an important source of information for both the Canadian public and psychiatric practitioners throughout the 1950s-70s.²⁶⁶ Part of the Forensic Clinic’s cultural authority stemmed from its close relationship to powerful social institutions of the time. For example, it operated under the University of Toronto’s Department of Psychiatry, thereby connecting it to mainstream academic research and prevailing psychiatric theories.²⁶⁷ Forensic Clinic staff noted that this relationship was beneficial in that it freed them from “excessive administrative control by persons who have but limited knowledge of the purpose of such a clinic,” and that it oriented them towards thinking about research while dealing with routine patient problems.²⁶⁸ While under the auspices of the TPH, the Forensic Clinic also provided similar educational and training programs to that of its parent institution, thereby increasing its influence on the psychiatric discipline as a whole; in 1961, for example, clinic staff more than two hundred hours teaching.²⁶⁹ The Forensic Clinic was also closely tied to the government of Ontario because much of its research funding and facilities were financed by the province.²⁷⁰ Its role in providing psychiatric consultation, diagnostic and treatment services for the province of Ontario and the Toronto Metropolitan Police Service further increased its social authority in the minds academics and laypeople alike. The Forensic Clinic was also highly respected in mid-twentieth century Canadian society because of its leading role in disseminating

²⁶⁵ Chenier, *Strangers in Our Midst*, 126.

²⁶⁶ *Ibid.*, 119.

²⁶⁷ “The Forensic Clinic,” date unknown.

²⁶⁸ Thomson, “The Forensic Clinic at Toronto.”

²⁶⁹ Fourth Annual Report of the Forensic Clinic, Toronto (Toronto Psychiatric Hospital), 1961, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁷⁰ “Toronto Psychiatric Hospital,” April 1959.

information on sexual deviance to a curious public through media engagements. In 1964, for instance, clinic director Dr. R.E. Turner and Dr. R.E. Stokes appeared on a C.B.C. television program discussing homosexuality, and members of the Forensic Clinic's staff took part in a four-part series in the *Toronto Telegram* on this same topic.²⁷¹ The close relationship between the law, psychiatry, penology, and the public in the formation and operation of the Forensic Clinic demonstrates Conrad and Schneider's theoretical point that various social groups and institutions competed to specifically identify what constituted sexual deviance in the mid-twentieth century Canadian context.

The Forensic Clinic's staff were primarily concerned with the treatment of pedophiles, exhibitionists, and homosexuals, even though these so-called sexual deviants only in fact constituted around forty percent of their total patients.²⁷² The clinic's staff saw about 150 patients or their relatives per week.²⁷³ Forensic sexologists and other practitioners at this institution treated sexual deviations in a number of ways, including, for instance, intensive, long-term psychotherapy, short-term psychotherapy, short or long-term supportive therapy that aimed to reduce anxiety while maintaining social adjustment, and group therapy.²⁷⁴ Like the TPH, the Forensic Clinic received patient referrals from the courts, community groups (such as the Y.M.C.A. and the Canadian Mental Health Association), private physicians, and voluntary admissions by the patients themselves.²⁷⁵ The Forensic Clinic also took on educational training responsibilities in a similar manner to those of the TPH, but led broader community education

²⁷¹ Seventh Annual Report of the Forensic Clinic, Toronto (Toronto Psychiatric Hospital), 1964, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁷² Hollobon, "Few Facts are Known," 1.

²⁷³ *Ibid.*; Joan Hollobon, "Treatment is Punishment: Crime Without Reason," *Globe and Mail*, May 1961, 1. Forensic Clinic staff saw patient family members for treatment when they believed that family relationships played a part in the patient's presenting illness.

²⁷⁴ "Toronto Psychiatric Hospital," April 1959.

²⁷⁵ "The Forensic Clinic," date unknown. Other groups that referred patients to the Forensic Clinic included the John Howard Society, the Elizabeth Fry Society, the Children's Aid Society, The Catholic Children's Aid Society, the Toronto Mental Health Clinic, the Y.W.C.A., the Royal Canadian Air Force, and the Department of Reform Institutions.

programs as well, such as training courses for probation officers or community groups.²⁷⁶ It is also important to note that not all sexual offenders were eligible for treatment at this institution. The Forensic Clinic instead only saw patients they believed would benefit from therapy and were charged with only minor offences.²⁷⁷ The fact that these individuals and groups confidently admitted patients to treatment at this facility reflects the social authority the Forensic Clinic enjoyed.

The Forensic Clinic also had an important research mandate in connection to its primary function of rehabilitating sexual offenders through outpatient treatment services instead of having them serve jail time for sexual crimes.²⁷⁸ The Clinic's research programs mostly aimed to identify and study the causes and cures of sexual deviation – including homosexuality – in order to prevent it from manifesting and ultimately causing harm to the individual, others, or society at large.²⁷⁹ Turner believed that this particular goal could be accomplished through the development of research-based classification systems of sexual deviance as opposed to ones based solely on generalized social opinion.²⁸⁰ Once the psychopathology of sexual deviance was classified, the Clinic could then disseminate its findings to the legal and medical professions so they could more effectively prevent or treat such behavioural aberrations. The Clinic's proactive research mandate immediately set it apart from Hollywood Hospital. While Hollywood Hospital's practitioners focused on dealing with patients' problems supposedly caused by homosexuality after the fact, the Forensic Clinic was interested in preventing homosexuality and its associated problems before they could cause the individual harm.

²⁷⁶ "Here and There," date unknown, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁷⁷ "Toronto Psychiatric Hospital," April 1959.

²⁷⁸ Thomson, "The Forensic Clinic at Toronto."

²⁷⁹ Joan Hollobon, "Forensic Clinic Research: The Deviate's Mind," *Globe and Mail*, May 1961, 1.

²⁸⁰ Turner, "The Forensic Clinic of the Ontario Department of Health."

The Forensic Clinic indeed found the classification of homosexuality challenging. The various, often contradictory explanations offered by mid-twentieth century psychiatrists were a source of frustration for Turner and of confusion for his students. Although the existence of these various theories defied a clear classification system for homosexual attraction, Turner noted in one of his 1959 lectures that at least some truth could be found in each of them, but some more so than others:

I subscribe to the view of the multiplicity of causes of homosexuality. I accept the “fact” of constitutional, genetic, and endocrine influences plus the impact of cultural and sociological factors. It is my opinion though that the predominant contribution is made by psychological factors, which then should be studied in learning and experimental terms.²⁸¹

By “psychological factors,” Turner specifically referred to Freud’s theory that a boy’s failure to successfully overcome the Oedipal complex led to homosexuality in his adult years. His overall theoretical understanding of homosexuality was thus consistent with those employed at Hollywood Hospital by MacLean and MacDonald. These three doctors also shared the view that dominant maternal figures and the absence of satisfactory father figures could precipitate the development of male homosexuality.²⁸² Turner also referred to homosexuality as a “problem” in this lecture, thus pathologizing homosexuality in a similar manner to MacLean and MacDonald.²⁸³

Turner was different from these practitioners in New Westminster, however, in that he and his colleagues produced a higher volume of studies and publications resulting from clinical experience. The Forensic Clinic gained an international reputation for its pioneering research in the origins and treatment of sexual deviation in the mid-twentieth century. Experts at this clinic

²⁸¹ R.E. Turner, “A Review of Homosexuality,” seminar delivered on January 20, 1959, Robert Edward Turner fonds (F27), Box 6, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁸² Ibid.

²⁸³ Ibid.

participated in more than ten separate studies seeking to answer a variety of research questions. For instance, a 1962 report authored by Turner examined the efficacy of group psychotherapy treatments for sexual offenders, including homosexuals. All of these men, in Turner's view, had "socially unacceptable problems" which were helped by this method of treatment.²⁸⁴ Researchers at the Forensic Clinic were also intrigued by homosexual men in heterosexual marriages; this subject became the focus of a 1967 study.²⁸⁵ Additionally, Forensic Clinic staff examined the relationships between those they described as "sexual deviates" and their parents in their research program in the early 1960s. This federally-funded research "examine[d] the differences between sex deviates and normal individuals in parent-child relations" using the results of a questionnaire given to research subjects. It ultimately concluded that "exclusive homosexuals" had "impaired" father-identification and higher than average scores in mother identification.²⁸⁶ This conclusion was of particular significance because it helped to illuminate the origins of homosexuality; Turner wrote that these findings "[suggested] that variables related to father identification may be especially important in determining whether the individual develops sexually in a normal or in a deviant direction, while mother variables...might be more closely related to the type of sexual deviations that develops."²⁸⁷ His emphasis on parental attitudes was reflective of dominant psychoanalytic theories of the time.

²⁸⁴ R.E. Turner, "The Group Treatment of Sexual Deviations," *Excerpta Criminologica Vol. 2*, 1962, Robert Edward Turner fonds (F27), Box 4, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁸⁵ E.W. Mandryk, "The Married Homosexual," paper presented at the Fifth Research Conference on Delinquency and Criminology, March 31, 1967, Clarke Institute of Psychiatry Accrual fonds, Box 11, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada. The goal of this study was to "explore the phenomenological aspects" of married homosexual men. It ultimately found that, even though many of these individuals entered heterosexual marriages due to social pressure or as an attempt to "cure" their same-sex attraction, the majority of these marriages were stable.

²⁸⁶ Third Annual Report of the Forensic Clinic, Toronto (Toronto Psychiatric Hospital), 1960, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada. This project was funded by a Federal Mental Health Grant.

²⁸⁷ *Ibid.*

Additionally, as it became apparent in the 1960s that psychoanalysis alone did little to curb or cure sexual deviations among the Forensic Clinic's patients, TPH researchers attempted new forms of chemical-based treatments using consciousness-altering drugs such as sodium amytal and – like practitioners at Hollywood Hospital – LSD-25.²⁸⁸ Both Hollywood Hospital and Forensic Clinic staff believed that LSD-25 could help facilitate traditional psychotherapy because it encouraged patients to break through their own emotional and psychological barriers to therapeutic success.²⁸⁹ TPH researcher J.R. Ball conducted psychedelic experiments on sexual deviants on a limited basis through the 1960s, but, as historian Elise Chenier notes, little is known about his methods, patients, or conclusions during these particular trials.²⁹⁰

Regardless of their specific research topics, the majority of TPH studies used empirical, numerical-based data to justify or expand upon traditional psychoanalytic theories about the nature of homosexuality. This approach drew heavily upon an unlikely marriage of Freudian theory with Alfred Kinsey's methods, when Kinsey's research often sought to refute Freud's theoretical conclusions.²⁹¹ Historian Elise Chenier explains that Forensic Clinic experts believed that by holding their data to qualitative scrutiny like Kinsey did in his large-scale surveys of American sexual behaviour, they could avoid imposing their own moral interpretations of sexual deviance onto their research findings. They likely did not anticipate, however, that "their commitment to deviancy as a medical concept and psychoanalysis as methods of understanding...blinded them to the moral judgments written into Freud's theories of sexual development."²⁹² Turner and his colleagues therefore followed the same normative evaluations of homosexuality apparent in Hollywood Hospital's practitioner accounts: since mainstream

²⁸⁸ Chenier, *Strangers in Our Midst*, 119.

²⁸⁹ Ibid., MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," 18-9.

²⁹⁰ Chenier, *Strangers in Our Midst*, 134-5.

²⁹¹ Ibid., 125.

²⁹² Ibid.

psychoanalytic thought conceptualized homosexuality as a social problem caused by specific early-life traumas and sublimated desires, both Hollywood Hospital and the Forensic Clinic unconsciously contributed to these theory-supported medicalized narratives. Further, experts from these institutions both looked toward American psychoanalytic models. As this psychiatric sub-discipline began to decline in use among experts in Europe, it was heartily embraced by psychoanalysts in the United States an ocean away. Historian Nathan Hale writes that American psychoanalysts strove to make their discipline more “scientific” during this period by incorporating neurological knowledge as well as Russian physiologist Ivan Pavlov’s concept of behaviourism.²⁹³ Toronto’s Forensic Clinic also used similar types of information in their psychoanalytic treatments. Drs. Turner and Mohr, for example, wrote that the Clinic used behavioural therapy techniques involving “various forms of de-condition, conditioning, aversion and relaxation” as treatment methodologies.²⁹⁴ Though Hollywood Hospital and the Forensic Clinic shared the belief that quantitative study of homosexuality using psychoanalytic perspectives could potentially help their same-sex attracted male patients, Toronto’s approach used more scientific methodologies and theories in treatment. They were therefore more closely aligned with American psychoanalytic models than Hollywood Hospital, whose approach drew more upon qualitative, European-inspired approaches to psychoanalysis.²⁹⁵

Turner’s views of homosexuality also changed over time, unlike his contemporaries in New Westminster. In a 1969 article on homosexuality, Turner and his co-authors wrote that

²⁹³ Nathan Hale, *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985* (New York: Oxford University Press, 1995): 232. Behaviourism is defined as the concept that animal behaviour (including humans) is the result of conditioning, a process in which a particular response to a specific stimuli becomes predictable when this response is reinforced. Pavlov’s behaviourist approach was developed through an experiment in which he conditioned dogs to salivate at the sound of a bell.

²⁹⁴ J.W. Mohr and R.E. Turner, “Sexual Deviations Part II - Homosexuality,” February 1967, Clarke Institute of Psychiatry Accrual fonds, Box 11, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁹⁵ Hale, *The Rise and Crisis of Psychoanalysis in the United States*, 232.

“homosexuality...is basically a *fact* and becomes a *problem* when it is identified as such in relation to other areas of living.”²⁹⁶ This quote demonstrates a stark change in Turner’s approach to homosexuality from previous years in that he appears no longer interested in discussing homosexuality as a problem in and of itself. Rather, same-sex attraction only required psychiatric intervention when it caused other problems or distress in a person’s life. Turner presented a similar opinion on March 10, 1972, during a presentation to St. Michael’s Hospital staff on their “Family Practice Day.” The main purpose of his talk was “not to debate whether homosexuality is normal,” but rather to discuss “the problems of those persons with homosexual tendencies who are in distress, who suffer emotional tension, stress, and pain.”²⁹⁷ Turner presented a de-pathologized view of homosexuality in these aforementioned examples: same-sex attraction was increasingly discussed as perhaps a normal aberration in human sexual behaviour that did not necessarily require intervention unless so desired by the patient. Drs. MacLean and MacDonald at Hollywood Hospital, in contrast, do not appear to have understood same-sex attraction in this manner and continued to treat it as a *de facto* illness throughout its years of operation.

Not everyone at the Forensic Clinic agreed with these de-pathologized views of homosexuality, however. Other practitioners at this institution had contrasting opinions to those of their director. Dr. M.D. Tuchtie, a director of in-patient treatment at the Forensic Clinic, contended that homosexuality was indeed a medical issue and that “society will continue to suffer from sexual deviation until it focuses far more attention on childhood and parenthood.”²⁹⁸

It is important to note that Dr. Tuchtie stated in newspaper articles and panel discussions that he

²⁹⁶ Alex K. Gigeroff, J.W. Mohr, and R.E. Turner, “Sex Offenders on Probation: Homosexuality,” March 1969, Clarke Institute of Psychiatry Accrual fonds, Box 5, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁹⁷ R.E. Turner, “Homosexuality,” presentation at St. Michael’s Hospital’s Family Practice Day, March 10, 1972, Robert Edward Turner fonds (F27), Box 6, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

²⁹⁸ Lex Schrag, “Doctor Says Horror, Fear of Homosexuality Block Achieving Sexual Maturity,” *Globe and Mail*, February 6, 1961, Robert Edward Turner fonds (F27), Box 7, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

was against both legal penalties for homosexual acts and public fearmongering regarding homosexuality. However, he did not take such stances because he thought same-sex attraction should be de-pathologized. Dr. Tuchtie instead argued that criminalizing homosexuality would only serve to incentivize homosexual sex offenders since, in his view, the risk of criminal punishment provided “a stimulating spice of danger” to the act.²⁹⁹ He further contended that socially ostracizing homosexual men was unacceptable because it would cause same-sex attracted youth to be so afraid of their sexual desires that they would choose not to seek psychiatric help in reaching “sexual maturity” (i.e. heterosexuality).³⁰⁰ Conversely, some of the Forensic Clinic’s staff were surprisingly reluctant to talk about whether homosexuality was an illness or not at all. Dr. Ruth Kajander, a doctor employed at the Forensic Clinic, wrote to a colleague that she was not interested in the Canadian Psychiatric Association’s internal debates regarding the medicalization of homosexuality: “I hope we shan’t spend much time on rediscussing it,” she wrote, adding that she felt that “homosexuals are quite militant enough without us making an issue out of a non-issue.”³⁰¹ Thus, while Turner’s comparatively compassionate approach to same-sex attraction was the predominant one employed at the Forensic Clinic, it was not wholly accepted by all of its practitioners, just as MacDonald’s medicalized condemnation of homosexuality at Hollywood Hospital was not reflective of the opinions of all of its staff.

Not all patients agreed with the Forensic Clinic’s de-pathologized approach, either, and some were disappointed by the Clinic’s inability to help them rid themselves of their same-sex attraction. A number of same-sex attracted men arrived at this clinic for the purposes of

²⁹⁹ “Psychiatrist Says Law Acts as Spur to Deviate,” *Globe and Mail*, 1962, Robert Edward Turner fonds (F27), Box 7, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

³⁰⁰ Schrag, “Doctor Says Horror, Fear of Homosexuality Block Achieving Sexual Maturity.”

³⁰¹ Correspondence from Dr. Ruth E. Kajander to Dr. Leslie S. Raschka, May 1, 1975, Robert Edward Turner fonds (F27), Box 4, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

heterosexual conversion. However, Chenier writes that the Clinic had little success in this regard. While she notes that this fact must have been frustrating for individual practitioners, incident reports from the Forensic Clinic demonstrate that it was equally (if not more so) hurtful for patients; in rare cases, the results were fatal.³⁰² Forty-four year-old Randall Barton, for example, killed himself on 20 June 1975, nearly two months after his last of three in-patient stays at the CIP.³⁰³ Though Randall was admitted for multiple problems, he stated that his most pressing concern was his homosexuality because it caused him great anxiety and problems in his marriage. In his suicide note, Randall wrote that he wanted to die because he “was of no help to his family” as a homosexual man and that “he could no longer cope with [his] mental confusion and physical pain.”³⁰⁴ Despite repeated psychiatric treatments and counselling, Randall felt that his homosexuality made his life not worth living. His tragic fate demonstrates the weight same-sex attracted men, including those who came for treatment at Hollywood Hospital, carried with them from the overwhelmingly negative socio-medical connotations of their sexual orientation.

3.2 Members of Parliament, April 1969 Parliamentary Debates

Another influential Canadian source on perceptions of homosexuality was its elected officials, most notably Members of Parliament (MPs). This section specifically analyzes these politicians’ understanding of homosexuality as presented in the debates leading up to the decriminalization of homosexuality in 1969. Before 1969, homosexual sex and activity in public was criminalized under the Criminal Code of Canada’s three so-called “homosexual offences”:

³⁰² Chenier, *Strangers in Our Midst*, 133.

³⁰³ Audit Report regarding the death of Randall Barton (pseudonym), August 22, 1975, Robert Edward Turner fonds (F27), Box 2, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada. The report states that Randall died after “attaching a vacuum hose to the exhaust of his car and causing carbon monoxide poisoning.”

³⁰⁴ *Ibid.*

buggery, gross indecency, and indecent assault on a male.³⁰⁵ These offences began to come under increasing scrutiny in the mid-twentieth century because of the difficulty involved in their enforcement. The “homosexual offences” were, at this time, ill-defined both in statutes and case precedent. CIP researcher Alex K. Gigeroff explained in his book *Sexual Deviations in the Criminal Law* (1968) that this ambiguity made these offences nearly impossible to enforce and difficult to understand for laypeople, law enforcement, and politicians alike; in the case of gross indecency, for example, Gigeroff states that the law had never been clearly defined for legislators and that there were surprisingly few reported cases of this charge being laid on an individual even though gross indecency was included in Canada’s Criminal Code for seventy-eight years.³⁰⁶

The contentious status of criminal charges relating to homosexuality therefore prompted Pierre Trudeau’s Liberal government to include changes to these laws in Bill C-150 (a.k.a. the *Criminal Law Amendment Act, 1968-69*). This omnibus bill proposed various reforms to the Criminal Code of Canada, including, for instance, the legalization of abortion, the sale of contraceptives, and regulatory changes to lotteries and gun possession in addition to the decriminalization of homosexuality.³⁰⁷ Minister of Justice John Turner explained the government’s rationale in this matter during an April 1969 debate, stating “It is the feeling of the government that certain private aspects of human life and relationships between individual human beings...be left to private judgement and not be subject to the criminal or penal code.”³⁰⁸

³⁰⁵ Alex K. Gigeroff, *Sexual Deviations in the Criminal Law: Homosexual, Exhibitionist, and Pedophilic Offences in Canada* (Toronto: University of Toronto Press, 1968): 39. Buggery was defined in criminal statute at this time as “carnal knowledge, or sexual intercourse, by man with man per anum, [or] man with woman per anum.”

³⁰⁶ *Ibid.*, 39, 43-6, 122.

³⁰⁷ Canada, *House of Commons Debates*, 16 April 1969, 7598. Specifically, Bill C-150 set out to amend aspects of the Criminal Code, the Parole Act, the Penitentiary Act, the Prisons and Reformatories Act, the Combines Investigation Act, the Customs Tariff Act, and the National Defence Act.

³⁰⁸ Canada, *House of Commons Debates*, 17 April 1969, 7633.

Bill C-150 was ultimately passed in May 1969. However, the debates in the month leading up to this decision demonstrate that elected officials from both the governing party and the opposition did not perceive homosexuality in a positive light. During the 24th Session of Parliament held in April 1969, MPs discussed the topic of same-sex attraction in overwhelmingly negative terms, drawing upon well-established tropes from the Cold War era.³⁰⁹ Many of these officials referenced the idea that homosexuality was a threat to Canadian families and, by extension, the future of the country. Some MPs argued that homosexuality was a threat to Canada's children. Hon. W.G. Dinsdale's comments reflect these concerns:

[Homosexuality] strikes at the heart of our basic social institution, the family, and it is for this reason that so many authorities say today that what we are dealing with is a sick society. It is abnormal social behaviour... Anybody who has been engaged in social work knows that the homosexual is a predator in respect to matters of sex. Homosexuals prey on juveniles. It is something that spreads like a plague, for there is no more destructive drive than the sexual impulse running wild.³¹⁰

Dinsdale's statement drew upon atomic-age anxieties regarding the homosexual as a sexual predator with the potential to destroy wholesome Canadian families. These fears were particularly salient given the context of the Cold War. MP André Fortin invoked the specter of the "red menace" when he argued that de-criminalizing homosexuality would lead to the disappearance of the family unit "as was the case in socialist countries."³¹¹ This statement and others like it suggested that part of North America's ability to overpower the threat of Communist takeover rested in its nuclear families because these social units encouraged its

³⁰⁹ Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997): 50; Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988): 95; Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999): 323; Gary Kinsman and Patrizia Gentile, *The Canadian War on Queers: National Security as Sexual Regulation* (Vancouver: UBC Press, 2010): 66; Whitaker and Hewitt, *Cold War Canada*, 97-9, 157-9. Such tropes included, for instance, that homosexual men were dangerous and subversive members of society who were a danger to youth, susceptible to blackmail, and had weak moral characters. These traits made them incapable of fighting off potential Communist invaders. Homosexuals thereby constituted a threat to North America's survival and way of life.

³¹⁰ Canada, *House of Commons Debates*, 17 April 1969, 7639.

³¹¹ Canada, *House of Commons Debates*, 18 April 1969, 7704.

members to embrace traditional gender-based hierarchies from previous decades. Homosexual men did not fit into this structure and thereby constituted a threat to the North American way of life.³¹² Homosexual men were also conceptualized as immediate threats to Canadian families and their children in politicians' remarks. MPs such as Gérard Laprise and Martial Asselin picked up on this theme, stating that homosexual men would never be satisfied having sexual relations with their own age group because they supposedly seek to pervert, seduce, and/or murder boys under the legal age of consent.³¹³ Such conclusions were no doubt influenced by the fact that, up until the previous year, homosexuality was included in the same section of the DSM-I as pedophilia, leading to popular conflation by categorical association.³¹⁴

Other MPs connected same-sex attraction with generalized debauchery, immorality, and societal degradation. Some politicians inaccurately connected the fall of classical societies to the de-criminalization of homosexuality. MP Marcel Lambert stated that “those [countries] who have accepted such depravity have been brought down, as if by mere coincidence.”³¹⁵ Dinsdale continued this argument with the comment that homosexuality “has dragged down men and nations from the dawn of creation as the result of a complete reversal of values.”³¹⁶ Henry Latulippe went even further with his critique of Bill C-150's attempt to de-criminalize homosexuality, stating that this act by the Liberal government was “immoral, unchristian,

³¹² Adams, *The Trouble with Normal*, 8-9, 30, 50; Julia Grant, ““A Thought a Mother Can Hardly Face”: Sissy Boys, Parents, and Professionals in Mid-Twentieth Century America,” in *Modern American Queer History*, ed. Allida M. Black (Philadelphia: Temple University Press, 2001): 118-9; May, *Homeward Bound*, 11.

³¹³ Canada, *House of Commons Debates*, 16 April 1969, 7609-11. Laprise stated that “such sexual perverts are not satisfied with meeting other perverts; too often they try by every astute means available to pervert boys and sometimes, they kill,” (7609) whereas Asselin argued that same-sex attracted men “are rather interested in youngsters” and “will not stop there if they are permitted to make love with consenting males of 21.” (7611)

³¹⁴ Jack Drescher, “Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD,” *International Review of Psychiatry* 27, no. 5 (2015): 387.

³¹⁵ Canada, *House of Commons Debates*, 16 April 1969, 7614. Lambert specifically referred to the fall of Ancient Greece in his example.

³¹⁶ Canada, *House of Commons Debates*, 17 April 1969, 7639.

antisocial, inhuman and against anything you want.”³¹⁷ Not all MPs ascribed to these views.³¹⁸ Nevertheless, these negative remarks regarding homosexuality, the family, societal downfall, and Canada’s position in the Cold War are important because they potentially informed the self-conceptualizations of Hollywood Hospital’s same sex attracted men as well as their practitioners’ ideas about homosexuality. While statements such as these were not directly cited in treatment, they may have helped provide the impetus for patients to seek out heterosexual conversion.

Though the majority of MPs generally agreed that homosexuality was a problem, these politicians disagreed as to whether homosexuality should be dealt with primarily through law or psychiatric intervention. There were several politicians who agreed with the latter explanation. Minister of Justice John Turner, for example, stated that he believed homosexuality was “a cause for medical attention,” but should not be subject to criminal prosecution when sex acts were carried out in private between consenting adults.³¹⁹ René Matte agreed that the problem was medical but was against de-criminalizing homosexuality: “Why not try to cure these people,” he asked, “instead of legalizing a loathsome act?”³²⁰ Others contended that homosexuality was a primarily criminal issue requiring penal solutions. Those who put forward this argument often connected it to the role of the legislature and executive in democratic governance, arguing that the government’s primary duty was to make laws protecting the people from harm or the risk of moral degradation.³²¹ This argument suggested that homosexuality should remain criminalized for the safety of healthy heterosexual Canadians.

³¹⁷ Canada, *House of Commons Debates*, 21 April 1969, 7764.

³¹⁸ Canada, *House of Commons Debates*, 16 April 1969, 7610; Canada, *House of Commons Debates*, 17 April 1969, 7641. Ralph Steward, for example, contended that homosexuality was only abnormal for those who did not engage in same-sex activity, and therefore argued that it should not be subject to moralistic criminalization. Likewise, John Gilbert invited “some members of the Progressive Conservative party [into] the 20th century” because he felt their distaste for homosexuality to be the result of “puritanical hang-ups arising from their puritanical narrowness.” (7641)

³¹⁹ Canada, *House of Commons Debates*, 17 April 1969, 7634.

³²⁰ Canada, *House of Commons Debates*, 21 April 1969, 7751.

³²¹ Canada, *House of Commons Debates*, 16 April 1969, 7610-1.

These debates also touched on the internal tension faced by politicians regarding who should define homosexuality as deviance: if it was a crime, then it was in the purview of parliament and criminal law enforcement, but if it was an illness then the psychiatric discipline had final authority in defining this form of “deviant” behaviour. According to Conrad and Schneider, the answer to this question was important for MPs because it affected their own institutional authority. The politicians wrestled with this debate explicitly. For instance, MP Steven Otto appeared concerned by the power wielded by the psychiatric discipline in deciding morality versus immorality in regard to homosexual behaviour, but nonetheless deferred to medical as opposed to legal solutions for the problem of homosexuality.³²² The most popular view, however, was that homosexuality was a psychiatric problem that could only be controlled through criminal law. A homosexual man’s uncontrollable desire to commit sex crimes, in this view, necessitated the criminalization of homosexual acts because of the very nature of this condition as a psychiatric disorder.³²³ Thus, though MPs were generally unwilling to give up their authority to define deviance through legislation, others gave credence to medical definitions of this form of so-called aberrant behaviour. One can observe that medicalized discourses regarding homosexuality were popular in mid-twentieth century Canada and often supported by other authoritative social institutions.

This particular set of parliamentary debates further illuminates the social pressures faced by Hollywood Hospital’s same-sex attracted patients that may have led them to seek heterosexual conversion. Though the points raised in these debates were rather vitriolic in comparison to those referenced at Hollywood Hospital, MPs touched on similar themes as the

³²² Ibid., 7616.

³²³ Ibid., 7619; Canada, *House of Commons Debates*, 17 April 1969, 7632, 7639; Canada, *House of Commons Debates*, 21 April 1969, 7765.

same-sex attracted patients who requested treatment at Hollywood Hospital: in the minds of both groups, homosexuality was dangerous to (or at least incompatible with) healthy Canadian families, and it was likely a form of illness requiring treatment to prevent harm. It is important to note that these MPs did not speak entirely of their own accord in these debates. As elected officials, they were expected at some level to reflect the opinions of their constituents as well as the platform of their political party. Some of their statements could merely be examples of political posturing rather than reflections of their true opinions on same-sex attraction. More Progressive Conservatives, after all, were vocal in their criticisms of Bill C-150 than members of the Liberal majority government that introduced this legislation. Regardless of their personal stances on homosexuality, however, the fact that these MPs spoke publicly about this issue in overwhelmingly negative terms shows that these opinions were more widespread within Canadian society. They therefore speak to the prevailing social opinions regarding homosexuality in mid-twentieth century Canada. These discourses affected people across the country, including Hollywood Hospital's patients and practitioners.

3.3 North American Parental Advice Literature

Though many Canadians looked to the Forensic Clinic and their country's parliament for answers to the question of homosexuality's status, mid-twentieth century parental advice literature also provided information on this topic. During this period, parents, politicians, and society at large became increasingly concerned by the perception that North American gender roles were weakening in their rigidity from previous decades.³²⁴ Adolescent medical specialists thus began writing books and articles on the topic of children's development and gender expression in an effort to alleviate anxious parents' concerns.³²⁵ While postwar mothers, fathers,

³²⁴ May, *Homeward Bound*, 8-9, 93.

³²⁵ Grant, "'A Thought a Mother Can Hardly Face,'" 124.

and guardians who read these books did not always follow their advice, historian Mona Gleason writes that these texts are nonetheless valuable historical sources; “Conceptualizing advice as an ideological artifact in itself,” she writes, “allows social historians to learn something about the climate of ideas in the past.”³²⁶ Parental advice literature therefore gives historians an opportunity to examine how parents were told they *should* parent based on prevailing expert opinion, rather than how they actually raised their children. Further, it is important to note that parents were not the only people interested in such books. Rather, these texts were also targeted towards schoolteachers, children’s groups leaders, and other adults who interacted with youth.³²⁷ This fact thereby increased their readership and impact on broader social discussions of issues relating to growing up. Same-sex attraction was one of these topics.

This thesis compares how three books from the mid-twentieth century addressed this concern: Dr. Irene Josselyn’s *Psychosexual Development of Children* (1948), and Dr. Samuel Laycock’s *Brief Chats with Parents* (1956) and *Family Living and Sex Education* (1967). I selected these books because both Josselyn and Laycock were well-respected experts in their fields. Josselyn, for instance, received her M.D. from the University of Chicago in 1934 and postgraduate psychoanalytic training at the Chicago Institute for Psychoanalysis from 1941 to 1945. She held a number of teaching and training positions in the years that followed specializing in child psychiatry.³²⁸ Likewise, Canadian child development expert Laycock was the Head of Educational Psychology at the University of Saskatchewan in the 1960s and was

³²⁶ Mona Gleason, “Disciplining Children, Disciplining Parents: The Nature and Meaning of Advice to Canadian Parents, 1945-1955,” *Social History* 29 (1996): 190.

³²⁷ *Ibid.*, 204; S.R. Laycock, *Brief Chats with Parents: How to Help Your Child Grow Up* (Vancouver, Toronto, and Montreal: Copp Clark Publishing, 1956): vii. Dr. Samuel Laycock, for example, hoped that his advice would be used “in child-study groups and in meetings of Home and School or Parent-Teacher Associations.” This statement demonstrates his desired readers were not just parents, but people working with children, as well.

³²⁸ Irene M. Josselyn, “Curriculum Vitae,” *Journal of the American Academy of Child & Adolescent Psychiatry* 5, no. 3 (1966): 387-8.

well known in postwar Canada as an authoritative voice in parental advice literature. According to Gleason, he was one of many experts responsible for directly linking patriarchal nuclear families with the development of “normal” heterosexual children.³²⁹ The opinions of these experts therefore help illustrate the variety of psychiatric opinions on same-sex attraction prevalent in parental advice literature and are useful examples to demonstrate changes in how such books addressed same-sex attraction over time.

Josselyn’s *Psychosexual Development of Children* used a primarily psychoanalytic perspective to explain homosexuality and give parents advice about how to raise their children. Her expertise in this field and the novelty of her psychoanalytic perspective likely increased her appeal to North American parents in the late 1940s as psychoanalysis was just beginning to gain popularity during this time period in North America.³³⁰ In this text, Josselyn drew upon her psychoanalytic background to argue that homosexuality was not a permanent condition, but a normal, temporary phase of adolescence. Teenagers experience a second Oedipal conflict according to *Psychosexual Development of Children* in which they gravitate towards same-sex peers or an older person of the same sex, such as a teacher. In most cases this attraction does not have a sexual component. When sexual feelings arise, however, they are the result of the child transferring their dependence on a same-sex parent to another individual.³³¹ In any case, Josselyn’s psychoanalytic perspective placed the origins of homosexuality in parent-child relationships in accordance with dominant psychoanalytic models of the time.

³²⁹ Gleason, ““Knowing Something I Was Not Meant to Know,”” 56.

³³⁰ Michael E. Staub, *Madness is Civilization: When the Diagnosis Was Social* (Chicago: University of Chicago Press, 2011): 13; Mona Gleason, ““Knowing Something I Was Not Meant to Know”: Exploring Vulnerability, Sexuality, and Childhood, 1900-50,” *The Canadian Historical Review* 98, no. 1 (2017): 55; Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999): 3-4, 7; Dagmar Herzog, *Cold War Freud: Psychoanalysis in an Age of Catastrophes* (Cambridge: Cambridge University Press, 2017): 33.

³³¹ Irene M. Josselyn, *Psychosexual Development of Children* (New York: Family Service Association of America, 1948): 98-102.

Laycock offered a different perspective on the nature of homosexuality. The words “homosexual” or “homosexuality” do not appear once in his 1956 book, *Brief Chats with Parents*. Laycock instead made oblique references to same-sex attraction in his discussion of “sissies” and “mamma’s boys” in this text. Laycock argued that children needed to look to their same-sex parents in the correct manner to become healthy, well-adjusted adults with mature sex lives. “If a boy is to grow up as a manly man,” he wrote, “he needs to be able to identify with his dad’s masculine characteristics.”³³² If a child could not identify with his father, the consequences could last a lifetime:

Many men who never develop a normal sex life, did not get on with their dads or were not encouraged to identify with them, or were tied too tightly emotionally to their mothers. They remain “mamma’s boys” and sissies....A good relationship with the parent of the same sex without being too emotionally dependent helps to develop a child’s wholesome sex life.³³³

Though homosexuality was never directly referred to in this passage, the discussion of a male child’s masculinity in connection with their sexual orientation was an implicit reference to same-sex attraction. Historian Julia Grant notes that “sissy” was not necessarily synonymous with homosexual, but that “the language of dread, disappointment, and revulsion that surrounded discussions of sissy boys suggests that popular advice writers and parents were all too conscious that girlish boys might grow up to choose other boys as sexual partners.”³³⁴ The argument presented in *Brief Chats with Parents* thus implicitly drew upon psychoanalytic arguments on the nature of homosexuality: normal male children looked up to their fathers and were not too attached to their mothers, whereas homosexual children are those that had distant fathers and

³³² Laycock, *Brief Chats with Parents*, 39.

³³³ Ibid.

³³⁴ Grant, “‘A Thought a Mother Can Hardly Face’,” 119.

overbearing mothers.³³⁵ Laycock's argument thus confirmed that homosexuality was, in his view, an undesirable state that could be avoided in children through proper parenting techniques.

Laycock again approached the topic of homosexuality in his book *Family Living and Sex Education*. His first references to same-sex attraction were similar to those in *Brief Chats with Parents*; he discussed the importance of providing children with appropriate same-gender role models in order to help them accept their proper sex roles.³³⁶ This text strayed away from its predecessor, however, by dedicating an entire sub-section to homosexuality that provided information for parents regarding how to identify homosexual tendencies, either in others or their own children. Such knowledge was important, according to this book, for a child's own safety. Teenagers needed to be particularly aware of "what is meant by homosexuality, its extent, its possible causes, the risks involved in homosexual encounters and what may be a reasonable attitude towards individuals who are homosexuals" in order to protect themselves from misinformation (or, in some cases, from being mislabeled as homosexual by others).³³⁷

Laycock's book also gave parents instructions on how to react upon discovering their teenage child engaged in same-sex sexual activity (willingly or unwillingly), advising them to discuss the situation quietly, give the adolescent information with as little emotional response as possible, and to refer them to a medical specialist if they believed their child was truly homosexual.³³⁸

In this book, Laycock overwhelmingly used mainstream psychiatric research to *explain* homosexuality but employed a legal/criminal framework to discuss the *connotations* of same-sex

³³⁵ Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999): 43, 56-60; Richard C. Friedman and Jennifer I. Downey, "Psychoanalysis and the Model of Homosexuality as Psychopathology: A Historical Overview," *American Journal of Psychoanalysis* 58, no. 3 (1988): 250-1; Jack Drescher, "I'm Your Handyman: A History of Reparative Therapies," *Journal of Homosexuality* 36, 1 (1998): 23, 28; Janis S. Bohan, *Psychology and Sexual Orientation: Coming to Terms* (New York: Routledge, 1996): 77.

³³⁶ S.R. Laycock, *Family Living and Sex Education: A Guide for Parents and Youth Leaders* (Toronto: Baxter Publishing, 1967): 62.

³³⁷ *Ibid.*, 112.

³³⁸ *Ibid.*, 114.

attraction. *Family Living and Sex Education* therefore blended ideas from the two leading cultural authorities of the time on same-sex attraction: psychiatry and the law. The idea of “homosexual encounters” as potentially dangerous for youth implicitly connected homosexuality with sexual offenders and sex crimes. Conversely, discussions of how to identify and cure “homosexual trends” in youth through psychiatry demonstrated that Laycock believed this was a medical issue and that he remained interested in preventing homosexuality in children through medical intervention. These ideas are similar to those presented during the 1950s to mid-1960s at the Forensic Clinic, in the April 1969 parliamentary debates regarding Bill C-150, and in-patient records from Hollywood Hospital’s same-sex attracted patients. Each of these groups agreed that homosexuality was pathological and, in some cases, dangerous.

Despite these negative discussions on homosexuality, *Family Living and Sex Education* was in many ways progressive for its time. First, the book acknowledged that many homosexuals were not, in fact, dangerous. It described most same-sex attracted men as respectable, community-engaged people with high moral and ethical standards.³³⁹ This evaluation of homosexuality differed significantly from contemporary characterizations of homosexuality previously explored in this chapter. Second, Laycock refuted popular stereotypes about homosexuality in this book. For instance, he argued against the assumption that homosexuals were distinguishable from the general population based on appearance or that heterosexual children could be “seduced” into homosexuality by adults.³⁴⁰ These progressive elements, however, were used to support his overall argument that homosexuality often fell into the realm of criminality and mental disorder. He refuted stereotypes to present them in opposition to leading scientific studies offering other explanations of the causes of homosexuality, its

³³⁹ *Ibid.*, 112.

³⁴⁰ *Ibid.*, 114.

prevention, and its cures; his positive descriptions of homosexual men were often overshadowed by phrases suggesting the lingering threat of less respectable homosexuals to Canadian youth.³⁴¹ The three texts examined in this chapter therefore help provide further context for the reasons why Hollywood Hospital's same-sex attracted patients desired heterosexual conversion or greater insight into their sexual orientation. The opinions of these experts, like those of Hollywood Hospital's patients, reinforced the idea that homosexuality was incompatible with the development of normal, healthy, happy families, and particularly children.

In summary, mainstream Canadian discourses on the nature of homosexuality were often as negative (if not more so) than those referenced by Hollywood Hospital's practitioners and patients from 1955 to 1973. While Laycock's parental advice books and Turner's writings from within the Forensic Clinic in Toronto discussed same-sex attraction in a more positive manner towards the end of the 1960s, they nonetheless continued to medicalize certain aspects of homosexuality. They also appeared against the backdrop of vitriolic Canadian parliamentary debates on the legalization of homosexuality toward the end of this decade. According to Conrad and Schneider's theoretical perspective, the particular evaluations of homosexuality presented by these various groups competed for dominance in a convoluted discursive landscape. When they intersected, they reinforced a particular, salient narrative that impacted personal definitions of homosexuality for heterosexual and homosexual Canadians alike: homosexuality was a medical problem leading to possible criminality, an undesirable personal trait, a social issue, and incompatible with popular definitions of "normality."

Given the pervasiveness and popularity of these narratives in Canadian society, it is unlikely that these evaluations of homosexuality were lost on Hollywood Hospital's patients. As

³⁴¹ *Ibid.*, 115. For example, Laycock referenced the work of American psychologist Dr. Evelyn Hooker by listing her suggestions for how to prevent homosexuality in children.

explored in the previous chapter, the twelve same-sex attracted men who came to this clinic hoping for heterosexual conversion or greater insight into their sexual orientation did so because they believed that something was wrong with them and that LSD-25 would help them cure, alleviate, or better understand their presenting problems. These men did not arrive at this conclusion in a vacuum. Though it is impossible to reach any certain conclusions, popular discursive constructions of homosexuality may have factored into their own self-perceptions and ideas about their same-sex attraction, therefore helping to explain these men's decision to seek psychedelic therapy at Hollywood Hospital.

Conclusion

The twelve men featured in this study believed that their same-sex attraction was undesirable, leading them to seek psychedelic therapy at Hollywood Hospital on the basis of their sexual orientation. Their self-reported reasons for treatment were influenced by the cultural, social, and political context of the postwar period. Mainstream social and medical authorities in mid-twentieth century Canada offered predominantly negative appraisals of homosexuality, arguing that healthy, happy men with nuclear families were heterosexual by necessity. Homosexuals, in contrast, were untrustworthy, degenerative, predatory by nature, and suffered from deeply rooted psychological problems that prevented them from having normal, “mature,” heterosexual sex drives. This conclusion was supported by twentieth-century psychoanalytic theorists, including Sigmund Freud, Irving Bieber, and Sandor Rado, as well as Canadian legal and psychiatric experts, including the Forensic Clinic in Toronto, Canada’s elected officials, and the authors of contemporary parental advice literature. These groups each sought to define what specifically constituted sexual deviance in the mid-twentieth century Canadian context, resulting in a convoluted discursive landscape of opinions on this topic.

The context of the Cold War was also essential in determining twentieth-century Canadian cultural definitions of sexual normality versus deviance. This period of Canadian history was one of drastic change and shifting cultural paradigms in discussions about global security, psychiatry, psychopharmacology, sex roles, and the family. Ideas about same-sex attraction were influenced by these other cultural discourses. The medicalization of homosexuality, for instance, was connected to postwar efforts encouraging women to return to the domestic sphere and to the belief that masculine men were needed to protect North American culture from the threat of Communist takeover. Additionally, both psychoanalytic theory and

mainstream cultural discourses linked homosexuality to contemporary concerns regarding “momism,” the idea that men were the leaders and inheritors of civilization, and the conflation of homosexuality with sex inversion and immaturity. These discourses potentially influenced Hollywood Hospitals’ patients’ ideas of their same-sex attraction as well as the opinions of the practitioners who offered them LSD-25 therapy in New Westminster between 1955-1973. Their shared understanding of same-sex attraction in this particular historical context fundamentally shaped the treatment experiences of the twelve men featured in this study.

It is worth considering whether these discourses further illuminate why patients chose to receive psychedelic therapy at Hollywood Hospital as opposed to selecting more conventional types of treatment at mainstream psychiatric facilities. This line of historical questioning has no clear answer. Given the fact that many of the men who went to Hollywood Hospital had previously received psychoanalytic therapy from practitioners elsewhere, it is possible that they were attracted to Hollywood Hospital because of its unconventional treatment methodologies. There was, indeed, the perception that LSD-25 was a more time- and cost-efficient means of achieving long-lasting personal insight than traditional psychotherapy. However, Hollywood Hospital’s theoretical perspective on the origins of homosexuality complicate the answer to the inquiry. Drs. MacLean and MacDonald employed a similarly psychoanalytic approach to same-sex attraction to those used by mainstream medical authorities, such as Turner at the Forensic Clinic in Toronto, in the 1960s. During the following decade, though, experts at the Forensic Clinic began to view homosexuality in increasingly de-medicalized terms. Hollywood Hospital’s practitioners’ approach did not appear to change over this period. This fact could have increased Hollywood Hospital’s appeal to patients who viewed their same-sex attraction as a form of pathology requiring medical intervention. Though it is impossible to make definitive statements

on this question, it is nonetheless clear that the blending of cultural and medical discourses in Canadian society at this point in history influenced these patients' decision to seek therapy for their same-sex attraction in the first place, regardless of their choice of treatment facility.

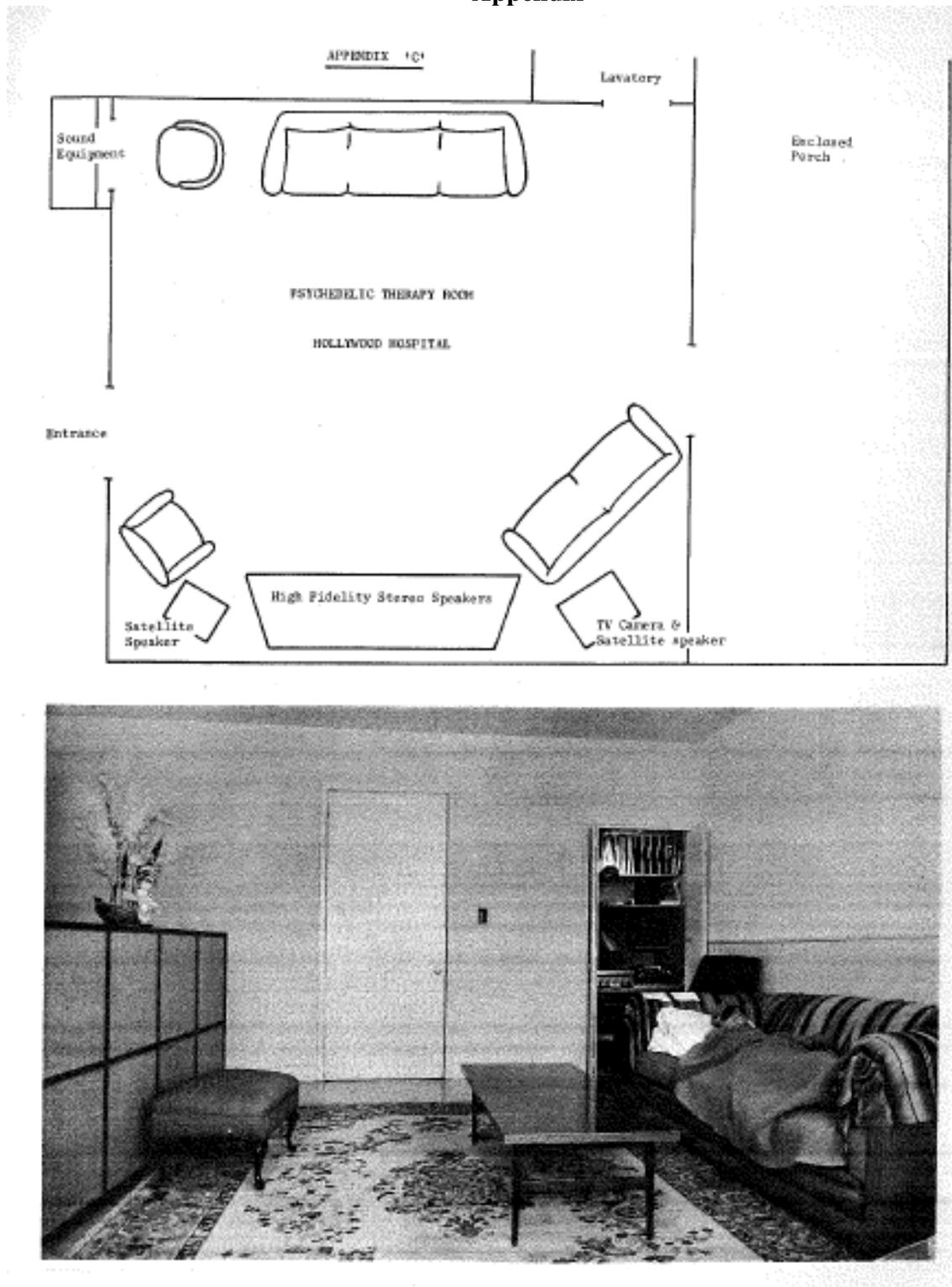
Though I have explored the reasons why my study's twelve patients may not have viewed their same-sex attraction in positive terms, I have spent less time considering why these men believed heterosexual conversion through psychiatric intervention would adequately solve their immediate presenting problems. These men specifically desired therapy using LSD-25 at Hollywood Hospital for at least one of three reasons. First, they were anxious about becoming good fathers and starting nuclear families, believing that they would be bad parents or spouses on the basis of their same-sex attraction. Second, these men expressed unhappiness with their current or previous sexual/romantic relationships; many of them hoped for happy, long-term relationships but were not able to find them on their own. Last, some patients sought out psychedelic treatment because they were concerned by their self-reported lack of sexual and personal maturity and thought this was connected to their sexual attraction to men. While their concerns are legitimate, it is unclear why five out of twelve men were certain that heterosexual conversion would solve these particular problems. Heterosexual men, after all, also struggled to raise happy children, had difficulty entering and maintaining long-term relationships, and were anxious about their sexuality, maturity, future life direction, and general happiness at this point in Canadian history. There was no guarantee that becoming sexually attracted to women would solve these issues.

Based on these patients' specific reasons for treatment, it appears that heterosexual conversion was never the end goal of their treatment programs in and of itself. Rather, these five men desired therapy based on their same-sex attraction because they believed heterosexuality

was a necessary step in solving their self-reported problems. These men wanted treatment because they wanted to be loved. They wanted to be happy. They wanted to be accepted by their friends, family, loved ones, co-workers, and society at large, and they believed that they could not have these things for themselves if they were homosexual. The pervasiveness of negative discourses surrounding homosexuality may have prevented these men from envisioning a future for themselves in which their same-sex attraction did not impede their happiness. Importantly, these men wanted to be normal at a time in Canadian history when “normal” men were narrowly defined as heterosexual, masculine-presenting breadwinners for nuclear family units. Heterosexual conversion, then, can be understood not as these men’s desired final treatment outcome, but as a means to an end. While these patients’ treatment experiences were atypical from those in mainstream psychiatric institutions, their historical desire to belong in a society that routinely rejected them was (and continues to be) shared by thousands of other same-sex attracted individuals who wished that they were normal.

In summation, the subjective treatment experiences of the twelve men in this study were fundamentally shaped by the intersection of psychoanalytic theory and mid-twentieth century cultural expectations. The layering of social and medical understandings of same-sex attraction at Hollywood Hospital from 1955-1973 illuminates the strength of these discourses in determining treatment theories, methodologies, experiences, and outcomes from a historical perspective.

Appendix



A.5: Diagram and Photograph of LSD-25 Treatment Room at Hollywood Hospital. MacLean et al., "LSD-25 and Mescaline as Therapeutic Adjuvants," Appendix 'C.'



A.6: Rear view of Hollywood Hospital including the patient garden. Ross Kenward, Province, July 8, 1975, 1. Image retrieved from "Acid Al," Past Tense: Vancouver Histories, September 4, 2010, accessed May 10, 2018, <https://pasttensevancouver.wordpress.com/2010/09/04/acid-al/>.



CRIPPLED AND burned children in B.C. will be the primary beneficiaries of the cheque Dr. J. Ross MacLean, left, illustrious potentate of Gizeh Shrine Temple, received from John Simpson,

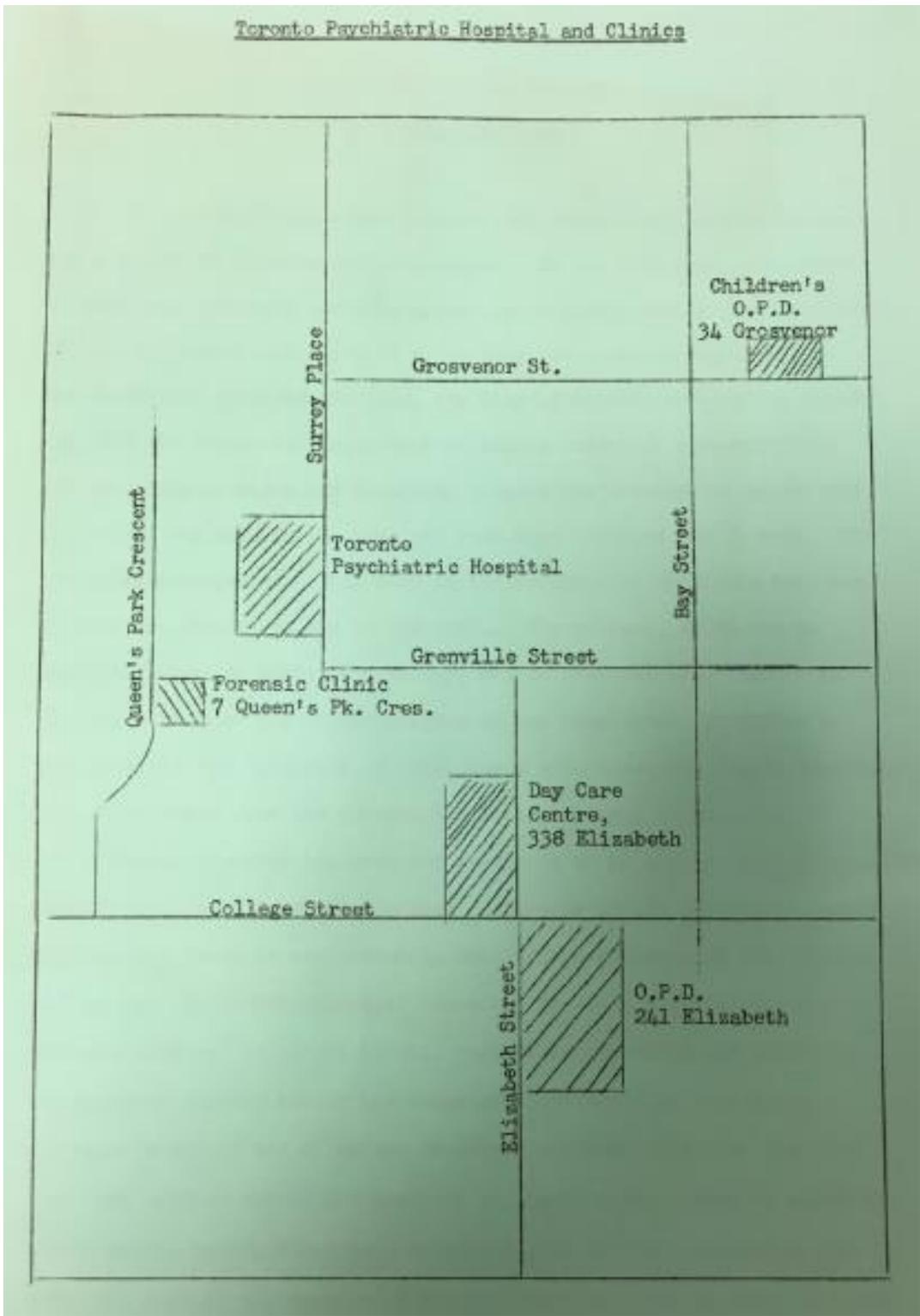
president Nanaimo and District Shrine in Nanaimo. In total \$253,066.51 was turned over to Dr. MacLean from Shrine clubs and units all over B.C. and the Yukon.

A.7: Photo of Dr. MacLean (left). "Shriners aiding crippled children," Nanaimo Daily News, December 3, 1977, 16. Dr. MacLean was a committed volunteer with the Shriners outside of his work at Hollywood Hospital.



CAUGHT BY THE CAMERA Sunday during the Order of DeMolay provincial conclave at Evergreen Hall were Roy Lind of Abbotsford, district deputy to the provincial executive officer (left); Dr. Ross MacLean of Vancouver, provincial executive officer, and Bob Johnson, provincial junior councillor, also of Abbotsford.

A.8: Photo of Dr. MacLean (centre). "Provincial DeMolay conclave proves to be resounding success on weekend in Chilliwack," The Chilliwack Progress, October 13, 1971, 5.



A.5: Map of TPH and its Clinics: "Toronto Psychiatric Hospital," April 1959, Robert Edward Turner fonds (F27), Box 1, Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

Bibliography

Archives and Databases

B.C. Archives. Hollywood Hospital Database, University of Saskatchewan, Saskatoon, Canada.

Clarke Institute of Psychiatry Accrual fonds. Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

Robert Edward Turner fonds, F27. Centre for Addiction and Mental Health Archives, Toronto, Ontario, Canada.

Printed

Acker, Caroline Jean. *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control*. Baltimore & London: Johns Hopkins University Press, 2002.

“Actress To Interne New Westminster, BC.” *Ottawa Journal*, February 22, 1967.

“Acute Alcoholics Disrupt Hospitals.” *Surrey Leader*, July 24, 1975.

Adams, Mary Louise. *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*. Toronto: University of Toronto Press, 1997.

“Alcohol Centre will be Disaster.” *Surrey Leader*, August 28, 1975.

Allen, Judith A., Hallimeda E. Allinson, Andrew Clark-Huckstep, Brandon J. Hill, Stephanie A. Sanders, and Liana Zhou. *The Kinsey Institute: The First Seventy Years*. Bloomington: Indiana University Press, 2017.

Bayer, Ronald. *Homosexuality and American Psychiatry: The Politics of Diagnosis*. New York: Basic Books, 1981.

Block, Tina. “‘Families that Pray Together, Stay Together’: Religion, Gender, and Family in Postwar Victoria, British Columbia.” *BC Studies* no. 145 (2005): 31-54.

Bohan, Janis S. *Psychology and Sexual Orientation: Coming to Terms*. New York: Routledge, 1996.

Bothwell, Robert. *The Big Chill: Canada and the Cold War*. Toronto: Irwin Publishing, 1998.

Buhle, Mari Jo. *Feminism and Its Discontents: A Century of Struggle with Psychoanalysis*. Cambridge: Harvard University Press, 1998.

Canada, *House of Commons Debates*, 16 April 1969.

----- *House of Commons Debates*, 17 April 1969.

----- *House of Commons Debates*, 18 April 1969.

- Cameron, Elizabeth. "Growing chorus calls for Alberta to ban conversion therapy." *Metro*, September 14, 2017. Accessed April 2, 2018.
<http://www.metronews.ca/news/calgary/2017/09/14/growing-chorus-calls-for-alberta-to-ban-conversion-therapy.html>.
- Carter, Sarah. *The Importance of Being Monogamous: Marriage and Nation Building in Western Canada to 1915*. Edmonton: University of Alberta Press, 2008.
- Chenier, Elise. "The Criminal Sexual Psychopath in Canada: Sex, Psychiatry, and the Law at Mid-Century." *Canadian Bulletin of Medical History* 20, no. 1 (2003): 75-101.
- *Strangers in Our Midst: Sexual Deviancy in Postwar Ontario*. Toronto: University of Toronto Press, 2008.
- Christie, Nancy. *Engendering the State: Family, Work, and Welfare in Canada*. Toronto: University of Toronto Press, 2000.
- "Church group support Cocke." *Richmond Review*, August 1, 1975.
- Conrad, Peter and Joseph W. Schneider. *Deviance and Medicalization: From Badness to Sickness*. Philadelphia: Temple University Press, 1992.
- Cook, Ramsay. *The Regenerators: Social Criticism in Late Victorian English Canada*. Toronto: University of Toronto Press, 1985.
- "Doctor Appointed." *Nanaimo Daily News*, February 6, 1969.
- "Dr. MacLean 1977 Shrine Potealate." *Richmond Review*, January 28, 1977.
- Drescher, Jack. "I'm Your Handyman: A History of Reparative Therapies." *Journal of Homosexuality* 36, no. 1 (1998): 19-42.
- *Psychoanalytic Therapy and the Gay Man*. Hillsdale: Analytic Press, 1998.
- "Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD." *International Review of Psychiatry* 27, no. 5 (2015): 386-395.
- Durkheim, Émile. *Rules of the Sociological Method*. New York: The Free Press, 1938.
- Dyck, Erika. *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. Toronto: University of Toronto Press, 2013.
- "Flashback: Psychiatric Experimentation with LSD in Historical Perspective." *Canadian Journal of Psychiatry* 50, 7 (2005): 381-388.
- *Psychedelic Psychiatry: LSD from Clinic to Campus*. Baltimore: Johns Hopkins University Press, 2008.

- Ferguson, Rob. "Ontario to ask medical bodies to ban 'conversion therapy' for gay youth." *Toronto Star*, March 26, 2015. Accessed April 2, 2018.
<https://www.thestar.com/news/queenspark/2015/03/26/ontario-to-ask-medical-bodies-to-ban-conversion-therapy-for-gay-youth.html>.
- Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage Books, 1965.
- *The History of Sexuality Volume I: An Introduction*. Translated by Robert Hurley. New York: Vintage Books, 1976.
- Ford, Jeffrey G. "Healing Homosexuals: A Psychologist's Journey Through the Ex-Gay Movement and the Pseudo-Science of Reparative Therapy." *Journal of Gay & Lesbian Psychotherapy* 5, no. 3 (2002): 69-86.
- Freedman, Estelle B. "'Uncontrolled Desires': The Response to the Sexual Psychopath, 1920-1960." *Journal of American History* 74, no. 1 (1987): 83-106.
- Freud, Sigmund. *Civilization and its Discontents*. Translated by James Strachey. New York: W. W. Norton & Company, 1961.
- Friedman, Richard C. and Jennifer I. Downey. "Psychoanalysis and the Model of Homosexuality as Psychopathology: A Historical Overview." *American Journal of Psychoanalysis* 58, no. 3 (1988): 252.
- Gavreau, Michael and Nancy Christie. *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada 1900-1940*. Montreal; Kingston, ON: McGill-Queen's University Press, 1996.
- Gigeroff, Alex K. *Sexual Deviations in the Criminal Law: Homosexual, Exhibitionist, and Pedophilic Offences in Canada*. Toronto: University of Toronto Press, 1968.
- Gleason, Mona. "Disciplining Children, Disciplining Parents: The Nature and Meaning of Advice to Canadian Parents, 1945-1955." *Social History* 29 (1996): 187-209.
- "'Knowing Something I Was Not Meant to Know': Exploring Vulnerability, Sexuality, and Childhood, 1900-50." *The Canadian Historical Review* 98, no. 1 (2018): 35-59. DOI: 10.3138/chr.3564.
- *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada*. Toronto: University of Toronto Press, 1999.
- Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books, 1961.
- Grant, Julia. "'A Thought a Mother Can Hardly Face': Sissy Boys, Parents, and Professionals in Mid-Twentieth-Century America." In *Modern American Queer History*, edited by Allida M. Black, 117-130. Philadelphia: Temple University Press, 2001.

- Haldeman, Douglas C. "The Practice and Ethics of Sexual Orientation Conversion Therapy." *Journal of Consulting and Clinical Psychology* 62, no. 2 (1994): 221-227.
- Hale, Nathan. *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985*. New York: Oxford University Press, 1995.
- Herzberg, David. *Happy Pills in America: From Miltown to Prozac*. Baltimore: Johns Hopkins University Press, 2009.
- Herzog, Dagmar. *Cold War Freud: Psychoanalysis in an Age of Catastrophes*. Cambridge: Cambridge University Press, 2017.
- Hollobon, Joan. "Few Facts are Known: Clinic for Deviates." *The Globe and Mail*, May 1961.
- "Forensic Clinic Research: The Deviate's Mind." *Globe and Mail*, May 1961.
- "Treatment is Punishment: Crime Without Reason." *Globe and Mail*, May 1961.
- Hofmann, Albert. *LSD: My Problem Child and Insights/Outlooks*. Translated by Jonathan Ott. Edited by Amanda Feilding. Oxford: Oxford University Press, 2013.
- Hooker, Evelyn. "The Adjustment of the Male Overt Homosexual." *Journal of Projective Techniques* 21, no. 1 (1957): 18-31.
- Horwitz, Simonne. *Baragwanath Hospital, Soweto: A History of Medical Care 1941-1990*. Johannesburg: Wits University Press, 2013.
- Howard, John. *Men Like That: A Southern Queer History*. Chicago: University of Chicago Press, 1999.
- Iacovetta, Franca. "Freedom Lovers, Sex Deviates, and Damaged Women: Iron Curtain Refugee Discourses in Cold War Canada." In *Love, Hate, and Fear in Canada's Cold War*, edited by Richard Cavell, 77-107. Toronto: University of Toronto Press, 2004.
- Josselyn, Irene M. "Curriculum Vitae." *Journal of the American Academy of Child & Adolescent Psychiatry* 5, no. 3 (1966): 387-392.
- *Psychosexual Development of Children*. New York: Family Service Association of America, 1948.
- Kantor, Martin. *Why a Gay Person Can't Be Made Un-Gay: The Truth About Reparative Therapies*. Santa Barbara: Praeger, 2015.
- Keshen, Jeff. "Revisiting Canada's Civilian Women During World War II." *Social History* 30, no. 60 (1997): 239-266.
- Kinsman, Gary. "'Character Weaknesses' and 'Fruit Machines': Towards an Analysis of the Anti-Homosexual Security Campaign in the Canadian Civil Service." *Labour/Le Travail* 35 (1995): 133-161.

- “The Canadian Cold War on Queers: Sexual Regulation and Resistance.” In *Love, Hate, and Fear in Canada’s Cold War*, edited by Richard Cavell, 108-132. Toronto: University of Toronto Press, 2004.
- Kinsman, Gary and Patrizia Gentile. *The Canadian War on Queers: National Security as Sexual Regulation*. Vancouver: UBC Press, 2010.
- Kinsey, A.C., W.B. Pomeroy, and C.E. Martin. *Sexual Behaviour in the Human Male*. Philadelphia: W.B. Saunders, 1948.
- Korinek, Valerie J. ““We’re the girls of the pansy parade”: Historicizing Winnipeg’s Queer Subcultures, 1930s-1970.” *Social History* 45, no. 89 (2012): 117-155. DOI: <https://doi.org/10.1353/his.2012.0002>.
- Laing, R.D. *The Divided Self: An Existential Study in Sanity and Madness*. London: Penguin Books, 1965.
- LaViolette, Nicole. “Coming Out to Canada: The Immigration of Same-Sex Couples Under the *Immigration and Refugee Protection Act*.” *McGill Law Journal* 49 (2004): 969-1003.
- Laycock, S.R. *Brief Chats with Parents: How to Help Your Child Grow Up*. Vancouver, Toronto, and Montreal: Copp Clark Publishing, 1956.
- *Family Living and Sex Education: A Guide for Parents and Youth Leaders*. Toronto: Baxter Publishing, 1967.
- Leavitt, Judith Walzer. *Typhoid Mary: Captive to the Public’s Health*. Boston: Beacon Press, 1996.
- Lee, Martin A. and Bruce Schlain. *Acid Dreams: The Complete Social History of LSD: the CIA, the Sixties, and Beyond*. New York: Grove Press, 1985.
- LeVay, Simon. *Queer Science: The Use and Abuse of Research Into Homosexuality*. Cambridge, Mass.: MIT Press, 1996.
- Levine, Jerome and Arnold M. Ludwig. “The LSD Controversy.” *Comprehensive Psychiatry* 5, no. 5 (1964): 314-321.
- “LSD Cleared of Damaging Chromosomes.” *Nanaimo Daily News*, April 25, 1970.
- “LSD Used In Illicit Tests Is Dangerous Says Doctor.” *Nanaimo Daily News*, March 28, 1967.
- MacLean, J. Ross, D.C. MacDonald, F. Ogden, and E. Wilby. “LSD-25 and Mescaline as Therapeutic Adjuvants: Experience from a Seven Year Study.” Paper presented at the Second International Conference on the Use of LSD in Psychotherapy, Amityville, NY, May 1965.

- Mallory, Christy, Taylor N.T. Brown, and Kerith J. Conron. *Conversion Therapy and LGBT Youth*. Los Angeles: The Williams Institute, 2018.
- “Manitoba works to ban conversion therapy for LGBT youth.” *CBC News*, May 22, 2015. Accessed April 2, 2018. <http://www.cbc.ca/news/canada/manitoba/manitoba-works-to-ban-conversion-therapy-for-lgbt-youth-1.3083611>.
- May, Elaine Tyler. *Homeward Bound: American Families in the Cold War Era*. New York: Basic Books, 1988.
- McLaren, Angus. *The Trials of Masculinity: Policing Sexual Boundaries 1870-1930*. Chicago: University of Chicago Press, 1997.
- Metzl, Jonathan Michel. *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs*. Durham: Duke University Press, 2003.
- Millin, Leslie. “Spill Mental Garbage – Come With New Outlook.” *Nanaimo Daily News*, July 14, 1965.
- Minton, Henry L. *Departing from Deviance: A History of Homosexual Rights and Emancipatory Science in America*. Chicago: University of Chicago Press, 2001.
- Moore, Thomas V. “The Pathogenesis and Treatment of Homosexual Disorders: A Digest of Some Pertinent Evidence.” *Journal of Personality* 14, no. 1 (1945): 45-83. DOI: 10.1111/j.1467-6494.1945.tb01039.x
- Morris, Jack. “About Sports With Cal Walker.” *Nanaimo Daily News*, May 26, 1964.
- Neill, John R. ““More Than Medical Significance”: LSD and American Psychiatry – 1953 to 1966.” *Journal of Psychoactive Drugs* 19, no. 1 (1987): 39-45. DOI: 10.1080/02791072.1987.10472378.
- Orr, Jackie. *Panic Diaries: A Genealogy of Panic Disorder*. Durham: Duke University Press, 2006.
- Palmer, Cynthia and Michael Horowitz. *Sisters of the Extreme: Women Writing on the Drug Experience*. Rochester: Park Street Press, 2000.
- “Playboy Interview: Timothy Leary.” *Playboy Magazine*, 1966.
- Porter, Roy. *A Social History of Madness: The World Through the Eyes of the Insane*. New York: Weidenfeld & Nicolson, 1988.
- Reaume, Geoffrey. *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Don Mills, Ont.: Oxford University Press, 2000.
- Reilly, Frances V. “Controlling Contagion: Policing and Prescribing Sexual and Political Normalcy in Cold War Canada.” Doctoral thesis, University of Saskatchewan, 2016.

- Reyes, Ethan. "Vancouver could become the first city in Canada to ban anti-LGBT conversion therapy." *Xtra*, January 5, 2018. Accessed April 2, 2018. <https://www.dailyxtra.com/vancouver-could-become-the-first-city-in-canada-to-ban-anti-lgbt-conversion-therapy-83289>.
- Richert, Lucas. "'Therapy Means Political Change, Not Peanut Butter': American Radical Psychiatry, 1968-1975." *Social History of Medicine* 27, no. 1 (2013): 104-121.
- Rosner, Rachel I. "The 'Splendid Isolation' of Aaron T. Beck." *The History of Science Society*, 105, no. 4 (2014): 734-758.
- Rotskoff, Lori. *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America*. Chapel Hill: University of North Carolina Press, 2002.
- Rutherford, Robert. "Fatherhood, Masculinity, and the Good Life During Canada's Baby Boom, 1945-1965," *Journal of Family History* 24, no. 3 (1999): 351-373.
- Salerno, Rob. "It's time for Canada to ban anti-gay conversion therapy." *Xtra*, October 23, 2017. Accessed April 2, 2018. <https://www.dailyxtra.com/its-time-for-canada-to-ban-anti-gay-conversion-therapy-80479>.
- Scull, Andrew. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*. London: Thames & Hudson, 2015.
- Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, 1997.
- Smith, Susan. *Toxic Exposures: Mustard Gas and the Health Consequences of World War II in the United States*. New Brunswick, New Jersey: Rutgers University Press, 2017.
- Speaker, Susan L. "From 'Happiness Pills' to 'National Nightmare': Changing Cultural Assessment of Minor Tranquilizers in America, 1955-1980." *Journal of the History of Medicine and Allied Sciences* 52, no. 3 (1997): 338-376.
- Stafford, P.G. and B.H. Golightly. *LSD: The Problem-Solving Psychedelic*. New York: Award Books, 1967.
- Staub, Michael E. *Madness Is Civilization: When the Diagnosis Was Social, 1948-1980*. Chicago: University of Chicago Press, 2011.
- Stevens, Jay. *Storming Heaven: LSD and the American Dream*. London: Heinemann, 1987.
- Szasz, Thomas. *They Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Harper, 1961.
- Terry, Jennifer. *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*. Chicago: University of Chicago Press, 1999.

- Tone, Andrea. *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers*. New York: Basic Books, 2009.
- Tutton, Michael. "Nova Scotia introduces law that bans use of conversion therapy with LGBTQ youth." *The Globe and Mail*, September 11, 2018. Accessed September 17, 2018. <https://www.theglobeandmail.com/canada/article-nova-scotia-introduces-law-that-bans-use-of-conversion-therapy-with/>.
- van den Oever, Roel. *Mama's Boy: Momism and Homophobia in Postwar American Culture*. New York: Palgrave MacMillan, 2012.
- "Vitamins turn him on." *The Brandon Sun*, September 22, 1973.
- Warsh, Cheryl Krasnick. *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923*. Montreal: McGill-Queen's University Press, 1989.
- Whitaker, Reg and Steve Hewitt. *Cold War Canada*. Toronto: James Lorimer & Company, 2003.
- Wylie, Philip. *Generation of Vipers*. New York: Holt, Rinehart, and Winston, 1942.