

“STAIRWAY TO HEAVEN”: LYSERGIC ACID DIETHYLAMIDE (LSD) AND
ALCOHOLICS ANONYMOUS (AA) AS A THERAPY FOR PROBLEM DRINKING IN MID-
TWENTIETH CENTURY SASKATCHEWAN, 1953-1968

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Abstract

The issue of problem drinking has and continues to occupy the hearts and minds of Canadians. However, the pursuit of the cause and development of an effective cure has eluded both medical and religious communities alike. This thesis explores one therapeutic model for problem drinking which was developed in Saskatchewan in the mid-twentieth century. This therapy, which drew on the psychedelic properties of Lysergic Acid Diethylamide (LSD) and the program structure of Alcoholics Anonymous (AA), not only showed a high rate of success but also served as a mechanism for spiritual growth and development for some patients.

Through a close reading of a series of primary sources, this thesis presents the perspectives of both the psychiatric professionals and Christian clergy who were involved in these trials as well as the perspective of a patient who underwent the therapy to examine how the use of LSD and Alcoholics Anonymous to treat problem drinking blurred the lines between science and religion. Moreover, this thesis problematizes the role of spirituality in biomedical forms of addictions within the diverse field of addictions research during the mid-twentieth century.

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Introduction

The role of Lysergic Acid Diethylamide (LSD), colloquially known as “acid”, as a hallucinogenic substance has historically been a controversial treatment for addictions and mental disorders. During the height of psychedelic research throughout the 1950s and 1960s many medical professionals used psychedelics with a goal to provide a deeper, more empathetic understanding of mental illness. But, over the course of experiments, researchers also began observing and documenting many cases of transcendent spiritual experiences. These findings led them to suggest that there may be a healing quality produced through an interaction between a divine being and reality. Historically psychoactive substances have been used in ritualistic ways to induce healing and spiritual revelations and are sometimes described in sacramental language. As we will see, the sources for this project suggest that there was a sacramental component that exists in the use of these substances inasmuch as there is a philosophy whereby these psychedelics hold both an outward visible sign and an inward spiritual grace. These two aspects comprise the commonly accepted Christian definition of a sacrament. As this thesis will demonstrate, the relationship between the spiritual insight and healing benefits come together in a study of psychedelics, and this thesis considers how researchers, spiritual figures, and patients in Saskatchewan articulated this connection in the 1950s and 1960s.

This thesis examines the development of a psychedelic therapy established at the University of Saskatchewan in Saskatoon and the Weyburn Mental Hospital, that used both medical and spiritual features to recommend an intervention into alcoholism in the 1950s. The thesis explores three case studies: the work and writings of the Reverend William Potoroka who was the executive director of the Alcohol Education Service in Manitoba, the work and writings of the psychiatrists engaged in the development and administration of the therapy, and the reflections of the Reverend James Owen, who was a patient who underwent this progressive therapy. In the process, I problematize the traditional narrative, that situated medicine and religion in opposition to each other, while shedding light on the complex nature of addictions research and therapy on the mid-twentieth century Canadian prairies.

Alcoholics Anonymous

The program of Alcoholics Anonymous (AA) played a prominent role in the psychiatric therapy developed in Saskatchewan for problem drinking. However, although Alcoholics Anonymous does hold characteristics of both medical and religious interventions for addictions, the program is, and has historically been, adamant that Alcoholics Anonymous is neither medical nor religious in nature. The presentation of the history and contextualization of Alcoholics Anonymous is discussed in depth in chapter 3 as it played a central role in the reflections of James Owen. However, to properly situate Alcoholics Anonymous within the present project, I will offer a brief discussion here of the complex and somewhat contradictory definition of the

method used by Alcoholics Anonymous for intervention and its relationship to the progressive therapy.

Alcoholics Anonymous, which was founded in 1935 by Bill Wilson and Dr. Bob Smith in Akron Ohio, is a twelve-step mutual aid fellowship for those suffering from a drinking problem.¹ The Alcoholics Anonymous website defines the program as “nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere”.² The official definition of Alcoholics Anonymous presents an image of neutrality and situates itself as being outside of both the medical and religious model of addictions intervention. However, as we will see, upon closer examination of the twelve steps of the Alcoholics Anonymous program it appears to occupy an ambiguous theoretical space between medical and spiritual approaches to the treatment of addictions. Thus, it is not surprising that Alcoholics Anonymous was incorporated into the therapy explored by this thesis. Additionally, the structure of Alcoholics Anonymous, with its emphasis on group discussion fit well into a psychiatric model, that drew on psychoanalysis. It was this characteristic that likely drew figures like psychiatrist Sven Jensen to incorporate Alcoholics Anonymous into a therapeutic model of treatment for problem drinking.

Key Terms and Definitions

There are certain terms that I employ throughout the thesis, which are rooted in an historical context and for clarity I will offer a brief rationale here. Instead of the term alcoholism I use problem drinking. I do this to effectively portray the ideas and philosophies of the period of my study, a period when the medicalization of problem drinking and the formal categorization of alcoholism as a mental disorder remained in dispute. In the mid-twentieth century, although the term alcoholism was used in some contexts, the idea that alcoholism was a psychiatric condition was very contested. For this reason, I have opted to employ the term problem drinking as it more effectively represents the mid-century understanding, which did not reach a consensus of whether the over consumption of alcohol was derived from a moral failing or a biochemical imbalance.

Also, the terms spiritual and transcendental are used to describe the nature of the LSD experience. In many of these contexts I approach them from a Christian perspective and definition of spirituality. However, at times I apply these terms in a larger and more general context because at times the individuals are not Christian and therefore it would be inappropriate to interpret their experiences through a Christian lens. Brad Gregory, in his article “The Other Confessional History: On Secular Bias in the Study of Religion”, argues that when interpreting religious or spiritual experiences it is important to set aside one’s personal perspective to effectively answer the question of what the experience meant for the subject.³ Through this process, the individual’s personal faith and belief can be examined and interpreted within the context of historical time and place.⁴ However, other scholars, such as Wilfred Cantwell Smith, in discussing the emic versus etic debate in the study of religion has maintained that the validity of a scholarly study of religion is rooted in the ability of the religious believer to accept the

¹ Ernest, Kuntz. *Not God: A History of Alcoholics Anonymous*. Simon and Shuster, 2010. 8.

² Alcoholics Anonymous. https://www.aa.org/pages/en_US/what-is-aa Accessed on (December 20, 2017).

³Brad, Gregory. “The Other Confessional History: On Secular Bias in the Study of Religion”. *History and Theory* 4, no. 4, Theme Issue 45: Religion and History. (Dec., 2006) pp. 132-149.

⁴ Gregory. “The Other Confessional History”

findings as correct.⁵ To this end, I employ, to an extent, an etic approach in my interpretation of the experiences of my case studies with whom I share a faith tradition and an emic approach with those to whom I do not. In following this method, I strive to reconstruct the understanding of each spiritual or transcendental experience within this study to present them in their proper historical context. When discussing the experiences of the two Reverends, Potoroka and Owen, the language of transcendence is specifically framed through a Christian understanding of spirituality. However, not all subjects subscribed to a specific Christian set of terms, nor can I be certain that the other subjects were indeed Christian. For that reason, I also rely on a more general understanding of the concept of transcendence in those cases where a Christian lens is less appropriate.

When I discuss Potoroka's behavior and approach in advance of undergoing his personal LSD experience, I characterize it as pseudo-sacramental based on the ambiguous theoretical space between medicine and spirituality where the experience took place. The term sacrament in this context requires a rationale as the Baptist denomination does not strictly use the term sacrament in reference to "the two scriptural sacraments" – baptism and the Lord's Supper or Communion.⁶ Instead, the Baptist Church refers to these practices as ordinances; however, in principle ordinances and sacraments function in the same way.⁷ Therefore, this choice, which is rooted in my Christian etic perspective, I have opted for semantic simplicity to use the sacramental language when discussing Potoroka's preparation for his LSD experience.

I employ the theological concept of Grace throughout the thesis as it is essential for many Christian perspectives. The doctrine of Grace can be understood as the expression and experience of the love and mercy of God freely given to us not because humanity has earned it, but purely because God wishes us to have it.⁸ Thus, when referencing the Grace of God from a Christian perspective of healing I am employing this definition of Grace.

I have made the intentional choice to use the term biomedicine rather than Western medicine to describe the style and form of medical practice being undertaken by Drs. Hoffer, Osmond, Jensen, and Smith. This choice is rooted in the argument of scholars, such as Deborah Gordon, who have maintained that biomedicine has been traditionally characterized in theoretical terms.⁹ Therefore, as the therapy explored by this thesis focuses much more on the theoretical rather than the actual, I have chosen to employ the term biomedicine instead of characterizing the therapy under the often complex term of Western medicine.

Sources and Methodology

This thesis is divided into three core chapters; each chapter relies on a different set of primary sources. Chapter One follows the development of Social Gospel and liberal protestant theology in Canada and contextualizes how these movements approached and reacted to the overconsumption of alcohol in Canadian society. Moreover, this chapter examines the papers of

⁵ Ross, N. Reat. "Insiders and Outsiders in the Study of Religious Traditions". *Journal of the American Academy of Religion* 51, no. 3 (1983): 459-476.

⁶ Anthony, Cross and Phillip, Thompson. *Baptist Sacramentalism* 2. 25. Wipf and Stock Publishers. 2009.

⁷ Cross and Thompson. *Baptist Sacramentalism* 2.

⁸ See Thomas, Torrance. *The Doctrine of Grace in the Apostolic Fathers*. Wipf and Stock Publishers. 1996.

⁹ See Deborah, R. Gordon. "Tenacious Assumptions in Western Medicine." In *Biomedicine Examined*, pp. 19-56.

the Reverend William Potoroka, which is a private collection made available to me by his daughter, Alice-Marie Dyck, with the direction to donate the collection to the University of Saskatchewan following the completion of this thesis. Access to Potoroka's papers provided me with unprecedented access to his personal reflections, sermons, and correspondence to explore how Reverend Potoroka was an unconventional figure within these movements inasmuch as he was willing to embrace both medical and spiritual approaches to addictions intervention.

I was also fortunate to conduct an oral interview with a close friend of Potoroka, Dr. Robert Barber, who assisted in contextualizing Potoroka's theology and actions while enabling me to understand Potoroka in a different and more personal light. The use of oral interviews, although not without its problems in accuracy and perpetual questions of what was left out, has been a wonderful asset in pulling back the veil on questions that the textual sources simply cannot. As Jan Vansina has illustrated in her book *Oral Tradition: A Study in Historical Methodology*, the use of non-textual source material in historical research enables the stories of those not preserved in the textual record to be told.¹⁰ However, often questions of reliability and authenticity are raised when dealing with oral sources. In the case of my oral interviews, who are both from a Christian background and experience, were opened to me through my own Christian background and experience. As an insider, I was able to contextualize what was told to me and articulate it within a Christian framework. My personal adherence to Christian belief and practice has informed my worldview insofar that I approach life from a vocational viewpoint which strives to be a witness to the risen Jesus Christ. The Christian faith that I share with those whom I interviewed allowed me to understand the experiential, theological, and missional context of what they disclosed to me. Additionally, this chapter examines how Potoroka collaborated with the psychiatric professionals in Saskatchewan and incorporated his Christian spirituality into the therapy to contextualize what was occurring for the patients during their LSD experiences. The speeches and newspaper articles of William Potoroka began to shed light on the deeply spiritual nature of the therapy. Particularly, the reading of Potoroka's sermons and personal prayers not only functioned as a window into who Potoroka was and how his spirituality was incorporated into the spiritual aspects of this therapy, but also illustrated the way medicine and spirituality worked together in treating problem drinking. Sermons, and the process that goes into writing them, represent an interesting and somewhat unconventional source for studying the history of psychiatry and addictions. However, the use of sermons are helpful to understand the pastoral undercurrent of the therapy developed in Saskatchewan. The purpose of a sermon includes offering an interpretation of the scriptures and present a pastoral message that is meant to facilitate introspection and self-examination, and sometimes, for example, community action. Potoroka's sermons help to bring into focus the intense pastoral role of the psychiatrists and ministers alike.

Chapter two examines how medical researchers approached the study of psychedelics and how they attempted to make sense of the experiences of subjects who often reported having spiritual responses. My primary source materials for this chapter are a series of published medical articles by psychiatrists Abram Hoffer, Humphry Osmond, Colin Smith, and Sven Jensen on their findings regarding the therapy. The medical articles were helpful in gauging the processes and philosophies of the clinicians involved in the studies as well as the response of the scientific and medical community to these trials; however, they offered little insight into the

¹⁰Jan, Vansina. *Oral Tradition: A Study of Historical Methodology*. Transaction Publishers, 1972.

spiritual aspects of the treatment. While the lack of attention to the spiritual aspects of the treatment by the authors of the medical articles is understandable, in a therapeutic model, which had such a seemingly large spiritual effect it is questionable. In the writings of psychiatrists such as Hoffer it appeared that in many cases the psychiatrists were attempting to force a strong medical argument for a neurological cause, that was not necessarily fully supported by the evidence of the trials.

In chapter three, I rely more on an oral interview with Reverend James Owen, who is a retired Anglican priest who underwent the therapy as a patient before becoming a priest. This interview, in its candid and personal nature, offered reflections that allowed for a close reading of a specific case that illuminated how the therapy influenced and helped shape the life of one of those patients for whom it was successful. The process of conducting the interviews and undergoing a close reading of the transcripts assisted greatly in gaining a detailed patient perspective that had been hitherto unresearched. Owen's interview offered an in-depth look at the feelings and perceptions of one patient as well as the circumstances, that brought him to the therapy. Also, through speaking personally with Owen I was able to gain an understanding of the effect of the therapy on both Owen's life, and his Christian faith. Unlike the two previous chapters, the personal experiences of a patient helped give an intimate perspective, that brings into focus the theories and methodologies of the practitioners examined in the first two chapters of the thesis.

Together these sources present the voices of the medical, spiritual, and patient perspectives within the model of therapy, that drew upon LSD and Alcoholics Anonymous to treat problem drinking. Moreover, these sources begin to uncover an historical narrative that has been hitherto neglected. The collaboration of the Saskatchewan group of psychiatrists and certain protestant Christian leaders in the development and administration of this therapy for problem drinking during the mid-twentieth century represented an overlap of medicine and Christianity that is at odds with the traditional dichotomy between medicine and Christianity. Furthermore, the therapy developed in Saskatchewan, which proved effective for some patients, fundamentally blurred the lines between what was medical and what was spiritual.

My methodology involved comparing the different perspectives found in the textual and oral sources to get a deeper understanding of how medical and religious professionals described the healing properties of the psychedelic approach. I conducted a close reading of my sources to understand the relationship between psychiatry and spirituality within the treatment for problem drinking using LSD and Alcoholics Anonymous. Through this approach I discovered that for the professionals involved in these studies, the ability to separate the medical from the spiritual was very difficult and arguably impossible. The challenge in separating the medical from the spiritual was rooted in the fact that in many cases the psychiatrists were functioning in roles which at times were more medical in approach and method while at other times they seemed to take on the persona and role of a minister within the trials. Moreover, the line between the medical and the spiritual became increasingly blurred in the structure of the therapy itself. Certain aspects of the therapy, particularly relating to the method and approach undertaken followed conventional psychiatric practice. However, other aspects relating to the LSD experiences and the Alcoholics Anonymous program fit more of a spiritual model. Therefore, it became impossible to categorize the therapy as either medical or spiritual as substantial components of both models coexist within the therapeutic model.

To contextualize these challenges, I drew upon both biomedical ideas of treatment as well as a liberal Protestant theology of health and healing that itself drew on social and individual faith to understand how these mid-twentieth century professionals approached the topic of therapy using the theories and language available to them at the time. I argue that, through drawing on these two philosophies of health and healing, that both a section of the psychiatric community and a segment of the Christian clergy on the Canadian prairies had developed a two-pronged philosophy of addictions intervention. This philosophy, that used LSD and Alcoholics Anonymous to bring the individual closer to God, facilitated a change in lifestyle for those suffering from addictions. Likewise, for the clergy, the LSD experience conferred greater empathy with those suffering from addictions and subsequently endowed the clergy with the ability to provide more effective pastoral care.

Historiography

Historically, the scholarship on the modern history of science and religion have often existed in isolation from one another and have framed a discussion which situates the development of these fields as diametrically opposed. Historians have framed this conflict between science and religion as the pursuit of truth which often has been discussed from a perspective of understanding religious knowledge from a scientific perspective. Historian James Opp and anthropologist Nicolas Langlitz in their respective work have perpetuated this narrative within the academic discussion. However, in more recent scholarship, these two seemingly opposing viewpoints and discussions have begun to speak to one another. This thesis draws upon two major historiographies – the history of psychiatry, psychedelics, and addictions and the history of the Social Gospel. To this end, I draw on the former historiography to establish the foundations of the development of psychiatric therapies and the use of LSD within various psychiatric interventions during the mid-twentieth century. Furthermore, I have used this historiography to contextualize the historical definition of addictions and problem drinking and the medical approach to treating patients. Likewise, I have used the latter historiography to historically situate the development of liberal protestant theology and Christian theories surrounding the cause and treatment of addictions that were espoused by many of my Christian clinicians found in my primary sources. The therapy developed for treating those suffering from problem drinking, that used both LSD and Alcoholics Anonymous, intersected both the history of psychiatry and the history of liberal protestant Christianity. Therefore, the incorporation of both historiographies are necessary to properly contextualize, and historically situate, the actors and theories encompassed in this study.

The history of psychedelics has more often been addressed through the history of medicine, treating LSD and other psychedelic substances as medical objects. Erika Dyck, in *Psychedelic Psychiatry: LSD on the Canadian Prairies*, provided a systematic treatment of the development of psychiatric use of LSD in Saskatchewan.¹¹ However, although Dyck presents a compelling argument that the political environment in Saskatchewan fostered a spirit of experimentation for medical research, the examination of the spiritual aspects of the psychedelic research and therapies conducted in Saskatchewan in the mid-twentieth century is not explored in depth. Furthermore, scholars such as Nicolas Langlitz in *Neuropsychedelia: The Revival of Hallucinogen Research and the Decade of the Brain* explores the spiritual manifestations of LSD

¹¹ Erika, Dyck. *Psychedelic Psychiatry: LSD on the Canadian Prairies*. University of Manitoba Press. 2011.

and other hallucinogens from a scientific perspective.¹² This approach in some ways complicates the relationship between the medical and the spiritual inasmuch as Langlitz is attempting to understand spirituality in scientific terms. However, Langlitz neglects the role of the individual's personal belief system in framing this discussion. The characterization of the spiritual aspects of psychedelics in both medical and religious terms is imperative for a fuller understanding of how these hallucinogenic substances were being used in a psychiatric context. A close reading of the archival sources on the early psychedelic trials suggests that contests over science and spirituality were clear in the historic trials, yet scholars have been slow to confront these sometimes-competing interpretations. The role of spirituality in treating addictions exists as a debate within modern scholarship. Works from the field of addictions research such as Robert Warfield and Marc Goldstein's "Spirituality: The key to recovery from alcoholism" and Janis Leigh, Sarah Bowen, and Alan Marlatt's "Spirituality, mindfulness and substance abuse." Illustrate how the contemporary field of addictions intervention understand spirituality as an important aspect of effective recovery.¹³

By contrast, psychiatrist and psychedelic therapist William Richards tackles this topic head on. In his book *Sacred Knowledge: Psychedelics and Religious Experiences*, Richards represents one of the few attempts to approach the transcendental experiences of hallucinogens from both a medical and religious perspective.¹⁴ Richards, in drawing on his background in psychology and theology, offers an interesting and convincing argument for how religious experiences fostered by psychedelic substances can be beneficial for treating individuals with addictions. However, with the exception of Dyck, there have been few scholars who have explored the historical intersection of psychedelics and addictions. Many of the studies that exist have come from the fields of psychiatry or psychology and lack an historically contextualized analysis of how these studies were understood at the time. This thesis strives to begin to fill this gap.

While the Social Gospel movement, in its liberal theological undertones, supported the provision of biomedicine, the scholars of the Social Gospel and Christian healing have generally situated the Christian perspective in opposition to medical science. Historian James Opp in *The Lord for the Body* argued that Christian and medical perceptions of the body were one of the major disconnects amongst Protestant faith healing and biomedicine in late nineteenth and early twentieth century Canada.¹⁵ Furthermore, scholars such as Pamela Klaassen have examined the political and social implications for the relationship between biomedicine and liberal Christianity in the twentieth century.¹⁶ This interpretation, although compelling for certain sections of

¹² Nicolas Langlitz. *Neuropsychodelia: The Revival of Hallucinogen Research and the Decade of the Brain*. University of California Press. 2013.

¹³ Janis, Leigh, Sarah Bowen, and G. Alan Marlatt. "Spirituality, Mindfulness and Substance Abuse." *Addictive Behaviors* 30, no. 7 (2005): 1335-1341; Robert D., Warfield, and Marc B. Goldstein. "Spirituality: The key to recovery from alcoholism." *Counseling and Values* 40, no. 3 (1996): 196-205.

¹⁴ William Richards. *Sacred Knowledge: Psychedelics and Religious Experiences*. Columbia University Press. 2016.

¹⁵ James, Opp. *The Lord for the Body: Religion, Medicine, and Protestant Faith Healing in Canada, 1880-1930*. McGill-Queen's University Press. 2005.

¹⁶ Pamela, Klaassen. *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity*. University of California Press. 2011.

medical and Christian communities alike, takes a far too simplistic view of the relationship between Christian and medical approaches to health and healing.

Moreover, certain historians of the Social Gospel movement have argued that Christianity shifted toward a secular form of Christianity in pursuit of relevance in a rapidly changing society.¹⁷ The foundation of this theory is rooted in the works of sociologist Max Weber, who posited that the rise of science and industry in the late eighteenth and nineteenth centuries facilitated a “disenchantment of the world”.¹⁸ Weber argued that this “disenchantment” was evidenced in a movement away from the supposed superstition of the past to the rationality of the present.¹⁹ The perspective of Christianity’s movement toward a social faith, that is most prominently espoused by historians Ramsay Cook and David Marshall, suggests that Christianity had to adopt rather than reject science to remain relevant in the minds of Canadians.²⁰ However, the secularization thesis neglects the role of spirituality in healing in medicine and religion alike. Particularly, the contested historical approaches and definitions of certain social issues, such as addictions, complicate the historical relationship between medicine and spirituality.

Medical historians have also struggled to define and even describe this relationship, more often leaving religion and spirituality on the margins of their studies if they are included at all. Instead, historians more readily embrace discussions of morality, without clearly subscribing to a particular religious or theological interpretation, and thereby often side stepping the issue of spirituality in healing. Betsy Thom and Virginia Beveridge, for example, in their study of the changing definition and understanding of the cause of problem drinking in England articulate the challenge of approaching addictions from a purely medical or purely moral perspective.²¹ Although there are few examples of scholars who approach the historical study of addictions in this way, Thom and Berridge present an important argument that enforces the importance of pulling from each perspective in an historical analysis.

This thesis seeks to bring together the two historiographies of the history of psychiatry and the history of religion, with a specific focus on the Social Gospel because the major figures examined in this study brought the philosophies and theologies of the Social Gospel movement into a medical framework to treat addictions. While the major thrust of movements such as the Social Gospel had passed by the time of the development of the therapy, as we will see, the spiritual leaders involved in the study were deeply influenced by the core tenants of these highly influential movements. While the structure of the therapy remained psychiatric, the theories blended conventional psychiatric theory and Social Gospel theology in treating problem drinking. These two methods, that had hitherto seldom engaged with each other, collaborated to illustrate how, in mid-twentieth century Saskatchewan, there existed a fluid relationship between a group of psychiatrists and clergy. This peculiar partnership blurred the lines of their respective fields in treating problem drinking. The transcendent experience facilitated by LSD provoked

¹⁷ See Ramsay, Cook. *The Regenerators: Social Criticism in Late Victorian English Canada*. University of Toronto Press. 2016. David, Marshall. *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940*. University of Toronto Press. 1992.

¹⁸ See Max, Weber. *The Protestant Ethic and the Spirit of Capitalism*. Unwin University Books. 1930.

¹⁹ See Weber. *The Protestant Ethic and the Spirit of Capitalism*.

²⁰ Cook *The Regenerators* Marshall *Secularizing the Faith*.

²¹ Rachel, Herring, Virginia, Berridge, and Betsy, Thom. “Binge Drinking: An Exploration of a Confused Concept”. *Journal of Epidemiology & Community Health*. 62. no. 6 (2008): 476-479.

something outside the parameters of medical science which enabled the collaboration between Christianity and psychiatry to contextualize and interpret the experience. In drawing from both psychiatric and Christian methods of addiction intervention, a climate of cooperation was created between certain spiritual leaders and psychiatric professionals who collectively sought for a more effective therapy for problem drinking.

Chapters

The thesis is structured thematically. Each chapter examines the psychedelic approach from different perspectives to clearly show how the justifications for this therapy differed. The first chapter follows the spiritual perspective and the experiences and reactions of William Potoroka to the combined therapy for problem drinking developed in Saskatchewan. I argue that Potoroka, who was invited by Sven Jensen to observe a trial in 1960 at the Weyburn Mental Hospital, collaborated with the psychiatrists in incorporating his Christian spirituality of healing with the medical model of treatment. The transcendental nature of the LSD experience did not fit neatly into a medical model of healing and treatment. Therefore, as we will see, the spiritual leadership and philosophies of ministers such as Potoroka assisted in reconciling and understanding the full nature of the therapy. Potoroka ultimately played a critical role in leveraging considerable language to describe the practice of psychedelic therapy in terms that were familiar in a spiritual context. Alcoholics Anonymous played a prominent role within the model of therapy as the structure of AA was directly incorporated into the therapeutic program. Moreover, Potoroka as executive director of the Alcohol Education Service was a strong advocate for the effectiveness of the Alcoholics Anonymous program to facilitate recovery from problem drinking.

The second chapter shifts to the psychiatrists in Saskatchewan who were the medical professionals responsible for the development and implementation of the therapy in Saskatchewan. The roles played by the psychiatrists, such as Jensen and Hoffer, are examined in the extent to which they are functioning as both ministers and physicians within the therapy. The nature of their roles were apparent in their behavior and discussions found in the primary sources. Furthermore, I explore how psychiatrists framed the therapy as a medical model of treatment.

The final chapter offers a patient perspective to illustrate how both the medical and religious models came together in the form of intervention. Additionally, the patient perspective provides a candid demonstration of how the therapy functioned as a life changing event, arguably because it combined the spiritual, psychological, and physiological elements of rehabilitation.

Chapter 1: Potoroka and Psychedelics

The dialogue between spiritual leaders and medical professionals in Saskatchewan fostered a spirit of experimentation in treating problem drinking in the 1950s and 1960s. The combined medical and spiritual expertise brought to the discussion facilitated an open discourse amongst sections of the medical and Christian communities. Reverend William Potoroka, a Baptist minister and executive director of the Alcohol Education Service in Manitoba, corresponded with medical professionals, such as Dr. Duncan Blewett, chief psychologist of the Psychiatric Services Branch in Regina, who sought to draw upon the benefits of their respective fields to establish an effective treatment for problem drinking. The transcendental nature of the LSD experience created a circumstance where the lines between what was reality and what was hallucination were blurred. It was in this space where the alcoholic encountered a presence that many likened to an experience of God.²² The willingness of Christian spiritual leaders to embrace this experimental treatment represented a collaboration between spirituality and science. This alliance was not characteristic of the “Social Gospellers” and medical professionals.

On 28 April 1961 the Reverend William Potoroka delivered an address at the annual meeting of the Saskatchewan Temperance Association in Regina. In his address, Potoroka lauded the work of Drs. Sven Jensen and Abram Hoffer, who along with others, combined the use of Lysergic Acid Diethylamide (LSD) and the Alcoholics Anonymous program (AA) as a treatment for problem drinking.²³

Moreover, through undergoing his own LSD experience in December 1960, Potoroka was able to draw on his deepened spiritual understanding and knowledge and use them as a pastoral tool. To this end, Potoroka used his deeper spiritual insight as a foundation in his ministry as well as his personal life. This was evidenced in the language in both his sermons as well as his personal daily devotional prayers. Potoroka gained a more profound understanding of what it means to live and trust in Jesus Christ through his personal observations of LSD. The profundity of God of which Potoroka experienced was articulated in his colourful recounting of what he called a “staircase of aspirations”:

I felt that I was ascending a spiral staircase and that this was leading me up, up, into the light. It was as if my ascent would soon put me within gazing distance of God and his throne. At the same time I felt that I had to draw back from this because who was I to presume to rise to look into God’s face...

²² See “Drugs Can Cure Alcoholics”. Newspaper article from 18 July, 1961 and William, Potoroka. *A Pastor Enquires About LSD*. Speech from 28 April, 1961. The private collection of Mrs. Alice-Marie Dyck.

²³ Potoroka. *A Pastor Enquires About LSD* on 28 April, 1961. From the private collection of Mrs. Alice-Marie Dyck for the Reverend Potoroka’s full reflection on his LSD experience.

Finally the thought came to me that I was not responsible for the upward pull. The light was beckoning to me. I was not presuming to thrust myself into this light. The summons was not from self but from someone Above.²⁴

Potoroka's LSD experience deepened his understanding of his own personal faith and created a richness in Potoroka's pastoral ministry as a result of what he considered a mystical experience. The richness of Potoroka's pastoral message has survived in the powerful and pointed sermons and personal prayers which have been preserved.

Potoroka, as a Baptist minister who took as his vocation to strive toward the healing of problem drinking, was particularly drawn to the LSD studies in Saskatchewan due to claims about its capacity to elicit a transcendental or spiritual experience.²⁵ Potoroka spoke as to why he thought the Church ought to be interested in these trials and engage with the medical professionals when he said, "when the drug is used, along with the continuing program of A.A., to help the patient to get on the road to spiritual recovery, then, something is happening in which the Christian pastor and the Church should be much interested."²⁶ Potoroka thought that "alcoholism was regarded as an illness of the body, the mind, and the spirit. The LSD treatment is a way of getting at two of the three sides of the illness – the mind, and especially the spirit."²⁷ The willingness of a Christian clergyman to entertain and engage in this form of research and treatment for problem drinking marked a distinct break from the traditional Christian approach to stimulating social change. This shift suggests that there was a blending of Christianity and biomedicine through the psychedelic experiences of LSD that seemed to occupy a philosophical space between medicine and spirituality. Additionally, the collaboration of clergy, such as Potoroka, with medical professionals suggest a reconciling and deeper understanding of Christianity's relationship with science.

The relationship between science and liberal Christianity is one that has been extensively debated within the historical scholarship and a brief discussion of this debate is required to contextualize how psychedelics functioned within this narrative. Although this is a larger historiography than I will address in the following section, I will begin with the debates that emerged in eighteenth and nineteenth century Europe as it was the theories and methods that emerged during this period, that came to be known as liberal Protestantism, that facilitated discussions amongst the Christian leadership and ultimately led to the development of movements such as the Social Gospel. It is these theories, which will be outlined and expanded below, that underpin the manner that psychedelics functioned in both Christian and medical contexts.

Religion and science have, over the last two centuries, been historically situated in direct opposition to each other. The impact of Enlightenment thought and the development of the method of analysis and criticism of the modern university provoked a fundamental shift in the way that a section of the Christian community saw its world. Notably, with the advent of the philosophical and scientific theories in the second half of the nineteenth century by figures such as Karl Marx in his work *Das Kapital* (1867), Charles Darwin in *On the Origin of Species*

²⁴ Potoroka. *A Pastor Enquires About LSD*.

²⁵ Potoroka. *A Pastor Enquires About LSD*.

²⁶ Potoroka. *A Pastor Enquires About LSD*.

²⁷ Potoroka. *A Pastor Enquires About LSD*.

(1859), and Herbert Spencer in *Principles of Biology* (1864), the traditional teachings of Christianity, such as humankind's special place in creation that was evidenced in the creation story found in Genesis²⁸, began to be challenged by the scientific community.²⁹ The works of these emerging figures began to erode the place of religion in a modern society. To this end, it became necessary for Christian leaders to address these new theories and attempt to articulate how the scientific and philosophical concepts could function within a Christian theology.³⁰ This raises the question of whether religion held a place in a rational, scientific, and modern world and whether a natural law was superseding a divinely inspired law.

Karl Marx, who developed the communist philosophy, argued in response to the Hegelian philosophy of Right that, "the abolition of religion as the illusory happiness of the people is the demand for their real happiness."³¹ The argument that through the abolition of religion a new and more perfect world order may be brought forth was diametrically opposed to the Christian belief system where God and Christ were necessary in the lives of the individual. For Marx, religion represented the oppression of the people. In contrast, for Christians, their faith represented salvation, eternal life – and most importantly the covenantal relationship between God and humanity.³²

Moreover, the emergence of theories in the field of biology such as Charles Darwin's theory of Evolution and Herbert Spencer's "the survival of the fittest" that argued that human beings were descended from primates and that the stronger will survive whilst the weaker will perish put forth a narrative where God as the creator is notably absent.³³ The theory of evolution shook the very foundation of Christian teaching as it removed humanity's special relationship in Creation as children of God.³⁴ In light of these emerging theories, Christian leaders had to address these concepts and begin to determine how the relationship between faith and science could function amidst two diametrically opposed worldviews. Christian theologians had to address these opposing viewpoints to contextualize the Christian perspective and worldview in a rapidly changing society.

However, despite the historical conflict that emerged between Christianity and science in reaction to the debate between Creation and Evolution, this dichotomy did not always exist. Historian George Marsden, in his work *Understanding Fundamentalism and Evangelicalism*, argues that initially evangelical and fundamentalist Christians did not consider science to be at odds with Christian belief.³⁵ In fact, Marsden contends that prior to the emergence of the theories of evolution through natural selection, there existed an amicable relationship where the rationality of scientific practice and evangelical and fundamentalist theology were mutually beneficial.³⁶ It was, however, with the advent of theories such as evolution through natural

²⁸ See Genesis 1:1-2:2 for the story of the Creation

²⁹ Ramsay, Cook. *The Regenerators: Social Criticism in Late Victorian English Canada*. University of Toronto Press. 1991. 9

³⁰ Cook. *The Regenerators*. 9

³¹ Karl, Marx. *A Contribution to the Critique of Hegel's Philosophy of Right*
<https://www.marxists.org/archive/marx/works/1843/critique-hpr/intro.htm>

³² Marx. *A Contribution to the Critique of Hegel*.

³³ Cook. *The Regenerators*. 10

³⁴ Cook. *The Regenerators*. 10

³⁵ See George Marsden. *Understanding Fundamentalism and Evangelicalism*. Wm. B. Eedmans Publishing. 1991.

³⁶ See Marsden. *Understanding Fundamentalism and Evangelicalism*.

selection, that created the traditional dichotomy that existed in the late nineteenth and early twentieth centuries.³⁷

The Christian response to these new theories took the form of one of two debates. Many historians and theologians have investigated the theological debates that were taking place within Protestantism in the late eighteenth and nineteenth centuries in response to the changing schools of thought. Scholars such as Ramsay Cook, Karl Barth, and Claude Welch have illustrated how these debates created an incredible diversity of arguments and views surrounding what image and perspective the Christian faith ought to take in the modern world. The clergy who espoused a more conservative interpretation of the scriptures argued that there was no way that theories such as evolution could be reconciled with a Christian theology.³⁸ For these theologians and clerics, the centrality of the Creation narrative in Genesis was paramount for an orthodox understanding of one's place in the scriptural narrative.³⁹ Additionally, this Christian perspective, that drew on the historical orthodoxy of the past, based its worldview and scriptural interpretation on the precedent of the Church Fathers and the tradition of other theologians of the past. Thus, in this model, if the integrity of the creation narrative is undermined, then the rest of the scriptural interpretations are undermined as well.⁴⁰ The creation and subsequent fall of Adam and Eve represented our frailty as human beings.⁴¹ The fall, and the subsequent books of the Old Testament, were looking forward to God coming in the person of Jesus Christ to suffer and die for the sins of humanity.⁴² Therefore, if the stability of the Creation narrative was jeopardized, then the whole of scripture and Christianity was as well.⁴³

The second philosophy, that comes to be known as liberal theology or liberal Protestantism, put forth by Christian leaders in response to the advent of theories such as evolution attempted to reconcile the theories with Christian theology.⁴⁴ The diverse set of beliefs and perspectives that are encompassed within this framework has been defined by historical theologians of the nineteenth and twentieth centuries such as Karl Barth, Claude Welch, and Gary Dorrien as a potent social, political, and intellectual force that emerged in the eighteenth century as a reaction against the historical orthodoxy of premodern Christianity.⁴⁵ The early

³⁷ See Marsden. *Understanding Fundamentalism and Evangelicalism*.

³⁸ Cook. *The Regenerators*. 11 Also, see Karl, Barth. *Protestant Theology in the Nineteenth Century*. Wm. B. Eerdmans Publishing. 2002 and Claude, Welch. *Protestant Thought in the Nineteenth Century, Volume 1: 1799-1870*. Wipf and Stock Publishers. 2003 for a discussion of the diverse debates from a theological perspective.

³⁹ Cook. *The Regenerators*.11 Also, see Karl, Barth. *Protestant Theology in the Nineteenth Century*. Wm. B. Eerdmans Publishing. 2002 and Claude, Welch. *Protestant Thought in the Nineteenth Century, Volume 1: 1799-1870*. Wipf and Stock Publishers. 2003 for a discussion of the diverse debates from a theological perspective.

⁴⁰ Cook. *The Regenerators*.11 Also, see Karl, Barth. *Protestant Theology in the Nineteenth Century*. Wm. B. Eerdmans Publishing. 2002 and Claude, Welch. *Protestant Thought in the Nineteenth Century, Volume 1: 1799-1870*. Wipf and Stock Publishers. 2003 for a discussion of the diverse debates from a theological perspective.

⁴¹ Cook. *The Regenerators*. 12

⁴² Cook. *The Regenerators*. 15

⁴³ Cook. *The Regenerators*. 15

⁴⁴ Cook. *The Regenerators*. 16

⁴⁵ See Gary, Dorrien. *The Making of American Liberal Theology: Imagining Progressive Religion, 1805-1900* (Vol.1) Westminster John Knox Press. 2011.; Ramsay, Cook. *The Regenerators: Social Criticism in Late-Victorian Canada*. University of Toronto Press. 1985.; Richard, Fox. "The Culture of Liberal Protestant Progressivism, 1875-1925". *The Journal of Interdisciplinary History* 23, no. 3 (1993). 639-660; Phyllis, Airhart. *Serving the Present Age: Revivalism and Progressivism in the Methodist Tradition in Canada*. McGill-Queen's University Press. 1992.

historiography of the diverse set of beliefs that came to be known as liberal theology or liberal Protestantism presented a narrative that situated the birth of concepts such as the higher criticism and the attempt to reconcile Christian theology with the increasingly scientific and empirical methodology of Enlightenment thought as the foundation of various national narratives. Welch in his 1972 two volume history of liberal Protestantism in the nineteenth century broke with the conventional methodology of the contemporary historiography and sought to problematize this linear narrative through analyzing the development of liberal Protestant ideology in different geographical contexts. Welch's greatest contribution to our understanding of liberal Protestantism has been to illustrate the larger international impact of these ideas on broader society. Others, such as Gary Dorrien, in his 2006 three volume work on the making of American liberal theology over the nineteenth, twentieth, and twenty-first centuries has offered a significant contribution to our understanding of the complexity and international nature of the development and influence of these diverse ideas that were so often intertwined with the philosophies and practices of an Enlightenment and modern world. For Dorrien and others, liberal Protestantism represented an attempt by a section of Christian intellectuals to break the Christian faith free from the doctrines and mysticism of the past and create a Christianity which was modern and progressive with a theology interpreted from the standpoint of modern knowledge and experience.⁴⁶ Historian Richard Fox made a similar argument, in arguing that liberal Protestantism helped to legitimize a scientific world view by insisting that no exercise of critical intellect could be at odds with God's divine purpose.⁴⁷

The theologians and clerics who espoused a more liberal theology and interpretation of the scriptures were more willing to entertain these new theories and perspectives.⁴⁸ It was thought by the liberally thinking Christian leaders such as Adolf von Harnack that, in order for Christianity to survive in a modern world, it must actively engage with these new ideas and concepts.⁴⁹ Ostensibly, it was thought by these theologians and clerics such as Harnack, that Christianity must adapt and shift toward a more secular faith to survive and remain relevant in the consciousness of the people.⁵⁰

One of the major philosophical and theological approaches that characterizes liberal Protestantism that emerged in the latter decades of the nineteenth century, which facilitated this shift amongst the liberal theologians and clerics was that of textual criticism of the Old Testament.⁵¹ Textual criticism of the Bible, that was most prominent amongst protestant theologians in Germany, sought to analyze the Old Testament as a piece of Jewish literature rather than a wholly divinely inspired text.⁵² For those who engaged in this approach, the moral teachings of the Old Testament scripture remained divinely inspired while the stories and writings of the Old Testament did not look forward to the coming of Jesus.⁵³ The mystical nature

⁴⁶ Dorrien. *The Making of American Liberal Theology*.

⁴⁷ Fox. "The Culture of Liberal Protestant Progressivism"

⁴⁸ Cook. *The Regenerators*. 17

⁴⁹ Cook. *The Regenerators*. 17

⁵⁰ Cook. *The Regenerators*. 17 Also, see Hans, W. Frei. *The Eclipse of Biblical Narrative: A Study in Eighteenth and Nineteenth Century Hermeneutics*. Yale University Press. 1974 for a more detailed treatment of the development of the higher criticism in European Protestantism.

⁵¹ Cook. *The Regenerators*. 18

⁵² Cook. *The Regenerators*. 18

⁵³ Cook. *The Regenerators*. 18

of the Old Testament writings were stripped in lieu of a divinely inspired moral example.⁵⁴ Textual criticism, through interpreting the Old Testament narrative as a moral example rather than looking forward to the coming of Jesus, was then able to reconcile the supposedly opposing theories of Marxism, evolution and “the survival of the fittest” into a Christian theology.⁵⁵

The debate between Christianity and science during the nineteenth century in Europe eventually crossed the Atlantic and made its way into the theological discourse taking place in Canada and the United States during the late Victorian era.⁵⁶ Many Canadian and American historians have claimed that the introduction of liberal Protestantism into North American society led to the progress and development of Canadian and American cultural identity in the twentieth century.⁵⁷ However, other scholars have contended that while these ideas did have a significant influence on the development of a cultural identity, the larger influence of liberal Protestantism on Canadian and American culture was one of secularization.⁵⁸ The immigration of prominent figures from Europe to North America brought challenges to the conservative orthodox theology of the North American Church.⁵⁹ This liberal theology, brought about as a result of new scientific and philosophical theories and arguments, entered the discourse of a Church struggling with its relationship to science whilst searching for its relevance in a rational and modern world.⁶⁰

A group of theologians and clerics, to address the problem of the relevancy of the Church in a modern Canada, implemented the textual criticism of the German school to the New Testament.⁶¹ Through this method, the mysticism of the Gospel was stripped away in lieu of Jesus becoming purely a moral example of how to live one’s life.⁶² For these Church leaders, if Christianity was to remain relevant for modern Canadians, then the faith must shift from a mystical to a social faith.⁶³

However, although scholars have generally agreed on the historical roots of liberal Protestantism, the larger influence of this broad ideology on Christianity and society remains a topic of debate. Twentieth and twenty-first century historians have debated the influence and effect of this theological approach on Canadian society. The earlier historiography of the mid-

⁵⁴ Cook. *The Regenerators*. 19

⁵⁵ Cook. *The Regenerators*. 19

⁵⁶ Cook. *The Regenerators*. 19

⁵⁷ For more detailed treatments of the influence of liberal Protestantism and the higher criticism on North American culture see Doug, Rossinow. *The Politics of Authenticity: Liberalism, Christianity, and the New Left in America*. Columbia University Press. 1998, Richard, Fox. “The Culture of Liberal Progressivism, 1875-1925.” *The Journal of Interdisciplinary History* 23, no. 3 (1993): 639-660., David, A. Hollinger. *After Cloven Tongue of Fire: Protestant Liberalism in Modern American History*. Princeton University Press. 2013., H. H. Walsh. “Trends in Canadian Church History.” *Church History* 23, no. 3 (1954): 236-247.

⁵⁸ For a fuller discussion of the secularization thesis see Richard, Allen. *The Social Passion: Religion and Social Reform in Canada, 1914-1928*. University of Toronto Press. 1971., Ramsay, Cook. *The Regenerators: Social Criticism in Late Victorian English Canada*. University of Toronto Press. 1985., and David, Marshall. *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940*. University of Toronto Press. 1992.

⁵⁹ Cook. *The Regenerators*. 19

⁶⁰ Cook. *The Regenerators*. 20

⁶¹ Cook. *The Regenerators*. 20

⁶² Cook. *The Regenerators*. 20

⁶³ Cook. *The Regenerators*. 20

twentieth century framed Liberal Protestantism as one of the most influential forces in the creation of Canadian and American culture in the nineteenth and twentieth centuries. These scholars, such as H. H. Walsh and A. R. M. Lower between the 1940s and 1960s, employed the broader theoretical framework of the church-sect typology established by Max Weber, Ernst Troeltsch, and Rienhold Niebuhr to situate the historical power struggle between English speaking mainstream Protestantism and French speaking Catholicism in Canada.⁶⁴ Historians such as Walsh and Lower used this theoretical framework to support a nationalistic narrative in their presentation of the influence of mainline liberal Protestantism on the development of Canada as a nation state.⁶⁵ In their argument, they maintained that liberal Protestant ideals were more willing to embrace capitalism, and therefore, were able to accumulate wealth and influence to gain positions of power and authority within the Canadian government and society.⁶⁶ However, this methodology presented an Anglo-centric narrative that neglected the influence of French Catholicism on the development of Canada. The approach of historians such as Lower, who was an active and vocal Methodist and later United churchman, not afraid to voice his anti-Catholic sentiments, has shed light on certain truths about liberal Protestant influence in Canada, and must be seen as a piece of scholarship of its time.⁶⁷

Later twentieth century historians of Canadian religion shifted the focus of their examination from the Christian influence on nation building to the relationship among liberal Protestant ideology, the Social Gospel, and an increasingly socially minded Canadian society. Liberal Protestantism was the foundation of the Social Gospel that emerged in the late nineteenth century as a Christian response to the growth in materialism.⁶⁸ Major theologians of the Social Gospel, such as Walter Rauschenbusch, in his 1918 work *A Theology for the Social Gospel* incorporated many of the key aspects of liberal Protestantism in their theology of the Social Gospel to establish a theological argument for a social understanding and approach to the Gospel.⁶⁹ For Rauschenbusch, mainstream theology had wandered so far from the social and ethical teachings of Jesus and the Social Gospel represented a return to the core ethos of Christianity.⁷⁰ Rauschenbusch's theology presents a Social Gospel that advocated for an energetic and zestful participation in social life characterized by service and equality.⁷¹

Richard Allen, in his pioneering 1971 work *The Social Passion: Religion and Social Reform in Canada, 1914-28*, has greatly contributed to our understanding of liberal Protestantism and the Social Gospel movement in Canada. Allen, who examined the literature and publications of the major Canadian Protestant denominations to present a survey of the Social Gospel in Canada has argued that the influence of the values of the Social Gospel, which had begun as a movement within Christianity between 1880 and 1930, became secularized and contributed to

⁶⁴ H.H. Walsh. "Trends in Canadian Church History." *Church History* 23, no 3 (1954): 236-247.

⁶⁵ Walsh. "Trends in Canadian Church History".

⁶⁶ Walsh. "Trends in Canadian Church History".

⁶⁷ For a discussion of Lower's anti-Catholicism see Kevin, Anderson. " "I am....the very essence of a Protestant": Arthur Lower, Anti-Catholicism and Liberal Nationalism, 139-1959." *Etudes d'Histoire Religieuse* 81 (2015).

⁶⁸ See Richard, Allen. *The Social Passion: Religion and Social Reform in Canada, 1914-28*. University of Toronto Press. 1990.; Phyllis, Airhart. *Serving the Present Age.*; Ramsey, Cook. *The Regenerators.*; David Marshall. *Secularizing the Faith.*; Christie and Gaucreau. *A Full-Orbed Christianity.*

⁶⁹ See Walter, Rauschenbusch. *A Theology for the Social Gospel*. Martino Find Books. 2011.

⁷⁰ Rauschenbusch. *A Theology for the Social Gospel*.

⁷¹ Rauschenbusch. *A Theology for the Social Gospel*.

the development of a political left in Canada.⁷² Allen, as both an historian and later an NDP MLA in Ontario, presented a narrative that upheld the historical ethos of his political party. More focused historical studies and accounts, by such historians and authors as Allen Mills,⁷³ Thomas McLeod⁷⁴ and Bill Blaikie⁷⁵, have built on Allen's conclusions and furthered Allen's political narrative of the Social Gospel in clarifying how the Social Gospel was as much a political movement as it was religious.⁷⁶ Mills and McLeod in their examination of the lives and careers of J.S. Woodsworth and T.C. Douglas in combination with Bill Blaikie's reflections on his own life and career illuminate how the Social Gospel, in its progressivist and liberal theological foundation, found itself pushed to the fringes of mainstream Protestantism and therefore the political arena offered a more effective avenue to implement their social vision.⁷⁷ These studies, that focused on individual politicians who were foundational figures in the establishment of the CCF (later NDP), reinforces Allen's narrative that tied the Social Gospel and socially minded political parties in Canada.

The work of other historians such as Ramsay Cook and David Marshall have focused the themes and concepts established by Allen's thesis in exploring the larger impact of liberal Protestant ideology and the Social Gospel on the development of a secular Canadian society. Cook, in his 1985 study of Late Victorian social criticism in Canada, *The Regenerators: Social Criticism in Late Victorian English Canada*, has contributed to our understanding of the role of liberal Protestant ideology and the Social Gospel on changing Canadian intellectual and social thought, through examining the political and religious writings and cartoons of the time, that the liberalism of the Social Gospel led to the progressive secularization of Canadian social thought. Cook has maintained that although the goal of this movement toward a Social Gospel was ultimately intended to create a faith that was more relevant in the lives of the faithful, the opposite occurred.⁷⁸ Cook has argued that the social infrastructure established by secular government institutions were better equipped to address social problems (ie. problem drinking) and thus, Christianity and the Social Gospel set in motion a path toward the irrelevancy of the faith for modern Canadians.⁷⁹

Marshall has echoed Cook's secularization thesis in his 1992 exploration of the works and writings of Protestant clergy in Late Victorian Canada, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940*. Marshall has argued that, through examining the sermons, private writings, and publications of the mainline Protestant Canadian clergy between 1850-1940, that a crisis existed amongst the clergy surrounding the question of how Christianity ought to respond to concepts such as Darwinism and increasing commercialism

⁷² Allen. *The Social Passion*.

⁷³ Allen Mills. *Fool for Christ: The Intellectual Politics of J. S. Woodsworth*. University of Toronto Press. 2015.;

⁷⁴ Thomas, McLeod. *T.C. Douglas: The Road to Jerusalem*. Fifth House Publishers. 2004

⁷⁵ Bill Blaikie. *The Blaikie Report: An Insider's Look at Faith and Politics*. United Church Publishing House. 2011.

⁷⁶ See Allen Mills. *Fool for Christ: The Intellectual Politics of J. S. Woodsworth*. University of Toronto Press. 2015.;

Thomas, McLeod. *T.C. Douglas: The Road to Jerusalem*. Fifth House Publishers. 2004.; Bill Blaikie. *The Blaikie Report: An Insider's Look at Faith and Politics*. United Church Publishing House. 2011.

⁷⁷ Allen Mills. *Fool for Christ: The Intellectual Politics of J. S. Woodsworth*. University of Toronto Press. 2015.;

Thomas, McLeod. *T.C. Douglas: The Road to Jerusalem*. Fifth House Publishers. 2004.; Bill Blaikie. *The Blaikie Report: An Insider's Look at Faith and Politics*. United Church Publishing House. 2011.

⁷⁸ Cook. *The Regenerators*. 21

⁷⁹ Cook. *The Regenerators*. 21

in the late Victorian period.⁸⁰ For Marshall, the choice of the clergy to gradually adopt a liberal theology and Social Gospel to remain relevant ultimately led to the creation of a secular Christianity.⁸¹

However, the secularization thesis presented by historians such as Allen, Cook, and Marshall has received criticism from scholars such as Nancy Christie and Michael Gauvreau. Christie and Gauvreau in their 1996 study of the relationship between the Protestant churches and social welfare in the first half of the twentieth century, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940*, have pushed back against the argument of Cook and others. Christie and Gauvreau, through their examination of the papers and publications of grass roots and rural contexts, have maintained that the historiography of liberal Protestantism and the Social Gospel in Canada have hitherto focused too much on the urban and academic trends of these ideologies while neglecting the impact of these changing perspectives on the social, political, and religious change in a country with a large population living in a rural context.⁸² Additionally, Christie and Gauvreau have argued that unlike the narratives put forth by Cook and Marshall, who argued that the Protestant Churches in Canada sought to move toward a secular and moral faith in search of their relevancy in a modern age, the period of supposed secularization represented “the apogee of the cultural authority of the churches.”⁸³ For Christie and Gauvreau, by examining the Canadian Protestant churches through the lens of popular culture, they argue that during the first half of the twentieth century the secular social institutions and the policies adopted by these institutions were strongly influenced by the ideas and perspectives of the Protestant Christian churches and therefore embodied not a decline or secularizing of the Christian faith. In fact, the opposite was true. The Christian Church and its message maintained its influence and authority in the consciousness of early twentieth century Canadians because the structures and development of secular policies remained strongly influenced by Christian morals and ideas.⁸⁴

Moreover, Christie and Gauvreau in addition to problematizing the secularization thesis presented a fresh analysis of the movement of key figures from the religious to the political arena. Christie and Gauvreau have offered a new understanding of the larger impact of liberal Protestantism and the Social Gospel in Canada. Through examining the rural context, Christie and Gauvreau have argued that the movement of figures such as Woodsworth did not represent a loss of faith but rather the pursuit of a full-orbed Christianity which embraced the spirituality and faith of the Church and the strong social element characteristic of their theology and social vision.⁸⁵

In the context of the present project, figures such as William Potoroka do not fit neatly into one single historical understanding of liberal Protestantism and the Social Gospel. On the one hand, the LSD trials being undertaken in Saskatchewan, with their willingness to incorporate both medical and religious aspects, were certainly characteristic of liberal Protestantism’s ability to adapt and actively engage with controversial scientific concepts and theories. However, on the

⁸⁰ Marshall. *Secularizing the Faith*.

⁸¹ Marshall. *Secularizing the Faith*.

⁸² See Christie and Gauvreau. *A Full-Orbed Christianity*.

⁸³ Nancy Christie and Michael Gauvreau. *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940*. McGill Queen’s University Press. 1996. xii

⁸⁴ Christie and Gauvreau. *A Full-Orbed Christianity*. xii

⁸⁵ Christie and Gauvreau. *A Full-Orbed Christianity*.

other hand, the engagement of liberal Protestant clergy in transcendental experiences is seemingly at odds with the highly empirical and social approach to their faith and their world. Therefore, in the context of understanding the relationship among liberal Protestantism, the Social Gospel, and LSD trials in Saskatchewan one must reconcile the intellectual and grassroots conceptualizations of the historiography.

Furthermore, the figures, such as Potoroka, represented the diversity and plurality of beliefs and philosophies encompassed in liberal Protestant thought. Therefore, individuals such as Potoroka were presenting a distinctly liberal Protestant Christian perspective insofar as he, like the historical actors examined by Allen, Cook, Marshall, Christie, and Gauvreau informed his actions and exploration of the therapeutic properties of LSD from a perspective of the individual witness to the Gospel and social vision treating problem drinking in Canadian society.

Traditionally, the field of sociology has defined those who embodied the beliefs characteristic of the Social Gospel and other distinctly Christian movements as either fundamentalist or evangelical.⁸⁶ However, these umbrella terms are problematic as these Christian groups were not historically homogenous.⁸⁷ Also, the Social Gospel historically found its thrust and influence outside of the fundamentalist and evangelical expressions of Protestantism. Systematic theologian John Stackhouse in his work *Canadian Evangelicalism in the Twentieth Century* maintains that these groups represent a diverse set of beliefs which were rooted in a conservative Christian theology.⁸⁸ However, these groups, which differed on a diverse set of issues, were unified in their conviction that the principles of the Christian life were the foundational aspect by which to facilitate social change.⁸⁹ Therefore, in this light, Potoroka, although he espoused a more traditionally liberal theology, represented, to an extent, the diversity of those within this group of Canadian Evangelicals during the mid-twentieth century. He maintained that the Christian life was the most effective mechanism for social change.

The field of psychedelic research offers an interesting perspective on the relationship between science and Christianity. Psychedelics, very much like the theories developed in the nineteenth century, problematized the relationship between Christianity and science. However, unlike these scientific and philosophical theories, the field of psychedelic research occupied the intellectual space of both mysticism and conventional biomedical practices. The liberal theology espoused by Potoroka suggests that there was a small group within the religious leadership who saw the potential benefits of these medical substances that were situated on the line between temporal and mystical states of consciousness.

Christianity and Problem Drinking

The Christian response in Canada to the rising issue of problem drinking during the first half of the twentieth-century was largely framed as the gradual decline of morality within Canadian society. Historians Ramsay Cook and David Marshall have eloquently argued that the Protestant clergy in Canada espoused tenets of the Social Gospel movement which was significant as it shifted the Gospel and the person of Jesus from a divinely inspired interaction

⁸⁶ See John, Stackhouse. *Canadian Evangelicalism in the Twentieth Century*. Regent College Publishing. 1998.

⁸⁷ See Stackhouse. *Canadian Evangelicalism*.

⁸⁸ See Stackhouse. *Canadian Evangelicalism*.

⁸⁹ See Stackhouse. *Canadian Evangelicalism*.

with God to a divinely inspired moral life example. Cook, who framed his argument as a debate between religion and science offered an interesting perspective on the driving forces behind the secularization process. Marshall on the other hand placed the force behind the secularizing of the faith in Canada as a debate between Christian clergy and secular governments. However, Christie and Gauvreau have offered a different perspective on the role of the Social Gospel on twentieth century Canadian society. Christie and Gauvreau have maintained that the influence of the core ethos of the Social Gospel and mainstream Protestantism greatly influenced government policy and approach to many social issues such as problem drinking. Together these arguments align the two major streams of thinking within the scholarship of the Social Gospel in Canada. However, with the advent of LSD, and the claims of an ability of the psychedelic substance to facilitate a mystical encounter with God, was able to challenge the wholly social Christianity and seems to problematize the essence of the secularization argument presented by Cook and others. The psychedelic research being conducted during the mid-twentieth century raised the question of how to interpret and understand these transcendental experiences of their patients. The Christian leadership, for those who were willing, were well poised to work in collaboration with the medical professionals engaged in psychedelic research. The blending of temporal and transcendental states of consciousness created an intersection of ideas where Christianity and medicine work together in a field on the fringes of spirituality and medicine. The adaptation of the Gospel, and the search for the relevance of the Christian message in Canadian society during the late nineteenth and early twentieth centuries resulted in the stripping away of the mysteries of the Christian faith and the transcendental nature of God in the Christian consciousness.⁹⁰ The creation of a secular Christianity rooted in moral and social change, not dogma and doctrine, challenged the traditional approach of Canadian protestant Christianity to social issues such as problem drinking. Jesus and the Gospel were stripped of their divine mystery and functioned as moral examples of how to live one's life.⁹¹ Thus, from this Christian perspective the underlying cause of an individual's addiction was a moral failing. This traditional understanding of addictions sat in direct tension with the form of therapy advocated by Potoroka and others.

Potoroka embodied, to an extent, the moral voice of Protestant Christianity characteristic of the Social Gospel movement. He preached the moral example of the Gospel as well as being an active, although unconventional, actor in the Canadian temperance movement. The Canadian temperance movement was a social and political campaign during the late nineteenth and early twentieth centuries, that sought to control and bring about the prohibition of the manufacturing, selling, and consumption of alcohol in Canada.⁹² It was part of a larger global temperance movement, which saw the consumption of alcohol as one of the root causes of many of the social ills of modern society.⁹³ Historians have debated the successfulness and impact of temperance initiatives in various contexts. Scholars such as Henry Yeomans in his 2011 article "What did the British Temperance Movement Accomplish?: Attitudes to Alcohol, the Law, and Moral Regulation" explores whether temperance movements ultimately were effective in facilitating a

⁹⁰ See Cook. *The Regenerators* and Marshall. *Secularizing the Faith*.

⁹¹ Cook. *The Regenerators* and Marshall. *Secularizing the Faith*. 24

⁹² A.J., Birrell. "DIK Rine and the Gospel Temperance Movement in Canada". *The Canadian Historical Review* 58. no. 1 (1977) 23-44. 25

⁹³ Birrell. "The Gospel Temperance Movement in Canada". 25

shift in a society's perceptions of alcohol.⁹⁴ However, regardless of the effectiveness of various temperance initiatives, Social Gospel Christianity and the temperance movement did have an overlapping ideology regarding alcohol.⁹⁵ The question of alcohol control brought together the religious and political ideologies underpinning the idea that alcohol was responsible for the perceived immorality of the modern age and therefore many Christians who espoused the tenets of the Social Gospel joined the temperance movement.⁹⁶ While the Social Gospel was somewhat deflated by the 1960s, the influence of Social Gospel ideas on figures such as Potoroka played a central role in the development of his worldview. Potoroka, as a strong advocate for socially rooted preventative measures of problem drinking, in July 1967, challenged both the federal and provincial governments to increase the funding to organizations devoted to problem drinking research and awareness where he said, "since both governments derive substantial revenues from taxes on alcoholic beverages, a much higher proportion of these revenues should be expended on research and evaluation."⁹⁷ However, although Potoroka was an advocate and prominent actor within the temperance movement in Manitoba, he was a unique figure. Potoroka did not advocate the radical call for prohibition so characteristic of the temperance movement. Instead, he opted for a balanced philosophy rooted in public education, research, and awareness as the most effective action to combat problem drinking in Canadian society.

In a 1961 interview with a University of Manitoba student, Potoroka, founder and executive director of the Alcohol Education Service, laid out this philosophy, "the AES [Alcohol Education Service] hopes to promote among the drinking public, more awareness of the moral, social, and economic impactions of drinking."⁹⁸ This approach to problem drinking, framed as a social conversation combined with research, Potoroka hoped would facilitate a shift in the Canadian approach to the consumption of alcohol. This philosophy fits well with Cook's interpretation of the Social Gospel being enamored with scientific solutions to moral problems, which the Church should embrace, rather than reject.

For Potoroka, the challenge in treating problem drinking was the fact that the illness was one of the body, mind, and spirit. Therefore, the importance of education and research in tackling the major issue of an alcoholic's thinking was paramount for success in curing problem drinking because it was only through changing the thinking of the alcoholic that the mind could be healed.⁹⁹ Potoroka thought that through first healing the mind then subsequently the body and spirit could be healed as well.

Potoroka, as a Christian minister, argued that the most effective way to change this thinking was to have the alcoholic become open and accepting of God and his healing grace.¹⁰⁰ The role of Alcoholics Anonymous in facilitating the change in thinking that Potoroka felt imperative for recovery, was embodied in the core tenet of the AA program – the acceptance of a

⁹⁴ Henry, Yeomans. "What did the British Temperance Movement Accomplish?: Attitudes to Alcohol, the Law, and Moral Regulation." *Sociology* 45. no. 1 (2011): 38-53.

⁹⁵ Birrell. "The Gospel Temperance Movement in Canada". 27

⁹⁶ Birrell. "The Gospel Temperance Movement in Canada". 27

⁹⁷ *Alcohol education stressed*. Newspaper article from 27 July 1967 in the private collection of Mrs. Alice Dyck.

⁹⁸ *Potoroka's Liberal Views Deflated Arguments*. Newspaper article from 1961 in the private collection of Mrs. Alice Dyck.

⁹⁹ Potoroka. *A Pastor Enquires About LSD*.

¹⁰⁰ Potoroka. *A Pastor Enquires About LSD*.

higher power. Potoroka, in a sermon entitled *Accepting and Changing*, expanded his theology surrounding problem drinking treatment and challenged his parishioners with these words:

May I say frankly and quietly that you and I, the congregations of Christ's Church, in Canada, appear to be extraordinarily ineffective against the problems of alcohol in our midst.

We need serenity to accept the things about these problems that we cannot change – that we are human beings, that the chemical comfort of action is based on alcohol's brain dulling effect, and that we live in an imperfect world and no other.

We need wisdom to see that there are things about alcohol problems that we can change. And we need courage as power from God to work to change these things...we can find in Christ God's true and liberating Master of our lives.¹⁰¹

Through employing the Serenity Prayer, the flagship prayer of the Alcoholics Anonymous movement, by challenging all of Canadian society to adopt the essence of the prayer, Potoroka illustrated how the burden of curing problem drinking in Canadian society lay not solely with the individual but also with the joint efforts of the broader community, and, importantly, the Christian community. In this context, the strong influence of the Social Gospel, and its liberal theological foundations, on Potoroka's understanding of ministry is abundantly clear.

Why Saskatchewan?

The evolution of this progressive combined treatment of LSD and AA in combating problem drinking in the traditionally socially conservative province of Saskatchewan is not coincidental. As Erika Dyck has argued, the election of T.C. Douglas and the Cooperative Commonwealth Federation (CCF) government, the first democratically elected socialist government in North America, in 1944 fostered a political climate of experimentation and openness to welcome and fund new and progressive medical research.¹⁰² Premier Douglas, an ordained Baptist minister inspired by the Social Gospel, welcomed enthusiastically experimental research in the field of mental health.¹⁰³ For Douglas, if a "silver bullet" treatment for mental illnesses such as Schizophrenia and other mental conditions could be developed in Saskatchewan, that this would help to validate his Socialist medical care system.¹⁰⁴ To this end, the development of a "silver bullet" under the socialized medical system would allow Douglas to make the argument that his medical system not only could draw excellent medical researchers and practitioners, but also produce results not achievable under a capitalist and market driven medical care structure.

By 1961 when Potoroka spoke to the Saskatchewan Temperance Association, the Douglas government had welcomed many experimental medical researchers to undertake their studies in Saskatchewan.¹⁰⁵ Also, the LSD studies of Abram Hoffer and Humphry Osmond had

¹⁰¹ William, Potoroka. *Accepting and Changing*. Sermon from an unknown date in the private collection of Mrs. Alice Dyck.

¹⁰² Erika, Dyck. *Psychedelic Psychiatry: LSD on the Canadian Prairies*. University of Manitoba Press. 2008.

¹⁰³ Dyck. *Psychedelic Psychiatry*. 21

¹⁰⁴ Dyck. *Psychedelic Psychiatry*. 21

¹⁰⁵ Dyck. *Psychedelic Psychiatry*. 22

been going on for over a decade.¹⁰⁶ However, certain strains in the relationship between the medical professionals in Saskatchewan and the provincial government were beginning to manifest themselves in the early 1960s.¹⁰⁷ Premier Douglas would leave the Premier's office to become the federal leader of the New Democratic Party (NDP) in November 1961.¹⁰⁸ The following year Saskatchewan's new premier Woodrow Lloyd and the CCF government would face a doctor's strike in July 1962.¹⁰⁹ Despite these challenges and strains between the medical community and provincial government in the early years of the 1960s there remained a strong set of experimental research being conducted by medical researchers such as Hoffer, Osmond, and Jensen.¹¹⁰ It is in this political climate that Potoroka found himself at the time of his address to the Saskatchewan Temperance Association in April 1961. Potoroka's pursuit for the most effective treatment for problem drinking drew him toward the experimental and progressive treatments being undertaken by Hoffer and Jensen in Saskatchewan. Potoroka, as a liberally theological Baptist minister, did not see certain concepts such as creation as being diametrically opposed to evolution.¹¹¹ Likewise, Potoroka did not think of science as necessarily at odds with religion. The balanced viewpoint of the benefits of both science and religion in Potoroka's pursuit of a treatment for problem drinking allowed him to pursue all avenues available to him during the mid-twentieth century.

A Spirituality of LSD

The major justification for the implementation of LSD as a preventative treatment for problem drinking was, it was thought by certain medical professionals such as Hoffer, that the mind enhancing nature of the LSD experience could foster the patient to engage in introspection and develop a more profound understanding of themselves.¹¹² This, in turn, he believed would facilitate an epiphany for the alcoholic of the root causes for their problem drinking and thus allow for more effective intervention aimed at bringing about sustained sobriety.¹¹³ However, patients consistently described their LSD experiences in spiritual language. There was a high percentage of patients who spoke to an experiencing of God or a higher power.¹¹⁴ Potoroka spoke to the clinical trials conducted by Dr. Hoffer and Dr. Osmond that used LSD as a treatment for problem drinking that were documented as having a high rate of successful recoveries. However, due to the highly individualistic nature of LSD experiences, the results were difficult to quantify and thus were dismissed by a section of the medical community as the clinical model and structure of the trials in Saskatchewan did not follow the conventional practices and processes of clinical trials of the day.¹¹⁵ But, these highly individualistic experiences combined with the fact that the patients recounted an experience of the divine were

¹⁰⁶ Dyck. *Psychedelic Psychiatry*. 22

¹⁰⁷ Dyck. *Psychedelic Psychiatry*. 25

¹⁰⁸ Dyck. *Psychedelic Psychiatry*. 26

¹⁰⁹ Dyck. *Psychedelic Psychiatry*. 27

¹¹⁰ Dyck. *Psychedelic Psychiatry*. 27

¹¹¹ Robert Barber in a phone interview with Michael Lyons on March 22nd, 2017.

¹¹² Potoroka. *A Pastor Enquires About LSD*

¹¹³ "Drugs Can Cure Alcoholics". 18 July, 1961.

¹¹⁴ "Drugs Can Cure Alcoholics:". 18 July, 1961. Also see Potoroka. *A Pastor Enquires About LSD*.

¹¹⁵ Dyck. *Psychedelic Psychiatry* 54

of interest and taken seriously by some Christian ministers, such as Potoroka, who were pursuing a definitive cure for problem drinking.

The era when LSD was being used as a trial treatment for problem drinking took place during a period that saw a shift in the medical and societal philosophy surrounding problem drinking.¹¹⁶ Problem drinking began to be viewed as a medical condition that could be treated and not simply a moral problem.¹¹⁷ Hoffer and Osmond postulated a contested theory that the administration of a dose of LSD to the alcoholic would treat the underlying biomedical defect in the patient's physiology that was the cause of their drinking and a more detailed discussion of this is treated in chapter 2.¹¹⁸ However, the patients who underwent LSD treatment often spoke more about a psychological affect rather than a physiological one.¹¹⁹ The clinical trials which used LSD as a tool to treat problem drinking took one of two forms. The earlier trials used LSD to facilitate a brief but frightening experience that fostered a very bitter exposure to simulated delirium tremens (DT's) to scare the alcoholic from drinking. However, Potoroka agreed with the researchers, Hoffer, Osmond and Jensen, and found this method to be not as effective as creating the fascinating and satisfying experience characterized by the spiritual content and encountering of the divine being.¹²⁰ In other words, if we use dualistic Christian language, the experience of God was a more effective healer than the experience of the Devil.

Potoroka viewed the use of LSD, and the spiritual encounter characteristic of the psychedelic experience, as a tool to provoke the alcoholic to more profoundly experience God and accept his healing Grace. However, Potoroka did not view LSD as a tool to expedite the process for one to have a divine revelation or encounter.¹²¹ For Potoroka, it was imperative for the individual to approach the experience with an attitude of prayer.¹²² The concept of approaching the LSD experience in a prayerful mindset suggests that Potoroka was incorporating his theology with the way he saw the role of LSD in treatment.

The essence of the Christian faith is relationship. Potoroka, who espoused the view that one must heal their relationship with God to be healed of their bodily afflictions, was consistent with a Christian perspective of healing. Prayer, both individually and collectively, are central to the Christian concept of healing. Christianity's theology surrounding healing is drawn from many biblical passages. However, the most prominent model is taken from the Epistle of St. James in the New Testament which says, "is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord."¹²³ In a Christian context, the bridging of the disconnect between humanity and God, created by our sinful nature, is where the healing process must begin. This is accomplished through prayer and communication to and with God. The theological argument underpinning the concept of Christianity's approach to healing is that through mending our relationship with God then, his divine Grace can work through us and in us to heal our body, mind, and spirit. Thus, for

¹¹⁶ Dyck. *Psychedelic Psychiatry*. 53

¹¹⁷ Dyck. *Psychedelic Psychiatry*. 53-54

¹¹⁸ Dyck. *Psychedelic Psychiatry*. 55

¹¹⁹ Dyck. *Psychedelic Psychiatry*. 55

¹²⁰ Potoroka. *A Pastor Enquires About LSD*.

¹²¹ Potoroka. *A Pastor Enquires About LSD*.

¹²² See Opp. *The Lord for the Body*. For an in-depth discussion of the role of prayer in Christian healing.

¹²³ James 5:14

Potoroka, the LSD experience, if approached with an attitude of prayer, could foster a divine revelation for the alcoholic that would open the individual to accept the power of God's healing Grace into their lives.¹²⁴

Additionally, the activity of healing was central in the ministry of Jesus. Christians are called to model their lives and actions after the example of Jesus found in the Gospels. The healing and ministering to the sick and disenfranchised of society encompassed the majority of Jesus' pastoral ministry.¹²⁵ Moreover, the belief that Jesus died on the Cross for the sins of the world reinforces the centrality of healing within Jesus' ministry. Therefore healing, for priests and ministers, who are called particularly to continue this pastoral vocation plays a central role in their ministry.

Moreover, the miracles performed by Jesus during his pastoral ministry serve as important images in the Christian consciousness. Although there exists a spectrum within Christianity relating to the understanding and interpretation of miracles, both biblical and extra biblical, there remains a common consensus that miracles represent the power of God to intervene in our daily lives. Historian and physician Jacalyn Duffin in her recent work *Medical Miracles: Doctors, Saints, and Healing in the Modern World* has examined the concept of miraculous healing as an intersection between medicine and religion. Duffin explores the roles of clergy and physicians alike in the determination of miraculous healing events.¹²⁶ Duffin presents an argument that effectively places the historical and contemporary role of the physician in the documentation of miracles. To this end, the Vatican now relies on a distinguished college of physicians to provide testimony on miraculous medical events.¹²⁷ The survey undertaken by Duffin illuminates the necessity of both the medical and spiritual encompassed in this present study insomuch as not only the therapy, but the clinicians are firmly situated between medical and spiritual perceptions of healing.

Potoroka believed that the divine revelation created by the LSD experience only represented one component of what needed to be a two-pronged approach to treating problem drinking. The role of the AA program remained central in Potoroka's philosophy of problem drinking treatment. The social nature of AA, Potoroka maintained, was imperative to facilitate the shift in perceptions of alcohol consumption in Canadian society.¹²⁸ As evidenced in Potoroka's sermons, he argued that the AA program, with its community framework, offered the support and prayer that is characteristic of a Christian lifestyle. In the two-pronged approach of LSD and AA as a treatment for problem drinking, LSD facilitated individual piety through encountering God while AA offered the community support and prayer needed in a Christian understanding of healing.¹²⁹

¹²⁴ Potoroka. *Accepting and Changing*.

¹²⁵ See Matthew 9: 20-22, Mark 2: 9-12 (a), Luke 17: 12-16(a), and John 9: 6-7 for examples of miraculous healing in the ministry of Jesus.

¹²⁶ See Jacalyn, Duffin. *Medical Miracles: Doctors, Saints, and Healing in the Modern World*. Oxford University Press. 2009

¹²⁷ See Duffin. *Medical Miracles*.

¹²⁸ Potoroka. *Accepting and Changing*.

¹²⁹ See Potoroka. *Accepting and Changing*.

A Convergence of Science and Spirituality

The overlap of science and spirituality was echoed in the medical studies being undertaken in Saskatchewan during the 1950s and 1960s. The notion that problem drinking was a psychological disease that could be manifested through physical symptoms created a climate where medical science could treat the underlying psychological symptoms to cure the alcoholic. Essentially, the LSD experience was being used ostensibly as a method of cognitive behavioral therapy. On 16 April, 1961 Dr. Duncan B. Blewett, chief psychologist of the Psychiatric Services Branch at Regina, spoke to a group of Christian ministers at a meeting organized by the Alcoholic Education Service regarding the methodology underlying the treatment of problem drinking with LSD.¹³⁰ Dr. Blewett, like Potoroka, believed that the transcendental nature of the LSD experience facilitated an acceptance of the unresolved psychological events that were the primary causes underpinning the alcoholic's drinking.¹³¹ Dr. Blewett, in referring to the LSD experience, compared it to a religious revelation where he said, "one is overwhelmed with the certainty that there is a 'benign direction to the universe'"¹³² The clinical trials where LSD was used to treat alcoholics showed evidence for the potential effectiveness for the LSD experience, and the insight gained by the alcoholic as a result, to facilitate the necessary change in thinking. Dr. Blewett argued at the 1961 meeting of the AES that, "the self-acceptance that results are often so intense that the alcoholic is given the strength to use the insight to stop drinking."¹³³

Historically, the Christian movements, such as the Social Gospel, have been set in opposition to advancements in medical science. However, this disconnect has not existed throughout the long history of Christianity and medicine. In reality, this dichotomy is only true for the late nineteenth and twentieth century in North America. Scholars, such as Ernst Troeltsch in his pioneering work *The Social Teachings of the Christian Churches*, argue that it is impossible to effectively understand the development of secular social movements without contextualizing them within the larger influence of the Christian ethical system.¹³⁴ Therefore, the development of the Social Gospel with its' notion of "world affirming' versus a "world denying" approach to life must be contextualized within the broader influences of Christian ethical development to effectively situate the Social Gospel within its proper historical narrative.¹³⁵ Additionally, the impact of the Social Gospel on secular policies cannot be understood without the historical context of the perspective of the Christian ethical system.¹³⁶

More contemporary scholars have explored the relationship of other Christian movements to science. Historians, such as James Opp in his investigation of the faith healing movement in Canada, have argued that, the faith healing movement of the nineteenth and twentieth centuries represented a polarity in perceptions of the body in religion and in medicine.¹³⁷ However, while Opp's study concludes in 1930, the mid-twentieth century therapy for problem drinking seems to problematize Opp's dichotomy between medicine and religion. The convergence of theological

¹³⁰ "Drugs Can Cure Alcoholics". 18 July, 1961.

¹³¹ "Drugs Can Cure Alcoholics". 18 July, 1961.

¹³² "Drugs Can Cure Alcoholics". 18 July, 1961.

¹³³ "Drugs Can Cure Alcoholics". 18 July, 1961.

¹³⁴ See Ernst, Troeltsch. *The Social Teachings of the Christian Churches*. Westminster John Knox Press. 1992.

¹³⁵ See Troeltsch. *The Social Teachings of the Christian Churches*.

¹³⁶ See Troeltsch. *The Social Teachings of the Christian Churches*.

¹³⁷ Opp. *The Lord for the Body*. Conclusion

and medical approaches to addictions healing, in the development of the LSD trials during the mid-twentieth century in Saskatchewan, sheds light on the movement between a section of Canadian Protestant clergy and medical professionals in a spirit of cooperation. The religious and medical conceptualization of the body converged in the pursuit of a cure for problem drinking.

The LSD experience, if perceived as an encounter with God, can be situated as a medicalized version of faith healing within the collaborative space of spirituality and science. The acceptance of a psychopharmacological treatment by a section of the clergy and the credence of the psychiatric medical community given toward the AA program brought faith into medicine and medicine into faith. For Potoroka and Blewett, the intense spiritual experience fostered through LSD was a more radical treatment plan.¹³⁸ As it was thought, self-awareness and self-knowledge was so essential for an alcoholic to recover from their problem drinking, the more radical treatment by means of LSD was reserved for those who failed or struggled to attain the necessary introspection solely through the AA program.¹³⁹ Therefore, LSD, in this dual model of treatment, offered hope and opportunity for the alcoholic to advance toward full recovery and gain the necessary introspection that for whatever reason they were not able to attain initially through AA. This was consistent with Potoroka's stance that LSD not be used to expedite the divine revelation which he believed to be central for effective recovery.¹⁴⁰

The way in which Potoroka approached the role of LSD in the treatment of problem drinking can be read as suggesting that he blurred the lines among the concepts of the Social Gospel, Protestant faith healing, and conventional medical approaches to the treatment of addictions that existed on the mid-twentieth century prairies. Potoroka's willingness to embrace both conventional and non-conventional approaches to the treatment of problem drinking allowed him to have a foot in both the Christian and medical world of problem drinking treatment. Likewise, Potoroka's ability to navigate the lines between social Christianity and individual piety afforded him the ability to draw upon the middle ground of both central aspects of Christian faith and discipleship during the mid-twentieth century – individual piety and a call for social change.

LSD as a Pastoral Tool

Medical professionals had their own LSD experiences during the clinical trials of the 1950s and 1960s to gain insight and understanding of the symptoms of patients who suffered from various mental illnesses.¹⁴¹ Likewise, Potoroka, in his investigation of the potential benefits of LSD to foster a spiritual or transcendental experience, arranged to have an LSD experience himself prior to his 1961 address in Regina.¹⁴² In his 1961 address to the Saskatchewan Temperance Association, Potoroka recounted some of the aspects of his own LSD experience. In particular, Potoroka spoke to how the LSD experience deepened his understanding of himself and his faith.¹⁴³ Potoroka articulated the stages of spiritual growth that he had during his LSD

¹³⁸ "Drugs Can Cure Alcoholics". 18 July, 1961.

¹³⁹ "Drugs Can Cure Alcoholics". 18 July, 1961.

¹⁴⁰ Potoroka. *A Pastor Enquires About LSD*.

¹⁴¹ Dyck. *Psychedelic Psychiatry*. 56

¹⁴² Potoroka. *A Pastor Enquires About LSD*.

¹⁴³ Potoroka. *A Pastor Enquires About LSD*.

experience that he described as a “spiral staircase of aspiration”.¹⁴⁴ Potoroka, speaking to this phenomenon said:

Through a several-staged experience of being pulled upward, or of aspiration, I believe that I received an enhancement of my idea of God and grace. This came to me from what I believed before the experience and how much more God and grace mean to me because of the experience. LSD helped me so to make contact with the spiritual treasures I knew of that I found new riches there.¹⁴⁵

Potoroka’s personal experience with LSD enabled him to better articulate how LSD could be used as an effective treatment for problem drinking. Potoroka, who was invited by Jensen to observe one of the clinical trials, which will be explored in depth in chapter 2, did not take LSD as a patient suffering from problem drinking, but rather as an observer who was interested in understanding how LSD fit into a model of therapy for problem drinking.

Potoroka’s personal LSD experience was important for two reasons. First, like the medical professionals who underwent their own LSD experiences to understand the symptoms of their patients, Potoroka through his LSD experience determined how LSD could function within a Christian model of problem drinking treatment. Potoroka, through reflecting on what he had experienced, was then able to incorporate his spirituality within the LSD treatment of problem drinking. What was created in this endeavor was, essentially, a sacramental approach to LSD and AA in treating problem drinking. The sacramental approach was typified in Potoroka’s attitude prior to his LSD experience, “I tried to approach the experience in an attitude of prayer. I prayed for a spirit that would enable me to be cooperative, accepting the thrust of the experience into deeper realms of understanding and being. I wanted to be a good traveler in a strange new land of consciousness.”¹⁴⁶

The attitude of prayer assumed by Potoroka in advance of his LSD experience in December 1960 is characteristic of a Christian’s preparation prior to receiving one of the Sacraments of the Church. The act of Potoroka following similar preparation practices suggest that he was approaching his LSD experience as a pseudo sacramental phenomenon. Likewise, through implementing these preparations, Potoroka was placing the primacy for LSD to be an effective treatment of problem drinking in the faith of the individual. Therefore, for Potoroka, the alcoholic must first come to conversion and accept Jesus Christ as their Lord and Saviour prior to undergoing the LSD experience. In this regard, Potoroka’s pastoral and clinical vocations converged. As a pastor, Potoroka called in his sermons and supplemental writings for individuals to accept Jesus Christ as their Saviour. Thus, Potoroka’s personal experience with LSD was imperative to allow him to develop and articulate the transcendental nature of LSD into his combined framework of problem drinking treatment and for personal discovery.

In Potoroka’s devotional prayers, which he wrote each day, the depth of his faith and understanding of our place in Creation is made abundantly clear. A prayer from New Year’s Day 1972 began, “Lord, guide my pen by guiding my thoughts by your spirit. You have brought me to a new year. Let me sense its newness not as time but as your gift of Love.”¹⁴⁷ The tone of

¹⁴⁴ Potoroka. *A Pastor Enquires About LSD*.

¹⁴⁵ Potoroka. *A Pastor Enquires About LSD*.

¹⁴⁶ Potoroka. *A Pastor Enquires About LSD*.

¹⁴⁷ Potoroka. Hand written prayer from Jan 1, 1972. From the private collection of Alice-Marie Dyck.

Potoroka's voice in his daily devotions suggest a very deep and profound understanding of God and his (Potoroka's) relationship to God and the universe in a Christian context. This deep-rooted understanding of our place and role in Creation allowed Potoroka to better conduct his pastoral duties. Through drawing upon the profound knowledge gained in the LSD experience, Potoroka was better positioned to fulfill one of his major roles as a Christian pastor – to guide his parishioners to come to know and understand who they are in Jesus Christ.

Furthermore, Potoroka, through undergoing an LSD experience, gained more profound insight into what death means in Christ.¹⁴⁸ Potoroka's insight into death was articulated in his 1961 address where he said:

It seems to me that I had set out before me a faithful version of what death means to a man in Christ. It is not a fearsome thing although it wears in our thoughts and weakness the most frightening mask of all. Death is a leap into the unknown where there is light not darkness and where there is God.¹⁴⁹

In Potoroka's estimation, his experience of God and subsequent knowledge of death gained by his LSD experience enabled him to better minister both to those in palliative care as well as to the families who are mourning a death.

Potoroka's insights into his own faith and understanding of God facilitated by the LSD experience in December 1960 not only served as a tool for his own spiritual growth but also expanded his ability to counsel and minister to those in his care. Potoroka's willingness to engage in these trials opened him to a new plateau of spirituality that enhanced and strengthened an already solid foundation of faith and mission while allowing him to understand how LSD could function within a Christian understanding of healing and problem drinking treatment.

The role of LSD in Potoroka's spirituality was not, however, viewed as a complimentary tool, which could replace the role of the Church in the lives of Canadian Christians. The LSD treatment for Potoroka, through its transcendental experiences, was a mechanism to have an alcoholic to come and know the Grace and love of God. Potoroka maintained that the alcoholic must come to accept Christ before they undergo an LSD experience. Likewise, Potoroka's methodological process undertaken with his own LSD experience suggests a reverence characteristic of Christian preparation for receiving a Sacrament. The implementation of Christian spirituality with the LSD treatment enabled the progressive trials to be brought into a Christian model of healing.

Furthermore, the cooperation and dialogue between a section of the spiritual leaders and medical professionals on the Canadian prairies represented an interesting convergence of spirituality and medicine in the pursuit of a cure for problem drinking. Both Christian and medical leaders were able to come together in the political climate of experimentation in Saskatchewan and draw upon their expertise and philosophy from their fields in the interest of collaboration and good will. The case of Pastor Potoroka, and the relationship of the Alcohol Education Service with the medical community who were conducting LSD trials to treat problem

¹⁴⁸ Potoroka. *A Pastor Enquires About LSD*.

¹⁴⁹ Potoroka. *A Pastor Enquires About LSD*.

drinking, offers a unique window into how medicine, Christianity, and the State converged in Saskatchewan during the 1950s and 1960s in seeking out a treatment for problem drinking.

The historical example of Potoroka and his active involvement in the LSD trials for treating problem drinking blurred the lines between spirituality and science to the end that the psychedelic experience of LSD brought an encountering of something outside of the scientific realm. For this reason, it was important for spirituality and science to work in collaboration to harness the full power of LSD to treat the patients. However, despite this collaboration, Potoroka never wavered in his Christian faith that remained at the core of what he did within the world of LSD research. The essence of this is captured well in a letter Potoroka wrote to his daughter that said, "... just a reminder that there are various ways to get a high and in the words of your father's daily work – 'a drug high is pretty low in the list of preferred highs that last to do you good....that high-est in Christ.'"¹⁵⁰

Potoroka walked the line between medicine and spirituality in the pursuit of his given vocation – a cure for problem drinking. Throughout this journey, he was able to articulate how LSD, and its transcendental experience could fit within a Christian model of health and healing. Potoroka incorporated Christian spirituality to understand and conceptualize the encountering of what he understood as God during his experience to suggest how LSD and AA, if combined, showed promise and hope for Canadians suffering from problem drinking.¹⁵¹ The bridging of differences between medicine and spirituality in this way represents the spirit of cooperation and experimentation found in Saskatchewan during the mid-twentieth century.

¹⁵⁰ William, Potoroka. Letter to his daughter. From the private collection of Mrs. Alice-Marie Dyck.

¹⁵¹ Potoroka. *A Pastor Enquires About LSD*.

Chapter 2: Psychedelic Physicians and the Medical Model of Treating Problem Drinking

The history of addiction, of repetitive, compulsive behaviour has long engaged medical, legal, and psychological theories concerning who is responsible for the problematic behaviour. During the mid-twentieth century a sub-section of the biomedical community attempted to pathologize addictive behavior under a diagnostic model. In doing so, they medicalized addiction and began searching for purely biomedical treatment options.¹⁵² However, there were limits to the medicalization of addiction and the treatment models that followed from this reductionist interpretation.¹⁵³ Despite medicine's attempt to divorce itself from the spiritual or moral methods of treatment that had been in vogue for centuries, the LSD trials of the mid-twentieth century at the University of Saskatchewan and Weyburn Mental Hospital blurred the lines between the purely medical and purely spiritual models of treatment. These trials encourage us to think differently about the relationship between medicine and religion as well as how we understand and approach the historical study of addictions research and therapy during the mid-twentieth century. The studies undertaken by Drs. Abram Hoffer, Humphry Osmond, and Sven Jensen, amongst others problematized the relationship between psychedelic therapists, who might be considered part of the fringe medical community, with the Christian leadership and spiritual forms of health and healing. To this end, this group of psychiatrists and certain spiritual leaders collaborated in bringing together both medical and spiritual approaches to healing in the development of a therapy for problem drinking, which had become a focal point for medicalization during this period.

This chapter examines the work and writings of these psychiatrists who researched extensively the effect and curative properties of LSD on individuals suffering from problem drinking. The findings and conclusions of these medical figures offer interesting insight into how LSD was used in these trials and this study sheds light on how the psychedelic experiences of their patients complicated the original theoretical pursuit of the study. That is, to definitively determine that problem drinking arose due to a biomedical defect in the neurological functioning of the patient, that was part of the original bio-medically focused hypothesis. The findings of these LSD trials revealed that for some patients, the insights gained from what they described as a transcendental encountering of God, encouraged subjects to cease drinking. These findings were not conclusive in determining the root cause of problem drinking but instead, facilitated a collaboration between these medical researchers and certain Christian leaders to better interpret what the clinical data represented regarding the treatment of addictive behavior through psychedelic therapy. This chapter explores and complicates the reductionist medical approach to addictions treatment and articulates how, despite the concerted effort of the mainstream medical community, the LSD trials brought together, rather than tore apart, the relationship between the medical and spiritual models of addiction.

¹⁵² Dyck. *Psychedelic Psychiatry*. 30

¹⁵³ Herring, Berridge, and Thom. "Binge Drinking: An Exploration of a Confused Concept"

A Medical Model of Problem Drinking

In the mid-twentieth century, the issue of addictions, including problem drinking, began to shift into the medical discourse in response to the previously held notion that addictions arose out of a moral failing.¹⁵⁴ The gradual medicalization of problem drinking created an environment whereby researchers began to investigate the possibility that problem drinking may have biomedical roots.¹⁵⁵ The characterization of problem drinking as a medical condition marked a distinct shift in the approach to the treatment of alcoholics as the medical community attempted to develop psychiatric therapies that understood problem drinking as a problem of mental illness, or a medical problem requiring psychiatric intervention.

This bio-medical conceptualization of addiction was at odds with a spiritual interpretation of mal-adjusted behaviour that manifested itself in problem drinking. A Christian definition of problem drinking drew parallels from the medical definition. However, where Christian theology differed was in the perception of the underlying cause of the individual's drinking behaviour. A Christian theory surrounding the cause of problem drinking contended that the problem arose out of a moral failing. Therefore, in this Christian perspective the way to remedy one's problem drinking was through prayer and sacrament. This activity would bring the individual closer to God and would then theoretically heal or strengthen the moral problem, which had manifested through excessive or compulsive drinking.

The medical approach to problem drinking was on the opposite end of the spectrum from this religious community. As we saw in chapter 1, the Christian leadership and those who espoused the core tenants of the Social Gospel movement opted for a philosophy, that understood problem drinking as evidence of a moral failing in the individual, requiring sympathy and support from a community, rather than a disorder with an underlying biomedical cause that focused treatment on the individual.¹⁵⁶

LSD and Psychiatry

The psychiatric research being undertaken in Saskatchewan in the mid-twentieth century by psychiatrists such as Abram Hoffer, Humphry Osmond, and Sven Jensen, sought to understand the causes of various psychiatric disorders, such as schizophrenia. The pursuit of these underlying causes led these researchers to incorporate LSD as a research tool as they thought that the psychedelic properties of the hallucinogen could simulate a psychosis, which could enable them to gain a deeper understanding of the psychotic symptoms of their patients. It was this model of research and therapy that eventually led, in the 1950s, to Osmond and Hoffer postulating that addictions may have a biomedical cause, which could then be treated through psychedelic therapy. There were other parallels between Osmond and Hoffer's early research too, particularly as they thought that DTs (delirium tremens) were like psychosis, and therefore a psychedelic reaction also could theoretically provide insight into the severe stages of alcoholic withdrawal. Initially, Osmond and Hoffer argued that problem drinking was caused by a chemical imbalance in the brain, which could be cured through a psychopharmacological

¹⁵⁴ Herring, Berridge, and Thom. "Binge Drinking: An Exploration of a Confused Concept".

¹⁵⁵ Herring, Berridge, and Thom. "Binge Drinking: An Exploration of a Confused Concept".

¹⁵⁶ See Cook. *The Regenerators.*, Marshall. *Secularizing the Faith.*, and Herring, Berridge, and Thom. "Binge Drinking: An Exploration of a Confused Concept"

treatment by means of LSD. Hoffer and Osmond thought that LSD may have the capacity to correct the chemical imbalance in the brain that was the cause of the alcoholic's problem drinking.¹⁵⁷

The initial trials, that relied on LSD, sought to recreate the sensation of delirium tremens (DTs), that are one of the stages of withdrawal from alcohol. These unsettling episodes often cause periods of confusion and physiological distress for the alcoholic. Thus, ostensibly, the initial trials attempted to scare the alcoholic out of drinking by hijacking that natural course of deterioration and bringing the subject to a realization of harm and pain before the body physiologically reached this point. However, psychiatrists discovered that the negative approach was not necessarily effective in changing behavior. Indeed, patients often responded favourably, claiming to enjoy the experience, and even suggested that it had provided a window into a spiritual environment/landscape. The psychiatrists tried then to explain this reaction, suggesting that LSD facilitated a transcendental or spiritual experience, for some patients, this experience fostered recovery through a self-realization of the underlying psychological causes for their problem drinking.¹⁵⁸

The Therapy

The exact structure of the therapy differed slightly depending on which psychiatrist was overseeing the trial. However, in each study that incorporated psychotherapy, there was consistency in the theory and processes in the administration of LSD.¹⁵⁹ The patients, who were all chronic alcoholics and who failed to respond to previous psychiatric treatment, were admitted to the hospital at the beginning of the therapy.¹⁶⁰ In the model developed by Jensen, ten male alcoholic patients were placed together on a hospital ward for a period of approximately eight weeks.¹⁶¹ The program, like the other similar therapeutic programs developed by psychiatrists Abram Hoffer and Colin Smith, incorporated traditional psychiatric procedures, including patient interviews with the psychiatrist, prescription medication, and group therapy.¹⁶² However, Jensen's model differed in one specific way, in that group therapy was structured as an Alcoholics Anonymous group, which met both together in the hospital as well as weekly with the local Weyburn Alcoholics Anonymous.¹⁶³ In Jensen's model, LSD was administered to the patient in the eighth week of the therapy, in combination with these other interventions.¹⁶⁴

¹⁵⁷ Dyck. *Psychedelic Psychiatry*. See pp. 53-78 for a discussion of the development of the treatment and theory.

¹⁵⁸ Dyck. *Psychedelic Psychiatry*. See pp. 53-78 for a discussion of the development of the treatment and theory.

¹⁵⁹ See Abram, Hoffer, "LSD: A Therapeutic Rationale" Saskatchewan Archives Board SA 207 III box 49. Sven, Jensen. "A Treatment Program for Alcoholics in a Mental Hospital", *Journal of Studies on Alcohol* vol. 23. no. 2 (1962) University of Regina Archives, The Library, 91-87 box 5 file 35 psychedelics-notes manuscript and background. And Colin, Smith. "A New Adjunct to the Treatment of Alcoholism: The Hallucinogenic Drugs." *Quarterly Journal of Studies on Alcohol* 19, no. 3 (1958): 406.

¹⁶⁰ Hoffer, "LSD: A Therapeutic Rationale", Jensen. "A Treatment Program for Alcoholics in a Mental Hospital", and Smith. "A New Adjunct to the Treatment of Alcoholism: The Hallucinogenic Drugs".

¹⁶¹ William, Potoroka. *Report of Executive Director*. Dated June 16, 1961. Saskatchewan Archives Board SA 207 II A.4

¹⁶² Potoroka. *Report of the executive Director*.

¹⁶³ Potoroka. *Report of the executive Director*.

¹⁶⁴ Potoroka. *Report of the executive Director*.

At the end of the eight-week session, Jensen followed up with the patients for several months to determine the lasting effect of the therapy.¹⁶⁵ During the follow-up period Jensen assessed the patients recovery and placed them in one of three categories – improved, unimproved, or unknown.¹⁶⁶ Although the results varied and the rate of success differed in each study, Jensen, Hoffer, and Smith presented data that suggested that their treatment model using LSD had a success rate of approximately fifty per cent, averaging across their different trials.¹⁶⁷ For the alcoholic to be considered improved, they needed to have ceased drinking entirely.¹⁶⁸ Likewise, patients who were deemed to be unimproved either moderated their drinking or had their drinking remain unchanged.¹⁶⁹ In the data, the unknown category consisted of patients who were unable to be followed up or were considered to be unimproved due to inadequate contact.¹⁷⁰

The results presented by the Saskatchewan group of psychiatrists invited skepticism by the mainstream psychiatric and medical community due to concerns surrounding the process and structure of the trials.¹⁷¹ Much of the criticism centred on the individualistic nature of each psychedelic experience, which did not neatly fit into the traditional clinical practice of medical research.¹⁷² However, the trials intrigued a sub-section of the spiritual community who sought to develop an effective intervention for problem drinking.

William Potoroka, who we met in chapter 1, was then a Baptist minister and executive director of the Alcohol Education Service in Manitoba that was invited by Jensen to observe a study in late 1960. Potoroka sought to “obtain some understanding of the circumstances under which the drug LSD, Lysergic Acid Diethylamide, was used in the treatment and more particularly to assess the nature and significance of experience with regard to the LSD.”¹⁷³ Jensen’s invitation to Potoroka suggests that he felt that a purely psychiatric approach to the psychedelic therapy was not sufficient to fully understand and harness the potential effectiveness of the treatment. Jensen, by collaborating with Potoroka, was then able to draw on Potoroka’s spiritual interpretation of the nature and significance of the spiritual experience of the LSD reaction to better treat the patient. It was in this context that Potoroka underwent his own LSD experience in December 1960 while he was observing the program at the Saskatchewan Mental Hospital in Weyburn.¹⁷⁴

The writings of Jensen and the characterization of his approach to the psychedelic therapy for problem drinking suggest that Jensen perceived that effective addictions treatment ought to occur in an environment that was both clinical and spiritual.¹⁷⁵ Potoroka, in the report of his observations, recounted that,

¹⁶⁵ Potoroka. *Report of the executive Director*.

¹⁶⁶ Bureau on Alcoholism Interim Report. *Apparent Results of Referrals of Alcoholics for LSD Therapy*. Saskatchewan Archives Board

¹⁶⁷ Bureau on Alcoholism Interim Report. *Apparent Results of Referrals of Alcoholics for LSD Therapy*.

¹⁶⁸ Bureau on Alcoholism Interim Report. *Apparent Results of Referrals of Alcoholics for LSD Therapy*.

¹⁶⁹ Bureau on Alcoholism Interim Report. *Apparent Results of Referrals of Alcoholics for LSD Therapy*.

¹⁷⁰ Bureau on Alcoholism Interim Report. *Apparent Results of Referrals of Alcoholics for LSD Therapy*.

¹⁷¹ Dyck. *Psychedelic Psychiatry*. See pp. 53-78 for a discussion of the development of the treatment and theory.

¹⁷² Dyck. *Psychedelic Psychiatry*. See pp. 53-78 for a discussion of the development of the treatment and theory.

¹⁷³ Dyck. *Psychedelic Psychiatry*. See pp. 53-78 for a discussion of the development of the treatment and theory.

¹⁷⁴ Potoroka. *Report of the Executive Director*.

¹⁷⁵ Potoroka. *Report of the Executive Director*.

Dr. Jensen sees A. A. as a major asset in the treatment and in the patient's attainment of 'contented sobriety' for the rest of life. He regards his role as one whereby the alcoholic is assisted in dealing with his drinking and his other problems in a framework of reference that is spiritual.¹⁷⁶

Potoroka framed Jensen's work and approach as one that not only saw the joint benefits of traditional psychiatric methods and spirituality to treat addictions but also actively sought to utilize both in the treatment of problem drinking.

The fact that the medical professionals and their studies of problem drinking and other psychiatric conditions did not fit neatly into the traditional dichotomy, that created a distinct separation between medical science and spirituality, was further evidenced in others who engaged in these experimental therapies. The extent to which these studies, as well as the researchers themselves, occupied this middle ground was articulated well in the words of Ron Ramsay, Sven Jensen's psychologist at the Weyburn hospital, when he described Jensen's attitude and philosophy toward his patients:

...His love and respect for his fellow men and for his God is evident in his work, and his sincerity can be felt by those who come to him for help...Sven doesn't feel sorry for his patients, this is useless and doesn't help anyone; he feels that they have not learnt to live the fullest possible life and therefore it is his job to try to get them to see the possibilities within themselves of living a better way...¹⁷⁷

The approach of Jensen, as characterized by Ramsay, can be read as suggesting that Jensen adopted a pastoral philosophy to his practice of psychiatry. Additionally, the religious phrasing in Ramsay's discussion of Jensen problematizes assumed relationships between medical science and spirituality. Jensen's approach to his patients was more characteristic of the historical image of the physician, which blended both religious pastoral methods and advancements in medical science and technology to treat patients.

The willingness of medical professionals, such as Jensen, to occupy this middle ground between spirituality and medicine was imperative for the development of their program of treatment of problem drinking by combined means of Alcoholics Anonymous and LSD. In the medical accounts, psychiatrists spoke to the centrality of the two components of the therapy.¹⁷⁸ The therapy drew extensively on the structures of both psychiatric methodology as well as the Alcoholics Anonymous organization.¹⁷⁹ The program functioned through a process of referral and the patients came to the hospital on a voluntary basis.¹⁸⁰ The treatment was built around a psychiatric model of therapy where the patient, who was admitted to the hospital, underwent interviews with the psychiatric professionals and engaged in group discussions throughout their

¹⁷⁶ Potoroka. *Report of the Executive Director*.

¹⁷⁷ Potoroka. *Report of the Executive Director*.

¹⁷⁸ Hoffer, "LSD: A Therapeutic Rationale", Jensen. "A Treatment Program for Alcoholics in a Mental Hospital", and Smith. "A new adjunct to the treatment of alcoholism: the hallucinogenic drugs".

¹⁷⁹ Hoffer, "LSD: A Therapeutic Rationale", Jensen. "A Treatment Program for Alcoholics in a Mental Hospital", and Smith. "A new adjunct to the treatment of alcoholism: the hallucinogenic drugs".

¹⁸⁰ Hoffer, "LSD: A Therapeutic Rationale", Jensen. "A Treatment Program for Alcoholics in a Mental Hospital", and Smith. "A new adjunct to the treatment of alcoholism: the hallucinogenic drugs".

time in the program.¹⁸¹ The group dynamic was likened to an Alcoholics Anonymous group as its structure followed the steps laid out in “the book” of Alcoholics Anonymous, except that it took place under the watch of medical professionals.¹⁸²

For many of the physicians engaged in facilitating this program of treatment for problem drinking, they believed that this first component of the therapy was essential to foster the realization that there was a better way of life.¹⁸³ This philosophy was colourfully articulated by Jensen’s assistant Ramsay when he said, “...this is where A.A. comes in, in showing the alcoholic that there is a better way of life, and the therapy and the LSD is the means whereby the patient can come to see himself and his God in this context...”¹⁸⁴ The ultimate purpose of this therapy was to facilitate an epiphany for the alcoholic, that would foster a period of self-examination, which would then result in a change of perspective on life and alcohol.¹⁸⁵ It was this change of perspective, which they believed was imperative for an alcoholic to stop drinking.¹⁸⁶ The religious or spiritual aspect of the therapy functioned as the nudge toward the epiphany or change of perspective.

The role of LSD within this model of treatment was reserved for those who, for whatever reason, were unable to achieve the necessary change in perspective through the group environment alone.¹⁸⁷ For many of the alcoholics who underwent this therapy, they were difficult cases who had gone through many other treatment programs and were not able to resolve their problem drinking using these conventional approaches, whether hospitalization or Alcoholics Anonymous.¹⁸⁸ In Jensen’s studies, LSD was administered to patients in the eighth week of their stay in the hospital.¹⁸⁹ This suggests that Jensen and his colleagues strove to use LSD as a tool to facilitate the change of perspective necessary for success in the Alcoholics Anonymous program. Moreover, the credence of these medical professionals to the idea of God in the LSD experience complicated the then conventional approach of biomedicine in the treatment of addictions.

Abram Hoffer, in a paper entitled *LSD – A Therapeutic Rationale*, articulated how he used the idea of God, that he believed was manifested in the patient’s LSD experience, as a therapeutic tool.¹⁹⁰ Hoffer said that during the experience he would ask the patient, “do you

¹⁸¹. Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸²Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸³ Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸⁴ Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”.

¹⁸⁵ Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸⁶ Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸⁷Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸⁸Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁸⁹Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

¹⁹⁰ Hoffer. *LSD – A Therapeutic Rationale*.

believe in God?”¹⁹¹ If the patient answered in the affirmative, Hoffer then said that he would ask the patient, “would you like to see him?”¹⁹² Hoffer found that, if the patient believed in God prior to their experience and they did want to see him, the patient did have an encounter with, who they understood, as God.¹⁹³ Hoffer used this opportunity to foster a change in thinking or self-perception. Following the LSD experience, he asked the patient if they had seen God and what He had said to them.¹⁹⁴ Hoffer noted that often the patient recounted an encounter with God and he then recorded the patient’s description of what he (and rarely she) heard and saw. This recounting was often described as profound, and an important moment for shifting an individual’s perspective on life, faith, and alcohol.¹⁹⁵

Hoffer’s adoption of the discussion of the divine within the psychiatric model of treatment for problem drinking suggests that Hoffer and the other psychiatrists engaged in these studies in Saskatchewan saw the benefit of utilizing both conventional psychiatric processes and methodologies as well as non-conventional methods which drew on the patient’s spirituality that did not traditionally fit within a psychiatric model of treatment. The fact that medical and spiritual elements were used in the development of this form of treatment for problem drinking suggests an attempt to bridge the separation of medicine and religion to harness the full potential of LSD and Alcoholics Anonymous to treat the high-risk patients. The therapy targeted high-risk patients because, for these patients, they had not had success in any other therapeutic structure. Therefore, this therapy, offered an intense intervention that operated on both a medical and spiritual foundation.

The examination of the work and writings of psychiatrists such as Jensen, Osmond, and Hoffer sheds light on the complex and unconventional relationship between medicine and Christianity within the LSD trials of the mid-twentieth century. Although not all of the psychiatrists subscribed to Christian belief, Hoffer for example was Jewish, their spirituality played a central role within these trials. Additionally, despite Christianity and Judaism differing in many theological facets, the concept of God as relational remains central in both religious traditions. Moreover, it is the concept of bringing the alcoholic into a new relationship with God and the world, which underpinned this therapy. Thus, it is difficult, and in many cases impossible, to separate medicine from spirituality and spirituality from medicine in these trials. The trials, which took place in a psychiatric hospital and followed certain orthodox psychiatric methodologies, did have explicit spiritual undertones in both the psychedelic and group therapy components of the treatment model.¹⁹⁶ Additionally, the active involvement of Christian clergy as advocates and observers of the therapy further reinforced the blending of these approaches.

The historical case of an addictions treatment that brings together conventional and non-conventional psychiatric models as well as medical and spiritual approaches illustrates the complexity of establishing a definitive and effective therapy for all patients. Between the continued debates surrounding the definition of problem drinking and whether addictions have

¹⁹¹ Hoffer. *LSD – A Therapeutic Rationale*.

¹⁹² Hoffer. *LSD – A Therapeutic Rationale*.

¹⁹³ Hoffer. *LSD – A Therapeutic Rationale*.

¹⁹⁴ Hoffer. *LSD – A Therapeutic Rationale*.

¹⁹⁵ Hoffer. *LSD – A Therapeutic Rationale*.

¹⁹⁶ Hoffer, “LSD: A Therapeutic Rationale”, Jensen. “A Treatment Program for Alcoholics in a Mental Hospital”, and Smith. “A new adjunct to the treatment of alcoholism: the hallucinogenic drugs”.

their root in biomedicine or moral failings, the trials illuminated how professionals from both sides found it insufficient to rely on one approach without combining it with the other.

Psychiatry Meets Spirituality

The Saskatchewan group of psychiatrists corresponded with various members of the Christian community who were influenced by the temperance and Social Gospel movements, as well as the founder of the Alcoholics Anonymous program. Reverend William Potoroka, executive director of the Alcohol Education Service in Manitoba, for example, corresponded with Hoffer regarding the therapy in June 1961 in the aftermath of his observation of Jensen's study group.¹⁹⁷ Potoroka's writings articulated how the therapy for problem drinking incorporated both medical and spiritual aspects, that were consistent with Jensen's descriptions of the therapy and his philosophy.¹⁹⁸ As we saw in chapter 1, Potoroka, who underwent his own LSD experience that same year, recounted how he saw great promise for these trials, to which he felt the Church should be interested.¹⁹⁹

Although Jensen and his colleagues approached the joint LSD and Alcoholics Anonymous therapy differently from spiritual leaders insofar that they viewed the studies from a clinical perspective, the divine encounter through the psychedelic experience of LSD brought into alignment certain philosophies of the psychiatrists and spiritual leaders.²⁰⁰ Jensen, like Potoroka, believed that the spiritual foundation of the therapy was essential for effective recovery.²⁰¹ The Saskatchewan psychiatry group, who initially sought to establish a biochemical root of problem drinking, in the later studies shifted their focus to a psychiatric model that was rooted in facilitating a change of perspective and outlook of life. The therapy whose goal it was to facilitate a change in perspective for the patient fit well within a psychiatric model of treatment, to the extent that through undergoing the psychiatric process of discussions with the psychiatrist the patient addressed the underlying psychological issues. The resolution of these underlying issues then allegedly brought the individual toward a change of perspective, which in turn, allowed them to come to a better way of life.

The shift in focus and structure of the therapy by Jensen and the other members of the Saskatchewan group established an intersection between medicine and spirituality in the treatment of problem drinking. Potoroka, for instance, occupied an unconventional space between spirituality and medicine within the world of addictions research and treatment. Likewise, Jensen and his colleagues, through incorporating LSD and Alcoholics Anonymous into a treatment plan for problem drinking, also navigated the space between medicine and spirituality. The approach of the Saskatchewan group to give credence to Christian perspectives

¹⁹⁷ Correspondence from William Potoroka to Abram Hoffer dated June 16, 1961. Saskatchewan Archives Board SA 207 II A.4

¹⁹⁸ Correspondence from William Potoroka to Abram Hoffer dated June 16, 1961

¹⁹⁹ Potoroka. *A Pastor Enquires About LSD*.

²⁰⁰ Hoffer, "LSD: A Therapeutic Rationale", Jensen. "A Treatment Program for Alcoholics in a Mental Hospital", Potoroka. *Report of the Executive Director*, and Smith. "A new adjunct to the treatment of alcoholism: the hallucinogenic drugs"

²⁰¹ Jensen. "A Treatment Program for Alcoholics in a Mental Hospital",

of healing fostered a progressive treatment philosophy for addictions, which borrowed elements from each field.

Despite this cooperation, the psychiatrists continued to describe the process in medical terms. Jensen, Hoffer, Osmond, and Smith sought to address the deeper psychological issues, that underpinned the alcoholic's problem drinking through the use of LSD. However, in doing this they tapped into a realm, that sat on the fringes of mainstream psychiatry and entered the ambiguous philosophical space between the temporal and the mystical. The psychiatrists drew upon the power and strength of God in the consciousness of their patients, when filtered through normative Christian and Jewish categories, to facilitate a change in perspective, which then allowed them to have success in the group component of the therapy.

The structure of the program was medical inasmuch as it followed the traditional psychiatric practices of interviews, medication, and group discussion. However, in philosophy and theory these trials were effectively rooted in a spirituality of healing. The ultimate approach was to bring the patient to understand and adopt a path toward a better way of life. Medicine and spirituality could not be divorced from each other within these trials as practice and philosophy irrevocably linked them. The therapeutic use of LSD and Alcoholics Anonymous brought the concept of God directly into a medical environment.

The spiritual undercurrent of both LSD and Alcoholics Anonymous fell outside the traditional purview of the medical understanding of healing and therefore the collaboration with spiritual leaders was important for articulating what was happening below the surface for the patients. The psychiatrists who were engaged in these studies occupied the role of both physician and minister to a certain degree. Particularly in the case of Jensen, who viewed his role in the therapy to bring the patient to see and accept a better way of life, employed strategies, which were clerical and pastoral in nature. The role of a minister can be understood as leading their parishioners to see and know who they are in Jesus Christ and live more steadfastly according to the example of the Gospel. Likewise, Jensen and his colleagues were attempting to address the underlying psychological causes of the alcoholic's drinking through having them come and see God, thus renewing or reinforcing their faith in God.

The use of LSD in the treatment of problem drinking, if framed as a medicalized form of sacrament that we saw in Potoroka's practices and preparations, situates the psychiatric professionals in a pastoral light in the space between medicine and spirituality. The development of a psychiatric therapy for problem drinking, which harnessed the power and presence of God in the LSD experience combined with the implicit spirituality of the Alcoholics Anonymous program represented a convergence of medical and spiritual approaches to addictions and healing not typical of the mainstream therapies of the day. The trials, in working on the fringes of science and spirituality, incorporated psychiatry and spirituality to treat alcoholics in Saskatchewan.

The final chapter will shift to explore the experiences of a patient, the Reverend James Owen, to investigate the positive effects of the therapy for one individual for whom it was successful.

Chapter 3: An Anglican on Acid

The progressive dual treatment of problem drinking with the combined use of LSD and Alcoholics Anonymous developed in Saskatchewan in the 1950s and 1960s, that was advocated by a section of Canadian protestant clergy, sought to develop a definitive cure for problem drinking in Canada. Although this treatment did not prove to be effective for all patients, there are many documented cases where the individual problem drinker not only ceased drinking but also spoke to a spiritual experience that transformed their understanding of their place in the world. As we saw in chapter 2, the rates of successful recovery in this therapy were reported at around fifty per cent. Indeed, it was often this insight, or development of perspective that was considered critical in the road to recovery from problem drinking. Reverend James Owen came to his vocation as an Anglican priest after experiencing a spiritual epiphany under the influence of LSD. However, Owen's process of spiritual awakening and acceptance of his vocation was not immediate, but rather slow and gradual. He was a baptized Anglican when he underwent the psychedelic therapy in 1968 and his LSD experience functioned as a spark that set-in motion his lifelong spiritual development. His interaction with LSD was prompted by his treatment for problem drinking.

The case of James Owen sheds light on the practical component of what Reverend Potoroka sought to accomplish in his ministry – the healing of problem drinking in Canada. However, the larger effect of the LSD experience on Owen's life also raises questions about the role that LSD played in the spiritual growth of some of its users. For Owen, the insight gained through his LSD experience brought him to a life changing spiritual enlightenment that not only assisted in his recovery from problem drinking but facilitated an epiphany of his vocation in life.

On the surface, James Owen's personal account serves to help justify the recommencement of psychedelic research. Although Owen's case represents only one individual who engaged in these trials, other subjects may well have shared his views, though few records survive to verify this claim. However, through examining the reflections of this late vocation Anglican priest other questions emerge. Owen colorfully recounted how his sense of faith and spirituality were greatly enhanced as a result of his LSD experience and he not only ceased drinking but also had a revelation, that remained with him for his whole life.²⁰² The powerful and life changing perspective gained through his LSD experience and continued membership in Alcoholics Anonymous framed his understanding of vocation and ministry.²⁰³ Owen, reflecting on his life and vocation, said about his LSD experience that, "as I look back over my life, it gave me that breakthrough. It gave me that sense of being grounded in something more than myself – something that was powerful and good."²⁰⁴ For Owen, LSD was important as it assisted him in

²⁰² James Owen in an interview with Michael Lyons on June 12, 2017.

²⁰³ Owen in an interview with Michael Lyons on June 12, 2017.

²⁰⁴ Jensen. "A Treatment Program for Alcoholics in a Mental Hospital".

being able to fully embrace the aspects and structures of the Alcoholics Anonymous program with which he initially struggled. Thus, for patients like Owen, LSD was not strictly clinical and Alcoholics Anonymous was not strictly spiritual. The two components of the treatment played both a clinical and spiritual role in bringing the problem drinker to sobriety.

This chapter offers an in-depth account of Owen's insights, based on oral interviews where he reflected on his past and his interaction with LSD. This chapter examines Owen as a case study to illustrate how, in certain cases, the combined treatment of problem drinking with LSD and Alcoholics Anonymous introduced subjects to new pathways. In his case, the experience succeeded in stimulating the initial self-reflection and understanding required to engage with the twelve-step model of the Alcoholics Anonymous program. While Owen is not representative or characteristic of all those individuals who underwent the LSD trials, he is an important example of a success story whose success rested upon harmonizing spiritual and psychological healing, a process that ultimately resulted in sobriety. Additionally, although historians have acknowledged a spiritual dimension in the healing process, such as Rick Strassman in his work *DMT: The Spirit Molecule*, they tend to follow the experiment rather than the spiritual life of the patient.²⁰⁵ Scholars more often identify the spiritual dimension as a pleasant bonus, or an advantage to the experience, but rarely interrogate it as a central feature of the healing process. In this chapter, I look at how LSD transformed Owen's spirituality, and how he reconciles his life through this lens.

The Pursuit of a Healthy Life

The concept of problem drinking as a disease, and ultimately as an addiction, has plagued the psychiatric and mental health fields.²⁰⁶ The major difficulty in developing a definitive definition has been the changing interpretation of what constituted binge or problem drinking in a given society, or how to tease apart cultural expectations from abnormal or disruptive forms of drinking.²⁰⁷ Historians Virginia Berridge and Betsy Thom have argued, in their study of historical interpretations of problem drinking in England, that the definition of binge drinking has changed over time and saw a distinct shift in definition in the latter decades of the twentieth century.²⁰⁸ Traditionally, binge drinking was defined as a longer period of time, usually multiple days, set aside for heavy alcohol consumption.²⁰⁹ Berridge and Thom argue that, in the 1990s, the definition of binge drinking shifted from its traditional interpretation to being defined as the consumption of a set number of alcoholic beverages in one sitting.²¹⁰

However, these two definitions remained problematic. They did not provide a distinctive and clear set of diagnostic criteria enabling medical professionals to assess and treat their patients according to any meaningful criteria. Furthermore, as Berridge and Thom illustrate, the medical community has struggled to reach a consensus on what constitutes binge versus chronic

²⁰⁵ Rick, Strassman. *DMT: The Spirit Molecule*. 2001.

²⁰⁶ Rachel, Herring, Virginia, Berridge, and Betsy Thom. "Binge drinking today: learning lessons from the past". *Drugs: Education, Prevention, and Policy* 15, no. 5 (2008): 475-486. 476

²⁰⁷ Herring, Berridge, and Thom. "Binge drinking today". 476

²⁰⁸ Herring, Berridge, and Thom. "Binge drinking today". 476

²⁰⁹ Herring, Berridge, and Thom. "Binge drinking today". 477

²¹⁰ Herring, Berridge, and Thom. "Binge drinking today". 477

drinking behaviour, and furthermore, what necessitates outside intervention to change problematic behaviour.²¹¹

The definition of problem drinking was further problematized by the psychiatric and religious communities in the twentieth century based on the disagreement concerning the underlying cause of alcohol abuse.²¹² The cause of problem drinking was contested and the major theories fell within two opposing camps.²¹³ For those psychiatric professionals and spiritual leaders they thought that the underlying cause of problem drinking was either due to a moral failing in the individual or because of a biochemical defect.²¹⁴ Medical professionals, such as Humphry Osmond, sought to use LSD to definitively prove that problem drinking was in fact caused by a biochemical imbalance in the brain and thus could be treated with psychiatric drugs.²¹⁵ Osmond's theory postulated that, problem drinking resulted from a biochemical imbalance in the brain that caused the individual to be susceptible to addiction.²¹⁶ Osmond sought to use LSD to correct this chemical imbalance that in turn would resolve the patient's problem drinking.²¹⁷ Conversely, those who argued that problem drinking was caused by a moral failing in the individual sought to amend the morality of the alcoholic, chiefly through non-pharmaceutical means of treatment, and more often through community interventions, whether through Church organizations, temperance initiatives, or fraternal societies.²¹⁸

The emergence of LSD as a treatment in some ways offered a middle ground solution, on the one hand distributed through a clinical encounter and decidedly medical environment, but on the other hand it triggered undeniably spiritual responses that were often credited as the main reason for sustained sobriety. The combined pursuits of both spiritual and medical professionals to develop a curative measure for problem drinking using both LSD and Alcoholics Anonymous represented both the nuanced and complicated nature of research of problem drinking during the mid-twentieth century. These trials bring together the two major theories and methodologies in the pursuit of a suitable intervention. Owen, through his reflections on his treatment, illustrated how the theories of Potoroka, Osmond, and Hoffer, was an effective approach, particularly because it addressed both spiritual and physiological needs.

The program of Alcoholics Anonymous, although framed as a wholly secular and self-sufficient organization, maintained relationships with religious and medical groups. Alcoholics Anonymous was founded in 1935 by William Wilson (known as Bill W.) and Dr. Robert Smith (known as Dr. Bob) in Akron, Ohio.²¹⁹ The program was structured as a mutual aid fellowship whose primary purpose was to help alcoholics stay sober and help other alcoholics achieve sobriety.²²⁰ Under this program structure, Alcoholics Anonymous framed itself as not being

²¹¹ Herring, Berridge, and Thom. "Binge drinking today". 478

²¹² Herring, Berridge, and Thom. "Binge drinking today". 478

²¹³ Herring, Berridge, and Thom. "Binge drinking today". 478

²¹⁴ Herring, Berridge, and Thom. "Binge drinking today". 478

²¹⁵ Erika Dyck. "Hitting highs at rock bottom: LSD as an alcoholism treatment" *Social History of Medicine*. 19. no. 2 (2005): 315-329. 317

²¹⁶ Dyck. "Hitting Highs at Rock Bottom". 318

²¹⁷ Dyck. "Hitting Highs at Rock Bottom". 320

²¹⁸ Herring, Berridge, and Thom. "Binge Drinking Today".

²¹⁹ Ernest, Kurtz. *Not God: A History of Alcoholics Anonymous*. Simon and Shuster. 2010.

²²⁰ Kurtz. *Not God: A History of Alcoholics Anonymous*.

connected with any religious ideology or external organization.²²¹ However, in reality not only was the program implicitly spiritual as Alcoholics Anonymous was based on a philosophy that argued that the first step toward sobriety was the acceptance of the existence of a higher power and relinquishing one's control to it, it also was constructed in a collective congregational manner.²²² Official discourse from Alcoholics Anonymous did not maintain that the higher power needed to be understood as the Christian God, but instead was able to be understood in a way that was acceptable and comfortable for the individual alcoholic.²²³ Alcoholics Anonymous engaged, although not openly, in discussions with members of the medical field.²²⁴ The interaction between the organization of Alcoholics Anonymous and the medical community extended to those engaging in LSD research in Saskatchewan.²²⁵ Bill Wilson was interested and took part for a time in the LSD trials being undertaken by Osmond and others in Saskatchewan.²²⁶ Despite Wilson concluding that the LSD studies in Saskatchewan did not sufficiently determine satisfactory rates of success, he continued to correspond with the medical professionals in Saskatchewan and quietly supported the ongoing trials with LSD.²²⁷ Although formally, Alcoholics Anonymous put forth an image of independence and self support, but in reality the connection and collaboration between Alcoholics Anonymous, Christianity, and the medical community was more nuanced and complicated than the public image presented in some of its contemporary publications, and relatedly, but subsequent historians.²²⁸

The Alcoholics Anonymous program, like LSD use, occupies an ambiguous space between medicine and spirituality. To this end, Alcoholics Anonymous as an organization problematized the traditional philosophy and perspective of the Social Gospel as it was not simply the moral scriptural interpretation driving the development of a social theology. The Alcoholics Anonymous program, and by extension the LSD trials, brought together the intellectual, philosophical, and theological perspectives of both medicine and spirituality to facilitate social change. The philosophy espoused by Potoroka maintained that the successful treatment of problem drinking would foster a social change to the end that those who recover from their problem drinking through awareness and education would create a shift in Canadian society's approach to the consumption of alcohol. The transcendental experience of LSD and the community structure of the Alcoholics Anonymous program typified in the progressive treatment of problem drinking developed in Saskatchewan in the mid-twentieth century. AA fostered the development of a Social Gospel theology, because it drew on the joint benefits of the medical and spiritual fields and incorporated both individual piety and a call for social change. Combining these elements was not characteristic of traditional approaches to Christian or scientific pursuits of social change.

Furthermore, the Alcoholics Anonymous program and its structure complicate the understanding of secularization and the Social Gospel. Despite the Alcoholics Anonymous

²²¹ Kurtz. *Not God: A History of Alcoholics Anonymous*.

²²² Marc, Galanter. *What is Alcoholics Anonymous?: A path from addiction to recovery*. Oxford University Press. 2016.

²²³ Galanter. *What is Alcoholics Anonymous?*

²²⁴ Galanter. *What is Alcoholics Anonymous?*

²²⁵ Dyck. "Hitting Highs at Rock Bottom". 321

²²⁶ Dyck. "Hitting Highs at Rock Bottom". 321

²²⁷ Dyck. "Hitting Highs at Rock Bottom". 322

²²⁸ See Kurtz. *Not God: A History of Alcoholics Anonymous*.

program identification as a purely secular organization, the program held, and continues to hold, many characteristics of a Christian worldview – the most prominent of which was the core tenant of the acceptance of a higher power. Additionally, many Alcoholics Anonymous groups held their meetings in various Christian churches. The undercurrent of Christian influence on the Alcoholics Anonymous model, although not explicitly and openly discussed, represents a relationship between Alcoholics Anonymous and Christianity, which needs to be nuanced to fully understand how Alcoholics Anonymous fit into a different approach and philosophy of the Social Gospel.

Through examining the case studies of clinicians from both the Christian leadership and medical practitioners, such as Pastor Potoroka and Dr. Osmond, as well as the perspective and experiences of patients, such as James Owen, we can see how these ideas intersected. The combined treatment of problem drinking by means of LSD and the Alcoholics Anonymous program not only showed promise for addressing the issue of problem drinking in Canadian society but also, due to the transcendental experiences, it also opened a new understanding of the subjects themselves, and their place in the world. The profound insight gained, especially for those already familiar with a Christian foundation, were able to incorporate these insights into an approach to the Social Gospel that was not based on moral scriptural interpretations alone.

The spiritual encounter experienced by James Owen through LSD facilitated a shift in his outlook and perceptions of faith, life, and alcohol. Owen had joined Alcoholics Anonymous in 1968 at the age of twenty-seven.²²⁹ He spoke to the personal challenges he faced in the program as a young man where he said,

Being a young man, twenty-seven years old, I could see it was a good program. It was what I needed but, I had a hard time adjusting to it at the start. Most people were quite a bit older than me at the time. But I had decided that I had seen what was happening in my life and I didn't want to go down that road that other people had had to go down to get to the bottom of it all.²³⁰

However, despite the positive perspective of Alcoholics Anonymous presented by Owen, he felt as though something was missing, “So I started doing the twelve steps and going to meetings. But I wasn't getting something – there was something missing for me. I found that I couldn't act extemporaneously within it.”²³¹ The fact that Owen spoke to internal struggles with the Alcoholics Anonymous program made him an ideal candidate for the trial. The treatment, as argued by Potoroka, Jensen, Hoffer, and Smith ought to be reserved for those who for whatever reason struggled to attain the necessary introspection and self-awareness through Alcoholics Anonymous alone.

The Alcoholics Anonymous program was and continues to be structured around a set of twelve steps, which the alcoholic, once they have become fully incorporated into the program, works through systematically and chronologically. Physician Marc Galanter explains the twelve steps in his book *What is Alcoholics Anonymous?* where he breaks down the intricate aspects of each step. The steps are framed as a series of guiding principles to not only bring the alcoholic to

²²⁹ Owen in an interview with Michael Lyons on June 12, 2017.

²³⁰ Owen in an interview with Michael Lyons on June 12, 2017.

²³¹ Owen in an interview with Michael Lyons on June 12, 2017.

sobriety but to facilitate in the healing of three main aspects of the individual affected by problem drinking – the mind, body, and soul. The first three steps are intended to develop and strengthen the alcoholic’s understanding of their relationship between alcohol and the higher power. In the first step, the alcoholic acknowledges that they are powerless over their addiction. Then, in the second and third steps, the alcoholic comes to accept the presence of a higher power and relinquishes control of their lives over to it.²³²

The first three steps are intended to facilitate a shift in the alcoholic’s worldview and to remind them that they are not alone and do not have to wholly address their addiction in isolation. The following four steps shift the focus inward, concentrating on reflection, confession, and absolution. In steps four, five, six, and seven the alcoholic creates a written moral inventory of themselves, confesses these wrongs to another human being, and asks the higher power to remove or forgive all these wrongs and defects of character. These steps allow the alcoholic to begin acknowledging how their problem drinking has affected those around them. The stage of introspection and self-examination is essential for the alcoholic to move forward into the next set of steps, that are built upon making amends with those wronged or hurt due to the alcoholic’s drinking.²³³

The second stage of the twelve steps focused on an inward healing and the third stage of the steps shift to an outward healing. In steps eight and nine, the alcoholic creates a list of all those they have harmed or wronged and make direct amends with those individuals. This is a central stage for the alcoholic as it is in this stage that they strive to heal the relationships with those around them hurt by their problem drinking. The major focus of the Alcoholics Anonymous program becomes clear through a systematic breakdown of the twelve steps, which is that healing can only begin and occur if the alcoholic acknowledges the existence of a higher power. The first stage of the steps focuses on developing and healing the relationship between the alcoholic and the higher power. The second stage concentrates on the healing of the alcoholic’s relationship with themselves. Finally, the third stage emphasizes healing the relationship between the alcoholic and their loved ones. Every stage of the first nine steps are systematically focused on developing and healing broken relationships caused by the alcoholic’s problem drinking.²³⁴

The final three steps are focused on the reinforcement and strengthening of the tenants of the previous nine steps. In steps ten, eleven, and twelve the alcoholic continues to look inwardly and when wrongs or hurt occur they promptly seek amends from the higher power, themselves, and the individuals. The individual is encouraged to pursue an improvement in the knowledge and contact with the higher power through prayer or meditation and communicate the message to other alcoholics while striving to live out the principles of the twelve steps in all their affairs.²³⁵ The examination of the twelve steps of Alcoholics Anonymous illustrate how, although not

²³² Galanter. *What is Alcoholics Anonymous?*. See Chapter 4 for an extensive description and discussion of the twelve steps.

²³³ Galanter. *What is Alcoholics Anonymous?*. See Chapter 4 for an extensive description and discussion of the twelve steps.

²³⁴ Galanter. *What is Alcoholics Anonymous?*. See Chapter 4 for an extensive description and discussion of the twelve steps.

²³⁵ Galanter. *What is Alcoholics Anonymous?*. See Chapter 4 for an extensive description and discussion of the twelve steps.

explicitly a Christian program, subscribers are expected to follow a very Christian structure of conversion. Firstly, one must come to accept the existence of God.²³⁶ Secondly, one undergoes a personal enlightenment in which they make their confession and receive absolution of their sins.²³⁷ Thirdly, one asks forgiveness of those who were affected by their behavior in their old life and finally, carrying the Gospel out into the world and living as a witness to the Gospel.²³⁸ Despite this approach, the relationship between Christianity and Alcoholics Anonymous is not always abundantly clear. In certain circumstances when Alcoholics Anonymous referenced the higher power they explicitly called it God; but at other times the phrasing was more ambiguous. Despite the ambiguity in the language of Alcoholics Anonymous regarding the higher power, the Christian undertones are undeniable.

For Owen the organization of Alcoholics Anonymous was too rigid and uninviting. He struggled with the routines of Alcoholics Anonymous and began to look for other methods and programs of treatment.²³⁹ He felt that for him, some sort of deeper spirituality needed to be incorporated into an effective treatment plan.²⁴⁰ He recognized the benefits and power of the Alcoholics Anonymous program, but he needed to find a tool to assist him in connecting with the higher power in order to succeed in the program. Although the Alcoholics Anonymous program, in its structure of community and core tenant of the acceptance of an higher power, had the potential to foster an encountering of a spirituality, Owen, like many others, had difficulty reaching this stage on his own. So, when he was told about the LSD trials by a friend he had made in Alcoholics Anonymous he was drawn toward the potential of achieving this plateau of heightened spirituality.²⁴¹ Owen's pursuit of spirituality within problem drinking treatment was articulated when he said,

So, I was in a situation where I was trying to stop drinking and was missing out somehow on something that you used as a prop in your life, and so it became obvious that it needed to be replaced by some spirituality – something that would fill the hole that is left inside me. I had a friend who was in AA. He and I had developed a pretty good friendship, he was older than I was at the time, and he started telling me about his experiences. He had gone through this program, it was a program through the University of Saskatchewan and it was with Dr. Hoffer and others. And so he told me about all these things and told me about the experiences and it sounded really good. It sounded like something I was attracted to and so we made the arrangements and I got in on the plan and went there and it was a good setting it was inviting and non-intimidating, a nice room there and so they gave me the LSD treatment.²⁴²

For Owen, he found solace and peace during his LSD experience.²⁴³ Through psychedelic therapy he began to understand the power and love of God in his life. He came to the realization

²³⁶ Peter, G. Stromberg. *Language and self-transformation: A study of the Christian conversion narrative*. Vol. 5. Cambridge University Press. 1993.

²³⁷ Stromberg. *Language and self-transformation*.

²³⁸ Stromberg. *Language and self-transformation*.

²³⁹ Owen in an interview with Michael Lyons on June 12, 2017.

²⁴⁰ Owen in an interview with Michael Lyons on June 12, 2017.

²⁴¹ Owen in an interview with Michael Lyons on June 12, 2017.

²⁴² Owen in an interview with Michael Lyons on June 12, 2017.

²⁴³ Owen in an interview with Michael Lyons on June 12, 2017.

that God was the only thing that could fill the hole inside of him left by alcohol. However, this revelation was not linear. But, his journey, punctuated by the LSD experience, allowed him to re-engage with the twelve-step program. But, the LSD did not operate alone either. The brotherhood or fraternity of Alcoholics Anonymous ultimately brought him to this option, while the LSD merely facilitated or triggered a critical reflection. Owen's case helps to illustrate how psychedelic therapy fused these elements together and recognized that these healing features were intimately interconnected.

In some cases, individuals who underwent the psychedelic therapy for their problem drinking spoke to how the experience fostered by LSD created a form of escapism from a world devoid of creativity and colour. For these individuals, this escapism appealed to the addictive characteristics in their psyche that used alcohol as an escape from the reality of their problems and world. However, in Owen's case, the evidence from his interview does not suggest that this was a driving force behind his draw toward the progressive therapy.

Owen recognized the interconnected nature of the experience. He reflected that,

It was more than I had even hoped for because it was after having taken it, and as it began to take over my body, I began to go into this relaxed situation or state. It became more and more so and then I could see that my perception was so much sharper. Some flowers they had there came to life more abundantly than you can imagine and looking out the window things were just and this was all beauty...and this feeling that came over me was quite indescribable. It was the peace that passes all understanding. It was so beautiful that I was just taken in with it. There was so much beauty and joy that eventually I began to break through to that place. There was a bit of struggle but then I sort of broke through this and the light came pouring in.²⁴⁴

For Owen, his psychedelic experience helped to contextualize his behaviour and why he required a more dramatic intervention to steer him onto the pathway of recovery. LSD had the potential to provoke the alcoholic to break through the psychological wall that was preventing the patient from addressing the underlying events, which ultimately were the cause of their drinking. Although this was not the case for all patients who underwent LSD treatment for their problem drinking, the example of James Owen illustrates the powerful effect LSD had for certain patients struggling to recover from an addiction to alcohol.

The perspectives of the healers, such as pastor Potoroka and psychiatrist Sven Jensen, were rooted in theories and philosophies that needed to be tested. The research being undertaken by Hoffer, Osmond, and Jensen was supported by spiritual figures such as Potoroka. Their collaborative efforts represented a shift in a section of the fringe group of the medical and spiritual leadership's perspective on problem drinking and addictions treatments. This shift and openness to more experimental treatments, such as LSD, was enthusiastically welcomed by patients who genuinely sought out a cure for their problem drinking. The LSD therapy was of interest to both members of the medical community as well as members of the Alcoholics Anonymous program.²⁴⁵ The psychedelic treatment reinforced for the medical professionals, such as Hoffer and Osmond, that problem drinking fit within a diagnostic biomedical model as a

²⁴⁴ Owen in an interview with Michael Lyons on June 12, 2017.

²⁴⁵ Dyck. *Psychedelic Psychiatry*. 55

psychiatric disease.²⁴⁶ While for those members of Alcoholics Anonymous, the psychedelic therapy assisted the patient to achieve the recognition and self-awareness, that was an essential component in the success of the Alcoholics Anonymous approach.²⁴⁷ The fact that patients, such as Owen, were open to these more experimental forms of treatment suggest that there was a broader shift in Canadian society to address the issue of problem drinking in their midst – one which was not isolated to the realms of the research lab or the pulpit.

The perspective of the patient sheds light on how this model of treating problem drinking had the capacity to bridge the lines between medicine and spirituality to create an effective intervention. The spirituality and encountering of the divine by Owen provoked a dramatic shift in his outlook and understanding of himself and his relationship with God and by extension the world.²⁴⁸

Although Owen spoke to how each aspect of the therapy ultimately gave him strength and insight, conceptualizing LSD as strictly clinical and Alcoholics Anonymous as strictly spiritual oversimplifies the nature and role of each. LSD, although administered within a clinical context, facilitated a spiritual or transcendental experience for the patient.²⁴⁹ Furthermore, the Alcoholics Anonymous program, despite its implicitly spiritual structure, also maintained aspects that fit more neatly into a psychiatric or clinical model of treatment.²⁵⁰ LSD functioned ostensibly as a mechanism to nudge the problem drinker into a new understanding, that allowed them to work within the model and twelve steps of Alcoholics Anonymous.²⁵¹

For Owen, the structure and form of the treatment for his problem drinking did not bring him to Anglicanism, as he was a baptized Anglican from his youth. But, following his therapeutic treatment for his problem drinking, he found a new appreciation and richness in his faith in God and it was this change that began to facilitate the slow and gradual change in Owen's life and perspective.

The Patient Perspective: Why Is It Important?

The efficacy and value of psychedelics in a clinical context is an area of research that has seen a resurgence in recent decades. Dr. William Richards, a clinical psychologist at the Johns Hopkins Institute of medicine specializes in the psychology of religion as well as hallucinogens. In his book *Sacred Knowledge: Psychedelics and Religious Experiences* Richards offers a compelling argument for how psychedelics, if administered in a controlled clinical setting, show great promise for treating individuals suffering from addictions.²⁵² Richards, who wrote from the perspective of his own personal experience with psychedelics as well as from his background in both theology and clinical psychology, argued that the cultural and societal stigmas surrounding psychedelic substances, created by the identification of psychedelics with the counter-cultural movements of the 1960s and 1970s, have stalled the progress and advancement

²⁴⁶ Dyck. *Psychedelic Psychiatry*. 55

²⁴⁷ Dyck. *Psychedelic Psychiatry*. 62

²⁴⁸ Dyck. *Psychedelic Psychiatry*. 64

²⁴⁹ Dyck. *Psychedelic Psychiatry*. 64

²⁵⁰ Dyck. *Psychedelic Psychiatry*. 64

²⁵¹ Dyck. *Psychedelic Psychiatry*. 64

²⁵² Richards. *Sacred Knowledge*. See Introduction.

of clinical psychedelic research.²⁵³ The re-emergence of psychedelic research in the late twentieth and twenty-first centuries have brought new importance to the transcripts of medical and religious professionals as well as the reflections and recounting of patients on their own psychedelic experiences. The lack of contemporary examples of clinical materials has caused some clinicians to explore the historical evidence to establish their model and make the argument for the potential effectiveness for psychedelics to return to use as a valid treatment for addictions.

LSD and Spiritual Growth

Owen's case compares with pastor Potoroka inasmuch as the psychedelic experience enhanced both men's faith and spirituality albeit in slightly different ways. For Potoroka, who at the time of his experience was already an ordained minister and leader in the Church, his LSD experience helped to convince him that the LSD experience worked within a Christian model of healing. Therefore, despite his deepened spirituality and knowledge gained from the experience, it was secondary to Potoroka's ultimate pursuit of a more sophisticated and effective cure for problem drinking. However, Owen at the time of his LSD experience was a baptized Christian who, as a layperson, was involved in various aspects of his church and its mission but was not on a career path towards becoming a priest.²⁵⁴ Owen came to the LSD experience seeking treatment for his problem drinking. Yet for both men the LSD experiment produced a profound and heightened spirituality, an encounter with God, and a set of lasting personal insights. Owen, for example, credits this moment as having changed his life direction to the end that he eventually was made a deacon and ordained to the priesthood in the Anglican Church of Canada following his retirement from art education in 1988.²⁵⁵

Owen recalled that his LSD encounter provided him with a deeper understanding of both himself and his faith. In recounting his experience he described how the scriptures gained new power and resonance for him when he said, "the things that I had read about, things from scripture for example that have been said over the centuries about the spiritual life not only in Christian terms but in others as well suddenly had new meaning for me."²⁵⁶ This deeper, and more complex, understanding of the scriptures enabled Owen to not only address the medical reason for undergoing an LSD experience, the treatment of his problem drinking, but also enriched his Christian faith.²⁵⁷

Owen did not immediately recognize the spiritual awakening fostered by his LSD experience. However, gradually over time he noticed a shift in his perspective on faith, religion, and his Christian mission. The gradual nature of Owen's realization was typified in that he did not seek ordination until after his retirement from teaching art in primary schools. Following his experience and getting on the path toward sobriety, Owen became more involved in his church and sought to live out the Gospel as he understood it. The gradual increase in his involvement in the aftermath of his treatment is what Owen ultimately credited with hearing God's call to him to take up priestly ministry.

²⁵³ Richards. *Sacred Knowledge*. See Introduction.

²⁵⁴ Owen in an interview with Michael Lyons on June 12, 2017.

²⁵⁵ Owen in an interview with Michael Lyons on June 12, 2017.

²⁵⁶ Owen in an interview with Michael Lyons on June 12, 2017.

²⁵⁷ Owen in an interview with Michael Lyons on June 12, 2017.

However, Owen did not fully recover from his problem drinking as a result of his LSD experience.²⁵⁸ He continued in Alcoholics Anonymous and faced the continued challenge of remaining fully sober, which meant total abstinence from the consumption of alcohol.²⁵⁹ Although Owen's LSD experience did not fully cure him of his problem drinking, it did assist Owen in "getting on the road to spiritual recovery."²⁶⁰ The continued membership in the Alcoholics Anonymous program has significantly influenced Owen's perspective and approach to his pastoral ministry to others. Owen's case illustrates why both components of the dual treatment were imperative for recovery.

The close analysis of James Owen raises questions of how therapy played a role in the spiritual enlightenment of those who were cured of their problem drinking by means of this treatment. Owen's testimonial suggests that the encountering of God through LSD in a clinical setting gave him the insight and knowledge to accept the presence and power of God in his life. This in turn allowed him to accept and work within the twelve-step structure of the Alcoholics Anonymous program. Owen's LSD experience represented the beginning of his spiritual awakening, that was further fostered and nurtured through his continued involvement and membership in Alcoholics Anonymous. Owen's case also helps to explain how, for some of those patients who achieved sobriety through this model of treatment, the use of LSD allowed the alcoholic to encounter God in a powerful and personal way. This divine encounter allowed the alcoholic to work within the fellowship model of the Alcoholics Anonymous program more earnestly and steadfastly. Essentially, in cases like Owen, LSD was functioning as a trigger to begin the process for those alcoholics who were unable to initially accept the twelve-step program.

The mystical nature of Owen's LSD experience had a two-pronged effect on his life. He saw, to an extent, a treatment of his problem drinking and an enhancement of his faith and understanding of vocation that remained with him for many years before being fully realized. Comparing Potoroka and Owen as separate case studies helps to shed light on the historical relationship between the Social Gospel and medicine. Potoroka was, although not an alcoholic, an uncharacteristic figure amongst the Christian clergy who embraced experimental forms of treatment for problem drinking. Furthermore, his faith in God was represented in his approach to LSD, Alcoholics Anonymous, and healing. On the other hand, Owen, who was a Christian layperson, was not necessarily a man of strong personal faith at an earlier stage of his life. Therefore, Potoroka represented an example of a Christian clinician while Owen represented an example of a successful patient within the complex narrative of the relationship between spirituality, medicine, and the Social Gospel during the LSD trials for problem drinking during the mid-twentieth century. Yet there are parallels between the psychedelic experiences of two Christians, Potoroka and Owen, suggesting that LSD was facilitating an acceptance and deeper knowledge of their God-given vocation. Owen attributed his recovery from problem drinking to the LSD, that had put him on the path to slow and gradual recovery from drinking. However, perhaps more importantly he felt that the intensity of the LSD experience was what enabled him to break down the proverbial walls that he had constructed as a means of protection and security.

²⁵⁸ Owen in an interview with Michael Lyons.

²⁵⁹ Owen in an interview with Michael Lyons.

²⁶⁰ Owen in an interview with Michael Lyons.

In his interview he spoke to how this experience allowed him to break down these walls and make contact with the spiritual peace of which he longed for when he said,

The walls we build around ourselves as protective things it allowed me to break through that to a richer world and it was so outstanding as I say that I was completely filled with joy and it wasn't just joy it was strength and there was beauty and the sense that this pervading atmosphere of goodness of outright beauty and goodness it just enveloped me.²⁶¹

For Owen, the experience not only set him on his path of spiritual leadership, but he suggests that it continues to inform his spiritual practice. Like Potoroka, Owen, through his journey in this form of problem drinking treatment came to an appreciation for the necessity for the combination of both individual piety and a Social Gospel as the most effective method of evangelism and discipleship.²⁶² Owen, echoed this sentiment when reflecting on his life and ministry since his LSD experience,

My life is mostly about seeking more and more of God's grace. I find myself being mostly attracted in my life to being involved with people who might experience some help from me and I experience some help from them too because the sharing of oneself what comes from the heart will go to the heart in terms of healing and in terms of just acceptance of others and recognition of others as being fully human beings and to just be there for people is something spiritually fulfilling.²⁶³

Although Owen came to his LSD experience as part of his pursuit to resolve his problem drinking, the effect of the experience on his life became incorporated into his spirituality. The knowledge and insight gained by Owen, that he has carried with him throughout his life, does not fit neatly into the model of twentieth century liberal protestant Christianity that was actively involved in the pursuit of social change.²⁶⁴

After his LSD experience, Owen adopted a spirituality where one's individual piety represented the foundation of an effective Social Gospel.²⁶⁵ Unlike Potoroka, who came to his LSD experience having developed this spiritual philosophy, Owen's spiritual enhancement as a patient brought him to similar conclusions. The parallels between Potoroka and Owen in this case may suggest that the encountering of what these men perceived as God provoked or strengthened this outlook of Christian discipleship. The LSD experience, which for both of these men triggered a moment with the Almighty, fostered a deeper understanding of themselves and their role in Creation. For Owen, this meant an acceptance of the presence of God in him and in the world.²⁶⁶ Through this acceptance Owen adopted his theology of service characteristic of his pastoral life. Owen because of his LSD experience, began to shift his philosophies away from an approach of, as he said, "what can the Church do for me" to one of what can 'I' do in service to

²⁶¹ Owen in an interview with Michael Lyons on June 12, 2017.

²⁶² Owen in an interview with Michael Lyons on June 12, 2017.

²⁶³ Owen in an interview with Michael Lyons on June 12, 2017.

²⁶⁴ See Cook. *The Regenerators* Marshall. *Secularizing the Faith*, and Christie and Gauvreau. *A Full-Orbed Christianity*.

²⁶⁵ Owen in an interview with Michael Lyons on June 12, 2017.

²⁶⁶ Owen in an interview with Michael Lyons on June 12, 2017.

others.²⁶⁷ Owen, who may have been drawing on the famous statement by John F. Kennedy in 1961, began to recognize and embrace this shift in philosophy fairly soon after his psychedelic experience in the late 1960s. It was thus, a profound encountering of God that enabled Owen to more effectively work within the model of Alcoholics Anonymous, represented the beginning of a spiritual enlightening and change in his worldview.

The philosophical and theological shift in perspective fostered by LSD experiences, in cases such as Owen, seem to suggest that the most beneficial aspect of the psychedelic treatment was to allow the patient to come to a deeper understanding of themselves and the interconnected nature of the universe. For those who embraced and espoused a Christian way of life, whether practicing or not, seemed to encounter what they perceived to be some form of the Christian God in their LSD experience. This, in the case of James Owen, represented a paradigm-shifting moment where he came to understand his faith and his Christian life in a fundamentally different and more profound way.²⁶⁸ For Owen, the LSD experience represented something larger than simply a form of medical treatment for his problem drinking.²⁶⁹ The psychedelic experience facilitated a spiritual enlightenment that brought clarity and direction to Owen's understanding of his given vocation – the ordained ministry.²⁷⁰

LSD, Alcoholics Anonymous, and the Development of a Pastoral Theology

Owen's experience with battling problem drinking, framed his concept of ministry. Unlike many of those who espoused a more liberal theology, Owen realized the importance of both the mystical and temporal aspects of Christian faith in evangelism and pastoral ministry to others.²⁷¹ Traditionally liberal protestant theology attempted to strip the mystical aspects of the scriptures in lieu of a purely moral scriptural interpretation.²⁷² However, Owen adopted a perspective that was in agreement with Potoroka's theology that emphasized the centrality of individual piety and social action as the most effective way to bring about social change. Owen's theology became strongly based on each component of his treatment model. His LSD experience facilitated an encounter with what he perceived as God.²⁷³ This encounter allowed him to come to know and understand the Grace of God in a very personal and profound way.²⁷⁴ This same realization was consistent with Potoroka's philosophy that, if the patient came to know and accept Jesus Christ as their Lord and Saviour as well as assume a prayerful attitude prior to undergoing their LSD experience, the alcoholic could achieve the knowledge and strength needed to get on the path to recovery.²⁷⁵ In other words, recovery and spirituality went hand in hand with medical science when it came to treating addiction.

Owen not only used his knowledge and insights to harness the strength to begin his road to sobriety. The encounter with God and the spirituality connected with it enabled him to

²⁶⁷ Owen in an interview with Michael Lyons on June 12, 2017.

²⁶⁸ Owen in an interview with Michael Lyons on June 12, 2017.

²⁶⁹ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷⁰ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷¹ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷² Cook. *The Regenerators*.

²⁷³ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷⁴ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷⁵ Potoroka. *A Pastor Enquires About LSD*.

incorporate the centrality of an individual piety into his daily life. This individual piety was central for Owen's understanding of mission and vocation as it represented the presence of God and his Grace as the grounding principle of his life.²⁷⁶ Working from this perspective allowed Owen to develop a fundamentally different worldview. The insight gained through his LSD experience, that God and his Grace were the driving force of his life, freed Owen from the chains of alcohol. This, in turn, gave him the strength and ability to allow God to work in him and through him.²⁷⁷ Owen framed his faith and mission within this notion of individual piety and social Christianity.

The influence of Owen's problem drinking therapy on the development of his pastoral theology was further evidenced in his altered perspective and continued membership in the Alcoholics Anonymous program. Prior to Owen's LSD experience, he noted how, although he saw the benefits to the program, he struggled with fully embracing the structure and essence of Alcoholics Anonymous.²⁷⁸ However, with the insight gained by Owen during his LSD experience, he had a change of perspective about Alcoholics Anonymous.²⁷⁹ He now found the strength and embraced the community dynamic and healing capacities of the program's structure in the aftermath of his LSD experience.²⁸⁰ It was Owen's acceptance and incorporation of the Alcoholics Anonymous program into his life, which influenced the development of his outward pastoral theology that was built upon the foundation of an inward theology arising from his LSD experience.

LSD, Alcoholics Anonymous, and the Social Gospel

It appears that some Christians who actively engaged in these psychedelic trials, clinicians, and patients alike, in Saskatchewan during the mid-twentieth century espoused a liberal theology that was compatible with the core tenants of the Social Gospel. However, Owen and Potoroka occupied a middle ground between mysticism and social Christianity rather than the wholly moral voice held by traditional supporters of the Social Gospel. These somewhat unconventional figures support the contentions of Christie and Gauvreau that the Social Gospel was not wholly rooted in moral correction but, did, in certain cases, embrace a "full-orbed" expression of Christianity that was inclusive of mysticism and spirituality. This perspective problematizes the traditional interpretation and image of the purely moral Social Gospel. Moreover, the LSD experience and the insight gained as a result complicated the purely moral and social interpretation of scripture by the Social Gospel movement.

For Potoroka and Owen, the LSD experience fostered a deeper and more profound understanding of how a true and effective Social Gospel ought to look. The plateau of individual spirituality experienced by Potoroka and Owen in their LSD experiences that a Social Gospel that is not rooted in a strong individual faith is one without foundation. The LSD experience assisted these men in framing and developing their understanding of social Christianity to the end that they come to the knowledge that God is the driving force behind all things. Therefore, a strong individual piety and faith was imperative for a Social Gospel as it was this foundation,

²⁷⁶ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷⁷ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷⁸ Owen in an interview with Michael Lyons on June 12, 2017.

²⁷⁹ Owen in an interview with Michael Lyons on June 12, 2017.

²⁸⁰ Owen in an interview with Michael Lyons on June 12, 2017.

that allowed God to work through and in people, that provoked this call for social change to succeed.

As historian Ramsay Cook has argued, the foundational figures of the Social Gospel movement needed to embrace rather than reject the advancements in the scientific fields during the nineteenth and twentieth centuries to have Christianity remain relevant in the hearts and minds of modern Canadians. The incorporation and collaboration of medical science and Christianity through the combined LSD and Alcoholics Anonymous therapy seemed to bring a medical voice into the pursuit of a Social Gospel.

The cooperation and collaboration between a section of Canadian protestant Christians and the medical community in the pursuit of a cure for problem drinking in Canada brought forth a unique instance of scientific and Christian understanding of the Social Gospel that represented a marriage between Christianity and medicine rather than a separation and moving apart. Additionally, this process did not seem to function purely as a top down approach imposed by the clinicians on their patients. The example of James Owen illustrates how the development of this Social Gospel theology through this progressive treatment functioned both amongst clinicians and patients alike.

Although the creation of this form of social Christianity was not necessarily the goal of the medical community in Saskatchewan when they began their LSD research in the mid-twentieth century, the interest of certain spiritual leaders were able to work with the medical community to interpret and harness the full benefits of LSD to help Canadians and attempt to stimulate social change. Through examining problem drinking, medicine, and social Christianity through the lens of the combined treatment by means of LSD and Alcoholics Anonymous from each of the clinical and patient perspectives we are able to not only begin to look at the Social Gospel movement differently, but we begin to understand the complex and layered nuance of the relationship between medicine and spirituality. These two disciplines, so often situated in opposition to each other, are much more parallel and interwoven than traditionally discussed.

Conclusion

The treatment of addictions remains a complex and very relevant issue in our present age. The historical study of addictions treatment can assist us in exploring questions of how we can better address these issues. The example of the therapy developed in Saskatchewan during the mid-twentieth century that used LSD and Alcoholics Anonymous to treat problem drinking brought to the fore the fact that both medicine and spirituality were central for recovery and a change of life. LSD opened the door to a model of healing that claimed high rates of success, and that relied on fundamentally combining different conceptualizations of care. Although the findings of these trials were later contested, in large measure due to their reliance on psychoactive substances, the fact remains that the patients, such as James Owen, saw an improvement in their lives.

The trials in Saskatchewan force us to think critically about the relationship between spirituality and medicine, particularly in the case of treating addictions, which as Mariana Valverde has argued, has often been understood as a ‘disease of the will’.²⁸¹ Historically, notions of morality, will and faith have been contextualized under the umbrella of religion while biomedicine has often sat in tension with these ideas. To this end, the relationship has perpetuated a narrative of disconnect between spiritual and medical perspectives on health and healing. However, this narrative, that attempts to structure the relationship between spirituality and science as one where the two fields move farther apart with time, is far too simplistic. As we have seen, the therapy developed for problem drinking in Saskatchewan that used both LSD and Alcoholics Anonymous saw science embrace the role of the patient’s morality, will, and faith within a therapeutic model. The collaboration of science and spirituality within these trials not only speak to an intersection between the two fields, but also raise questions about the role of spirituality within addictions and medicine, on the whole.

The historical examination of these trials in Saskatchewan shed a different light on mid-twentieth century perspectives of addictions. The contested question surrounding addictions, both in the pursuit of the cause and treatment, was actively being pursued in different ways in the mid-twentieth century. The trials in Saskatchewan were one such attempt. As we have seen, this took the form of both purely medical as well as purely spiritual in nature. However, these trials were unique in that they brought in aspects of biomedicine and spirituality in the development and implementation of their therapy. But, the blending of spiritual and medical perspectives within these trials, although important, represents one perspective amongst many in a society striving to effectively treat addictions.

Additionally, it was not surprising that mid-twentieth century psychiatry, with its fringe group who investigated the curative properties of psychedelics, that LSD was ultimately

²⁸¹Mariana, Valverde. *Diseases of the Will: Alcohol and Dilemmas of Freedom*. Cambridge University Press. 1998.

incorporated into addictions research and therapy. These trials, although they appear unconventional to an extent, characterize the nature of a section of medical and psychiatric research being undertaken in the mid-twentieth century. The incorporation of liberal protestant theology, psychiatric methodology, psychedelics, and the attention to the morality, will, and faith of the patient in the trials in Saskatchewan was merely one amongst a diverse set of practices being undertaken in the attempt to determine the cause of addictions and pursue the most effective treatment.

The historical examination of addictions and their treatment offer important perspectives on the relationship between medicine and spirituality. This thesis has explored only one of these approaches. However, much more work remains to be done. Perhaps future studies of other therapeutic models for problem drinking and other addictions will further this discussion and pull back the veil of the diversity of perspectives, approaches, methods, and perceptions of healing.

It is true that, in some circumstances, there was a divide between spiritual and medical approaches to health and healing. However, this thesis has shown how the LSD therapy for problem drinking complicated this traditional narrative. These studies shed light on how spirituality and medicine, at least in some contexts during the twentieth century, were not in opposition with one another. Instead, these two fields ought to be framed as mutually beneficial to one another.

Bibliography

Primary Sources

- Alcoholics Anonymous. https://www.aa.org/pages/en_US/what-is-aa Accessed on (December 20, 2017).
- Barber, Robert. *Interview with Michael Lyons*. Saskatoon, Saskatchewan. March 2017.
- Blaikie, Bill. *The Blaikie Report: An Insider's Look at Faith and Politics*. United Church Publishing House. 2011.
- Bureau on Alcoholism Interim Report. *Apparent Results of Referrals of Alcoholics for LSD Therapy*.
- Hoffer, Abram. "LSD: A Therapeutic Rationale" Saskatchewan Archives Board SA 207 III box 49.
- Jensen, Sven. "A Treatment Program for Alcoholics in a Mental Hospital", *Journal of Studies on Alcohol* vol. 23. no. 2 (1962) University of Regina Archives, The Library, 91-87 box 5 file 35 psychedelics-notes manuscript and background.
- Marx, Karl. *A Contribution to the Critique of Hegel's Philosophy of Right* <https://www.marxists.org/archive/marx/works/1843/critique-hpr/intro.htm>
- Owen, James. *Interview with Michael Lyons*. Prince Albert, Saskatchewan. June 12, 2017.
- Potoroka, William. *A Pastor Enquires About LSD*. Speech from April 28, 1961. Private Collection of Mrs. Alice-Marie Dyck.
- Potoroka, William. *Accepting and Changing*. Sermon from unknown date in the private collection of Mrs. Alice-Marie Dyck.
- Potoroka, William. Correspondence from William Potoroka to Abram Hoffer. 18 June 1961. Saskatchewan Archives Board SA 207 II A.4.
- Potoroka, William. Letter to his daughter. From the private collection of Mrs. Alice-Marie Dyck.
- Potoroka, William. *Report of the Executive Director*. Saskatchewan Archives Board SA 207 II A.4.
- Potoroka, William. Written prayer from 1 January, 1972. Private collection of Mrs. Alice-Marie Dyck.
- Smith, Colin. "A New Adjunct to the Treatment of Alcoholism: The Hallucinogenic Drugs." *Quarterly Journal of Studies on Alcohol* 19, no. 3 (1958): 406.

Unknown. *Alcohol Education Stressed*. Newspaper article from 27 July, 1967 in the private collection of Mrs. Alice Dyck.

Unknown. "Drugs Can Cure Alcoholics" Newspaper article from 18 July, 1961 from 18 July, 1961 from the private collection of Mrs. Alice-Marie Dyck.

Secondary Sources

Airhar, Phyllis D. *Serving the Present Age: Revivalism, Progressivism, and the Methodist Tradition in Canada*. McGill-Queen's University Press. 1992.

Allen, Richard. *The Social Passion: Religion and Social Reform in Canada, 1914-28*. University of Toronto Press. 1971.

Anderson, Kevin. "I am...the very essence of a Protestant": Arthur Lower, Anti-Catholicism and Liberal Nationalism, 139-1959." *Etudes d'Histoire Religieuse* 81 (2015).

Barth, Karl. *Protestant Theology in the Nineteenth Century*. Wm. B. Eerdmans Publishing. 2002

Berridge, Virginia, Rachel Herring, and Betsy Thom. "Binge Drinking: A Confused Concept and Its Contemporary History." *Social History of Medicine* 22, no. 3 (2009): 597-607.

Birrell, A.J. "DIK Rine and the Gospel Temperance Movement in Canada." *The Canadian Historical Review* 58. No. 1 (1977) 23-44.

Christie, Nancy, and Michael Gauvreau. *Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940*. Vol. 22. McGill-Queen's Press-MQUP, 1996.

Cook, Ramsay. "Ambitious Heritage: Wesley College and the Social Gospel Re-Considered" *Manitoba History* 19 (1990): 2-11.

Cook, Ramsay. *The Regenerators: Social Criticism in Late Victorian English Canada*. University of Toronto Press, 2016.

Cross, Anthony R., and Philip E. Thompson, eds. *Baptist Sacramentalism 2*. Vol. 25. Wipf and Stock Publishers. 2009.

Dorrien, Gary. *The Making of American Liberal Theology: imagining Progressive Religion, 1805-1900* (Vol.1) Westminster John Knox Press. 2011.

Duffin, Jacalyn. *Medical Miracles: Doctors, Saints, and Healing in the Modern World*. Oxford University Press. 2009.

Dyck, Erika. "'Hitting highs at rock bottom': LSD Treatment for Alcoholism, 1950-1970." *Social History of Medicine* 19, no. 2 (2006): 313-329.

Dyck, Erika. *Psychedelic Psychiatry: LSD from Clinic to Campus*. JHU Press, 2010.

- Galanter, Marc. *What Is Alcoholics Anonymous?: A Path from Addiction to Recovery*. Oxford University Press, 2016.
- Gordon, Deborah R. "Tenacious Assumptions in Western Medicine." In *Biomedicine Examined*, pp. 19-56.
- Gregory, Brad. "The Other Confessional History: On Secular Bias in the Study of Religion". *History and Theory*. Vol. 45., no. 4, Theme Issue 45: Religion and History (Dec., 2006) pp. 132-149.
- Harrop, G. Gerald. *Advocates of Compassion: Stanley Knowles in Political Process*. Lancelot Press. 1984.
- Herring, Rachel, Virginia Berridge, and Betsy Thom. "Binge Drinking Today: Learning Lessons From the Past." *Drugs: Education, Prevention and Policy* 15, no. 5 (2008): 475-486.
- Hollinger, David A. *After Cloven Tongue of Fire: Protestant Liberalism in Modern American History*. Princeton University Press. 2013.
- Klassen, Pamela E. *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity*. Vol. 13. Univ of California Press, 2011.
- Kurtz, Ernest. *Not God: A History of Alcoholics Anonymous*. Simon and Schuster, 2010.
- Langlitz, Nicolas. *Neuropsychedelica: The Revival of Hallucinogen Research Since the Decade Of the Brain*. Univ of California Press, 2013.
- Leigh, Janis, Sarah Bowen, and G. Alan Marlatt. "Spirituality, Mindfulness and Substance Abuse." *Addictive Behaviors* 30, no. 7 (2005): 1335-1341.
- Marsden, George. *Understanding Fundamentalism and Evangelicalism*. Wm. B. Eedmans Publishing. 1991.
- Marshall, David Brian. *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940*. Univ of Toronto Pr, 1992.
- McLeod, Ian and T. H. McLeod. *Tommy Douglas: The Road to Jerusalem*. Fifth House Publishing. 2004.
- Mills, Allen. *Fool for Christ: The Intellectual Politics of J.S. Woodsworth*. University of Toronto Press. 2015.
- Opp, James William. *The Lord for the Body: Religion, Medicine, and Protestant Faith Healing in Canada, 1880-1930*. Vol. 37. McGill-Queen's Press-MQUP, 2005.
- Rauschenbush, Walter. *A Theology for the Social Gospel*. Martino Fine Books. 2010.
- Rauschenbush, Walter. *Christianity and the Social Crisis*. HarperOne. 2008.
- Richards, William A. *Sacred Knowledge: Psychedelics and Religious Experiences*. Columbia University Press, 2015.

- Rossinow, Doug. *The Politics of Authenticity: Liberalism, Christianity, and the New Left in America*. Columbia University Press. 1998.
- Social Gospel in Canada: Papers of the Interdisciplinary Conference on the Social Gospel in Canada, March 21-24, 1973, at the University of Regina*. Edited by Richard Allen. University of Ottawa Press. 1975.
- Stackhouse, John. *Canadian Evangelicalism in the Twentieth Century*. Regent College Publishing. 1998.
- Strassman, Rick. *DMT: The Spirit Molecule: A Doctor's Revolutionary Research into the Biology of Near-Death and Mystical Experiences*. Simon and Schuster, 2000.
- Stromberg, Peter, G. *Language and Self-Transformation: A Study of the Christian Conversion Narrative*. Vol. 5. Cambridge University Press. 1993.
- Terrance, Thomas. *The Doctrine of Grace in the Apostolic Fathers*. Wipf and Stock Publishers. 1996.
- Troeltsch, Ernst. *The Social Teaching of the Christian Churches*. Westminster John Knox Press. 1992.
- Valverde, Mariana. *Diseases of the Will: Alcohol and Dilemmas of Freedom*. Cambridge University Press. 1998.
- Vansina, Jan. *Oral Tradition: A Study in Historical Methodology*. Transaction Publishers. 1972.
- Walsh, H. H. "Trends in Canadian Church History." *Church History* 23, no. 3 (1954): 236-247.
- Warfield, Robert D., and Marc B. Goldstein. "Spirituality: The Key to Recovery from Alcoholism." *Counseling and Values* 40, no. 3 (1996): 196-205.
- Weber, Max. "The Protestant Ethic and Spirit of Capitalism" (1930).
- Welch, Claude. *Protestant Thought in the Nineteenth Century, Volume 1: 1799-1870*. Wipf and Stock Publishers. 2003.
- Yeomans, Henry. "What did the British Temperance Movement Accomplish?: Attitudes to Alcohol, the Law, and Moral Regulation." *Sociology* 45. 1 (2011): 38-53.