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UNIVERSITY OF CALIFORNIA SAN DIEGO

Atascadero, Dachau for Queers:

Examining the Transformation of the Gay Rights Movement from Accommodationism to Militancy

1954-1973

A Dissertation submitted in particular satisfaction of the requirements for the degree Doctor of Philosophy

in

History

by

Paul Mark McNaughton

Committee in charge:

Professor Rebecca Plant, Chair Professor Luiz Alvarez Professor Mark Hanna Professor Andrew Scull Professor Daniel Widener

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University of California San Diego

DEDICATION

In recognition of Professor Rebecca Plant whose guidance and support throughout this project made this work possible.

TABLE OF CONTENTS

Signature Pageiii
Dedication Pageiv
Table of Contentsv
List of Abbreviations
List of Figuresvii
List of Tables viii
Vitaix
Abstract of Dissertationiii
Introduction1
Chapter 1
When Queer meant Crazy: Sidney Bronstein at Atascadero State Hospital, 195521
Chapter 2
ASH: Hospital or Prison? Policies and Practices in the Treatment of Homosexual Sex Offenders, 1955-1958
Chapter 3
Atascadero: Dachau for Queers, or is Somebody Having Nightmares?85
Chapter 4
Militant Marxists and Pentecostal Preachers: Gay Activists Respond to Atascadero: Dachau for Queers
Conclusion
Bibliography

LIST OF ABBREVIATIONS

APA American Psychiatric Association

APCCA American Protestant Correctional Chaplains' Association

ASH Atascadero State Hospital

CSH Camarillo State Hospital

DSM Diagnostic and Statistical Manual of Mental Disorders

ECT Electric Convulsive Therapy

EST Electric Shock Treatment

EEPR Errorless Extinction of Penile Response

GCSC Gay Community Services Center

GLF Gay Liberation Front

LPC Langley Porter Clinic

MCC Metropolitan Community Church

MDSO Mentally Disordered Sex Offender

List of Figures

Figure 1.1: Photograph of Sidney Bronstein	22
Figure 1.2: Excerpt from Bronstein's Diary	24
Figure 1.3: Jim Kepner circa 1990	51
Figure 2.1: Advertisement for the Air-Shields Inc. AMBU	96
Figure 2.2: Depiction of patient undergoing EST at ASH	106
Figure 2.3: The partner of a patient at ASH being denied conjugal visits to his spouse	108
Figure 2.4: Claudia G. Keith and Dr. Michael Serber	110
Figure 2.5: Students from California Polytechnic State University's Gay Students' Union da with ASH's homosexual patients	_
Figure 2.6: GLF protester outside New York's Bellevue Hospital	112
Figure 3.1: GLF activists storm the stage at the Biltmore Hotel	125
Figure 3.2: Residents of a GCSC Liberation House	134
Figure 3.3: Reverend Troy Perry	136
Figure 3.4: Reverend Troy Perry along with GLF founder Morris Kight demand the remova Los Angeles' chief of police Edward M. Davis	
Figure 3.5: Portrait of Chaplain Dabritz	145

List of Tables

Table 1: Sanctioning Gradient for Minor and Serious Sex Offenses	69
Table 2: Court Designation of MDSO or Not MDSO	72

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ABSTRACT OF DISSERTATION

Atascadero, Dachau for Queers:

Examining the Transformation of the Gay Rights Movement from Accommodation to Militancy
1954-1973

by

Paul Mark McNaughton

Doctor of Philosophy in History

University of California, San Diego, 2020

Professor Rebecca Plant, Chair

This dissertation examines the transformation of the gay rights movement from 1954 to 1973 through the lens of ASH, a mental institution for male sex offenders located two-hundred miles north of Los Angeles. During this period, homosexual patients at the institution claimed that they were being subjected to painful and invasive treatments to change their sexual orientation. Their allegations of abuse made ASH a potent symbol of the state's oppression of homosexuals, a Dachau for queers, which could be used by activists to discredit the proponents

of aversion therapy and the APA. However, ASH was not only a site of contestation that consolidated gay rights activism but also a site that created ruptures within the movement.

Significantly, those ruptures were generated by competing notions of gay community and identity. For early activists of the accomodationist movement, responding to the plight of ASH's homosexual patients was particularly problematic. As convicted sex offenders, these patients challenged the movement's central proposition that gays and lesbians were law abiding citizens who only wished to be assimilated into mainstream society. Paradoxically, the proponents of sexual liberation of the late 1960s and early 1970s were confronted with a far more intractable problem, for by that time, most of ASH's homosexual patients had been convicted of sex offenses against minors and children. This inconvenient truth threatened to undermine public sympathy for ASH's patients and activists' depiction of the hospital as a Dachau for queers. In order to resolve these dilemmas, the conservative and militant wings of the gay rights movement had to reconceptualize the boundaries of gay community and identity in ways that neither had anticipated.

Introduction

This dissertation examines the transformation of the gay rights movement from accommodationism to militancy from 1954 to 1973 through the lens of ASH, a maximum security mental institution for sex offenders located two hundred miles of Los Angeles. During this period, homosexual patients at the institution alleged that they were being subjected to painful and invasive treatments that included EST, castration, and lobotomy. In response to those allegations, gay activists constructed a mythos of ASH as a Dachau for queers that could be used not only to discredit the hospital but also the proponents of aversion therapy in the psychiatric profession. However, their protests against patient abuse were neither coherent nor consistent and shaped by two different visions of gay community and identity. For accommodationists of the early homophile movement, ASH's patient population of convicted sex offenders were not representative of the gay community at large and championing their struggle jeopardized their hopes of assimilating gays and lesbians into mainstream society. For militant activists of the late 1960s and early 1970s, ASH's patients posed a different but equally formidable problem that centered on questions about the boundaries and limitations of sexual liberation. This study situates both their struggles within the broader discourse of the anti-psychiatric movement and disputes in the hospital itself where staff wrestled with the fundamental question as to whether ASH was a hospital or a prison, a place of healing or of punishment.

This work represents new scholarship on ASH that reveals that institution played a significant role in shaping and informing gay rights activism in Los Angeles over a two-decade

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¹ The ultimate goal of accommodationism was the assimilation of gays and lesbians into mainstream society through an incremental strategy that avoided direct confrontation and protest and stressed reasoned discourse to alter society's views on homosexuality. In contrast, the militant activists of the late 1960s and early 1970s believed that gays and lesbians represented a distinct and oppressed cultural minority who should aggressively challenge all aspects of societal homophobia.

period. Significantly, ASH has been largely overlooked by other scholarship and erased from the collective memory of the gay community itself. This erasure may be explained by its location on the West Coast, a region of gay rights activism that is often eclipsed by protests that took place in New York and Washington DC. However, a more compelling explanation is that ASH's patient population of convicted sex offenders made them unlikely candidates as martyrs of the gay rights movement. In large part, the purpose of this project is to restore the voices of ASH's patients and the activists who responded to their allegations of abuse. In restoring their voices, this study contributes to our understanding of the evolution of Los Angeles' gay rights movement in two important ways. Firstly, it presents ASH as a case study in activism for the conservative and militant wings of the movement; secondly, it reveals that their advocacy on behalf of ASH's patients transformed their conceptions of gay community and identity in unanticipated ways.

Although the controversy at ASH surrounding patient abuse and its role in transforming Los Angeles' gay rights movement represents a new area of scholarship, the first chapter of this project was shaped and informed by Neil Miller's *Sex-Crime Panic: A Journey to the Paranoid Heart of the 1950s* (2002). In this non-scholarly work, Miller describes the plight of homosexuals arrested under Iowa's Sex Psychopath law in 1954, their commitment to Mount Pleasant State Hospital, and their treatment including EST and drug therapy.² Miller's account of

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² Miller's account of disputes among Mount Pleasant State Hospital's medical practitioners concerning the treatment of its homosexual patients was especially valuable in my own work on ASH. According to Miller, "...there were those at Mount Pleasant who had their own doubts [about whether homosexuality was a pathological condition]. Dr. Brown was one of them. Another was Monroe Fairchild...whose own sexuality was rumored about at the hospital...Roy Yamahiro stood somewhere in between. Like Fairchild, he doubted whether a cure was possible. But, like Gundersen, he was determined to do something...Unlike Gunderson, however, he believed that the men should learn to adjust to their homosexuality and feel comfortable about it." Remarkably, Yamahiro's progressive views on homosexuality foreshadowed those of Dr. Michael Serber who implemented the Atascadero Project twenty years later in order to facilitate homosexual patients' adjustment to their sexual orientation. Neil Miller, *Sex-Crime Panic: A Journey to the Paranoid Heart of the 1950s* (Los Angeles: Alyson Books, 2002), 178.

men entrapped by the police in Iowa mirrors the experience of other homosexuals around the country; however, Los Angeles was different in that it contained the nation's first sustainable homophile organization, the Mattachine Society. The first chapter of this dissertation focuses on Sidney Bronstein, a member of the Mattachine Society, who was arrested for lewd and lascivious behavior in December 1954, diagnosed as a sex psychopath, and committed to ASH for three months of observation. Bronstein provided a detailed description of his experience from arrest to commitment in a series of letters to a friend, Jim Kepner, who was an editor and contributing writer for the *Mattachine Review*. Significantly, the first edition of the homophile publication coincided with Bronstein's commitment to ASH in January 1955. Bronstein's correspondence serves as the foundation of my analysis and provides multiple insights into the plight of homosexuals arrested under California's Sex Psychopath Act, treatment practices at ASH, and the Mattachine Society's response to Bronstein's predicament. As an editor and contributing writer of the *Mattachine Review*, Kepner had multiple opportunities throughout 1955 to broadcast Bronstein's plight to the gay community. However, rather than sharing Bronstein's experiences at ASH to the gay community, Kepner and the editorial staff of the Mattachine Review chose instead to privilege the views of ASH's superintendent, Dr. Rood. Moreover, ASH was presented as a progressive institution dedicated to rehabilitating homosexual sex offenders. I argue that the editorial decisions made by the staff of the Mattachine Review provide valuable insights into the ineffectiveness of accomodationism as an effective strategy to address the plight of ASH's homosexual patients.

In the second chapter of this work, I examine the controversy among ASH's medical practitioners about the institution's mission and purpose. Those disputes were generated not only by ASH's controversial therapeutic practices (which, as my research shows, sometimes led to the

death of patients) but also its close working relationship with the Department of Corrections. Significantly, patients who were deemed unamenable to treatment were transferred to the state's correctional facilities. As many of these patients suffered from emotional and behavioral problems, they were frequently returned to ASH for further psychiatric observation, a revolving-door process known as "round-robin" by the patients that frequently resulted in them being institutionalization for many years. Using documents from the California State Archives along with an interview conducted by the author with an ASH employee who worked at the institution from 1962 to 2003, I reveal that the hospital's staff wrestled with the question as to whether ASH was a hospital or a prison throughout this period.

Given the confusion over ASH's mission and purpose among its staff, it is not surprising that the same confusion existed among court officials when determining whether to commit homosexual sex offenders to the hospital or to a state correctional facility. Based on an analysis of court sentencing decisions in California between 1968 and 1972, Martin L. Forst, author of *Civil Commitment and Social Control* (1978), argued that these decisions were neither arbitrary nor capricious but based on a consensus among attorneys and judges that ASH was a place of rehabilitation and not punishment.³ Using Forst's data, Chrysanthi S. Leon, author of *Sex fiends*, *Perverts, and Pedophiles: Understanding Sex Crime Policy in America* (2011) makes a much broader assertion that "Civil Commitment [in California] was not a mechanism for expanding formal social control over homosexuals. Instead, civil commitment focused on nonviolent child molesters and other offenders who would have served short jail terms without the psychiatric

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³ Forst states that "No agency of the three counties believed that a commitment to Atascadero was more severe [a sentence] than a commitment to state prison." Martin L. Forst, *Civil Commitment and Social Control* (Lexington, MA: D.C. Heath and Company, 1978), 44.

option." However, my analysis of Forst's data calls both of these assertions into question. Firstly, although Forst is correct in claiming that court sentencing decisions in regards to sex offenders were consistent within each of the three court jurisdictions he examined, there were significant discrepancies between them. These discrepancies necessarily undermine his primary assertion that the courts were even handed in their dispositions regarding homosexual offenders, a reality that members of the gay community were only too painfully aware of. Secondly, Leon's claim that the state did not use commitment as an instrument to control homosexuals has to be qualified by revisions made to the Sex Psychopath Act in 1963 when the criterion for the commitment of offenders changed from "a menace to the health and safety of others" to "a danger."5 Although this revision did result in a significant reduction in homosexuals being committed to ASH for offenses involving victimless crimes, there was a great deal of uncertainty among court officials about the legal distinction between menace and danger.⁶ That confusion necessarily amplified the discrepancies in the severity of court sentencing decisions between conservative and more liberal counties. Furthermore, despite the legal profession's efforts to reform the Sex Psychopath Act, the police practice of entrapment continued unabated throughout the 1960s and early 1970s creating a great deal of anxiety in the gay community that a conviction for lewd and lascivious behavior could still result in a commitment to ASH.⁷

⁴ Chrysanthi S. Leon, *Sex Fiends, Perverts, and Pedophiles: Understanding Sex Crime Policy in America* (New York: New York University Press, 2011), 104.

⁵ Forst, 23.

⁶ Leon, 66.

⁷ In 1973, ten years after amendments were made to the Sex Psychopath Act, a report conducted by Robert Blaustein, an employee of Los Angeles' Gay Community Services Center, stated that over a thousand men were arrested each month by the police for lewd and lascivious behavior. Robert Blaustein, "Gay Offenders' Diversion Project," 1973, Box 16, Folder 16, *L.A. Gay and Lesbian Center Records, Coll2007-010*, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA.

Notably absent from both authors' analysis of court sentencing records are the voices of homosexuals convicted of sex offenses who were trapped within California's medical-juridical system. Although those views lay outside the purview of their empirical studies, they would have provided a more nuanced understanding of the state's use of commitment as an instrument of social control. For, as my research reveals, the gay community's perception of ASH as an institution dedicated to the punishment and torture of homosexuals could not be dispelled either by revisions to the Sex Psychopath Act or reforms within the hospital itself. Between 1969 and 1973, allegations of patient abuse at ASH provided a new generation of militant gay rights activists a cause célèbre which could be used to discredit the hospital and pressure the APA into removing homosexuality as a listed pathology in its DSM II. Unlike the accommodationists of the 1950s, this new generation of militant activists would reject the notion that ASH was either a hospital or a prison but claimed instead that it was a Dachau for queers.

In the third chapter of this work, I examine how the mythos of ASH as a concentration camp was created in the gay and alternative press between 1969 and 1973. Notably, this mythos would situate events at ASH within the broader national discourse of the gay rights movement making it a potent symbol of the state's oppression of homosexuals. My research reveals that the chief architect of Dachau for queers was Don Jackson, *The Advocate* 's San Francisco correspondent, who fervently believed the allegations of abuse made by ASH's homosexual patients. Although reports of abuse at the hospital had circulated by word of mouth in Los Angeles' gay community from the time the hospital opened in 1954, the emergence of *The Advocate* in 1967 along with an explosion in pro-gay print culture in the early 1970s provided

⁸ The absence of the views of homosexual sex offenders concerning their commitment to ASH along with those of the gay community in regards to their punishment is especially puzzling in Leon's work which explicitly examined the "Relationships among punishment policy, public perceptions, and expert opinions vary meaningfully over time." Leon, 3.

Jackson a platform to broadcast his exposés on ASH to a national audience. In the wake of the Stonewall Riots of June 1969, that audience was not only increasingly more militant but also receptive to Jackson's depiction of ASH as a concentration camp for queers. However, Jackson's incendiary allegations against the hospital were not shared by everyone; indeed, another journalist from *The Advocate*, Rob Cole, was very skeptical about his claims calling them "tales of gothic horror...[that] made good reading for the underground press, with its appetite for sensation."

Throughout 1972 and 1973, *The Advocate* published a series of articles about ASH under the general heading "Inside Atascadero" in which both journalists along with ASH's research director Dr. Michael Serber, were given an opportunity to present their alternate views about ASH's patients' allegations of abuse. These articles provide a valuable snapshot of ASH's rehabilitation program which was then undergoing a major transformation and also indicate that some members of the gay community had not rejected accommodationism in favor of militant activism.¹² Indeed, Cole's skepticism about the allegations of patient abuse along with his

⁹ Without the explosion of gay print culture during this period, it is unlikely that the controversy surrounding ASH's treatment of homosexual patients would have gained traction within California or the nation at large. Significantly, my research reveals that the emergence of the mythos of ASH as a Dachau for queers not only provided activists with a clear target for their shared grievances against the homophobic state but also served to unite ideologically disparate elements of the gay community, The importance of print culture in creating a shared sense of community and identity is posited in Benedict Anderson's *Imagined Communities: Reflections on the Origin and Spread of Nationalism* in which he emphasizes that the concept of parallelism and simultaneity which "could arise historically when substantial groups of people were in a position to think of themselves as living lives *parallel* [his emphasis] to those of other substantial groups of people—if never meeting, yet certainly proceeding along the same trajectory." Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: New Left Books, 1983), 188.

¹⁰ According to Marc Stein, author of "A Theory of Revolution for the Riots," Jackson was also instrumental in sustaining the momentum of the Stonewall Riots by publishing an article in the *Los Angeles' Advocate* in October 1969 titled "Reflections on the N.Y. Riots." Marc Stein, "A Theory of Revolution for the Riots," *The Gay & Lesbian Review*, May-June 2019, 19.

¹¹ Rob Cole, "Or is Someone Having Nightmares?" *The Advocate*, April 26, 1972, 1.

¹² The series of progressive reforms undertaken at ASH by Dr. Serber between 1972 and 1973 was called the "Atascadero Project." These reforms included prohibitions against the use of aversion therapy, solitary confinement, and the introduction of a rehabilitation program that emphasized facilitating patients' acceptance and adjustment to their sexual orientation.

deference to the views of Dr. Serber and ASH's hospital administration bears a striking similarity to the Mattachine Society's response to the same issue twenty years earlier in the *Mattachine Review*. Despite the fact that Jackson's allegations of patient abuse at ASH had been largely discredited by Cole and Dr. Serber, the mythos of ASH as a Dachau for queers gained traction among Los Angeles' gay rights activists prompting them to target the institution and the proponents of aversion therapy.

Using personal interviews conducted with members of the GLF and Reverend Troy

Perry, founder of the MCC, along with archival documents from Los Angeles' ONE Archive, the
last chapter of this project examines how the militant left and conservative right of the gay rights
movement responded to allegations of patient abuse at ASH. As my research shows, their
alternate strategies were shaped and informed not only by their divergent ideological beliefs but
also by their personal views on pedophilia. Their views on this subject were important because,
by the late 1960s and early 1970s, most of ASH's homosexual patients had been convicted for
sex offenses against minors and children. Significantly, this inconvenient truth threatened to
undermine activists' efforts to use the institution as an instrument of propaganda to pressure the
APA into removing homosexuality for the DSM II. Moreover, it created tensions within the GLF
and the MCC regarding each organization's mission and purpose that neither anticipated.

Counterintuitively, this work reveals that the issue of pedophilia proved especially problematic for members of the GLF who, notwithstanding their commitment to universal sexual liberation, recognized that there were limits to sexual freedom that should not be crossed.

Therefore, rather than engaging in direct militant action against ASH, the GLF leadership chose

13

¹³ Citing the work of George Dix, a criminologist who examined commitment rates to ASH from 1967 to 1974, Leon' states that "He found that child molestation accounted for 80% of the commitments in 1967." Leon, 86.

instead to focus its efforts on discrediting proponents of aversion therapy by disrupting psychiatric conferences, most notably at Los Angeles' Biltmore Hotel in October 1970.¹⁴ In contrast to the GLF's leadership, Reverend Troy Perry was far more sympathetic to the plight of ASH's patients and established an MCC outreach ministry to the hospital in January 1973. Although the MCC engaged in militant protests along with the GLF in the early 1970s, it shared the early homophile movement's goal of assimilating gays and lesbians into mainstream society through constructive dialogue whenever possible, a strategy that might best be described as "militant assimilationism." Indeed, its ministry to ASH was secured through polite petitions to the hospital's administration and the understanding that MCC services would be open to all patients, both gay and straight. Although Perry initially believed that this stipulation was inconsequential (the MCC welcomed everyone to its Los Angeles' services regardless of their sexual orientation), it proved impossible to implement at ASH. After several services at the hospital, Perry realized that heterosexual patients were joining the meetings merely to identify members of the queer congregation whom they could later exploit. In order to address this problem, Perry was forced to segregate patients based on their sexual orientation at ASH by providing two different services, the first of which was open to all and one thereafter which was only for ASH's homosexual patients.

Although this project argues that the GLF and MCC's response to ASH as Dachau for queers created unexpected ruptures within each organization, it also shows that the plight of its homosexual patients provided a cause that consolidated the conservative and militant wings of the gay rights movement. In 1971, the GLF opened the nation's first GCSC which offered

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¹⁴ It is important to note that not all GLF members shared the same views on ASH's patients (an issue that is addressed in chapter four).

essential social services to Los Angeles' gay and lesbian community. One of the services it provided, the "Prisoner, Probation, and Parole Program," was designed to reintegrate institutionalized homosexuals back into the community after their release from prison. This program was not explicitly designed to serve ASH's patients, but it became an essential service to assist them with housing, employment, and counseling once they left the institution. Crucially, the MCC was actively involved in making this program a success by working alongside GLF members to assist ASH's patients.

In sum, this work restores ASH as a site of contestation within the gay rights movement on multiple levels and contributes to our understanding of the movement's transformation from accommodationism to militancy in important ways. Significantly, my research reveals that this transformation was far more complicated than previously understood and suggests that vestiges of the accommodationist movement survived the militancy unleashed by the Stonewall riots of 1969. That continuity is revealed not only through the alternative viewpoints conveyed in the gay press coverage over allegations of patient abuse at ASH in the late 1960s and early 1970s but also in the MCC's outreach ministry to the hospital in 1973. Perhaps more importantly, this project establishes that ASH not only created ruptures between the conservative wings of the gay rights movement but also a facilitated a rapprochement between them that served not only ASH's patients but also consolidated a sense of shared community and identity among Los Angeles' marginalized gays and lesbians.

California's Sex Psychopath Act and the Kulturkampf against Homosexuals

In January 1950, following a wave of public outrage after the notorious murder of six year old Linda Joyce Glucroft by a man with a history of sexual offenses against young girls,

California Governor Earl Warren signed amendments to the Sex Psychopath Act into law.¹⁵ It was hoped that this legislation would serve two objectives: firstly, to placate public outrage in the short term, and secondly, to offer preventative and rehabilitative treatments to sex offenders in the future. Based upon these dual considerations, the law was neither completely punitive nor remedial, neither reactionary nor progressive. According to the statute's provisions, patients diagnosed with sexual psychopathy would be placed in state hospitals for ninety days of observation during which time psychiatrists would determine whether they would benefit from treatment. If deemed unamenable to treatment, they would be sent back to the courts and given a prison sentence. 16 In either case, offenders would be required to register their names and addresses with their local police departments.¹⁷ Although circumventing the due process protections afforded to citizens under the Constitution and exposing the accused to doublejeopardy, California's Sex Psychopath Act withstood legal challenges and was enthusiastically supported by a powerful coalition of the state's judges, politicians, and doctors. ¹⁸ The legislature provided generous sums for research into sex crimes and the construction of new facilities, such as Atascadero State Hospital near San Luis Obispo, which served as a national model of

¹⁵ The California Sexual Psychopath Act was originally passed into law in 1939. During the 1950s, successive amendments were made to the California Welfare and Institutional Code § 5500 in 1949, 1950, 1952, and 1955. ¹⁶ A Sexual Psychopath is defined as a person "who is affected, in a form predisposing [him] to the commission of sexual offenses, and in a degree constituting him a menace to the health or safety of others, with any of the following conditions: (a) Mental Disease or disorder. (b) Psychopathic personality. (c) Marked departure from normal mentality." Frederick Hacker and Marcel Frym, "The Sexual Psychopath Act in Practice: A Critical Discussion," *California Law Review* 43, no. 5 (1955): 768.

¹⁷ Section 290 of the California Penal Code also required that men diagnosed as sex psychopaths "must notify the authorities of all changes of address and despite any satisfactory probation period, must continue to register for the rest of his life while residing in this or other states which have similar requirements. He is issued a card stating this registration, which he must carry on his person at all times" *The New Approach: From Sex Offender to Good Citizen* (Atascadero: Atascadero State Hospital, 1955), 12.

¹⁸ A 1947 sex psychopath statute in New York was vetoed by Governor Dewey on the grounds that the term "sex psychopath" was too vague and would lead to due-process rights violations. Philip Jenkins, *Moral Panic: Changing Concepts of the Child Molester in Modern America* (New Haven: Yale University Press, 1988), 92.

therapeutic penology.¹⁹ These hospitals offered psychologists and psychiatrists a unique opportunity to examine, test, and redirect non-normative sexual impulses on a patient population with a minimum amount of legal and ethical accountability. With such incentives, medical research and training departments such as the Langley Porter Clinic of the University of San Francisco California not only aligned themselves with the state's crusade against sex predators but also legitimized the value of their scientific research in the eyes of an anxious public.

Despite the legitimate public concerns regarding child molesters and murderers, the new law specifically targeted and prosecuted homosexual men (lesbians were not considered as great a threat for many reasons, not least because the police rarely received complaints from the public about female promiscuous activity).²⁰ Significantly, the law was enforced using existing provisions of the California Penal Code—the so called "vag-lewd" laws.²¹ Until the passage of

¹⁹ Atascadero State Hospital was originally conceived as a psychiatric hospital during WWII to serve the mental health needs of the Los Angeles area. However, in the wake of notorious sex crimes committed in 1949, the hospital's mission purpose changed to addressing the problem of sex offenders. Accordingly, on opening in June 1954, the institution's patient population consisted of 1000 sex offenders, 350 of whom were diagnosed "criminally insane" and the remaining 650 patients were considered "sexual psychopaths." The facility had 390 employees and the yearly cost of operating the institution was \$1,500,000 (about \$1500 per patient). Accounting for inflation, these amounts are approximately \$13 million and \$13,000 in 2016 dollars respectively. (These figures were provided by Superintendent Dr. Rood of Atascadero State Hospital in an article titled "Atascadero State Hospital" in the May-June issue of the *Mattachine Review* in 1955).

²⁰ According to the *UCLA Law Review* project of 1966—a series of six articles examining legal charges and convictions against consenting adult homosexuals in Los Angeles County—lesbians were not perceived as great a menace to public safety as gay men for several reasons: "Authorities are in general agreement that the laws are not enforced as rigidly against females as they are against male homosexuals... The explanation offered by the police is that the incidence of female homosexual activity is less than that of male homosexuality and that there is less overt female homosexual activity. Lesbians are also described by the police as less aggressive and promiscuous than males; they do not constantly seek new partners and contacts. As a result of these factors, female activity is much less conspicuous than that of males and less likely to offend the public." Jon J. Gallo et al., "The Consenting Adult Homosexual and the Law: An Empirical Study of Enforcement Techniques in Los Angeles County—Part 3: Enforcement Techniques," *UCLA Law Review* 13 (1966): 740.

²¹ The prosecution for vagrancy—a person roaming from place to place without useful purpose—dates back to English enactments of 1349, called the Statute of Labourers. The law's purpose was to restrict the freedom of movement of the lower classes in a feudal society. In later statutes, offenses against morals and decency were incorporated on the theory that they were frequently committed by vagrants. Punishments for vagrancy included public whipping, amputations, and branding. During the modern era in the United States, the conflation of itinerancy with moral turpitude was reified during the Great Depression (see Canaday's *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton: Princeton University Press, 2009); however, from a legal

the Sex Psychopath Act, vag-lewd offenses had been considered merely a public nuisance rather than a serious threat to the public welfare. However, with the enactment of California Senate Bill No. 14 and Assembly Bill No. 22 in December 1949, sex offenses against children were explicitly linked with vagrancy: "every person who annoys or molests any child is [my emphasis] a vagrant."²² The bizarre and convoluted rationale behind these bills may be understood as a result of legislative expediency (they both contained urgency clauses), but its implementation had wide ranging ramifications for gay men. By conflating child molestation with vagrancy, police departments now had both the legal and moral justification for the surveillance of homosexuals in public spaces on the grounds that they were there "without useful purpose," and therefore considered probable child molesters. Actually, the bills went even further by making loitering near a public school, park, or toilet a criminal offense; in effect, homosexual men could now be charged with a sex offense without actually having committed an indecent act.²³ In this light, the passage of the Sex Psychopath Act can be seen through the Foucauldian lens of biopower, for it facilitated the coalescence and codification of a multitude of social, economic, and sexual anxieties of 1950s America: the capitalist fixation of ownership and purposeful economic production (vagrancy and loitering); sexual pleasure for reasons other than

standpoint, the vagrancy laws posed serious constitutional issues in that the offense was based on the perception of person's character rather than any act he or she had committed. The term lewd, which was defined as the unlawful indulgence of lust whether in public or private, was also legally problematic in that it was incredibly subjective. According to lawyer Henry Silver, "lewd-vag" crimes were "Characterized as any practice the tendency of which, as shown by experience, is to weaken or corrupt the morals of those that follow it, it required an objective, universal standard of morality by which to judge the accused." Henry Silver, "Vag Lewd: A Criticism of the State Statute," *The Mattachine Review*, March-April 1955, 3-8.

²² Beach Vesey, Memorandum to Governor Earl Warren, Senate Bill No. 14 and Assembly Bill No. 22 (December 1949).

²³ Section 647a of Senate Bill No. 14 and Assembly Bill No. 22 states that "every person who loiters about any school or public place at or near which children attend is a vagrant and is punishable by a fine of not exceeding five hundred dollars (\$500) or by imprisonment in the county jail for not exceeding six months, or by both . . . Bill No. 22 adds to this category every person who loiters in or about public toilets in public parks" California Senate Bill No. 14, December 23, 1949, First Extraordinary Sess.; California Bill 22, December 23, 1949, First Extraordinary Sess.

biological reproduction (homosexuality); and the corruption and despoliation of the nation's youth (child molestation).

However, the transformation of the perception of homosexuality from an unsavory perversion and annoyance punished by a fine and a warning into a monstrous public menace requiring quarantine and rehabilitation was only possible through the sanction of the medical community. During the 1950s, the belief that homosexuality was a form of pathology went largely uncontested; even the nascent homophile movement, represented by the Mattachine Society, dared not directly challenge the prevailing societal prejudice.²⁴ Instead, the main goal of the homophile movement was to promote an incremental and accommodationist position in which homosexuality should be perceived as a non-optimal expression of sexuality that required further study and, hopefully, more understanding. This view was reflected in the psychological profession by a number of doctors including Sigmund Freud who, in a private letter to the concerned mother of a homosexual son, told her that a reorientation to heterosexuality was unlikely and that she should instead help her son to accept his condition.²⁵ Some, like Dr. Alfred Kinsey in *Sexual Behavior in the Human Male* (1948), went much further by arguing against the binary preconception of sexual identity as either heterosexual or homosexual, and asserted that

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²⁴ Unlike the conservative Mattachine Society, its precursor, the short lived and left leaning Mattachine Foundation espoused a non-assimilationist position based on the belief that homosexuals represented a distinct minority with their own culture. The early ideological schism within the homophile movement occurred in 1953 and is discussed in detail in James T. Sears' *Behind the Mask of the Mattachine: The Hal Call Chronicles and the Early Movement for Homosexual Emancipation* (2006). The ideological differences between the Foundation and Society were not merely esoteric; rather, they had major ramifications in how each organization served as advocate on behalf of those men charged under the "vag-lewd" laws.

²⁵ In 1935, Sigmund Freud replied to a letter sent by a concerned American mother whose son was homosexual: "By asking me if I can help you... [by eradicating] homosexuality and make normal heterosexuality take its place, the answer is, in a general way, we cannot promise to achieve it." Sigmund Freud qtd. in Karl Bowman, "The Problem of the Sex Offender," *American Journal of Psychiatry* 108, no. 4 (1951): 252. This letter was given to Dr. Kinsey who in turn gave it to Dr. Karl Bowman, director of the Langley Porter Clinic with permission for him to use it as he saw fit.

human sexuality was a fluid and flexible continuum.²⁶ Despite Freud's privately expressed beliefs and Kinsey's research, the vast majority of psychologists and psychiatrists during the 1950s believed that the condition represented a sub-optimal condition at best or, at worst, a severe form of pathology.²⁷ In the case of the latter, increasingly painful and intrusive forms of treatment involving electric shock therapy, chemically induced vomiting, and even lobotomy were used to eradicate a subject's "misdirected" sex drive.

Any understanding of public and scientific discourse on homosexuality must also be framed within the larger political and cultural anxieties of Cold War America in the 1950s.

Indeed, a large amount of the historiography on sexuality is framed through the lens of the period's anti-homosexual *Kulturkampf*, a struggle to maintain traditional constructs of patriarchy and the heteronormative family in opposition to the existential threat of communism. According to David K. Johnson, author of *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (2004) one of the consequences of this struggle was the increase in the federal government's restrictions against homosexuals both in government service and the armed forces on the grounds that they represented security risks. At the state and local level, these restrictions resulted in increased surveillance and raids of gay bars by police

²⁶ In Sexual Behavior in the Human Male, Dr. Kinsey argued that "Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. Not all things are black and white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex." Alfred Kinsey, Sexual Behavior in the Human Male (Philadelphia: W.B. Saunders Company, 1948), 639.

²⁷ An important distinction between psychologists and psychiatrists is that the former address a patient's behavioral problems through talk therapy; whereas the latter, being medical doctors, tend to focus on the soma as the source of pathology and rely upon medications to address pathology. The therapeutic practices of psychologists and psychiatrists in the treatment of homosexuality and their ramifications to their patients are fully discussed in chapter 2

department vice squads.²⁸ Ironically, it was this very persecution which led many men to seek companionship and sexual gratification outside the contested, limited legal spaces begrudgingly conceded to homosexuals and to cruise public parks and restrooms—places that soon became centers of police entrapment.²⁹

One such cruising area, Los Angeles' Echo Park, is featured in Daryl Gates' autobiography *Chief: My Life in the LAPD* (1992) in which he proudly describes his years as a rooky cop engaged in the entrapment of homosexuals during the 1950s. Gates, accompanied by his partner Dick, were assigned to surveille the park's restroom from the vantage point of the tiny attic overlooking the stalls. In the chapter titled "Gamblers, Drunks, Prostitutes, and Scumbags," Gates proudly recounts his modus operandi for arresting homosexuals and describes the agonies they endured during such surveillance: "To 'operate' [arrest] a homosexual you had to stand at the urinal and wait for an overt act, meaning letting the guy grope you. It wasn't enough to observe him getting an erection and stand there manipulating it. You'd go to court and the judge would say, 'Well, that's just kind of a natural thing for an individual to do.' Frankly, being touched by a homosexual . . . We weren't about to do that. So the only other choice we had was to catch him in the act. To do this, Dick would climb up into a small crawl space overlooking the commodes, which was hardly the most sanitary thing or the nicest-smelling place to be—plus there were always spiders," 30

²⁸ It would be a misconception to assume that frequenting gay bars was a safer practice for homosexuals than cruising parks and public spaces. According to the third installment of the 1966 *UCLA Law Review* project, cited earlier, raids of gay bars by the LAPD involved recording the identity of each occupant every half hour or hour, running background checks to ascertain whether a suspect had an outstanding warrant, and arresting anyone who transgressed minor infractions of the law such as jaywalking. Gallo et al., 719.

²⁹ The *UCLA Law Review* project reveals that 274 of the 493 men arrested for lewd and lascivious behavior in Los Angeles County in 1965 were arrested in public restrooms. Gallo et al., 804.

³⁰ Daryl Gates and Diane Shah, Chief: My Life in the LAPD (New York: Bantam Books, 1992), 42-43.

If the historiography of the *Kulturkampf* is extensive at the broader level of state and federal harassment of homosexuals, it often overlooks the individual stories of the victims of police entrapment. The absence of personal narratives of those men labelled sex psychopaths may be due to the stigma and shame associated with the crime. A notable contribution to restoring their voices is the work of Neil Miller author of Sex Crime Panic: A Journey to the Paranoid Heart of the 1950s (2002). Though not intended for a scholarly audience, Miller's research does much to restore the impact of Iowa's Sex Psychopath Law on homosexuals living in Sioux City, Iowa in 1955. According to Miller, homosexuals were rapidly rounded up during the public hysteria following two child murders, diagnosed "sex psychopaths," and sent to the Mental Health Institute for the Insane and Inebriates at Mount Pleasant. My opening chapter parallels Miller's work in describing how homosexuals reacted to their incarceration and treatment at Mount Pleasant, but frames those responses through the lens of a different population at Atascadero State Hospital in California—a context that, due to its proximity to an emerging homophile movement in Los Angeles, offered patients the financial assistance and emotional support to contest their prosecutions.

The Mattachine Foundation was established in Los Angeles by Harry Hay in April of 1951 and had three aims: to unify homosexuals, educate the public, and to remove discriminatory legislation from the statute books.³¹ It attracted an eclectic and contentious group of people to its meetings and discussion groups many of whom who had relocated to Los Angeles from other parts of the country.³² Among the new arrivals were Jim Kepner, a science

³¹ The Mattachine Foundation (which was originally called the "Society of Fools") drew its name from the mask worn by Italian Renaissance jesters. By wearing a mask and concealing their identities they could speak truth to power and avoid retribution.

³² Harry Hay, the founding member of the Mattachine Foundation, was a former communist. The Foundation (later replaced by the Mattachine Society) included Harold Call a politically conservative WWII combat veteran; Dale

fiction fan and aspiring writer from Galveston, and Sidney Bronstein, an artist and poet from New York. Because Kepner and Bronstein were about the same age (both in their late twenties), shared many of the same literary interests, and held the same left-wing political views they soon became friends.³³ Although their intellectual interests intersected on many levels, their sexual tastes and appetites differed considerably.³⁴ Kepner's energies were largely consumed by his work as an editor and contributing writer for the nascent homophile press; whereas, Bronstein's time was devoted to exploring and fulfilling his sexual fantasies with the seduction of off-duty servicemen.³⁵ The different emphasis each man placed on his sex life may have been of little consequence if it were not for an ideological schism that took place in the Mattachine in 1953 between left leaning members and conservatives. This split, taking place as it did at the height of

Jennings, "a carnival roustabout from Colorado, who had defended the rights of Japanese Americans during WWII and would later take a Chinese lover;" "Betty Perdue a 'poor man's Blanche Dubois who had recently dumped her husband for a wife; a William Lambert who became known as W. Dorr Legg. The secretary of Southern California's Architect Association . . . [who] had the bearing of an eccentric though charming Victorian scholar. He and his black lover, Marvin, had moved to Los Angeles in the late 1940s and soon became involved in the interracial homosexual group, the Knights of the Clock;" and Rene Lyle d'Arcy, "A transsexual who had changed his gender with a butcher's knife" and who "looked rather like Abe Lincoln in a ladies Sunday picnic outfit." James T. Sears, *Behind the Mask of the Mattachine: The Hall Call Chronicles and the Early Movement for Homosexual Emancipation* (New York: Harrington Park Press, 2006), 117, 164; Kepner qtd. in Sears, 263.

³³ Bronstein was born in Massachusetts in 1926 and Kepner in Texas in 1923. Kepner had lived in New York where he had written for the communist paper the *Daily Worker* until he was purged from the Communist Party for being queer. Ibid., 162.

³⁴ Harold Call (who led the conservative insurgency in the Mattachine Foundation and established the Mattachine Society) described Kepner as "non-sexual as far as I was concerned" and that "the whole crew around ONE was academic homosexuals and not one was a physical homosexual!" Ibid., 213.

³⁵ ONE Magazine was first published in January 1953 by the ONE Institute (a distinct and separate organization from the Mattachine Society). ONE Magazine predated the Mattachine Review (first published in 1955) and was the first sustainable monthly homophile publication in the nation. Although each publication had the goal of educating the public about homosexuality, ONE Magazine celebrated the cultural contributions of gays and lesbians to society, whereas the Mattachine Review promoted an assimilationist strategy and therefore considered ONE Magazine's editorial choices as more militant and sexually provocative. Indeed, the August 1953 issue of ONE Magazine had been confiscated by the Los Angeles postal authorities because its cover boldly endorsed homosexual marriage. This censorship led to the magazine being embroiled in years of legal battles culminating in a Supreme Court decision in 1958 that dismissed lower court rulings that had determined the content to be "morally depraving and debasing." Ibid., 455. Harold Call's fears that the Mattachine Review would also be targeted by the authorities led him to distance the publication from its predecessor both in content and location—the new publication was published in San Francisco. Notwithstanding the different ideological opinion expressed in each publication, Jim Kepner managed to serve both, working as researcher and later editor of ONE Magazine while making contributions of his own work to the Mattachine Review.

the federal government's witch hunt against communists and homosexuals, not only reflected real concerns among members that the organization would be targeted by the FBI (indeed, it was), but also fundamental differences in opinion about homosexuals identity and their relationship to society. For former communist Harry Hay, homosexuals represented an oppressed minority with a distinct culture; for Harold Call, virulent anti-communist and leader of the conservative insurgency, homosexuals were productive, law-abiding citizens who just happened to have different sexual preferences. After purging the Mattachine of communists, Call formed the Mattachine Society which embraced an assimilationist agenda that sought to present homosexuals to mainstream society as respectable citizens who were worthy of acceptance and inclusion. Because of its assimilationist aspirations, the Mattachine Society did not challenge police entrapment practices, even when its members were arrested under questionable circumstances.

One such member, Sidney Bronstein, was entrapped by the police in Los Angeles'
Pershing Square in December 1954. Bronstein's journey from arrest to arraignment,
psychological evaluation by court appointed psychiatrists, and subsequent commitment to ASH
is documented in a series of detailed letters he wrote to Kepner from January to March 1955. His
correspondence is valuable not only because it provides a rare personal account of the impact of
the Sex Psychopath Act, but also because it situates his plight within the broader context of early
gay activism during the 1950s. For, unlike other patients at ASH, Bronstein was a member of the
Mattachine Society and was a personal friend of Jim Kepner who was an editor and contributing
writer for the *One Magazine* and the *Mattachine Review*, publications that could broadcast his

³⁶ During the 1950s, LAPD Chief W.S. Parker increased surveillance of the city's communists and sexual deviants using bugging devices, two-way mirrors, infra-red photograph (for use in darkened rooms), walkie-talkies, plants (juveniles), and a flow of records which he provided to the FBI. Ibid., 161.

plight to the gay community.³⁷ The central focus of chapter one of this work is how Kepner, and by extension the Mattachine Society, responded to Bronstein's predicament. As my research shows, that response was tepid at best and reveals deep flaws in the early homophile movement's reliance on accommodationism as a strategy to affect meaningful changes in societal views on homosexuality.

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³⁷ The first edition of *ONE Magazine* was published in January 1953 and was "irrevocably committed to the proposition that manhood and womanhood are not to be measured in terms either of stature, of race, or even of affectional orientation. We find it impossible to doubt that, 'A mystic bond of brotherhood makes all men one." The first edition of the *Mattachine Review* was printed two years later in January 1955 by the Mattachine Society. Although there was a great deal of overlap between the two magazines in terms of content, *ONE Magazine* tended to emphasize the cultural and artistic contributions made by gays and lesbians; whereas, the *Mattachine Review* focused on legal and medical discourse related to homosexuality. Significantly, these alternate editorial decisions reflected tensions in the early homophile movement over whether homosexuals represented a distinct cultural minority or were merely different because of their sexual orientation. "How One Began," *ONE Magazine*, January 1953, 15.

Chapter 1

When Queer meant Crazy: Sidney Bronstein at Atascadero State Hospital 1955

"God, will I ever be free to function normally again?" 1

In January 1955, Sidney Bronstein looked through the window of the sheriff's vehicle that was delivering him to his new home, ASH. At first glance, the modern buildings and pleasant surroundings did not suggest a place of incarceration, for according to the patients' booklet *The New Approach: From Sex Offender to Good Citizen*, there was "no barbed wire, custodial fences, outlaying guard towers, and iron bars" and these omissions testified "to the excellence of the planning." Putting such aesthetic considerations aside, Bronstein focused instead on the disturbing rumors that had recently been circulating through the Los Angeles gay community—rumors about the horrific treatments meted out to the patients at state mental hospitals. Now, such rumors suddenly seemed more credible, for shortly before his arrival, Bronstein had signed his commitment papers that relinquished his right to refuse treatments that included brain surgery, electric shock, and ominously, in bold print, "sterilization." Bronstein

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¹ Quotation from a letter Sidney Bronstein sent to Jim Kepner, February 9, 1955, Box 1, Folder 11, Sidney Bronstein Papers, Coll2013-007, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA.

² Like many mental institutions, ASH was constructed far from large cities and located in a rural community about two hundred miles north of Los Angeles. The welcoming hospital grounds belied the institution's internal architecture that, though not strictly conforming to Jeremy Bentham's conception of a panopticon, were designed to facilitate the hospital staff's observation and surveillance of the patients where "Compactness is assured by having the main divisions contiguous to perpendicularly opposed corridors . . . [as the main facilities] are centrally located close to the junction of these traffic arteries." The New Approach: From Sex Offender to Good Citizen (Atascadero: Atascadero State Hospital, 1955), 6.

³ Sidney Bronstein, letter to Jim Kepner, January 31, 1955, *Sidney Bronstein Papers, Coll2013-007*, Box 1, Folder 11, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA. (Henceforth referred to as Sidney Bronstein Papers)

realized that his refusal to sign the form would have been seen by his doctors as one more confirmation and manifestation of pathology; however, by signing them, he was now, according to his subsequent correspondence, trapped in a brave new world which despite its "very expensive new buildings, modern architecture, and . . . conveniences was too close to 1984."4 Bronstein's allusions to Aldous Huxley's and George Orwell's dystopian futures reflect his growing awareness that he was a powerless victim of the state's medical technicians. But how did he get here? After all, he said to himself, his crime was merely a misdemeanor (Figure 1.1).5



Photograph of Sidney Bronstein circa 1950 Figure 1.1

Bronstein's confusion about his predicament was somewhat disingenuous, for he was fully aware of the implications of the Sex Psychopath Act and the steps being taken by Dr. De River,

⁴ Ibid.

⁵ Bronstein expressed his frustration about his commitment to Jim Kepner in his letter dated January 29: "How can they be so free with my time (for only, after all, a misdemeanor)." Sidney Bronstein, letter to Jim Kepner, January 29, 1955, Sidney Bronstein Papers.

the self-appointed head of Los Angeles Sex Offense Bureau, to stamp out the city's sexual deviants.⁶ His arrest, in downtown's Pershing Square in December 1954, for lewd and lascivious behavior was aggravated by the fact that the police decoy, though wearing a navy uniform, was sixteen years old and therefore below the age of consent.⁷ Bronstein had been fortunate that he had not become a victim of police entrapment before, for he regularly cruised off-duty servicemen in Pershing Square. According to Kepner, he had a regular "turf" that "included the run from the Greyhound Station to Pershing Square . . . Cruising—for servicemen only—was his avocation, and recording it all in minute detail for Dr. Kinsey was his holy mission." Indeed, Bronstein religiously documented all of his conquests for Kinsey in a diary that was punctuated by erotic drawings and hieroglyphs symbolizing, among other things, the specific sexual acts performed.⁹ As a quasi-field study of homosexual sexual practices, Bronstein's notes served not only to

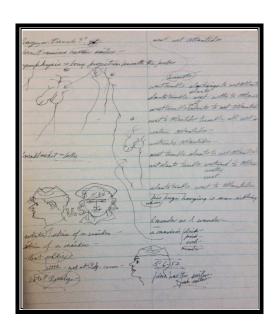
⁶ Dr. de River—who in reality had no medical certification—broadened the scope of his jurisdiction from sex crimes to all crimes that involved moral offenses. In 1948, two bank robbers were apprehended and found guilty but were tried, not for the robbery, but because they were homosexuals. They were promptly placed in the hands of de River for "treatment." De River's favorite remedy for homosexuals was electric shock therapy; however, he did not eliminate the therapeutic possibilities of castration. Noting that castration may not completely eradicate sexual activity, Dr. de River suggested a more decisive form of treatment, "The Orientals were aware of the fact that the center of erection is not located in the testicles, but in the spinal cord, so they performed the operation, they also amputated the penis." De River may have been somewhat overly cautious in stipulating that, even after castration, "The sex offender . . . would have to be held in custody from five to seven years, *maybe more* [my emphasis]." Paul de River, *The Sexual Criminal: A Psychoanalytical Study*, edited by Brian King (Burbank: Bloat Publishing Company, 2000), 316.

⁷ The age of consent in California has remained eighteen years of age since 1913.

⁸ Jim Kepner described the Pershing Square of the mid 1950s as "a sanctuary for persons of unusual views and lifestyles. Many gays cruised there. Catholic Mike made homosexual pickups, but reported other homosexuals to the cops. Queens and hustlers occupied the park's East side, atheists and mystics the wide diagonal path from the SW corner to the central fountain plaza, chess and checkers players the west walk, radicals and crazy fundies the north walk. A snaggle-toothed skinny couple skipped rope while preaching hell's fire. A crowd could form quickly around any interesting speaker, and dissipate quickly if he turned dull." Jim Kepner, Foreword to the Bronstein Collection, 1991, Box 1, Folder 1, Sidney Bronstein Papers.

⁹ Bronstein's relationship with Kinsey was more than casual; The Kinsey Institute for Research in Sex, Gender, and Reproduction has archived numerous letters written between them from the early 1950s. On New Year's Eve 1954, Kinsey took the time and trouble to write to Bronstein about his arrest and expressed that he was "very sorry to hear about your difficulty into which you have gotten" and hoped that he "would work things out as well as possible." Alfred Kinsey, letter to Sidney Bronstein, December 31, 1954, Box 4, Folder 2, *Alfred C. Kinsey Correspondence Collection*, Kinsey Institute Indiana University, Bloomington, IN.

rationalize and legitimize his carnal adventures but also to catalog and objectify his sexual conquests. Now, in a dramatic turn of events, the roles had been reversed; Bronstein's arrest and subsequent arraignment had brought him to ASH for ninety days of observation—the researcher had now become the object of study (Figure 1.2).



Excerpt from Bronstein's diary¹⁰
Figure 1.2

Bronstein began his correspondence from ASH with his friend Jim Kepner on January 29, 1955, two weeks after he had been assessed by court appointed psychologists, Dr. McGinnis and Dr. Wyers. Dr. Wyers, superintendent of Norwalk State Hospital, was involved in Kinsey's research pertaining to sexual disorders and, according to Bronstein, "agreed with most of the

Folder 8, Sidney Bronstein Papers.

¹⁰ Bronstein's diary entry of May 6, 1952 contained rough sketches of a marine's face and genitals. These images are accompanied by figurative language that suggests that Bronstein was in the process of writing a poem about the marine. Subversively, Bronstein framed his feelings of awe and admiration about this man through the words of John Jacob Niles's evangelical hymn *I Wonder as I Wander*. Sidney Bronstein, Notebooks circa 1939-1955, Box 1,

good doctor's [Kinsey's] theories and rendered his decision in my case, of non-psychopathy."11 Furthermore, Dr. Wyers confided with Bronstein that he thought the term "psychopathy" in the context of the Sex Psychopath Act was a strictly legal term and not scientifically sound, asserting that "most of the homosexuals at Norwalk, are by scientific, psychiatric standards, normal." ¹² Dr. McGinnis, who had provided expert psychological testimony to the state legislature during the hearings held in preparation for amendments to the Sex Psychopath Act, thought otherwise and recommended confinement. Bronstein, alluding to the legislative hearings, also mentioned that "our boy, De Rivers was also there, as usual with his 'recommendation': mandatory shock treatment and brain surgery for deviation . . . Maybe, whatever happens to me, I'm lucky to escape him. (Unless he's director here, or something, do you know? O irony!)."13 Because his doctors were not in agreement about whether he was a sex psychopath, Bronstein was given a choice: either a jail term of up to one year, or ninety days of observation at Norwalk State Hospital. Following his legal advice, Bronstein reluctantly decided to take the ninety days of observation which he was told would probably end with his release; however, he was not told that he would be returned to court after this period for criminal charges and sentencing. 14 Moreover, Bronstein was also assured that he would be sent to Norwalk State Hospital for observation, an institution where, based on his conversation with Superintendent Dr. Wyers, he would in all likelihood, not be subjected to experimental treatments. However, after almost two

¹¹ Bronstein, letter to Jim Kepner, January 29, 1955.

¹² Dr. Wyler's concerns about the diagnostic label "sex psychopath" were also voiced by experts outside of the medical profession. In 1950, Sociologist Edwin H. Sutherland argued that "The lack of precision in the concept of the sexual psychopath is especially dangerous in view of the emotions which are aroused by sex crimes. In the hysteria which results many crimes are committed in the name of justice." Edwin H. Sutherland, "The Sex Psychopath Laws," *Journal of Criminal Law and Criminology* 40, no. 5 (1950): 552.

¹⁴ In his correspondence dated January 29, Bronstein expressed his regrets to Kepner that he had not chosen the jail term and followed in the footsteps of Thoreau: "plain jail in this situation is the noble, even honorable, in a way; but 'commitment' even for observation!" Bronstein, letter to Jim Kepner, January 29, 1955.

weeks in the county jail, Bronstein was informed without warning that he was not going to Norwalk State Hospital, but ASH. His growing sense of powerlessness and resentment concerning his treatment since his arrest and commitment made him reflect, "I am beginning to appreciate more clearly the poignancy of Kafka's 'Trial.'"¹⁵

Significant in Bronstein's early discussion of what he calls his "situation" is the manner in which he contests it using the privileged language of contemporary psychiatric discourse. As a member of the Mattachine Society, Bronstein enjoyed advantages (both in knowledge and social connections) that many of ASH's patients lacked. As mentioned earlier, he was corresponding with the celebrated Dr. Kinsey, personally knew homophile psychologist Dr. Evelyn Hooker (who had used members of the Mattachine Society as subjects in her research), and familiar with the emerging critiques of the psychiatric profession from authors such as Dr. Robert Linder. Armed with this knowledge, Bronstein questioned the authority of court appointed Dr. McGinnis to label him pathological. According to Dr. McGinnis, Bronstein's failure to adjust to society was the cause and not a symptom of his pathology—a dubious rationale when applied to homosexuals living in an overtly homophobic state. Recalling Dr. Lindner's *Prescription for*

¹⁵ Bronstein's reference to Kafka's *The Trial* in his correspondence of January 31, 1955 revealed his sense of impotence; for, *The Trial*'s protagonist, Josef K, is trapped within a juridical machine in which the boundaries between truth and falsehood become blurred. For example, when K questions the truth of the charges against him with a priest (who, like Bronstein's psychiatrists, was appointed by the court), the priest replies, "No," said the priest, "you don't have to consider everything true, you just have to consider it necessary." K. responds by stating, "A depressing opinion . . . [for] Lies are made into a universal system." Franz Kafka, *The Trial* (New York: Schocken Books, 1998), 228.

¹⁶ Dr. Robert Lindner was a criminal psychologist and forerunner of the anti-psychiatric movement whose works include *Rebel Without a Cause: The Hypnoanalysis of a Criminal Psychopath* in 1944 (the title was later appropriated for the movie of the same name); *Stone Walls and Men* (1946); and *Prescription for Rebellion* (1952). In *Prescription for Rebellion*, Lindner argued that "adjustment" had become the "Eleventh Commandment" of western civilization: "to adjust—or to be adjusted, or to make an adjustment—has come to be deemed the highest good and the goal of every effort. At every turning, the Commandment—'You must adjust'—confronts us . . . It is offered to us as medicine when we are sick, as hope when we are unhappy, as faith when we are perplexed. There is no escaping from it. Woe to him who does not adjust!" According to Lindner, "adjustment" actually meant "conformity" to a system intent on domesticating mankind's primal creative instincts. His prescription, which Bronstein clearly practiced, was to defy authority and rebel against society's "shamans and their misguiding shibboleths." Robert Linder, *Prescription for Rebellion* (New York: Grove Press, 1952), 12-13, 45.

Rebellion in his correspondence, Bronstein sarcastically asserts that "Our Society is unique and probably abnormal sexually, and therefore the so-called psychopaths, who have not "adjusted" (Lindner's dirty word) to this abnormality, are the only healthy ones, potentially left!"¹⁷ Bronstein questions Dr. McGinnis' recommendation that he undergo psychotherapy in order to become better adjusted (that is, less promiscuous) on the grounds that it would require some level of repression. Bronstein, again in a sarcastic tone, hypothesizes, "Perhaps he [Dr. McGinnis] means to teach how to become 'safely schizophrenic,' as a way of life, maintaining a 'balance?' between homosexual drive and 'sublimated' behavior??"¹⁸ Notwithstanding Bronstein's insights into the inherent contradictions of Dr. McGinnis' understanding of pathology, he was unable to contest his commitment because his repeated requests for the doctor's notes were denied.

Another concern that Bronstein shared with Kepner at the beginning of his hospitalization was the reaction of his family when they heard the news of his situation. Although he describes his relations as "fuzzy-minded liberals," he anticipates that "One thing seems certain from here; return to my family will [be] impossible." Bronstein's fears of rejection by his family were well founded, based on their inability to accept his homosexuality. Indeed, many years later in 1967 (shortly before his death), his large collection of artwork and writing would have been destroyed by his mother if it were not for the intervention of Jim Kepner. ¹⁹ Bronstein's frustration with his family was the unquestioning deference they give to the authority of science "in any field outside

¹⁷ Bronstein, letter to Jim Kepner, January 31, 1955.

¹⁸ Ibid

¹⁹ Thirty-five of Bronstein's drawings and paintings were displayed at the Baxter Street house in Los Angeles shortly before his death in 1967. These works became the foundational materials of what would later become the ONE Archive, the world's largest repository of materials from the LGBT community. In the foreword to the Sidney Bronstein Collection, Jim Kepner relates that Bronstein was sure that when he died his mother, "long scandalized by his homosexual life and work, would burn it all." Kepner, Foreword to The Bronstein Collection.

of their immediate area" of expertise.²⁰ Sardonically, he anticipated that his family's embarrassment over his commitment will probably be tempered by their hopes that science will finally provide the 'cure' for his sexual deviancy.

Although familiar with the contemporary psychological discourse, Bronstein was *not* a psychologist, and like his family he also deferred to its authority, if somewhat selectively. Significantly, Kinsey's seminal text *Sexual Behavior in the Human Male* (1948) provided Bronstein with an alternative understanding of his sexuality that was not stigmatized by pathology. Indeed, it represented a scientific and professional counter narrative to the positions of doctors who had incarcerated him, doctors such as McGinnis and the faux doctor de River. As a scientific study that did much to reevaluate and challenge preconceptions of male sexual behavior, Kinsey's work became Bronstein's Torah, a Torah that he studiously studied and revered. Bronstein was particularly interested in Chapter 10 of *Sexual Behavior in the Human Male*, "Social Level and Sexual Outlet," which contained value neutral depictions of homosexuality as part of a fluid continuum of male sexuality. Moreover, Kinsey did not describe homosexuality in terms of pathological etiology (causation was not the purpose of his study), but in terms of class, education, and the law.²¹ Although the Kinsey Report was presented through

²⁰ Bronstein, letter to Jim Kepner, January 31, 1955.

²¹ In *Sexual Behavior in the Human Male*, Kinsey argued that psychiatrists had failed to determine whether homosexuality was the result of genetic or environmental factors. He argued that if it was the former, "It must be shown that the fluctuations in the hormones, the genes, or other biological factors which are assumed to be operating. It must be shown that there is a definite correlation between the degree in which the biological factor operates, and the degree of the heterosexual-homosexual balance in the history of each individual." If psychological or social forces are considered as agents in the origin of the homosexual, the same sort of correlations must be shown before any causal relationship is established." Alfred C. Kinsey, *Sexual Behavior in the Human Male* (Philadelphia: W. B. Saunders Company, 1948), 662, 661.

the empirical statistical language of sociological observation, the conclusions drawn from it were an implicit critique of 1950s sexual mores and conformity.

In his letter of January 29 to Kepner, Bronstein focused on Kinsey's analysis of class (education level, occupation, and income) as the main variable in predicting an individual's sexual behavior. For Kinsey, education level was the most powerful indicator of class and sexual practices, for he stated that "The educational level attained by an individual by the time he terminates his schooling has proved to be the simplest and best defined means for recognizing social levels."22 However, Kinsey's general rubric involving the intersection of class and sexuality did not apply to everyone, and certainly not Bronstein. According to Kinsey's hierarchy of class, Bronstein's college education and intellectual pursuits suggested that he belonged in the upper level of the social ladder (level six). Paradoxically, level six is characterized as a class in which sexual gratification is deferred, homosexuality is less likely, and subjects engage in more frequent masturbation.²³ As a man with limited powers of restraint in seeking sexual gratification, Bronstein's sexual behavior appears to fit more neatly into Kinsey's class levels two, three, and four—groups containing men who had not obtained a college degree and worked in non-professional fields.²⁴ These groups, which included men of the armed services, merchant marines, and members of the Civilian Conservation Corps, were far more likely to have engaged in homosexual activity than other classes.²⁵ This was especially true of

²² Kinsey, Sexual Behavior in the Human Male, 330.

²³ Kinsey argued that "Among professional classes, the professional group masturbates most frequently." Ibid., 341.

²⁴ Kinsey stated that "Among the males who stop their schooling at high school levels a larger number is involved [in homosexual sexual outlets] after they have left school. For the males who belong to the college level, the largest number is involved while they are in high school, but the number steadily decreases in later years." Ibid., 630.

²⁵ Kinsey's conclusions about the intersection of class and sexuality, drawn as they were from personal interviews, require further scrutiny, especially when viewed through the lens of discretionary police enforcement. The UCLA Law Review project of 1966 examining arrest patterns for lewd and lascivious behavior by homosexuals suggests that some police departments in upper class neighborhoods were reluctant to arrest prominent professionals due to the damage it would cause to their careers: "The police deny that there is any difference in treatment of subjects on

the armed forces of which, according to Kinsey, "about 40 per cent have at least incidental homosexual relations." The availability of servicemen may have been one of the reasons why Bronstein focused exclusively on this group, but Bronstein did not dwell on this matter in his letter; rather, he focused on the different dynamics of delayed sexual gratification and how they relate to class. Bronstein believed that working class men are more opportunistic and impulsive in satiating their sexual because they do not have the luxury of leisure time enjoyed by the upper classes; therefore, "For him [a member of the lower class] not to seize upon immediate, as against 'delayed' satisfaction and opportunity, would be unintelligible behavior." ²⁷

Another aspect of Kinsey's work that captured Bronstein's interest was the sexologist's assertion that sex crime laws were inherently unjust because they were based on bourgeoisie preconceptions about what constituted normal and abnormal sexual behavior. Kinsey's assertion that homosexuality was far more prevalent in society than commonly believed necessarily brought into question such assumptions.²⁸ Based on Kinsey's research, Bronstein initially entertained the idea of writing to the judge who had adjudicated his case and educate him on the complexities of class and sexuality. However, on reflection he decided against it because "his type [are] constitutionally beyond reach of logic unsympathetic or unfamiliar to his particular

the basis of the economic status or prominence of the suspects [in their communities]. However, in one small, 'silk stocking' community the policy of the police was stated to be protection of the citizens of the community, including protecting them from themselves. In this community there were no arrests for violations...[for lewd and lascivious behavior] in the period 1962-1964." Jon J. Gallo et al., "The Consenting Adult Homosexual and the Law: An Empirical Study of Enforcement and Administration in Los Angeles County—Part 3: Enforcement Techniques," *UCLA Law Review* 13 (1966): 741.

²⁶ Kinsey, Sexual Behavior in the Human Male, 357.

²⁷ Bronstein, letter to Jim Kepner, January 31, 1955.

²⁸ Kinsey went on to say that "The judge who is considering the case of the male who had been arrested for homosexual activity, should keep in mind that nearly 40 per cent of the other males in the town could be arrested at some time in their lives for similar activity, and that 20 to 30 per cent of the unmarried males in that town could have been arrested for homosexual activity that had taken place within the same year." Moreover, he asserted that the treatment and isolation of individuals with homosexual tendencies was morally questionable and a judgment that "a scientist is not qualified" to make. Kinsey, *Sexual Behavior in the Human Male*, 664, 665.

kind of conditioning extrovert, political mentality etc. (Also I guess Catholic and therefore possibly didactic in sexual thinking)."²⁹ Ultimately, Bronstein correctly concluded that writing to the judge would not have helped his case but had the "effect of prejudicing him further" against him.³⁰

Bronstein not only relied upon the work of Kinsey to contest his commitment but also that of psychologist Dr. Evelyn Hooker whom he met in 1954 at the Mattachine Society. Dr. Hooker was interested in comparing homosexual male emotional adjustment and level of functioning with that of their heterosexual peers, but unlike Kinsey's research, she restricted her sample population of homosexuals from the Mattachine society—a non-institutionalized subject population.³¹ Based on her research, she concluded there were no significant differences between homosexual and heterosexual subjects; moreover, she asserted that "Homosexuals vary

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²⁹ Sidney Bronstein, letter to Jim Kepner, February 9, 1955, Sidney Bronstein Papers.

³⁰ Ibid

³¹ Evelyn Hooker would formally present the results of her research the following year at the American Psychiatric Association's convention in Chicago and publish them in 1957 under the title "The Adjustment of the Male Overt Homosexual." According to Ronald Bayer, author of Homosexuality and American Psychiatry: The Politics of Diagnosis, her work "was of critical importance for the evolution of the homophile movement. Her findings provided 'facts' that could buttress the position of homosexuals who rejected the pathological view of their condition. She had met the psychiatrists on their own terms and provided their critics with clinical data with which to do battle. As important as her findings was her willingness to share them with the ordinary men and women of the homophile movement. Her collaborative relationship with the Mattachine Society went beyond using it as a source of informants. She spoke to its members, published an article in the Mattachine Review, attended its meetings, and received its honors. She became not only a source of ideological support, but an active participant in the homosexual struggle" Ronald Bayer, Homosexuality and American Psychiatry: The Politics of Diagnosis (Princeton: Princeton University Press, 1987), 53. Dr. Hooker used seventy-four volunteers of the Mattachine Society in her study. She administered several tests including the Chicago Inventory of Beliefs which identified three types of personality syndrome: Type S personality is characterized by absolute acceptance of authority and depersonalized personal relations; Type N is the opposite of Type S in that it is characterized by a complete rejection of authority and highly individualized personal relationships; Type R is a personality characterized by a person who is interested in ideas rather than persons. The results of her tests indicated that thirty percent of the subjects could be classified within the three personality types with the largest falling in Type R; however, an additional thirty percent did not fall into any of the categories, and the remaining forty percent were borderline. Aware of the flaws in Kinsey's research regarding the use of clinical subjects as representative of the general population, Dr. Hooker clarified that "We must remember that this group [members of the Mattachine Society] may not be typical of the homosexual who appears in the clinical situation. These individuals are, for the most part, members of an organization which seek to 'develop a homosexual ethic' and to behave in ways acceptable to heterosexual society (except for sexual subject choice)." Evelyn Hooker, "Inverts are not a Distinct Personality Type," The Mattachine Review, January-February 1955, 22.

widely in personality structure, and do not constitute a distinct group. Homosexuality is not a *distinct* [her emphasis] clinical entity."³² Notwithstanding Dr. Hooker's conclusions, Bronstein did not assume that she would be supportive in his present circumstances; after all, she had emphasized that the sample population of her study was not drawn from a clinical situation or institution. Moreover, in accordance with the homophile movement's accommodationist strategy, Dr. Hooker hoped to present homosexuals as "normal" in all regards except for their sexual orientation. Bronstein's commitment to ASH did nothing in achieving that objective; in fact, it did the reverse. Aware of the political liability he posed to the movement, Bronstein was therefore reticent in contacting Dr. Hooker, but at last relented:

I've written Hooker. I don't know how she will take it. After the arrest and the appearance of the psychiatric angle. I rather impulsively honed her about it and we agreed to keep her work out of any discussions I might get involved in (of course she offered what help she could if it were necessary, but it would obviously endanger the confidence of her material etc.). So I thought I should at least bring her up to date on developments so far. (She's probably cursing the day I met her).³³

Bronstein's mounting sense of powerlessness was exacerbated by the failure of his lawyer to mount an appeal to expedite his release from ASH, something he initially hoped was a real possibility. However, his lawyer wrote to him recommending that he should cooperate with the doctors and staff and Bronstein concluded that he "Can guarantee nothing, promising much." Bronstein accepted that his legal council could not be expected to work without payment, and his frequent references to his own lack of funds may have been an oblique way of soliciting financial

³² Hooker, 21

³³ Sidney Bronstein, letter to Jim Kepner, February 10, 1955, Sidney Bronstein Papers.

³⁴ Bronstein, letter to Jim Kepner, February 9, 1955.

assistance from Kepner. However, Kepner was not in a financial position to do so and failed to respond to Bronstein's subtle requests for help.³⁵

With the growing realization that he would be unable to secure his early release from ASH, Bronstein resigned himself to the tedium of his commitment. As he passed away the lonely hours of seclusion, he witnessed the arrival of other patients: "Everyday outside my window, sheriff's cars drive up with more incorrigibles. I wonder what the quota is here? At any rate, I don't think mass production of conformity is achieved yet but nothing is beyond 'American efficiency'; give them time."³⁶ Deprived of books, magazines, and social interaction, Bronstein became acutely aware of the passage of time and seemed to have found solace in his correspondence with Kepner. At one point, he interrupted his narrative by exclaiming, "Well, all that was much about nothing, but behold, it used 15 minutes for me and saved me from Gabriel Heather [a popular wartime announcer] now on the intercom radio system."³⁷ He continued humorously, "Captive audience, indeed! I suppose they could use the system for therapy a la 1984 style, inculcating the desired thought process by repetition of such before sleep?"38 If the hospital's intercom announcements and broadcasts provided Bronstein ironic fodder for his fertile imagination, they also served a form of torment, for they also described the various recreational activities available to the other patients: music appreciation, basketball tryouts, a patients' production of the play Mr. Roberts, but "As an isolation and observation case, of course, I couldn't indulge. I do wish radios were allowed. Somebody somewhere, was playing

³⁵ In a letter sent to Bronstein after his release from ASH in April 1955, Kepner wrote, "Sorry I didn't get this off a few days ago when I said I would, but I've been all entangled in this terrible trouble my friend had with the police (and shot to hell financially as well from baling him out)." Jim Kepner, letter to Sidney Bronstein, June 29, 1955, Sidney Bronstein Papers.

³⁶ Sidney Bronstein, letter to Jim Kepner, February 1, 1955, Sidney Bronstein Papers.

³⁷ Ibid.

³⁸ Ibid.

Mozart and reminded me of what I'm missing."³⁹ Through intentional design or otherwise, the psychiatrists at ASH were reinforcing Bronstein's dependence on them as his only human contacts. These psychotherapy sessions established the power dynamics of the doctor-patient relationship and provided Bronstein the only strategy (other than complete compliance) with which to negotiate the preservation of his identity—pretending to play along.

In order to get released from ASH, Bronstein would have to assure doctors that he was no longer a threat to society. *The New Approach: From Sex Offender to Good Citizen*, a booklet produced by the hospital's patients in 1955, described the various assessments, diagnoses, and privileges accorded to patients in their journey through the institutional system. ⁴⁰ In keeping with Bronstein's Orwellian view of ASH, patients were given red or white cards based upon "a system of psychological screening [that] determines the amount of freedom which each patient can enjoy." ⁴¹ Red cards provided the most freedom and were issued to patients deemed most

³⁹ In his correspondence of February 1, 1955, Bronstein wrote, "Last night, on the intercom, tryouts for a production of—guess what—Mr. Roberts!" Ibid. Mr. Roberts was an ironic choice for a theatrical production in a hospital catering to sex offenders because of its emphasis on the agonies of confinement and its characters' obsession with sex. The play, based on a book by Thomas Heggen, recounts the voyage of a destroyer, the USS Reluctant during World War Two. The Reluctant's crew were frustrated with their ineffectual captain who, like ASH's doctors, was manipulated and misled. Like Bronstein, the work's protagonist Mr. Roberts spends most of his time writing letters begging to be transferred. The monotony of shipboard and institutional life is captured by Heggen's description of the voyage which follows a course from "Tedium to Apathy and back . . . It takes an occasional trip to Monotony, and once it made a run all the way to Ennui, a distance of two thousand nautical miles from Tedium." Inevitably, conversations between the crew revolve around sex (or rather lack of it). In the context of ASH, a question posed by the ship's doctor to Roberts is fraught with irony: "'We are embarking,' he hypothesized, 'on a new and revolutionary era in the history of sex. In quite a literal sense, women during this war have discovered sex and they have found it a field of human activity which they can dominate. From the traditional role of passivity in sexual relations, they have passed partnership into aggressiveness. From now on, women will be the aggressors in the sex act. Sometime early next year, and probably in San Francisco, we will read of the first criminal assault of a boy by a girl. Soon after that, the matter will become so commonplace it will not be newsworthy." Thomas Heggen, Mr. Roberts (Annapolis, MD: Naval Institute Press, 2009), 6, 177.

⁴⁰ Dr. F. P, Schnell described the observation period, "During the sixth or seventh week after admission to the Hospital, each patient is examined in the presence of members of the Medical Staff. This final procedure is after the patients have received lectures by the Social Services Department, psychological testing and lectures by appointed Supervisors in the Nursing Service Department and interviews, either singly or as a group by the Ward Doctor. Each patient has been examined by the presiding Doctor who presents his "case" to the Medical Staff for further study and final diagnosis of the patient's basic psychological and personality make-up." *The New Approach: From Sex Offender to Good Citizen*, 7.

⁴¹ The New Approach: From Sex Offender to Good Citizen, 8.

cooperative; white cards were more restrictive and limited the patients' movements to the immediate area around the hospital. Security guards were placed at all exits from the hospital to inspect the color coded permits; however, in keeping with the recuperative rather than punitive mission of the hospital, they wore no weapons or "other disciplinary arms." Along with color coded designations, the hospital categorized its patients in terms of their mental readjustment and readiness to leave the institution. Those patients assessed as "no longer a menace to the health and welfare or others or himself" were given a "B" recommendation with a suggested probation period of three to five years; an "A" designation meant that the patient was no longer a menace or considered to be a sexual psychopath; and a "C" recommendation was made when the patient had "not made sufficient progress to be considered safe for release." Patients given a "C" recommendation faced the prospect of being removed from the hospital and "disposed of through criminal proceedings" where they would receive a sentence between one year and life for a felony conviction, or if the crime was considered a misdemeanor, a sentence of one year or less in the county jail. Bronstein's options were limited; the best he could hope for was an "A" or "B" designation, but such hopes depended on his full cooperation with the institution's regimen of therapy and treatment.

A patient's appearance of full compliance would be severely tested if they were subjected to electric shock, hormone, or sterilization treatments. In the case of electric shock therapy, the pain inflicted on the patients created its own ethical dilemmas for the staff, many of whom, according to noted experts on aversion therapy Dr. Stanley Rachman and Dr. John Teasdale (authors of *Aversion Therapy and Behavior Disorders: An Analysis*) objected "to participating in

⁴² Ibid., 9.

⁴³ Ibid., 11.

this form of treatment and there can be no doubt that it arouses antagonism in some members of the hospital staff. Complaints about the method being *unaesthetic* [my emphasis] and even harrowing are not without justification."44 Dr. Rachman and Dr. Teasdale also describe the reluctance of patients to undergo such treatments who, not surprisingly, became hostile and aggressive before treatment and created problems for the hospital staff. However, this hostility is nowhere to be found in ASH's December 1955 edition of the patient newsletter *The New* Outlook which, without any hint of irony, describes the many pleasant distractions available to its readers: "Do you have that tired, listless, worn out feeling? Well, if you don't you will—that is if you try and keep up with all the activities the gym will have to offer in the near future," and another entitled "Protestant Glee Club" which invited "everyone who loves to sing or just sit and listen to music to come to our meeting, and sing to be happy."⁴⁵ It seems that the unaesthetic aspects of therapies, such as electric shock treatment, could be ameliorated by barbers, who in the October 1955 edition of the newspaper, asked "How Do You Like Yours?" and answered, "Every man knows the pleasure of relaxing in the barber chair for a few moments. It is also accepted fact that one gains a moral lift, an increase in self-esteem from his own well-groomed appearance."46

The various recreational activities provide to ASH's patients were part of a larger therapeutic regimen that included counseling sessions and ongoing psychiatric evaluation. The language used by his doctors during these sessions was suggested in Bronstein's correspondence which is frequently punctuated by terms borrowed from their lexicon of psychological discourse. Significantly, Bronstein appropriated diagnostic terms such as "infantile versus mature

⁴⁴ S. Rachman and J. Teasdale, *Aversion Therapy and Behavior Disorder: An Analysis* (Miami: University of Miami Press 1969) 33

⁴⁵ The New Outlook, December 17, 1955, 3.

⁴⁶ The New Outlook, October 5, 1955, 5.

behavior," "constitutionally unable to adjust," and "compulsively driven" not only to contest his commitment but also the authority of his doctors. Moreover, Bronstein quoted Lindner's characterization of the psychopathic personality who believed it to consist of "various 'infantile' qualities such as indiscriminate responses to sexual stimulus, and immediate satisfaction and release on a physical level, without interest in the sex object, or intellectual investment, foreplay and what he calls 'paraphernalia' etc." However, Bronstein counters Lindner's argument by stating, "Now all these are exactly what Kinsey analysis as characteristic, not infantile necessarily, as opposite to mature, personality, but of lower class' as opposed to 'middle or upper class behavior! If so, again, we have a very dangerous tendency of basically social qualities by psychological causes."

Although Bronstein took great satisfaction in using his impressive knowledge of psychiatric discourse to contest his situation, he recognized its practical limitations within an institutional setting. Ironically, a patient's refusal to cooperate in his treatment and rehabilitation would only confirm in the eyes of his doctors that he was suffering from paranoid narcissism—a Catch-22 situation fraught with dangers. Fully aware of this paradox, Bronstein stated that "should [I] try to remonstrate with them [his doctors] on these points [it] would obviously be dangerous and presumptuous, and, of course, demonstrate further of 'uncooperation' etc."⁴⁹ Bronstein therefore decided to follow his lawyer's advice and cooperate with his doctors, be it only superficially; in effect, he had learned to play his part in the game of lying.⁵⁰

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⁴⁷ Bronstein, letter to Jim Kepner, February 1, 1955.

⁴⁸ Bronstein, letter to Jim Kepner, January 29, 1955.

⁴⁹ Bronstein, letter to Jim Kepner, February 1, 1955.

⁵⁰ In the Foreword to the Bronstein Collection, Kepner claimed that Bronstein was adept at deception and role playing, for he would bring two or three sailors at a time to his hotel room where "he was locked into his mindset…that he was the queer and the young men he picked up (he had no specific age preference, so long as they

As a survival strategy, lying provided patients a means through which they could preserve their identities while navigating the formidable challenges of institutional medical bureaucracy in order to secure their release. For those unable to maintain this charade a successful recovery necessarily involved rejecting part of themselves. This process was particularly damaging for homosexual patients committed to ASH under the vag-lewd laws, laws ostensibly designed to apprehend child molesters but which in practice focused on homosexuals engaged in consensual sexual acts with other adults.⁵¹ The first step in their recovery and rehabilitation required them to acknowledge that their sexuality was deviant and pathological, a self-destructive process that mirrored the homophobic prejudices of society at large.

If deception was an essential coping mechanism for patients, it was also employed by doctors and medical practitioners to maintain order and reinforce their status and authority within the institution. In order to secure release from ASH, patients had to ingratiate themselves with their counselors by acting in ways that conformed to their diagnostic type; whereas, doctors performed the role of objective and impartial observer—a neutral position that was clearly a pretense. As mentioned earlier, Bronstein's initial psychiatric evaluation had been conducted by Dr. Wyers, superintendent of Norwalk's Metropolitan Hospital. At that time, Dr. Wyers had confided with Bronstein that he believed that many of his homosexual patients were, by any scientific definition, normal and that Bronstein had nothing to fear if his period of psychiatric observation took place at Norwalk. However, Dr. Wyers had also asserted that homosexuality

were in uniform) were 'real men.' Therefore, they were not expected to do anything that 'real men' wouldn't do. He felt honored if they accepted some impersonal fondling and a blow job, but expected nothing reciprocal. Once in a very great while, he felt especially honored if one of them gave him a hug or a macho kiss, but expected them to protest that they weren't really that way, and they did it only because he was a regular guy...It was a game with tightly defined roles." Kepner, Foreword to the Bronstein Collection.

⁵¹Bronstein's arrest and commitment for soliciting sex with a man masquerading as an off-duty sailor illustrates the dangers faced by homosexuals under these laws, for the individual was not only working for the police but also sixteen years old and therefore a minor, a point emphasized by the officers who entrapped Bronstein.

was the product of an unresolved Oedipus complex, a paradox that Bronstein found to be particularly galling. According to Bronstein, the doctor had characterized homosexuality as an arrested form of development that was marked by infantile behaviors that included narcissistic fantasies and masturbation which were carried through into adulthood. Predictably, Bronstein subversively employed Dr. Wyer's theories on homosexuality when speculating about the sexual proclivities of ASH's employees remarking that "If the orientation of the staff here lies in that direction, I may have cause to worry." Bronstein's speculation about the sexual predilections of the staff suggests that tensions existed across multiple levels of institutional relationships at ASH. These tensions arose in large part because the rules regulating doctor-patient role playing were unspoken, covert, and, in Bronstein's case, contested. Despite the inherent instability of these rules, the consequences for transgressing sexual boundaries were serious—especially for the patients.

Bronstein's opportunities for sexual gratification within ASH were limited by his isolation from the general population, an isolation that he suggested was meted out to all of homosexual patients.⁵⁴ Nevertheless, his imagination was captured by the arrival of Oscar, an "apparently violent (psychotic)" who Bronstein referred to as "the case." Oscar arrived in Bronstein's ward in order to receive medical treatment for injuries to his head after an altercation

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55 Ibid.

⁵² Bronstein, letter to Jim Kepner, February 1, 1955.

state Hospital province of the possibility of sexual assault by hospital employees, his concerns were not unfounded. A 1958 report on Camarillo State Hospital (located one hundred and fifty miles south of ASH) claimed that homosexual relations between the patients and staff to be a "major problem." The report notes that "Among the approximate 9,000 people at Camarillo State Hospital, percentage-wise, there will be presumably be an unknown number of homosexuals, particularly among the approximately 7,000 mentally ill patients and *obviously*, [my emphasis] to a much lesser degree, among the 2,000 paid personnel . . . The many complaints and smirking remarks concerning personnel remain evident." *Camarillo State Hospital Report to the Attorney General* (Camarillo: Camarillo State Hospital, 1958), 158.

⁵⁴ In his correspondence later that month, Bronstein commented that "few [of the patients], so far, from my limited situation, seem to be inverted, since such may be isolated." Sidney Bronstein, letter to Jim Kepner, February 22, 1955, Sidney Bronstein Papers.

with the staff. He was restricted to his room, where he maniacally and repeatedly shouted his name only to get into further conflicts with the hospital employees. Bronstein heard Oscar's futile efforts at resistance, for "every now and then, he resists a little and small (some not so small) scuffles occur." After a brief glimpse of Oscar's bruised face, Bronstein imagined and reconstructed what he described as the "original" Oscar "as he might well have been" and "drew some petty and obvious honey, etc. from the feeling." Bronstein's effort to reconstruct and redeem what he imagined to be the essential, non-psychotic Oscar may have been driven by sexual fantasy, but it also subverted *le voir et le savoir* of clinical practice—an appropriation of the medical gaze that, not incidentally, restored him to his former position of the observer rather than the observed. ⁵⁶

Although Bronstein and the other patients were constantly under observation and surveillance, they were not alone. Indeed, even the staff were not beyond scrutiny and reproach, including its director, Dr. Reginald S. Rood. In July of 1955, local residents were invited to the hospital to witness the rehabilitation taking place and listen to presentations by the staff. Among those present was a Madeline Algee who, after hearing Dr. Rood present a speech in which he made some inappropriate remarks, felt so offended that she felt compelled to write the State Governor Goodwin J. Knight. In her correspondence, Mrs. Algee asserted that "Dr. Rood told a story at the Open House in his talk on the purposes of the institution which was in such bad taste that many of us wondered if he might not be in need of treatment himself." Governor Knight may have felt tempted to dismiss such an allegation as the prudish oversensitivity of a country

⁵⁶ According to Michel Foucault the medical gaze is "not that of an intellectual eye that is able to perceive the unalterable purity of essences beneath phenomena. It is a gaze of the concrete sensibility..." Michel Foucault, *The Birth of the Clinic* (New York: Vintage Books, 1994), 120. On this basis, Bronstein's attempts to put himself in the role of the psychiatrist in analyzing Oscar may have been an effort to restore his self-esteem and sense of autonomy. ⁵⁷ Madeline Algee, letter to Governor Goodman Knight, July 11, 1955, Box C114, Folder 121, *Governor Goodwin Knight Administrative Papers Mental Hygiene-Atascadero State Hospital*, 1955-1958, California State Archives, Sacramento, CA.

housewife; however, Mrs. Algee's concerns could not be ignored so easily, for she was Atascadero's local doctor.

Conforming to the rules of the game, playing the appropriate role, and maintaining a façade of respectability was required of both patients and doctors; however, the penalties for transgressing these expectations were much more severe for the latter. According to Szasz, there were inherent dangers to the game, for the roles (which at first, are consciously understood as acting) become habits and the actor-patient-doctor becomes typecast: "If actors or actresses appear in the same sorts of roles over and over again, they are likely to create the impression in the public that they are 'really' like the characters they are portraying."58 Unlike Bronstein, the other patients at ASH did not have his copious understanding of psychological discourse or connections to the emerging homophile movement. Many of them, whether sincerely or otherwise, therefore actively adopted their roles as repentant sex offenders and expressed their reformation in ASH's Emotional Security Program. The program, which was initially set up by patients at Norwalk's Metropolitan Hospital, was transferred to ASH at its opening in June 1954. Significantly, the program was organized and financed by the patients and had the full backing of the hospital's staff and administration including Assistant Superintendent Dr. Thomas L. Gore, who in his "Philosophy of Life Lecture" addressed to patients proclaimed, "In my opinion, the Emotional Security Program is probably the very finest step any group of people has started. It is similar to Alcoholics Anonymous. If you want to think of along other lines, it is considered a spiritual thing. It is a wakening of the soul."59 Dr. Gore's glowing endorsement of the program

⁵⁸ Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper Perennial, 1974), 238.

⁵⁹ The New Approach: From Sex Offender to Good Citizen, 18.

was based on the assumption that the first step of recovery for a sex-offender was to accept and acknowledge his own culpability.

The Emotional Security Program published its own newsletter for ASH's patients in which they expressed their guilt, desire for rehabilitation, and sycophantic appreciation towards the hospital's doctors. Ostensibly, these *mea culpas* provide insight into how the hospital's institutional policies and practices served to instill in patients a sense of impotence and compliance through, paradoxically, the guise of autonomy. However, when read against the grain, they also contain counter narratives of contestation in which the patients appear to challenge their pathological identities. For example, in ASH's *ESP Newsletter* of May 1960, an anonymous patient wrote an article entitled "I am a Sex Psychopath," in which he states,

I could be the man you work with, your neighbor or close friend. I might be the genial family doctor, or even the serious minded and helpful minister in your community. I could even be <u>you!</u> What I am saying is that the sex-offender, no matter how heinous his crime, is not recognizable as such. He looks, talks and acts like the average person in your neighborhood. There is no special mark upon his face to identify him as a person who is a menace to the area of society in which he lives."

The author's introductory remarks, though conforming to the hospital's expectations that a patient recognize himself as pathological, also establishes that any person could be a sexual psychopath, including, accusatorially, the person reading the article. Indeed, he later argues that the only difference between himself and members of the general population is that he had the misfortune to be caught. As a testimonial of guilt, the article was therefore not completely consistent with a statement of redemptive self-incrimination, and suggests that the author was not being completely sincere in expressing his self-recrimination. Indeed, this counter narrative emerges again from beneath the required script and obsequious homage to the staff,

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⁶⁰ The ESP Newsletter 4, no. 18, (May 1960), 7.

There is no thought here of building a defense for the sex-offender. Actually, there is no defense for a sex crime, however, it should be realized that a sex crime committed by a sexual psychopath is a symptom of an underlying personality disorder of which the offender is unaware, or at best only dimly aware . . . The symptoms of these diseases, far from being defended, are studied by skilled men in order to discover and eliminate the cause, knowing that when they have succeeded, the disease will cease to be a menace to the health and safety of society. 61

The author's repetition of the expression "no defense" was the type of testimonial one might expect him to make to a prison probationary review board, for any hope of release would be predicated on an inmate's acknowledgment of guilt. The deferential tone expressed towards ASH's medical staff also served to reaffirm the author's willing collaboration in his treatment and his subordinate position within the institutional hierarchy.

On closer scrutiny, however, the testimonial also appears to undermine the author's intended goal. Although the patient initially made the subject of his article "I... the sex-offender," thereafter, he shifts emphasis to the disease. The transformation from the active to the passive voice significantly shifts responsibility away from the subject to something that is done to him or her—a substitution that undermines the author's purpose in writing the article, personal culpability. Indeed, the author continued to diminish issues of volition and responsibility by stating that the forces compelling sex-offenders to commit their crimes were beyond their control. When read in this light, "I am a Sex Psychopath" registers on two different levels; on the one hand, it clearly conforms to ASH's institutional expectations of patient compliance and remorse; however, on the other, it surreptitiously undermines these proclamations by asserting that the patient acted without volition. Whether intentionally or not, the author addressed the paradox at the heart of ASH's doctor-patient relationships, for the staff saw themselves as caring

⁶¹ Ibid.

medical practitioners, and the patients, notwithstanding their public pronouncements, their prisoners.⁶²

The Emotional Security Program was not the only means ASH's staff attempted to channel sex-offenders' energies into cathartic and productive expression. For example, patients were also encouraged to participate in the administrative functioning of the hospital through selfgovernance. The ESP organized democratically elected independent bodies that mirrored American civic polity: patients could vote for ward offices that allowed them to serve as extensions of the hospital administration which again reaffirmed their complicity in a system which, far from punishing them, was beneficial to their becoming good citizens. In an article published in *The New Outlook* in January 1956 titled "Let's Take a Vote," patient Ed Thomson declared, "Let's overthrow this dictatorship of the self. Give the ballot to faith, hope, charity, love, ambition and good will—give them a voice in the parliament of the soul. Let us write a declaration of independence from the tyrant of the self."63 Thompson's plea to have patients engage in the hospital's democratic process is full of religious overtones that reflect ASH's mission and purpose as a place of moral correction. In the same edition of *The New Outlook*, a psychologist presented the etiology of neurotic behavior within biblical admonitions against challenging moral law, "the conscience of each [patient] causes him to realize that he has violated his code of ethics, his moral law, the Ten Commandments, through failure to curb his instinctual drives."64 By embracing the hospital's medical and religious views on sexual pathology, some of ASH's patients may have hoped to ingratiate themselves with the hospital's doctors and secure their release. However, Bronstein appears to have been unwilling to play this

⁶² The conflict over ASH's mission and purpose is fully explored in chapter two.

⁶³ The New Outlook 2, no.1 (January 30, 1956).

⁶⁴ Ibid.

game and chose instead to vent his open hostility to ASH's doctors and frustration over his commitment in his correspondence to Kepner.

As an editor and contributing writer to ONE Magazine and the Mattachine Review, Kepner had the opportunity to broadcast Bronstein's predicament to the outside world. However, as mentioned earlier, these publications did not share the same vision of gay community and identity. Significantly, ONE Magazine's editors viewed gays and lesbian as a distinct oppressed minority whose contributions to art and literature had been marginalized by mainstream heterosexual society. In contrast, the views expressed in the *Mattachine Review* were largely accommodationist and endeavored to change societal views towards homosexuals incrementally by relying on experts in the fields of medicine and the law. As a regular contributor to ONE Magazine and the Mattachine Review, Kepner appears to have been able to negotiate and accommodate these ideological differences in order to influence the publications' content. 65 Bronstein understood that Kepner was a valuable friend who could get his work published, for a considerable portion of his correspondence is devoted to discussion about his literary projects and asking Kepner for his editorial advice.⁶⁶ Significantly, Bronstein did not ask his friend to publish an account of his experiences at ASH in either ONE Magazine or the Mattachine Review (even under a pseudonym), nor, it appears, did Kepner solicit such a request. However, an examination of the content of each publication during 1955 reveals direct connections to Bronstein's predicament not merely in general discussions pertaining to law and psychiatry but

⁶⁵ According to Sears, Kepner wrote articles for both publications under dubious aliases such as Dr. Fecal de Chereaux, J.K. Short (J.K. stands for "just kidding"), and J. K. Long. James T. Sears, *Behind the Mask of the Mattachine Society: The Hall Call Chronicles and the Early Movement for Homosexual Emancipation* (New York: Harrington Park Press, 2006), 324.

⁶⁶ Kepner thought that Bronstein's work was far too esoteric for *ONE Magazine's* audience and stated, "I was urging him [Bronstein] to include more explanatory material and not assume that all of *ONE's* readers already knew who Theocritus, Juvenal or Martial, Hoffmansthal or Goerg, were or would understand obscure references in their works." Kepner, Foreword to the Bronstein Collection.

also articles specifically related to ASH written by the hospital's director, Dr. Rood, and the patients.

In the first edition of the *Mattachine Review*, published in January 1955 (a month after Bronstein's arrest) two articles directly addressed Bronstein's concerns. The first piece, written by Attorney Henry Silver, "Vag Lewd: a Criticism of the California Statute" was originally printed in the Los Angeles Daily Journal and republished in the Mattachine Review with his permission.⁶⁷ Central to Silver's criticism of the vag lewd statutes was that they represented a threat to the civil liberties of all citizens and were unconstitutional. The second article, entitled "Inverts are not a Distinct Personality Type" by Dr. Evelyn Hooker which was mentioned earlier asserted that homosexuality was not a distinct clinical entity. At the same time these legal and scientific articles appeared in the Mattachine Review, ONE Magazine published three essays that challenged the depiction of homosexuals in literature as necessarily neurotic and self-destructive. In "Literature and Homosexuality," David L. Freeman argued that if homosexuals are neurotic, they own their neuroses to living in a society dominated by heterosexual bigotry and discrimination.⁶⁸ Freeman's sentiments were echoed in an accompanying essay, "For Writers: an Appeal," written by Chris Rezak that challenged writers to depict homosexuals living happily and proudly and "who never think of suicide." This challenge is met in the third article written by Norman Mailer entitled "The Homosexual Villain," in which the acclaimed novelist apologized by stating, "for the first time I understood homosexual persecution to be a political

⁶⁷ The Mattachine Review, March-April 1955, 4-8.

⁶⁸ David L. Freeman, "Literature and Homosexuality," ONE Magazine, January 1955, 8.

⁶⁹ Chris Rezak, "For Writers: an Appeal," *ONE Magazine*, January 1955, 5.

act and a reactionary act, and [based upon the prior negative characterization of homosexuals] I was properly ashamed of myself."⁷⁰

Although the articles in *ONE* and the *Mattachine Review* published throughout 1955 conform to their distinctly different ideological views, subsequent issues appear to blur the boundaries between cultural, legal, and scientific content suggesting that such compartmentalization was unsustainable. For example, the April edition of ONE Magazine provided an essay by Dr. Albert Ellis entitled "Are Homosexuals Necessarily Neurotic?" that served as a catalyst for the encroachment by *ONE Magazine* into the realm of psychological discourse and created a great deal of outrage among the magazine's readership.⁷¹ As a reputable psychologist who supported Dr. Kinsey's work and the efforts of the homophile movement, Dr. Ellis nevertheless asserted that "although all homosexuals are not necessarily neurotic, the great majority of them indubitably are."⁷² In response to this assertion, the September issue of *ONE* Magazine provided an article by Dr. Ronald Anderson titled "Neurosis and the Homosexuals." In this essay, Dr. Anderson reversed Dr. Ellis's claim by asking "Are [Psychiatrists] *Necessarily* Neurotic?" and provided his own reply by stating "Although all [psychiatrists] are not necessarily neurotic, the great majority of them are. The nearest psychotherapist may very well be fighting a war within himself to suppress his own homosexual tendencies. If so, Lord help his 'gay' patient!"⁷³ Dr. Anderson's rebuttal, though intended for *ONE*'s general readership, appears to employ the very same sarcastic tone utilized by Bronstein to contest his pathologized identity. However, a subsequent article entitled "Atascadero State Hospital" written by its director, Dr. Reginald S. Rood (published in the May-June edition of the *Mattachine Review*), provided a

⁷⁰ Norman K. Mailer, "The Homosexual Villain," *ONE Magazine*, January 1955, 13.

⁷¹ Albert E. Ellis, "Are Homosexuals Necessarily Neurotic?" *ONE Magazine*, April 1955, 8-12.

⁷² Ibid., 9.

⁷³ Ronald Anderson, "Neurosis and the Homosexual," *ONE Magazine*, September 1955, 13.

counter viewpoint that defended the existing laws regarding sex psychopaths and their treatment at the hospital.

If the selection of articles for the *Review* was a conscious editorial attempt to present impartial and balanced debates about homosexual pathology, Dr. Rood's arguments illustrate the inherent tensions involved in maintaining an appearance of such detachment. For, unlike the other articles regarding law and medicine, the *Mattachine Review's* editorial staff appeared to endorse Dr. Rood's position with the introductory passage: "It is hoped that future articles on the subject of California's treatment of the sex offender may be published here, pointing up the benefits and progress of individual psychiatric and group therapy treatment in achieving rehabilitation of patients."⁷⁴ By emphasizing the "benefits" and "progress" of the hospital, the Mattachine Review appears to have completely dismissed Bronstein's concerns regarding the legality of his commitment and the conflicted psychological discourse upon which it was based. Actually, Dr. Rood's article directly counters Bronstein's views by asserting, "We feel that the concept of approaching the sexual psychopaths from the medical point of view is sound, and that the law selecting the cases for treatment is well drawn."⁷⁵ Whether Kepner had discussed Bronstein's letter with Mattachine Review staff before they invited Dr. Rood to submit an article is not clear, but it is tempting to speculate that they did, for Dr. Rood is at pains to emphasize that ASH is not a place of punishment, but a place of healing: "Without this [distinction] there can be no treatment, we no longer have a hospital; we have a prison."⁷⁶

Dr. Rood's position was further supported in the November-December issue of the *Mattachine Review* by the inclusion of an article written by Dr. Albert Ellis entitled "On the Cure

⁷⁴ Editor's foreword to Dr. Rood's article "Atascadero State Hospital," *Mattachine Review*, May-June 1955, 10.

⁷⁵ Reginald S. Rood, "Atascadero State Hospital," *Mattachine Review*, May-June 1955, 10.

⁷⁶ Ibid., 11.

of Homosexuality." In this article, Dr. Ellis asserted that exclusive homosexuality is by its very nature a form of neurosis because it is a fixation on one gender. Anticipating that *Review* readers might argue that exclusive heterosexuality fulfills the same criterion, Dr. Ellis conceded that technically this was correct, however, as heterosexuality was the cultural norm, the neurosis related to this fixation is not problematic. Dr. Ellis recommended psychotherapy sessions for homosexuals in order to relieve them of their obsession and proposes that, although exclusive heterosexuality was unlikely to occur, "unneurotic bisexuality could be achieved." By privileging Dr. Ellis's view of homosexuality, which presented it as essentially pathological, the *Mattachine Review* again appeared to dismiss both Bronstein's arguments and the findings from Dr. Hooker's research.

At the end of 1955, the *Mattachine Review* published a Christmas issue in which the editorial staff explicitly supported Dr. Rood and Dr. Ellis's position by including an article titled "Sex Offenders Tell of Helping Themselves." The editorial staff not only commend the treatment program at ASH describing it as medical rather than punitive but also privilege the views of ASH psychiatrist James P. Judge who describes the patients willing participation in their rehabilitation as "an eloquent expression of response and gratitude on the part of the men who, in spite of their misdeeds, have been given the opportunity of modern medical treatment in reshaping their lives." Notably absent from the article was Bronstein's alternative view of the hospital as an Orwellian nightmare.

⁷⁷ In this article Dr. Ellis asks, "Why are exclusive homosexuals necessarily neurotic?" and answers his own question by stating, "For the simple reason that those who out of unhindered choice only desire partners of their own sex, and who absolutely cannot or will not engage in heterosexual acts are obviously victims of at least one of four (and sometimes all four) distinct neurotic symptoms." Albert, Ellis, "On the Cure of Homosexuality," *Mattachine Review*, November-December 1955, 7.

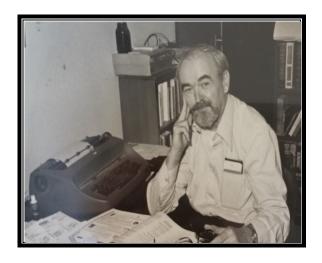
⁷⁸ Judge's view of ASH's treatment program which was included in this article was quoted from his foreword to the patient's booklet *The New Approach: From Sex Offender to Good Citizen*.

If the aforementioned *Mattachine Review* articles are read as the Society's de facto responses to the issues Bronstein raised in his correspondence, they raise many more questions regarding their relationship and, by extension, the response of the nascent homophile movement itself. Kepner was fully aware that Bronstein had been arrested, committed, and sent to ASH due to police entrapment (as many homosexual men were); therefore, notwithstanding the Mattachine Society's official accommodationist position, Kepner could have been more supportive of Bronstein's situation. Further complicating an understanding of the nature of their friendship was Kepner's decision not to reply to Bronstein's letters. Although this decision may be understood as simply following Bronstein's request that he not respond, entries in Kepner's diary suggest otherwise. In the entry for June 28, 1955, Kepner casually dismissed Bronstein's protests about his treatment by stating, "He had a couple of interviews with the psychiatrist and wrote me several long, half decipherable letters." Moreover, in the same passage Kepner cynically refers to Bronstein as his "chief conduit to Kinsey" rather than a friend in need of help and emotional support (Figure 1.3).

⁷⁹ Kepner's diary entry for June 28, 1955 acknowledged that Bronstein had been entrapped by the police by stating that he "had got busted there [in Pershing Square] when a teenager working for the police as a plant and wearing a sailor's uniform accosted Bronstein, then helped arrest him." Jim Kepner, *My First* 74 Years of Gay Liberation: 1953 circa 1985-1997, June 23, 2017. Box 5, Folder 3, Sidney Bronstein papers.

⁸⁰ Kepner, My First 74 Years of Gay Liberation: 1953 circa 1985-1997.

⁸¹ Ibid.



Jim Kepner circa 1990 (photographer unknown)

Figure 1.3

Kepner's transactional relationship with Bronstein was not shared; indeed, Bronstein thought very highly of Kepner and expressed those feelings in a letter written to Dr. Kinsey on May 7, 1955. In this correspondence, Bronstein asks Kinsey whether he was familiar with the work of Lynn Pederson (one of Kepner's noms de plume as contributing writer for the *Mattachine Review*) and praises Pederson's "remarkable intelligence." Moreover, Bronstein claims that Dr. Kinsey's research on sexuality has "modified his [Kepner's] previous persuasion towards the psychological orthodoxy." The degree to which Kepner's views on homosexuality had been modified is open to conjecture especially when taking into consideration the outcome of Bronstein's ninety days of observation at ASH. In April 1955, Bronstein was released from the institution because he was not considered a threat to society and was determined to be a well-

Sidney Bronstein, letter to Dr. Kinsey, April 13, 1955, Box 4, Folder "Bronstein, Sidney," Alfred C. Kinsey Correspondence Collection, Kinsey Institute Indiana University, Bloomington, IN.
 Ibid.

adjusted adult. Despite this evaluation, he was given a suspended sentence and three years' probation—a period during which he was told to remain celibate.⁸⁴

Notwithstanding Kepner's lack of sympathy towards Bronstein, the two men remained friends until Bronstein's untimely death from kidney failure in 1967. However, if Kepner and the *Mattachine Review's* response to his treatment at ASH in 1955 can be seen as a test of the early homophile movement's assimilationist strategy, it is a test that it surely failed. In hindsight, Bronstein's fate was sealed by two factors: the sordid circumstances of his arrest and the Mattachine Society's deference to psychiatric authority. Although the victim of police entrapment, Bronstein's prolific sexual appetite for off-duty servicemen in public parks like Pershing Square made him an unlikely candidate for poster boy of the homophile movement.

Significantly, the failure of the Mattachine Society to challenge Bronstein's arrest and commitment contrasts with that of the defense mounted by the Mattachine Foundation for one of its founding members, Dale Jennings, two years earlier. In February 1952, Jennings was entrapped by an undercover police officer in his Echo Park home and charged with lewd and lascivious behavior. Unlike accommodationist members of the Mattachine Society, the Foundation believed that homosexuals represented a distinct oppressed minority and therefore supported Jennings both emotionally and financially. George Shibley, a liberal heterosexual lawyer from Long beach was hired to challenge the circumstances of Jennings and arrest and

⁸⁴ The terms of Bronstein's release from ASH were provided in correspondence Bronstein wrote to Dr. Kinsey on April 13, 1955, Box 2, Folder 3, *Alfred C. Kinsey Correspondence Collection*, Kinsey Institute Indiana University, Bloomington, IN.

⁸⁵ Rumors circulating among the archivists at ONE Archive suggest that Bronstein's kidney problems began twelve years earlier after he was involved in a physical altercation with another patient while at ASH.

contest his conviction—a task he successfully achieved in June 1952.⁸⁶ Ironically, it was the Foundation's success that led to its dissolution, for in the wake of Jennings' exoneration a flood of new members joined the organization who were far more conservative and eschewed the left-wing politics of protest and confrontation.

⁸⁶ Lillian Faderman, author of *The Gay Revolution: The Story of the Struggle* asserts that Jennings' court victory represented "the first time in California history that an admitted homosexual was exonerated after being charged as 'vag-lewd." Lillian Faderman, *The Gay Revolution: The Story of the Struggle* (New York: Simon and Schuster, 2015), 65.

Chapter 2

ASH: Hospital or Prison?

Policies and Practices in the Treatment of Homosexual Sex Offenders 1955-1968

"Mother, please talk to Dr. Rood and ask him to stop this, and let him tell the Doctor not to give me any shock treatment. I can't stand it. These treatments will kill me. They are too much for me . . . Please mother, please tell them to stop this"

As discussed in the previous chapter, the Mattachine Society's failure to contest Sidney Bronstein's commitment to ASH was the result of its strategy of accommodation to secure the assimilation of homosexuals into mainstream society. That strategy relied upon a deference to psychiatric expertise, the tacit approval of therapeutic practices to rehabilitate homosexual sex offenders, and respect of the laws regulating inappropriate sexual behavior. A central tenant of accommodationism was its proposition that homosexuality should not be considered a pathological condition and that those men convicted of sex crimes were not representative of the larger community. This distinction, though self-evident to a contemporary audience, was inherently problematic in an era when the American Psychiatric Association included homosexuality within its *Diagnostic and Statistical Manual of Mental Disorders*. Decoupling homosexuality from pathology in this context represented a herculean task that the Mattachine Society, with its deference to medical jurisprudence, was ill-equipped to address. By the mid-1960s, the ethical questions raised by the implementation of California's Sex Psychopath Act

Knight, March 8, 1958, Box C114, Folder 121, *Goodwin Knight Administrative Papers: Mental Hygiene-Atascadero State Hospital 1955-1958*, California State Archives, Sacramento, CA.

¹ This quote is taken from a letter sent from Mrs. Elizabeth Scott Price, the mother of John Henry Scott who was a patient at ASH, to ASH's superintendent Dr. Rood on March 8, 1958. Elizabeth Price, letter to Governor Goodwin

created an existential crisis not only for the accommodationist movement but also for ASH. At the center of this controversy was the plight of the homosexual sex offender and the state's use of commitment to contain and control sexual deviancy. In this chapter, I examine the ways in which this policy was contested in California from three distinct constituencies: psychiatrists, legal professionals, and offenders committed to ASH. Each of these groups struggled with the central question of whether ASH was a hospital or a prison, a place of rehabilitation or of punishment. Significantly, my research reveals that this question was never resolved and led to a great deal of confusion about ASH's mission and purpose.

From its opening in 1954, ASH's administration and medical practitioners attempted to dispel the misconception held by many members of the public that the institution was a place of correction. Indeed, even ASH's employees were frequently reminded that they were caregivers and not guards, a distinction that was probably lost on its patient population.² This misconception was not limited to ASH; indeed, as other scholars have noted, it was a problem faced by other mental institutions (Dunham and Weinberg 1960; Goffman 1961; Szasz, 1961).³ However, the tensions at ASH were heightened by two factors: firstly, with the exception of the criminally insane, its patient population mostly consisted of sex psychopaths, a diagnosis that carried with it a moral as well as psychiatric stigma, and secondly, although ASH was administered by the

² David Bourne, a psychiatric technician who worked at ASH from 1962 to 2003, stated in a personal interview with the author that the hospital administration made a point of telling all new employees that they were caregivers and not custodians. David Bourne, interview with the author, San Luis Obispo, November 16, 2016.

³ In 1960, sociologists Warren Dunham and Kirson Weinberg, authors of *The Culture of the State Mental Hospital*, describe how the quotidian daily practices of state mental institutions reinforce the power and authority of doctors over their patients. The following year, Erving Goffman published *Asylums: Essays on the Social Situation of Mental Patients and other Inmates* in which he argued that the social structure of mental hospitals and prisons share many similarities. Along with Thomas Szasz' *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (1961), these works signaled the emergence of the ant-psychiatric movement of the 1960s and early 1970s.

Department of Mental Hygiene, it worked closely with the Department of Corrections in evaluating and treating the prison population. Those patients who were considered unresponsive to psychiatric treatment were sent back to prison which not only blurred the boundaries between hospital and prison but also between patient and prisoner.⁴

The medical practices at ASH were established in the decade preceding its opening and were informed by the precedent set by research conducted by the LPC, the neuropsychological department at the University of California, San Francisco. The LPC opened at the height of World War Two on February 13, 1943, and the speeches made during its dedication ceremony were filled with military metaphors. Dr. Karl Bowman, the clinic's supervisor framed the clinic's mission as a war against mental illness, and guest speaker Dr. F. Butler asserted that the LPC would serves as "An ordinance plant, an ammunition factory in which will be shaped and perfected the weapons and plans of battle in the field of operations" In order to secure funding of the LPC's research and gain access to "the rich clinical material" in the state's mental hospitals and prisons, Dr. Bowman cultivated a close working relationship with California's State Department of Institutions. Significantly, one of the key areas of research for the new

⁴ This practice was called "round robin" by patients and the "ping ball effect" by lawyers and doctors.

⁵ The Langley Porter Clinic Dedication Ceremony (booklet), 1943, Box F3640, Folder 2752, The Warren Papers: Langley-Porter Clinic Series, California State Archives, Sacramento, CA. (Henceforth referred to as The Langley Porter Clinic Dedication Ceremony booklet)

⁶ Although Dr. Butler's description of the LPC as an "ordinance plant" in the war against mental illness was an appropriate metaphor it also reflected a transformation in psychological discourse from Freudian theory to behaviorism. Behaviorism, a term coined by John Broadus Watson in 1913, represented a radical departure from Freudian psychoanalysis because it focused on the observable and quantifiable manifestations of mental illness rather than the unresolved conflicts of the unconscious mind. According to Watson, man was an organic machine whose behavior was shaped by reward and punishment. Behaviorists rejected the mythopoetic language of Freudian analysis and replaced it with scientific terms such as probability, preparatory set, and response interval. Taken to its logical conclusions, behaviorism questioned the very existence of consciousness and self-reflection, describing the brain as merely "a problem solving organ...[in which] thinking was literally talking to oneself." Kerry Buckley, *Mechanical Man: John Broadus Watson and the Beginnings of Behaviorism* (New York: Guildford Press, 1989), 85. By treating patients as machines whose behavior could be changed through aversion therapy, behaviorists offered the state a powerful and expedient tool to address intractable problems such as alcoholism and sexual deviancy.

⁷ The Langley Porter Dedication Ceremony booklet, 12.

clinic was sexual pathology and the rehabilitation of sex offenders, a subject in which Dr.

Bowman had already acquired expertise as head of the Psychiatric Division at Bellevue Hospital in the 1930s.⁸

After the passage of amendments to the Sex Psychopath Act in 1949, the LPC was selected by California's legislature to conduct a four year study into the causes, prevention, and treatment of sexual deviancy. With a budget of \$187,800 (almost \$2,000,000 adjusted for inflation in 2020), the LPC reviewed all of the existing medical and legal information pertaining to the subject and engaged in a research project at Norwalk State Hospital. The study, conducted by Doctors James T. Marsh and Jessamine Hilliard between 1950 and 1952, focused on the difference in the enzyme levels of sex offenders as compared with non-offenders. Their research not only provides a valuable snapshot of the theoretical assumptions made at the time regarding sexual deviancy but also illustrates the methodological flaws inherent in later studies conducted at ASH. According to Marsh and Hilliard's hypothesis, sex offenses were committed by individuals who exhibited a low tolerance for frustration and were therefore more likely to act

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⁸ Prior to assuming his position at the LPC, Dr. Bowman served as head of the Psychiatric Division of Bellevue Hospital in New York where he had conducted research to test and treat sex offenders. He worked on this issue with Austin MacCormick, a reformed-minded prison official who, along with Dr. Bowman, served as contributors to the nation's first multidisciplinary group investigating homosexual sub-culture, the Committee for the Study of Sex Variants. According to Jennifer Terry, author of *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*, "Bowman and MacCormick were liberals who advocated sex education for children and adults and believed that the problem of sex offenses could be remedied by rational scientific study and individual psychotherapy rather than regular criminal punishment. But they also acknowledged the public dangers of homosexuality." Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 2010), 190.

⁹ These figures were provided by Dr. Rood, ASH's superintendent, in his article "Atascadero State Hospital" in the May-June edition of the *Mattachine Review* in 1955.

¹⁰ Marsh and Hilliard's findings were published in an article entitled "Psychophysiological Study of Sex Deviates: Enzymatic and Social Psychological Study of Sex Deviates" published in the 1953 edition of the *California Sexual Deviation Research* booklet submitted to the California State Legislature. James T. Marsh and Jessamine Hilliard, "Psychophysiological Study of Sex Deviates: Enzymatic and Social Psychological Study of Sex Deviates," 1953, Box F3717, Folder 942, *Corrections-Medical Services Division, Central Files-Research-Sex Offenders 1949-60*, California State Archives, Sacramento, CA.

on their sexual impulses. Using "low tolerance for frustration" as a the main causative variable in the psychological profile of sex offenders, the study compared the levels of rennin inhibitor (an enzyme blocker regulating blood pressure) in the bloodstream of one hundred and fifty-five patients convicted of sex offenses at Norwalk State Hospital with those of medical students who were used as the control group. Significantly, Marsh and Hilliard's study was based on two assumptions; firstly, that subjects with higher blood pressure were more impulsive and therefore likely to seek out immediate gratification, and secondly, that sex offenders exhibited infantile behavior because lower levels of rennin inhibitor were found in the bloodstream of children and pregnant women.

Anticipating that the stress of commitment might elevate the patient population's blood pressure (lower their levels of rennin inhibitor), Marsh and Hilliard attempted to minimize this confounding variable by selecting students for their control group who were taking their final exams. Despite this accommodation, the researchers found no significant differences in blood pressure between the students and the sex offenders. As a case study in research from the early 1950s on sex offenders, Marsh and Hilliard's study is significant on multiple levels, not least in revealing their lack of empathy towards Norwalk State Hospital's patients who they believed were experiencing emotional stress equivalent to that of students taking an exam. More importantly, it illustrates that psychiatrists were increasingly examining the soma rather than the psyche as the root cause of sexual deviance, a theoretical perspective that would shape and influence therapeutic practices in the state's mental institutions in the post war period.

¹¹ Marsh and Hilliard, 85.

¹² Notably absent from Marsh and Hilliard's study is any reference to research conducted on pregnant women that established that they were more impulsive and exhibited infantile behavior.

With the opening of ASH in 1954, researchers were provided with another valuable resource to further their understanding of the causes of sexual deviancy and develop therapeutic interventions to address the problem. Unlike the LPC, which had to obtain official approval for its research from the Department of Mental Hygiene, ASH's doctors were given a great deal more latitude and considerably less oversight in the experimental treatments they performed on patients at the hospital. As superintendent of ASH, Dr. Rood had the final decision in determining whether the potential benefits of these therapeutic interventions outweighed the risk of harm or injury to the test subjects. Like other superintendents, Dr. Rood's cost-benefit analysis was informed by several factors: his views on the etiology of sexual deviancy, the threat sex offenders posed to public safety, and his own moral qualms on the subject.

As there was a lack of consensus among superintendents of mental institutions on these issues, it led to dramatic differences in the rehabilitative and therapeutic practices in California's hospitals. At Norwalk State Hospital, for example, Superintendent Dr. Wyers adhered to the Freudian school's view of sexual deviancy as a form of arrested development rather than a deep rooted pathology. Consequently, the rehabilitative regimen for sex offenders at Norwalk consisted of psychotherapy rather than physically invasive treatments such as electrochemical aversion therapy. In contrast to Dr. Wyers, Dr. Rood believed that sexual deviancy was the result of biochemical dysfunction, a somatic centered viewpoint that required the use of chemical, electrical, or surgical interventions to address the problem. Moreover, his unequivocal support of the laws regulating sexual deviancy (as discussed in chapter one) suggests that he believed that the use of such painful therapeutic techniques was not only medically warranted but ethically justifiable.

Dr. Rood's body-centered theories about the causes of sexual deviancy framed the types of research conducted on patients at ASH during the 1950s. This research, reliant as it was on various forms of shock therapy, necessarily blurred the boundaries between therapy and punishment at ASH and laid the foundations of the hospital's future public relations problems. Significantly, the effectiveness of shock therapy in the rehabilitation of sex offenders was not supported by empirical research provided by large scale clinical studies; moreover, proponents of the therapy poorly understood how it worked. Notwithstanding these serious concerns, Dr. Rood and the medical staff at ASH implemented the potentially dangerous treatment on patients without due care or oversight which sometimes had fatal consequences.

One such tragedy arose in 1958 when Dr. Rood administered a severe regimen of electric shock and drug treatments to an African American patient, John Henry Scott. On witnessing the rapid decline in her son's physical and mental condition, Mrs. Elizabeth Scott Price wrote a plaintive letter to the state's governor Goodwin Knight and begged him to intercede on her son's behalf and demand that Dr. Rood stop the treatment. In a letter of March 8 that year, Mrs. Price said that her son's therapy consisted of two to three electric shock treatments a week, and three

¹³ In evaluating the effectiveness of electric shock therapy in treating homosexuals in the 1960s, S. Rachman and J. Teasdale, authors of *Aversion Therapy and Behavior Disorders: An Analysis*, cited two prominent studies, one conducted by J. Bancroft in 1966, and the other by M. Feldman and M. MacCulloch in 1967. Both studies were undermined by small sample patient populations. Indeed, Bancroft's study involved only seven subjects, and Feldman and MacCulloch's forty-three. According to Rachman and Teasdale, the majority of the patients in both groups showed improvement (which they defined as an increase in their sexual arousal to female stimuli). However, none of the subjects showed a reduction in their homosexual inclinations. Paradoxically, Rachman and Teasdale inadvertently called into question the varacity of their own conclusions by stating that "An increase in the patient's plethysmographic [erectile] response pattern to female stimuli did *not* [my emphasis] indicate that the subject was overtly heterosexual." They were less enthusiastic about the use of chemical aversion therapy because they considered it more time consuming, required the use of more trained staff, and was "unaesthetic." Without any sense of irony, the authors cited studies that the unpleasant treatment "brings about increased aggressiveness and hostility on the part of the patient." S. Rachman and J. Teasdale, *Aversion Therapy and Behavior Disorder: An Analysis* (Miami: University of Miami Press, 1969), 33, 63.

to four injections of a drug (probably insulin) a day. ¹⁴ The effects of this treatment were devastating: John Scott gained eighty-five pounds (which increased his weight to three hundred and ten pounds), he could hardly move his eyeballs and, not surprisingly, became severely depressed. After one visit, Scott broke down and told his mother, "Mother, please talk to Dr. Rood and ask him to stop this, and let him tell the Doctor not to give me any shock treatment. I can't stand it. These treatments will kill me. They are too much for me . . . Please mother, please tell them to stop this." When she confronted the doctor administering the treatments, Price stated that the physician "got mad at me and walked away from me in the middle of the conversation."¹⁶ Persisting in her efforts to save her son, Mrs. Price then confronted Dr. Rood who not only refused to reevaluate the devastating impact his therapy was having on the patient but "would hold [him down] and give him the drugs by force" when he attempted to resist.¹⁷ Scott's continued non-compliance and resistance to the treatment resulted in punishment; he was removed to solitary confinement for nine days where according to his mother, "was kept naked. He was forced to sleep on [a] cold cement floor, with a window open all night. And for nine days they fed him on nothing but bread and water. My son could not stand this cruel treatment and he tried suicide by using a piece of glass."18

¹⁴ In the 1930s, Manfred Sakel developed insulin shock therapy to create epileptic seizures in schizophrenic patients. The treatment was based on the idea that there was an antagonistic relationship between epilepsy and schizophrenia, so inducing a seizure would ameliorate patients' delusional ideations. According to Andrew Scull, author of *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*, the epileptic seizure served as a "battering ram which breaks through the barriers of resistant [schizophrenic] cases, so that the 'regular troops' of hypoglycaemia can march through." Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton: Princeton University Press, 2015), 310.

¹⁵ Elizabeth Price, letter to Governor Goodwin Knight, March 8, 1958, Box C114, Folder 121, *Governor Goodwin Knight Administrative Papers Mental Hygiene-Atascadero State Hospital, 1955-1958*, California State Archives, Sacramento, CA.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

As a member of the Foursquare Church (an influential Pentecostal denomination in Los Angeles), Mrs. Price had access to financial resources to have her son privately treated. The church officials wrote to Dr. Rood on her behalf explaining their concerns about Scott's declining condition and offered to pay for his care and supervision; however, on February 12, 1958, John Henry Scott died, the official cause of death entered as epilepsy. Remarkably, the presiding physician refused to sign the death certificate (making the document null and void under California law). 19 Identifying the role race played in Dr. Rood's sadistic treatment of John Scott would be purely speculative if it were not for remarks he made to Mrs. Price shortly after her son's suicide attempt. According to Mrs. Price, when she confronted Dr. Rood and asked him to stop the treatments "he would refuse to talk to me. He never showed any courtesy to me at all and he almost pushed me out of his office, while I was trying to talk to him about releasing my son to me. He addressed me by calling me a Negress, instead of a nigger, to make it sound better."²⁰ The lack of professional courtesy shown by Dr. Rood to Mrs. Price along with the state's failure to investigate the suspicious circumstances involved in her son's death suggests that ASH's physicians believed that they could conduct painful and invasive treatments on African American patients without the fear of oversight or accountability.

Although ASH's administration and doctors do not appear to have been overly concerned about the impact of their therapeutic interventions on patients, the same could not be said for the institution's other staff members. For, unlike their superiors who were removed from the daily demands of managing ASH's violent patient population, these employees were frequently put in situations where they were at risk of personal injury or worse. According to David Bourne, a

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²⁰ Price, letter to Governor Goodwin Knight.

¹⁹ It is unclear why the physician refused to sign John Scott's death certificate; however, it does suggest that there was a dispute taking place among ASH's medical staff as to the actual cause of death.

psychiatric technician who worked at both ASH and CSH between 1962 and 2003, the fear of physical assault was constantly on his mind and shaped his interactions not only with patients but also co-workers.²¹ In an interview conducted with the author in 2016, Bourne vividly recalled his first day at ASH fifty years earlier when he was amazed by the amount of bars on the windows and the barbed wire circling the perimeter wall. According to Bourne, the building looked more like a prison than a hospital, an impression that was reinforced as he went through the "Sally Gate" (the heavily guarded entrance consisting of thick steel doors monitored by an officer who sat behind a shatter proof window).²² The Sally Gate was situated at the nexus of a vast network of windowless corridors that radiated out towards the hospital's forty wards. Though not a panopticon in its strictest sense, ASH's architectural layout provided staff excellent lines of sight to surveille and monitor patients' movements. However, Bourne immediately realized surveillance was not the purview of staff alone, for a group of patients were carefully observing the hospital's new employees in an effort to identify their vulnerabilities: "We were the new fish, and I felt the presence of people staring at this group checking to see if you were vulnerable, what you looked like, what kind of threat we might be in terms of enforcing the rules."23 Bourne was painfully aware that if he showed any sign of weakness it could have deadly consequences; only two years earlier a hospital employee bled to death after a patient attacked him with a knife taken from the cafeteria. Despite these concerns, Bourne and the other "newbies" were told by the staff supervisor that they were caregivers and not prison guards and that any infractions of the hospital's policy employee manual would lead to disciplinary action or dismissal. In this context, it is not surprising that Bourne spent little time thinking about the

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²¹ Bourne mostly worked at ASH but spent two years at CSH from 1964 to 1966.

²² Bourne, November 16, 2016.

²³ Ibid.

crimes the sex offenders at ASH had committed. Although he readily acknowledged that some patients had been sent to ASH merely because "they had brushed up against someone in the back of a theater," the courts had determined that they posed a threat to public safety and it was not his job to question that decision.²⁴

Ironically, one of the infractions listed in ASH's employee manual was the prohibition against sexual relations with patients. During his long career, Bourne learned that these liaisons were far from infrequent and were revealed when staff were caught in compromising situations with patients in dimly lit sections of the hospital's corridors. Such behavior was certainly not limited to ASH; indeed, at CSH (located one hundred and fifty miles south of Atascadero) homosexual relations between patients and staff became so conspicuous in 1958 that it became the subject of a damning report to the state's attorney general.²⁵ If regulating sexual relations between staff and patients was problematic, policing relations between patients was even more difficult and subject to different penalties based on the patients' sexual orientation. At ASH, for example, patients who were even suspected of illicit affairs in this all male hospital were warned that they would be have further legal charges brought against them, a transgression offense that

²⁴ Ibid.

²⁵ Between April 14 and July 1, 1958, California's Department of Mental Hygiene conducted an enquiry into CSH's policies and practices. This report, which was submitted to the Office of the Attorney General, included the findings of an investigation into the number of homosexual staff working at the hospital. According to special agent J. H. Mulvey, almost all of CSH's supervisory personnel were homosexuals: "Among the approximate 9,000 people at Camarillo State Hospital, percentage-wise, there will be presumably be an unknown number of homosexuals, particularly among the approximately 7,000 mentally ill patients and obviously, to a much lesser degree, among the approximately 2,000 paid personnel. The patient problem will be incorporated in the security report. Objectively, this reporting agent is unqualified to comment on the possible number, nor may he speculate as who may or not be a homosexual without overwhelming proof...However, the constant implication remains. The many complaints and smirking remarks concerning personnel remain evident...This major problem [of homosexual staff] does exist. From a moral standpoint, the situation appears extremely detrimental, particularly when it appears that certain supervisory personnel are almost universally (as far as Camarillo State Hospital is concerned) presumed to be homosexuals." *Camarillo State Hospital Report to the Attorney General* (Camarillo: Camarillo State Hospital, 1958), 158.

would result in an extension of their commitment at the institution.²⁶ However, at CSH (containing men and women) heterosexual relations between patients, although not officially encouraged by staff, were often ignored and actually considered therapeutic (employees called it "bush therapy").²⁷

Considering ASH treated sex offenders, the institution's prohibition against sexual relationships between patients was hardly surprising: nevertheless, it does suggest that, contrary to the administration's claims of impartiality, patients were treated differently on the basis of their sexual offense and sexual orientation. Whether those factors played a part in therapeutic decisions made by doctors at the institution is a matter of conjecture (an issue that is fully examined in chapter three). However, putting the controversial subject of differential treatment aside for the moment, what does seem to be clear is that doctors at ASH and CSH were given a great deal of discretion in determining therapeutic regimens for their patients without significant oversight. Dr. Rood's callous treatment of John Scott, as mentioned earlier is a case in point and is supported further by Bourne's disturbing experiences at CSH. According to Bourne, electric convulsive therapy was administered to CSH's patients on a regular basis by a doctor who "had an odd way about him." As a psychiatric technician, Bourne had to prepare the patients for the treatment, many of whom were elderly and chronically ill. After the shock had been

²⁶ An internal hospital memorandum reviewing ASH's policies and practices written by Professor Herbert L. Packer in 1966 identified one such occurrence: "I observed a staffing situation in which a member of the medical staff told a [sic] MDSO patient who had been engaging in homosexual conduct [with another patient] in the Hospital that the patient was legally responsible for his acts and that he (the doctor) would personally file felony charges against the patient if there were further incidents of this kind." Herbert L. Packer, *The Packer Report (OPR Project No. 17)*, 1967, Box F3717:895, *Corrections-Medical Services Division, Central Files-Atascadero State Hospital Comm.* 1962-67, California State Archives, Sacramento, CA.

²⁷ The use of the term "bush therapy" by CSH's staff to describe sexual relations between heterosexual patients was provided by Kristy McCory, a psychiatric nurse who worked at the institution during the 1960s and 1970s, in an interview with Evelyn Taylor on July 23, 2014 at California State University Channel Islands (formerly Camarillo State Hospital).

²⁸ Bourne, November 16, 2016.

administered to the patients' temples, Bourne observed that the doctor would administer a second shock to their foreheads. Bourne stated that "I had to ask [him] about that, I'd never seen ECT applied to the forehead. I asked the doctor, who was not talkative, not with me, that it led to a faster recovery based on his experience, but he didn't quote any literature."²⁹ After reviewing these patients' charts, Bourne discovered that most of the patients subjected to this treatment had been lobotomized in 1948 and committed to CSH when their families could no longer care for them. However, a more sinister rumor circulated among the staff that the real reason these patients were sent to CSH was so that their families could appropriate their property. Bourne recounts that "I sure heard it a lot of times on different wards and thought it was an abomination."30

The difficulty of distinguishing the boundaries between therapy and punishment at CSH were far more problematic at ASH where the rehabilitation of patients not only involved management and control but also moral correction. That correction, informed as it was by assumptions about what constituted normal versus abnormal sexual behavior, necessarily impacted heterosexual and homosexual patients in fundamentally different ways. Significantly, the therapeutic interventions used on heterosexual patients were designed to eradicate deviant sexual behavior but not their sexual orientation; whereas, those used on homosexuals targeted both. This crucial distinction, though probably lost on ASH's medical practitioners, meant that homosexual offenders faced two hurdles in securing their release from ASH: firstly, that they had to persuade their doctors that they no longer posed a threat to society; and secondly, that they

²⁹ Ibid.

³⁰ Ibid.

had to reject an essential part of their sexual identity, what Thomas Szasz refers to as "existential cannibalism."³¹

Despite the ethical concerns raised at the beginning of this chapter regarding the abuse of patients at ASH, the hospital continued to maintain that it was a place of care and rehabilitation rather than correction and punishment. The second part of this chapter examines these conflicting viewpoints from the perspective of the legal profession and the role ASH's reputation as hospital or prison played in California's courts in determining the sentencing of homosexual sex offenders during the 1960s. Martin L. Forst's Civil Commitment and Social Control (1978), a statistical analysis of court sentencing records for sex offenders between 1968 and 1972, is considered the definitive work on the subject and has been used in other scholarship, most notably Chrysanthi Settlage Leon in Sex Fiends, Perverts, and Pedophiles: Understanding Sex Crime Policy in America (2011).³² Using this data along with interviews with judges, attorneys, and probation officers from three California counties (Contra Costa, San Francisco, and Orange County), Forst concluded that court officials believed that ASH was a place of care rather than correction. Relying on the same data, Leon makes a broader claim that "Civil commitment was not a mechanism for expanding social control over homosexuals."33 My own analysis, reveals a more complex picture in which both assertions are brought into question.

Before engaging Forst's work, it is important to emphasize that amendments were made to California's Sex Psychopath Act in 1963 that, though ostensibly minor, would have major

³¹ In *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, Thomas Szasz describes the ways in which the psychiatric profession engages in the "ritual destruction of the Other" as a form of "existential cannibalism." Thomas Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (Syracuse: Syracuse University Press, 1974), 284.

³² For the purposes of this study Forst's analysis of sex offenders' sentencing records between 1968 and 1973 is assumed to be representative of court sentencing decisions in California from 1963 to 1967.

³³ Chrysanthi S. Leon, *Sex Fiends, Perverts, and Pedophiles: Understanding Sex Crime Policy in America* (New York: New York University Press, 2011), 118.

implications for the state's homosexual sex offenders. These amendments, collectively called the "California Mentally Disordered Sex Offender Act," not only changed the term used for sex offender from "sex psychopath" to MDSO but also revised the criteria for commitment. After passage of the statute, sex offenders would have to be considered a "danger" rather than a "menace" to the health and safety of others in order to be institutionalized. Although these revisions were made in large part to address confusion among court officials in regards to the original wording of the Sex Psychopath Act, they also suggest that societal attitudes towards sex offenders engaged in victimless crimes should be treated more leniently than violent offenders. Indeed, by changing the threshold for commitment to "dangerous," the revision implicitly raised questions about whether the commitment of homosexuals engaging in consensual sex with other adults posed a serious threat to society. According to Forst, the vast majority of homosexuals charged under the MDSO Law were given small fines or a minimum jail sentence—a reversion to standard sentencing practices that were imposed prior to the passage of the Sex Psychopath Act. Sec. 26.

Forst's analysis of court sentencing records of sex offenders determined that legal professionals used three criteria in determining the severity of sentence: the seriousness of the

³⁴ Forst states that "The use of the diagnostic category 'sex psychopath' is not sound legally or psychiatrically. Legally, the statute was changed to remove the concept, since this category had caused the courts so many problems in the past. Even if the diagnosis of 'sexual psychopath' could fall within the legal meaning of 'mentally disordered sex offender,' the term is no longer psychiatrically acceptable." Martin L. Forst, *Civil Commitment and Social Control* (Lexington, MA: D.C. Health and Company, 1978), 99.

³⁵ Although this revision suggests changes in societal attitudes towards homosexual sex offenders engaged in non-victimless crimes, it may also have been motivated by concerns about the cost of commitment and overcrowding in state mental institutions.

³⁶ According to Forst, courts had a great deal of discretion in sentencing decisions of homosexual sex offenders: "Interviews with a number of deputy DA's and defense attorneys who had worked at the Municipal Court level in Contra Costa and Orange Counties revealed that a substantial number of such cases [involving consensual sex acts between adult homosexuals] come before the Municipal Court, they are pled to a misdemeanor—either Disorderly Conduct (lewd vagrancy) or Disturbing the Peace. After the misdemeanor guilty plea has been obtained, a relatively light sanction is imposed by the court—most generally probation and small fine or a minimal amount of jail time." Forst, 114.

crime (did it involve minors or violence), the amount of time to be served, and the quality of time to be served.³⁷ Crucially, the perception of ASH as a hospital rather than a place of correction played an important role in determining the quality of time served, for "No agency in any of the three counties believed that a commitment to Atascadero was [a] more severe [punishment] than a commitment to a state prison."38 This view, though somewhat unsurprising given the realities of life for sex offenders placed in a violent prison population, nonetheless seemed to confirm ASH's misleading reputation.³⁹ However, when Forst asked judges, attorneys, and probation officers to rank the severity of sentencing for sex offenses a more complex picture arises (Table 1). Although the interviews confirm Forst's primary assertion that commitment to prison was considered the severest penalty for felony offenders, commitment to ASH ranked highest for those convicted of lesser offenses. Moreover, institutionalization for this latter population was considered worse than a jail sentence, a finding that undermined the benign view of ASH as "a relatively tranquil institution in which time can be served with minimum harassment."40 It is also important to point out that, even for those men convicted of serious sexual offenses involving rape and violence, commitment to ASH was considered the second severest sentence. Therefore, rather than restoring ASH's reputation as a hospital, the viewpoints expressed in these interviews actually do the reverse and generate many more questions about the assumptions made by legal professionals in determining the sentencing of sex offenders.

Table 1.41

³⁷ Forst, 44.

³⁸ Ibid.

³⁹ Forst supports the view that ASH was a safer institution for homosexual offenders compared to prison because "passive sex offenders in general, and child molesters in particular, are at the lowest level in the inmate subculture's hierarchy." Ibid., 47.

⁴⁰ Ibid., 84.

⁴¹ Ibid, 48.

Sanctioning Gradient for Minor and Serious Offenses

For Minor Offenses		For Serious Offenses
(misdemeanors and		(heavy felonies)
light felonies)		
	Most Severe	
	State prison	
Atascadero (as MDSO)		Atascadero (as MDSO)
County jail (6 months or more)		County jail (6 months or more
Fine plus less jail		Fine plus less jail
Probation (with supervision)		Probation (with supervision)
Suspended sentence		Suspended sentence
Small fine		Small fine
Dismissal		Dismissal
	Less Severe	

Perhaps equally problematic for ASH's reputation revealed through Forst's interviews with court officials was their disparaging view of the institution's psychiatrists. According to Forst, attorneys were not only skeptical of the capacity of ASH's psychiatrists to diagnose an offender's MDSO status but also of their ability to determine whether patients were truly rehabilitated after commitment. Underlying these concerns was the general consensus among legal professionals that ASH hired unqualified psychiatrists many of whom lacked proper Board-certification. Although this was true in many of California's mental institutions, the important role played by ASH's psychiatrists as experts in the court system created problems for both prosecution and defense attorneys. Despite their lack of training, the two court appointed psychiatrists were given only thirty minutes to interview the defendant (a ludicrously short

⁴² Forst points out that in 1973 ASH had 1200 patients but only one Board-certified psychiatrist. Ibid., 80.

amount of time even for qualified doctors to make an accurate diagnosis) and made little effort to determine the factual basis on the defendant's account of the events that led to his arrest.

According to Forst, court officials were equally suspicious of psychiatric evaluations made after commitment to ASH: "The feeling prevails among the deputy DAs that there is a tendency on the part of the medical staff to 'imagine' they have cured someone and to recommend a release, when in fact, the 'cure' is based on professional optimism and the need to believe that they are actually accomplishing the goals of therapy."

All Indeed, court officials were equally skeptical of the effectiveness of those therapeutic interventions and understood "commitment disguised as therapy" as merely a means to remove sex offenders from the general public.

The breakdown in consensus and trust between California's legal professionals and ASH's psychiatrists led to disparities in the sentencing of MDSOs in each of the three jurisdictions examined by Forst. Although Forst emphasized that court sentencing decisions were consistent within Contra Costa, San Francisco, and Orange County, there were marked differences between them. As Table 2 illustrates, sex offenders were far more likely to be labelled an MDSO in Orange County (a conservative area) as compared to San Francisco with Contra Costa falling between the two.⁴⁵ These variations suggest that court sentencing decisions were not based on a standardized psychiatric definition of what constituted an MDSO; rather, they were informed by the local sexual mores of each county. As mentioned earlier, the amendments made to the Sex Psychopath Act in 1963 were intended to eliminate this

⁴³ Ibid.

⁴⁴ Based on his interviews with court officials, Forst concluded that "From their perspective, there have been few indications that the offenders send to the various institutions return greatly improved. A prevalent view is the realization of the improbability of effective behavior change—given the lack of motivation on the part of most defendants, the ratio of professional help to offenders in prison and at Atascadero, and the lack of psychiatric knowledge about the etiology and treatment of behavior problems." Ibid., 48.

⁴⁵ Forst states that "It is generally felt that Orange County is one of the most conservative in the state, San Francisco one of the most liberal, with Contra Costa being at neither extreme." Ibid., 158.

inconsistency by clarifying the threat an offender posed to the public from "menace" to "danger." Clearly, this revision had not had the desired effect and actually resulted in even more confusion in court sentencing decisions. Indeed, Forst cites cases in which court appointed psychiatrists determined that an offender was not dangerous but was diagnosed as an MDSO, which as Frost points out was "a legal impossibility."

Table 2.47

Court Designation of MDSO or Not MDS

	Contra Costa		San Francisco		Orange County	
	N	Percent	N	Percent	N	Percent
Designated MDSO	28	17	11	6	50	27
Not designated*	138	83	176	94	134	73
No information	0	0	0	0	0	0
Total	166	100	187	100	184	100

^{*}All cases except those found not guilty

The legal paradoxes that emerged from revisions to the Sex Psychopath Act along with inconsistencies in the sentencing of sex offenders suggests that court decisions were either capricious or arbitrary. Notwithstanding this inconsistency, Forst asserts that judges, attorneys, and probation officers shared the belief that commitment of offenders to ASH was a far more lenient sentence than a prison sentence. Notably absent from Forst's work are the views of the sex offenders themselves and how their perceptions of ASH as hospital versus prison informed the decisions they made in the plea bargaining stage of their hearings. As mentioned in chapter one, given the choice between a jail sentence and commitment Sidney Bronstein chose the latter

⁴⁶ Ibid., 106.

⁴⁷ Ibid., 122.

⁴⁸ As mentioned earlier, Forst strongly asserted that court decisions were neither capricious nor arbitrary within each jurisdiction.

only because he assumed he would be sent to Norwalk State Hospital which was supervised by Dr. Wyers who did not believe that homosexuals were sex psychopaths. However, he was mistaken and committed to ASH, an institution under the direction of Dr. Rood who implemented painful and invasive treatments on patients. Significantly, the legal professionals interviewed by Forst seem to have been completely unaware of such therapeutic interventions; indeed, they assumed that rehabilitation consisted mostly of psychotherapy. This view is further supported by Chrysanthi Leon in *Sex Crime and Criminal Justice Policy in California 1930-2007* who states that "the bulk of 'treatment' for civilly committed sexual deviants consisted of therapeutic, recreation, such as 'stamp, astronomy, prospector and dance clubs' as well as music and drama." In light of my research, this assertion appears questionable, for patients such as John Scott were subjected to electric shock therapy and powerful drugs which ultimately resulted in his death. Whether this tragedy was representative of therapeutic practices at ASH is the subject of chapter three; however, the last section of this chapter examines the hospital's response to the controversy surrounding its purpose as hospital or prison.

On October 7, 1965, the Department of Mental Hygiene conducted a nine month study of ASH's policies and practices called OPR Project No. 17 under the supervision of Norman E. Linquest of the Office of Program Review and Prof. Herbert L. Packer of Stanford University's School of Law. 50 The *Packer Report* had three objectives: a review of the laws and legislation regarding the commitment of MDSOs, the decision making process involved in determining their admission and release from the hospital, and the therapeutic practices used at the institution. According to Packer, each of these issues played an important part in ASH's public relation

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⁴⁹ Leon, 83.

⁵⁰ OPR Project #17 will henceforth be referred to as the "Packer Report."

problems which stemmed from confusion about the flow of patients in and out of the hospital.⁵¹ Significantly, the recommendations made in the *Packer Report* provide valuable insights into the transformation of medical juridical attitudes towards sex offenders during the mid-1960s and shed light on the controversy concerning ASH's reputation as a hospital or a prison.

Packer's analysis of policies and practices at ASH was conducted three years after the passage of the MDSO law and was shaped and informed by the revision it made in labelling an offender as an MDSO based on whether they were a "menace" or a "danger" to public health and safety. According to Packer, this revision illustrated broader changes taking place in America's legal system which was undergoing what he calls "a quiet revolution "characterized by greatly enhanced concern for individual rights and greatly increased judicial scrutiny of what is done to people who are restrained of their liberty, whether it is in the name of punishment or treatment"52 Although Packer did not explain the reasons for this transformation, it may have been in response to upheavals taking place in the field of psychiatry with the emergence of the antipsychiatric movement and growing public ambivalence towards the state's use of psychiatry to police non-conformity and anti-social behavior. Significantly, these cultural changes were reflected in provocative works such as Allen Ginsberg's Howl (1956) and popular works of fiction (later to become successful movies) such as Richard Cordon's *The Manchurian* Candidate (1959), Ken Kesey's One Flew Over the Cuckoo's Nest and Anthony Burgess' A Clockwork Orange (both published in 1962). In this light, the Packer Report can be seen as part

⁵¹ According to California's Director of Mental Hygiene, Daniel Blain M.D., the "frequent crises" at ASH were the result of "serious differences among staff members regarding the treatment of patients regarding the treatment program, along with local community fear and suspicion plus spotty management." Daniel Blain, *The Evaluation, Treatment and Disposition of Mentally Abnormal Offenders*, 1962, Box F3717, Folder 895, *Corrections-Medical Services Division, Central Files-Atascadero State Hospital*, California State Archives, Sacramento, CA.
⁵² Packer Report, 24.

of a larger national conversation taking place during the 1960s about the use of mental institutions as instruments of social control.

The first section of the *Packer Report* addressed the legal and legislative policies regulating sex offenders, a subject that necessarily brings Packer's analysis into conversation with Forst's work which was published seven years later. Surprisingly, Forst does not cite the Packer Report in his research, an omission that suggests that he was either unaware of the Report (highly unlikely) or disagreed with its findings and recommendations. Indeed, although both authors shared many of the same concerns regarding the implementation of the MDSO law (in particular the failure to clearly define the term "danger") and relied on similar sources (interviews with court officials and ASH's psychiatric staff), they arrived at very different conclusions. Perhaps the most striking example of disagreement between Packer and Forst is where they placed the blame for the breakdown in trust between the courts and ASH. As mentioned earlier, Forst believed that much of that responsibility lay with ASH and the court appointed psychiatrists used to assess and diagnose offenders. Based on his interviews with attorneys, Forst asserted that many of these psychiatrists were either unqualified to make such diagnoses or were easily manipulated by attorneys⁵³. Packer, on the other hand, claimed that many of ASH's problems stemmed from a lack of knowledge among court officials about the hospital's primary mission and purpose. According to Packer, prosecution and defense attorneys along with probation officers thought of the hospital as "just a prison thinly disguised"⁵⁴ As a result of this misconception, Packer argued that the courts were sending patients to ASH who

⁵³ Forst argued that attorneys were rarely interested in the validity of psychiatric evaluations of sex offenders: "In a very real sense, the defense attorneys are guilty of manipulating the psychiatrists to provide testimony that supports their particular strategy; the impulse to find a psychiatrist who will submit an objective diagnosis is seldom present." Forst, 77.

⁵⁴ Packer Report, 22.

were either unamenable to treatment or disruptive (problem patients versus patients with problems). The view of ASH as a prison served to undermine the institution on multiple levels: firstly, it made treatment and rehabilitation far more difficult; secondly, it eroded staff morale; and thirdly, it led to conflict between patients in an institution which was already overcrowded. In order to address these issues, Packer made a number of recommendations that emphasized improved communication between the courts and the Hospital. Packer suggested that a comprehensive brochure dealing with the Hospital's legal framework, admission, and discharge criteria, and treatment programs should be prepared and widely circulated"; in other words, that court officials be informed and educated as to the primary purposed of ASH as a hospital and not a prison. Second Sec

It is tempting to explain the differences of opinion between Packer and Forst over the issue of blame and responsibility for ASH's contentious relationship with court officials as a matter of bias; after all, the *Packer Report* was initiated by the Department of Mental Hygiene and was therefore intended to serve the best interests of the hospital. However, as a law professor, Packer was fully familiar with court proceedings and the ways in which expert testimony (in this case, ASH's psychiatrists) informed court sentencing decisions. Therefore, his analysis was probably far less subject to bias than Forst's which relied predominantly on the prejudiced views of attorneys and probation officers. Notwithstanding the tensions between these competing constituencies, one thing is clear, for two years after the *Packer Report*, negative

⁵⁵ Packer stated that "Atascadero State hospital has been consistently overcrowded since its opening in 1954," and "The majority of the patients at the Atascadero State Hospital are young, physically active, aggressive males and are characterized as sexual psychopaths, the criminally insane, or as mentally ill problem cases from all of the other state hospital [*sic*]. Being emotionally disturbed and dangerous types, they are considered on the whole as considerably difficult to manage and treat than the patients found in the other Department of Mental Hygiene institutions." Ibid., 6, 7.

attitudes towards ASH were still pervasive among court officials revealing that Packer's recommendations were either not implemented or were unsuccessful.

If the issue of commitment to ASH was fraught with legal problems, determining the conditions for release of sex offenders from the hospital was even more contentious. Although Packer and Forst were largely in agreement regarding the nature of the problem and suggested many of the same remedies, Packer's "radical" recommendation—that the hospital assume complete control over this decision making process—would prove the most controversial. According to the language of the MDSO law, offenders could not be released from ASH until they were considered cured and no longer posed a danger to the public's health and safety. Because a clear legal definition of "danger" was not fully articulated the courts relied on ASH's psychiatric staff to make that determination.⁵⁷ However, even when the hospital's doctors had given a patient an "A" recommendation (meaning that they were cured and no longer a danger) they were returned to the courts for criminal sentencing. According to Forst, the "going rate" (standard sentencing guideline) for sex offenders was two years of incarceration; therefore, patients who received an "A" recommendation before that time frame had elapsed were given an additional prison or jail sentence to meet that statutory requirement, their commitment to ASH being seen as time already served.⁵⁸ This practice not only posed a problem for the courts (it appeared to be in conflict with the constitutional prohibition against double jeopardy in which offenders were being punished for the same crime twice) but also for ASH's reputation as a

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⁵⁷ According to Forst "The statutory definition of an MDSO includes the element of dangerousness. To be so defined, a person must be predisposed to the commission of sexual offenses to such an extent that he is dangerous to the health and safety of others. However, the statute does not include guidelines indicating what constitutes dangerousness. Does *dangerousness* [author's emphasis] mean immediate physical danger, general physical danger, or does it include the concept of psychological danger to the victim—as my occur when an exhibitionist exposes himself to a child?" Forst, 104.

⁵⁸ Ibid., 133.

hospital (if its doctors had determined that offenders were cured, why were they being subjected to further incarceration?).

As Packer pointed out, the policy of transferring ASH's patients to the state's correctional facilities created another serious medical juridical problem called "ping ball effect" in which patients were bounced back and forth between the court, the hospital, and prison. This occurrence was especially prevalent among patients who had received a "B" recommendation which indicated that ASH's doctors believed that they were not amenable to treatment. After being transferred to prison, these patients often exhibited mental or emotional problems that the correctional staff were ill-equipped to deal with and were therefore sent back to ASH. If the patient was still resistant to treatment, the hospital would return them to prison and reinitiate the indefinite cycle of commitment. Notably, Packer described one alarming example of the ping' ball effect with patient #14569 who was repeatedly transferred between ASH and correctional institutions over a four year period:

1/23/61 - observational commitment

3/28/61 - returned as non-amenable

4/5/61 - committed to Chino

9/30/64 - re-admitted to Atascadero

2/2/65 - returned to court with "(b)"

2/24/65 - re-committed to Corrections⁶⁰

Among other things, the ping ball effect reveals a fundamental flaw at the heart of the MDSO law, namely, that notwithstanding the going rate stipulated in its statutory guidelines, offenders could end up with indeterminate sentences which left them being shuttled between

⁵⁹ Ibid., 17.

⁶⁰ Packer Report, 17.

ASH and penitentiaries for years. Also, it illustrates that the organizational boundaries between the Department of Mental Hygiene and the Department of Corrections were frequently defined not by care versus punishment but by more prosaic concerns involving bureaucratic expediency and the unwillingness of hospital and prison staff to deal with problem patients.⁶¹

In order to resolve the problems related to the release of patients from ASH, Packer and Forst were in agreement on two important points. Firstly, that major revisions had to be made to the MDSO law that included a clear legal definition of "danger," and secondly, that communications be improved between the courts and the hospital in order to avoid abuses such as the "ping ball effect." However, the *Packer Report* also included a far more radical proposal which was not supported by Forst which proposed that final decisions regarding the release of patients from ASH be removed from the courts entirely and placed in the hands of ASH's psychiatrists. Although the implementation of this proposal would greatly reduce confusion about the organizational boundaries between the courts and ASH, it was vehemently opposed by the institution's superintendent Dr. Morgan and his staff. In a letter sent to Deputy Director of State Services E.F. Galioni M.D. on October 7, 1966, Superintendent Morgan stated that "We [the Hospital's staff] are equipped to give the court a recommendation based on a medical treatment program only. We believe that numerous other considerations of a legal and social nature should be weighed....[and because] these other considerations are based primarily on attitudes of crime and punishment within the community where the crime was originally committed, that would be more accurately reflected in a judicial decision."62

⁶¹ According to Packer, homosexual patients were the most difficult patients and had become "serious behavior problems in the Hospital." Ibid., 20.

⁶² S.W. Morgan, letter to E.F. Galioni, October 7, 1966, Box F3717, Folder 895, *Corrections-Medical Services Division, Central Files-Atascadero State Hospital Comm. 1962-67*, California State Archives, Sacramento, CA.

Superintendent Morgan's justification for rejecting Packer's proposal was based on legitimate legal and financial concerns, for ASH had neither the legal authority to release patients without consulting the courts (a power that would require the approval of the legislature) nor did it have the financial means or staff to conduct follow-up assessments of patients' in community based facilities (that were practically non-existent).⁶³ In light of these considerations, Dr. Morgan was fully aware that if ASH assumed responsibility for sex offenders once they been discharged from the institution it would put the institution in legal jeopardy if they committed further offenses. Despite Dr. Morgan's justifiable concerns, there appear to have been other far less legitimate factors at play in his decision that were not expressed in the hospital's official response to the Packer Report. On January 30, 1967, Dr. Richard Suchinsky (a Packer Report consultant) wrote a letter to Supervisor of the Department of Mental Hygiene, Norman Linquist, in which he called into question Dr. Morgan's central assertion that the ASH was especially "equipped" to treat sex offenders. In the letter, Dr. Suchinsky stated that "My observation, both from a visit to the hospital and from discussions with other members of the Review Committee, was that a significant percentage of the patients at Atascadero were not terribly different from those at other state hospitals and that there was little medical indication for their being treated in

⁶³ On February 5, 1967, Norman Lindquist wrote the Review of Basic Policies, Laws, and Procedures for Atascadero State Hospital: Summary of Findings and Recommendations in which he stated that, "Atascadero State Hospital in not able to conduct a follow-up program of discharged patients because of legal ramifications beyond the control of the hospital staff. As a matter of fact, the staff does not even know what disposition the courts made of many patients. They therefore, are not able to evaluate the effectiveness of the hospital treatment program." Also, "No authority or resources exist for the provision by the Atascadero State Hospital of post-hospital treatment to discharged patients, although in many cases this is extremely important." In an inter-office memo dated July 14, 1966, Dr. Morgan emphasized that "Aftercare facilities are sorely needed. The hospital envisions travelling treatment teams and other personnel stationed outside the hospital to provide followup [sic] care. This is one of the most serious deficiencies in the total program of continuity of care." However, without the necessary funding, such care was unavailable to discharged patients. Norman Lindquist, Review of Basic Policies, Laws, and Procedures for Atascadero State Hospital: Summary of Findings and Recommendations, 1967, Box F3717, Folder 896, Corrections-Medical Services Division, Central Files-Atascadero State Hospital, California State Archives, Sacramento, CA.

this type of facility."⁶⁴ Perhaps even more damaging to ASH's reputation and indeed its future survival was Dr. Suchinsky's observation that there was a great deal of confusion among ASH's staff as to its primary mission as a hospital rather than a prison, a confusion that necessarily impacted their relationship with the patients.⁶⁵

Dr. Suchinsky's skepticism about the existence of specialized treatment programs for sex-offenders at ASH undermined the rationale behind the hospital's existence. Furthermore, his views were consistent with those of Packer and Forst who believed that treatments conducted at ASH were inadequate and largely ineffective. Significantly, the issue of patient care (or rather lack thereof) in the nation's mental hospitals was the subject of a landmark legal decision made in 1966 that had a major impact on the *Packer Report*. The case, *Millard v. Cameron*, took place in the District of Columbia and involved complaints made by a patient of Washington D.C.' Saint Elizabeth's Hospital against its superintendent. In 1962, Maurice Millard had been arrested for exhibitionism in 1962, diagnosed as a sex-psychopath, and committed to the mental institution for treatment and rehabilitation. According to Millard, he had received no treatment at the hospital and his days were spent "mopping floors, eating, sitting around, and watching television."66 Millard believed that the failure of the hospital to provide treatment along with his diagnosis as a sex psychopath constituted a breach of his habeas corpus rights and filed a law suit against St. Elizabeth Hospital's superintendent Dale Cameron. In October, 1966, his petition reached Washington D.C.'s Court of Appeals and the presiding judge, David L. Bazelon, found

⁶⁴ Richard Suchinsky, letter to Norman Linquist, January 30, 1967, Box 3717, Folder 895, Corrections-Medical Services Division Central Files-Atascadero State Hospital 1962-67, California State Archives, Sacramento, CA.
⁶⁵ Dr. Suchinsky supported this view by stating, "I found the staff to be in the very difficult and ambiguous position of not knowing whether their institution was a treatment facility, or a facility for incarceration. This problem seemed to be compounded by the staff's feeling that it was obliged to make judgments concerning cure and possible recidivism which were clearly beyond its capability in view of the present imperfect state of knowledge in this area." Ibid.

⁶⁶ Millard v. Cameron, 373 F.2d. 468 (D.C. Cir. 1966).

in his favor arguing that "Indefinite commitment under the Sexual Psychopath Law is 'justifiable only upon a theory of therapeutic treatment'" and in the absence of such treatment Millard's commitment to St. Elizabeth's Hospital constituted punishment.⁶⁷ Furthermore, Judge Bazelon also dismissed the hospital's argument that they were unable to provide treatment due lack of funds and understaffing.⁶⁸

Citing Judge Bazelon's decision in the *Packer Report*'s final recommendations to ASH on March 21, 1967, Norman Linquist reminded the hospital that "Custody without treatment is similar to punishment" and "Shortage of staff and facilities is not excuse to inadequate treatment." In order to address these concerns, Linquist suggested that the hospital obtain more funding from the Department of Mental Hygiene to improve staff training and increase employee's salaries. However, he also acknowledged that "The isolated geographical location of the Atascadero State Hospital, meant that it was not a sought after place of employment for reputable doctors engaged in research." Given the budget constraints that confronted ASH and the state's other mental institutions during the 1960s, Linquist's hope for additional funding was extremely unlikely. This was especially doubtful in 1966, for in November of that year Ronald Reagan became the governor running on a platform of balancing the state's budget. According to Governor Reagan, the state's mental institutions served as perfect examples of government overreach and waste. In this new political era, the question as to whether ASH was a hospital or a prison was not just an ethical question but one that had major financial implications.

⁶⁷ Ibid.

⁶⁸ Judge Bazelon's decision in *Millard v. Cameron* was circulated among all of California's State Mental Health Directors in October 1966. The case not only highlighted the lack of treatment provided at Saint Elizabeth's Hospital but also questioned the authority of court appointed psychiatrists to label offenders as sex psychopaths without cross examination. *Maurice I. Millard, Appellant, v. Dale C. Cameron,* Superintendent, Saint Elizabeth's Hospital, Appelle, 373 F. 2d 468 (D.C. Cir. 1966P).

⁶⁹ Packer Report, 5.

⁷⁰ Ibid., 7.

Astonishingly, the cost of incarceration for patients at ASH was one hundred times greater than at the Men's Colony in San Luis Obispo run by the Department of Corrections. ⁷¹ By committing MDSOs to prison rather than to ASH, the Republican legislature assumed that the costs of running the institution could be significantly reduced. Moreover, it entertained the idea of eventually closing ASH, a prospect which was only prevented by the fact that it housed dangerous sex offenders (the release of whom into the general community would have posed a serious political liability to California's legislators). Indeed, other mental institutions such as CSH were not so fortunate; after decades of budgetary cuts initiated by Governor Reagan, the hospital ultimately closed in 1996. ⁷²

My research into the medical juridical policies at ASH during the 1950s and 1960s reveals that the institution and its staff never fully resolved the fundamental question of its mission and its purpose. To a great extent this confusion was inevitable, for ASH's doctors and medical practitioners were put in the untenable position of fulfilling the conflicting imperatives of the Sex Psychopath Act, legislation that mandated both the rehabilitation and correction of California's sex offenders. The tensions between these competing goals led to ongoing crises as the institution generated by the commitment process itself and the treatment programs designed to cure sexual deviancy. According to contemporary critics of those programs, they were either benign or largely non-existent; however, there clearly were exceptions to the rule when treatment

⁷¹ The comparative costs of incarceration at ASH and the Men's' Colony at San Luis Obispo was revealed in an inter-office memorandum by ASH's Superintendent Morgan to Linquist on July 14, 1966, Box F3717, Folder 895, *Corrections-Medical Services Division, Central Files-Atascadero State Hospital Comm. 1962-67*, California State Archives, Sacramento, CA.

⁷² In November 1967, Governor Reagan visited CSH and its staff went to great lengths to show the governor the institution's value to the community. According to a *Los Angeles Times* article titled "Reagan Wrong About Hospitals, Group Says" dated November 19, 1967, the hospital staff painted the walls, polished floors, and dyed the grass green in order to show that CSH was not typical of other hospitals. Apparently, their efforts were to no avail because that same year Governor Reagan signed the Lanterman-Petris-Short Act which, in effect, ended all hospital commitments by the judiciary system with the exception of sex-offenders.

was not only painful and invasive but lethal. Indeed, the issue of care at ASH would become the center of national controversy in the late 1960s and early 1970s when homosexual patients claimed that they were being systematically tortured by the institution's doctors and medical practitioners. These allegations were broadcast to the nation through the emerging gay press and would create significant public relation problems for the hospital. However, unlike the earlier disputes over the institution's mission and purpose, this new controversy would make ASH a potent national symbol of the state's oppression of homosexuals in which it was depicted neither a hospital nor a prison but a Dachau for queers.

Chapter 3

Atascadero: Dachau for Queers, or is Somebody Having Nightmares?

"To my Gay sisters and brothers I say Reagan's paradise is restaging Dachau here. It can happen here. It is happening here. Wake up. Wake up before it's too late."⁷³

Between 1968 and 1973, ASH was confronted by a series of scandals involving the alleged mistreatment of homosexual sex offenders. These controversies which were broadcast to the nation through the gay and alternative press situated events at ASH within the broader national discourse of patients' rights and the APA's inclusion of homosexuality in its DSM II. For a new generation of militant gay activists, ASH provided a potent symbol of state sanctioned homophobia—a Dachau for queers—that could be used not only to discredit the psychiatric profession but also consolidate the fractious members of the gay rights movement. However, this strategy relied on two important assumptions; firstly, that the patients' allegations of abuse were true, and secondly, that the plight of ASH's sex offenders was representative of the struggles faced by other members of the gay community. Although the tensions between these two beliefs would ultimately prove irreconcilable, the mythos of ASH as concentration camp gained traction in the gay community becoming an integral component of the gay rights movement's strategy to secure social justice. In this chapter, I examine how ASH assumed this pivotal role and the ways in which competing constituencies used the hospital's reputation to serve their alternate political agendas.

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⁷³ Don Jackson, "Dachau in America" in *Twenty Years of Gay Sunshine: An Anthology of Gay History, Sex, Politics*, edited by Winston Leyland (San Francisco: Gay Sunshine Press, 1991), 266.

The first part of this chapter examines the emergence of the mythos of ASH as Dachau for Queers from a series of articles published in *The Los Angeles Advocate* at the end of 1968 and the beginning of 1969. In November 1968, *The Los Angeles Advocate* published the first of three articles about ASH under the collective heading "View from the Garbage Heap," an expose of the plight of homosexual sex offenders trapped in California's medical juridical system.⁷⁴ "View from the Garbage Heap" and the subsequent two installments were written by a former patient at ASH who used the pseudonym Michael Selber. 75 At the beginning of the article, Selber established his credentials as an experienced journalist; he had been a reporter, writer, editor, and publisher for over twenty years. ⁷⁶ Significantly, Selber stated that his intent in writing the articles was not to absolve himself of the crime he committed nor did he frame his exposé through the lens of gay rights: "He [the fifteen-year-old boy with whom he had sexual relations] was fully aware that I was a homosexual, and he assured me of his similar tendencies. The fact that he was the initiative in no way altered my responsibility as the adult involved. And if I was more stupid than guilty, I was no less guilty."⁷⁷ Rather, his main objective was to highlight the issue of indeterminate sentencing meted out to sex offenders (the "ping-pong ball effect" discussed in chapter two) and the inadequacies of ASH's treatment program.⁷⁸

⁷⁴ The title was inspired by a mistranslation of Atascadero which the author believed meant "garbage heap;" however, "atascar" is the Spanish word for "bottleneck" or "to get jammed or blocked up."

⁷⁵ Selber had been convicted of having sexual intercourse with a fifteen-year-old boy who, he claims, solicited the act. He wrote the first two articles while in prison (they were smuggled out by a friend) and used a pseudonym in order to avoid retribution from the prison authorities.

⁷⁶ Selber states, "I am the reporter. Involved in the business of news for more than 20 years—as a reporter, writer, editor and publisher—I have every qualification to cover the assignment except one: objectivity' I *am* [author's emphasis] a sex offender." Michael Selber, "View from the Garbage Heap," *Los Angeles Advocate*, November 1968, 6.

⁷⁷ Selber, "View from the Garbage Heap," 7.

⁷⁸ As mentioned earlier, the "ping pong ball effect" was the removal of patients from ASH to prison if they were deemed unamenable to treatment. If they were considered problem prisoners, they would then be returned to ASH for psychiatric treatment. According to the *Packer Report* of 1966, this led to patients being bounded back and forth between ASH and prisons on an indefinite basis.

According to Selber, he along with ASH's other patients was a victim of a loophole in California's MDSO law which, though well-intentioned, had left them in a legal limbo where they were neither patients nor criminals but both. This ambiguity, recognized by ASH's *Packer Report* conducted three years earlier, was exacerbated by confusion among lawyers as to the legal definition of "dangerous" which was the central criterion which defined an MDSO. Selber also stated that recent revisions to the law that restored the civil rights of institutionalized patients specifically excluded men such as himself who had been convicted of sex offenses. In the absence of these legal safeguards, the only hope ASH's patients had to secure their release from the institution was to actively participate in its treatment program in order to prove that they no longer posed a danger to the health and safety of others, a strategy that Selber fully embraced.

After three weeks seclusion from the patient population, Selber was given the opportunity to participate in ASH's "therapeutic community" (an environment in which every activity supposedly played a part in the patient's recovery and rehabilitation). He became a vocal member of group therapy sessions, which consisted of patient-led discussion groups (held one hour a week); enthusiastically engaged in occupational therapy (wiping tables three-hours a day); and participated in patient government by becoming a member of the ward's relations committee (its responsibilities included supervision of daily housekeeping duties, assigning patients rooms

⁷⁹ California's MDSO Act, like similar legislation in other states, originated as the well-intentioned attempt of a progressive society to achieve a worthy end: hospital treatment instead of punishment for individuals whose emotional illnesses or mental disorders compel them to commit sex offenses.

⁸⁰ ASH's internal review of policies and practices at the institution (the "Packer Report") was conducted by the Department of Mental Hygiene in 1966.

⁸¹ The Lanterman-Petris-Short Act ended the involuntary commitment of mentally disordered persons and was signed into law by Governor Ronald Reagan in 1967.

⁸² Selber, "View from the Garbage Heap," 7.

and beds, issuing clothing and towels, and maintaining simple discipline among patients).⁸³ In addition to his active involvement in ASH's therapeutic community, Selber informed his doctor that he was willing to participate in any treatment that would facilitate his recovery.

Notwithstanding this pledge, Selber was acutely aware that treatment at ASH included the use of ECT, a therapeutic intervention that "reduced [patients] to vegetables, who slowly recovered their senses with vague blank spots in their memories."⁸⁴

Despite Selber's efforts to convince ASH's doctors that he was fully participating in the hospital's treatment program, he was ultimately diagnosed as unamenable to treatment, "a hopeless case," which meant that he would be transferred to prison. So In light of Selber's claims that he was an exemplary patient, this diagnosis requires further scrutiny. According to Selber, his removal from ASH was the result of an antagonistic relationship he had with a psychiatric technician. As daily observers of patient behavior, ASH's psychiatric technicians played an important role in informing doctors of a patient's adjustment and recovery. Selber stated that "most of the 'techs' were young fellows, in the 18 to 25-year-old range" who were often "impulsive" and vindictive. Indeed, Selber laid the blame for his removal from ASH on one such technician who enjoyed playing cards with the patients. Selber described him as "A particularly inept bridge player...[who] When he lost, he generally singled out a patient—either partner or opponent—whom he could blame. That individual he 'pencil whipped'—wrote for his case file 'observations' that were considerably less than objective." Fully aware of the consequences such negative comments could have on his hopes for release from ASH, Selber

⁸³ Ibid., 8.

⁸⁴ Ibid., 9.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Ibid.

refused to play bridge with the individual, a refusal that ironically led to negative observations about him that were entered in his case file.

Though unacknowledged by Selber, another reason for his diagnosis as unamenable to treatment may have been that he may have appeared *too* enthusiastic in ASH's treatment program. That enthusiasm was exhibited in group therapy sessions in which Selber stated that "I found it impossible to quit talking about my problems when the group session ended."88 In other words, it appears that Selber may have dominated these sessions and prevented other patients from sharing their thoughts. Whether this issue along with his refusal to play bridge with the psychiatric technician played an important part in his transfer from ASH to a state prison is open to speculation. However, Selber's predicament clearly reveals that patients' active engagement in the hospital's therapeutic community did not guarantee that they were seen as amenable to treatment.

Before engaging the second and third installments of "View from the Garbage Heap" it is important to emphasize at this juncture that Selber's initial article, though alluding to the widespread use of ECT on sex offenders at ASH, did not suggest that the treatment was used in conversion therapy, an allegation that would later become the central theme of articles portraying ASH as a Dachau for queers. Actually, Selber stated that its use (or threat of its use) served two distinct purposes at the institution that were unrelated to conversion therapy: either to determine

⁸⁸ In "View from the Garbage Heap: Part II," Selber stated that "Other patients are criticized because they *can't* [author's emphasis] express their problems. I am accused of 'making speeches' because I *can* [author's emphasis] talk about mine." Michael Selber, "View from the Garbage Heap: Part II," *Los Angeles Advocate*, December 1968, 7. Paradoxically, experiments using LSD were used on patients at ASH in 1961 by Dr. Bertrand Tenenbaum in order to facilitate discussion among patients who were reluctant to contribute to discussions in group therapy. Bertrand Tenenbaum, "Group Therapy with LSD-25: A Preliminary Report," *Diseases of the Nervous System* XXII, no. 8 (August 1961): 4.

a patient's willingness to engage in ASH's treatment program or as a disciplinary measure.⁸⁹
Also, it is important to note that Selber readily acknowledged that he had been committed to
ASH because he had sexual intercourse with a minor, that it was his second conviction, and that
he had been undergoing private therapy for ten years prior to his commitment to ASH to address
"the emotional problems that led to my offense."⁹⁰

As a victim of the ping-ball effect, Selber's main focus in "View from the Garbage Heap:

Part II" was the injustice of transferring MDSOs unamenable to treatment to prison. As

discussed in chapter two, this practice posed serious ethical issues for ASH and the prison

system, for it blurred the lines between treatment and punishment. According to Selber, his

plight was representative of many of the other MDSOs he met in prison because they had been

removed from ASH not for medical reasons but because the hospital was overcrowded. Also,

Selber asserted that the majority of the victims of this practice were homosexual sex offenders

charged with misdemeanors. Significantly, the going-rate determined by California's courts for

these lesser offenses was no more than six months or a year; however, in reality these men found

themselves "locked up for much longer—even for life." Selber argued that targeting

homosexual sex offenders represented a "deliberate perversion of justice," a claim which no

doubt resonated with his gay audience who were victims of police entrapment. However, at the

end of the article, Selber attempted to persuade his readers that he and other sex offenders

⁸⁹ In "View from the Garbage Heap: Part II," Selber stated that "At Atascadero, it [ECT] is used extensively, both as therapy and punishment." Selber, "View from the Garbage Heap: Part II," 7.

⁹⁰ Selber, "View from the Garbage Heap: Part II," 6.

⁹¹ Selber stated that ASH was supposed to serve thirteen-hundred patients; however, at the time of his article, ASH actually housed sixteen-hundred patients. Ibid., 8.

⁹² Selber's claim that patients unamenable to treatment could be incarcerated for life may have been an exaggeration; however, the case of patient # 14569 identified in the *Packer Report* (discussed in chapter 2) indicates that patients were shuttled between ASH and prison for many years.

⁹³ Selber, "View from the Garbage Heap: Part II," 8.

committed to ASH and prisons were merely the victims of archaic laws prohibiting sexual practices that were advocated "in every marriage manual." Citing the Kinsey Report, Selber claimed that many sexual practices outlined in the *Packer Report*, though illegal, "were commonly accepted by large numbers of the population." Such a sweeping generalization requires closer scrutiny, especially in light of Selber's detailed account of the crimes committed by his fellow inmates which were revealed in his final article.

Unlike the first two installments of "View from the Garbage Heap," which were written while Selber was in prison, the third article titled "The Men I left Behind," was published in *The Los Angeles Advocate* after his release in January 1969. As the title suggests, "The Men I left Behind" was dedicated to the men Selber met while in prison who were still trapped in California's medical juridical system. Although Selber hoped to portray most of his fellow inmates as the innocent victims of archaic laws, he included lurid details about the sex offenses they had committed, which made them far less sympathetic in the eyes of his readers. In order to protect their identities, Selber took the precaution of providing only the first name or initial of each of his subjects; however, this was a pointless exercise in anonymity considering the amount of personal information he divulged about the men.

Of all Selber's subjects, the case of "Mr. B.," a retired army master sergeant who had been convicted of a misdemeanor and committed to ASH, was the most sympathetic. ⁹⁶ After being diagnosed as unamenable to treatment, "Mr. B." was sent to prison where, on meeting Selber, he had already spent seven years without any psychiatric treatment. According to Selber, "Mr. B." was clearly psychotic because he continually talked to imaginary people whom he

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⁹⁴ Ibid., 9.

⁹⁵ Ibid

⁹⁶ Selber provides no details about "Mr. B's" crime.

called "spirits," but was harmless and posed no threat to him or the other prisoners. Rather than being locked up, Selber argued that "Mr. B." should have received outpatient care in a Veteran's hospital. However, at the other end of the spectrum is the case of "Cecil B.," a child molester who served as chairman of the orientation committee of Selber's ward at ASH. Selber described him as "a pompous man who parroted off all the pseudo-psychology he had picked up in 18 months at the hospital (regardless of how little of it he understood)." According to Selber, "Cecil B." encouraged other patients to divulge all the sordid details of their sex offenses during which time he would clearly become sexually aroused. 98

The other five men described in "The Men I Left Behind" ("Peter T., Jerry K., Mike R., Dale R., and Dan M.") had been convicted of crimes ranging from exhibitionism to statutory rape. Significantly, Selber argued that none of the men were homosexuals before they were committed to prison; however, once incarcerated, all of them engaged in same sex relationships—an ironic form of conversion therapy that was clearly disapproved of by prison authorities but a commonplace occurrence in all-male institutions. According to Selber, none of these men represented a threat to the public and should have been provided with outpatient care and treatment rather than being institutionalized.

Selber's articles about the plight of sex offenders reiterated many of the problems identified in the *Packer Report* conducted by ASH two years earlier. These issues, though newsworthy and of interest to members of the gay community living on the West Coast, were far removed (both in distance and relevance) from the concerns faced by queers living in other parts

⁹⁷ Michael Selber, "The Men I Left Behind," Los Angeles Advocate, January 1969, 25.

⁹⁸ Selber stated that "His [Cecil B.'s] purpose was obvious to the rest of us. While the helpless neophyte stammered through his story of guilt and embarrassment, Cecil's mounting erection clearly showed through his state-issue pants. Two years of groveling in his guilt and spouting the virtues of the hospital's program (and licking his lips in vicarious enjoyment of the crimes of others) earned Cecil a pass back to court and a release on probation." Ibid., 25.

of the country. Indeed, given the lack of follow-up articles about ASH in the gay press in 1969, it would appear that Selber's exposé had fallen on deaf ears. Nevertheless, events on the East Coast would dramatically transform the discourse on the institutionalization of homosexuals charged with sex offenses in ways he could not have anticipated.

In the second part of this chapter, I identify how the Stonewall Riots transformed Selber's inauspicious articles on patients' rights at ASH into a cause célèbre of the gay rights movement. On the night of June 28, a seedy gay bar in New York City was raided by the NYPD; although a routine event, on this occasion the motley patrons who included queens, transvestites, and hustlers resisted arrest and instigated riots that lasted for two days. The riots at the Stonewall Inn were not the first time queers had violently fought back against police harassment; however, located as they were in the nation's preeminent media center, news of the uprising quickly spread throughout New York City and across the country. PRecognized as the birth of the modern gay rights movement, the Stonewall Riots marked the end of accommodationism in favor of militant confrontation and direct action against the state's oppression of homosexuals. Following the

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⁹⁹ In The Gay Revolution: The Story of the Struggle, Lillian Faderman describes four pre-Stonewall protests that took place in various establishments across the country: Cooper's Donuts in Los Angeles in 1959; Julius' Bar in New York in 1966; Gene Compton's Cafeteria in San Francisco in 1966; the Black Cat bar in Los Angeles in 1967; and Rusty's (a lesbian bar) in Philadelphia in 1968. Lilian Faderman, The Gav Revolution: The Story of the Struggle (New York: Simon and Schuster, 2015), 115-121. On the fiftieth anniversary of Stonewall, Faderman chaired a round-table discussion about the riots at San Diego's Balboa Park Museum. According to Faderman, there were many reasons why other acts of resistance did not gain national notoriety. Among these was the fact that the Stonewall Riots occurred in the heart of New York City's gay community at the height of summer, when thousands of people not only witnessed the events, but became participants in the protest. On a more humorous note, Faderman also suggested that the "Donut Shop Rebellion" may not have conveyed the same revolutionary gravitas as the "Stonewall Riots." A more prosaic explanation of why the riots took place at the Stonewall Inn is revealed in the August 1969 edition of the New York Mattachine Newsletter. "Why the Stonewall, and not the Sewer of the Snake Pit? The answer lies, we believe, in the unique nature of the Stonewall. This club was more than a dance bar, more than just a gay gathering place. It catered largely to a group of people who are not welcome in, or cannot afford, other places of homosexual social gathering...Then, too, there are hundreds of young homosexuals in New York who literally have no home. Most of them are between 16 and 25, and came here from other places without jobs, money, or contacts. Many of them are running away from unhappy homes...The Stonewall became 'home' to these kids. When it was raided, they fought for it. That, and the fact that they had nothing to lose other than the most tolerant and broadminded gay place in town, explains why..." qtd. in Donn Teal, The Gay Militants (New York: Stein and Day, 1971), 29.

uprising, much of that anger would be directed against the APA, which persisted in labelling homosexuality a pathological condition in its *DSM*. This strategy, focusing as it did on the state's use of psychiatry to police deviant sexuality, situated the treatment of institutionalized homosexuals in the broader discourse of the gay rights movement. Crucially, Selber's revelations about the mistreatment of patients at ASH, which were published five months earlier in *The Advocate* and distributed across the country, provided activists a powerful symbol of the state's oppression of homosexuals. Moreover, the Stonewall Riots and the emergence of the mythos of ASH as "Dachau for queers" were linked in other significant ways.

In October 1969, Don Jackson wrote an article for *The Advocate* titled "Reflections on the N.Y. Riots" which, according to historian Marc Stein "was one of one of the most widely-circulated accounts of the Stonewall rebellion in the LGBT press" and contributed to its national notoriety. In the article, Jackson argued that the energy unleashed by the riots should be harnessed to mobilize and organize activists in meaningful acts of resistance rather than squandered in random acts of violence. His call to "submit emotion to reason" would be put to the test a year later when he focused national attention on scandals taking place at ASH. In November 1970, Jackson wrote an incendiary article about ASH titled "Dachau in America" which was published in the *Gay Sunshine Journal*. Unlike Selber's exposé which focused on patients' legal rights, Jackson's primary concern was ASH's treatment program, a program that he said involved "savage medical experiments similar to those used at Dachau and Buchenwald. Victims of sadistic doctors are being turned into vegetables with brain surgeries, castrations

¹⁰⁰ Marc Stein, "A Theory of Revolution for the Riots," Gay & Lesbian Review, May-June 2019, 19.

¹⁰¹ Don Jackson, "Reflections on the N.Y. Riots," *The Advocate*, October 1969, 33. The *Los Angeles Advocate* changed its name to *The Advocate* in 1969.

¹⁰² Gay Sunshine was a gay liberation newspaper published between 1970 and 1981 in Berkeley, California.

torture to the point of death with pain-causing drugs and electrical shocks."¹⁰³ Significantly, Jackson's article was the first time ASH and Dachau had been explicitly linked in the gay press, making Jackson not only a key figure in establishing the importance of the Stonewall Riots in the gay national consciousness, but also the principle architect of the mythos of ASH as concentration camp.¹⁰⁴

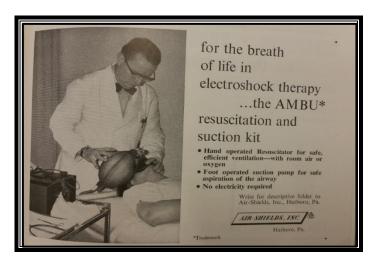
Jackson's allusion to "pain-causing drugs" was based on reports in the press at the end of 1969 that ASH was using succinylcholine as part of its behavior modification program.

Succinylcholine (marketed under the name of "Anectine" by the pharmaceutical company Burroughs and Wellcome Co.) is a muscle relaxant used to prevent bone fractures in patients undergoing convulsions during ECT. However, one of its serious side effects is respiratory dysfunction; consequently, patients given the drug had to be carefully monitored and provided oxygen in the event of respiratory failure (Figure 2.1). Paradoxically, ASH's medical staff were exploiting this dangerous side effect as a powerful conditioning tool to extinguish deviant behavior, for given in sufficient doses, it would make the patient feel as if he were drowning. According to Jackson, patients undergoing the experimental treatment were routinely brought to the brink of death, a practice that simulated waterboarding.

¹⁰³ Jackson, "Dachau in America," 264.

¹⁰⁴ David Carter, author of *Stonewall: The Riots that Sparked the Gay Revolution*, asserts that ASH acquired this reputation "soon after its opening in 1954." David Carter, *Stonewall: The Riots that Sparked the Gay Revolution*, (New York: St. Martin's Press), 15. According to Carter, ASH's reputation as "Dachau for Queers" was widely known in gay communities across the country including New York, where it fueled the anger of participants of the Stonewall Riots. Carter's assertion is reinforced in "Stonewall Uprising" a 2011 documentary produced by PBS' *American Experience* which opens with aerial photographs of ASH. However, it is far more likely that New Yorkers would have been more familiar with mental institutions on the East Coast such as Bellevue and St Elizabeth's Hospital, which had acquired equally infamous reputations in the gay community. Moreover, my research reveals that the first time "Dachau for Queers" appeared in print was sixteen years after ASH opened, in November 1970.

105 These reports were based on claims made by a Harvard law student who visited ASH in late 1969.



Advertisement for the Air-Shields Inc. AMBU¹⁰⁶

Figure 2.1

Justifiably, Jackson argued that the use of such treatment was not only grossly unethical but was, in reality, a form of torture. Moreover, citing the research of a private psychiatrist, Jackson claimed that the drug was ineffective in reorienting patients' sex drives (only seven percent of cases showed any improvement) and could lead to brain damage. ¹⁰⁷ According to Jackson, ASH's treatment program was similar to the experiments conducted by Nazi doctors on Dachau's inmates, which had little to no scientific value but were largely conducted for the purposes of satiating their sadistic pleasure in witnessing the victims' suffering. At the end of the article, Jackson proclaimed, "I say Reagan's paradise is restaging Dachau here. It can happen here. It is happening here. Wake up. Wake up before it's too late." ¹⁰⁸

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 $^{^{106}}$ Advertisement for the AMBU resuscitation device that appeared in the *American Journal of Psychiatry* III, no.2 (1960): xx.

¹⁰⁷ Jackson, "Dachau in America," 265.

¹⁰⁸ Ibid., 266.

Jackson's urgent call to action appears to have resonated with readers across the country creating serious public relations problems for ASH and its medical staff.¹⁰⁹ California's Department of Mental Hygiene was so alarmed by Jackson's allegations that it felt compelled to write a curt rebuttal shortly following the publication of "Dachau in America." In December 1970, Alfred M. Calais, the Department's Chief of Information, submitted a letter to the editor of San Francisco's *Good Times*, in which he acknowledged that Anectine had been used in the past by researchers at ASH but was no longer part of the hospital's treatment program.¹¹⁰ Despite Calais' efforts to quell the growing controversy surrounding allegations of patient abuse at ASH, the hospital's reputation as a concentration camp continued to gain traction in the nation's alternative press.

During the following year, Jackson continued to publish derogatory articles about ASH that became increasingly more sensational with titles such as "Mutilation, Castration, Torture, USA," "By the Balls," "Koncentration Kamp [sic] for Gays," and "The State and Dr. Frankenstein." These articles were published and reprinted in a wide range of gay community papers and campus newsletters across the country in the wake of the Stonewall Uprising. Significantly, gay print culture not only provided Jackson a platform to broadcast his allegations about patient abuse at ASH but also enabled the nation's gays and lesbians to reimagine themselves as a one community at war with the homophobic state. In October 1971, Jackson published "Torture in the name of Social Justice" in the *Los Angeles Free Press*, in which he

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¹⁰⁹ In November and December 1970, Jackson's article appeared in papers across the country: in Atlanta, Georgia's *Great Speckled Bird*, New York City's *The East Village Other* and *Gay Flames*, San Francisco's *Good Times*, the *Los Angeles Free Press*, and Detroit, Michigan's *Gay Liberator*.

¹¹⁰ Alfred M. Calais, letter to the editor, *Good Times*, December 1970, 20.

^{111 &}quot;Mutilation, Castration, Torture, USA" was published in *The East Village Other* on November 24, 1970; "Koncentration Kamp for Gays" was published in *Gay Flame* on December 14, 1970; and "The State and Dr. Frankenstein" was published in *San Francisco Good Times* on January 22, 1971.

revealed that despite Calais' assertion that succinylcholine was no longer being used on patients at ASH, the so-called "fright drug," was reintroduced in order to discipline disruptive patients. According to Jackson, problem patients were given the drug and "while the 'patient' is lying completely nude and paralyzed on the floor, the 'doctor,' who is really a social worker, tells the patient he has been given the drug because his behavior is 'unacceptable.'" Supporting his claim was the eye-witness testimony of Professor William J. Chambliss, a sociologist from the University of California Santa Barbara who, while on a visit to ASH, had observed the tortures being performed. According to Jackson, Chambliss questioned the legality of such practices and confronted ASH's director Dr. Paul F. Bramwell who replied, "These men have no rights; if we can learn something by using them, then that is small compensation for the trouble they have caused society." Chambliss was so disturbed by Bramwell's comments that he told Jackson, "I would feel a great deal more secure about the world if the patients went home and the staff stayed locked up."

By 1972, Jackson's series of articles about ASH in the alternative press had created serious public relations problems for the hospital, which were exacerbated by yet another scandal, this time involving patients' hospital records. In February that year, ASH's research director Dr. Michael Serber (whose name is not to be confused with Michael Selber author of "View From the Garbage Heap" discussed at the beginning of this chapter) alleged that patients' records were being altered under pressure from court officials to prevent the release of offenders

¹¹² Don Jackson, "Torture in the name of Social Justice," Los Angeles Free Press, October 1, 1971, 13.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

from the hospital.¹¹⁶ This allegation, coming as it did from one of ASH's senior staff members, led to an investigation by J.M. Stubblebine, the director of the Department of Mental Hygiene, in which he concluded that "Entries by professional staff on a patient's record were found to be altered or restricted in order to conform to other [court officials'] opinions."¹¹⁷ This malfeasance, along with Jackson's exposés, further undermined ASH's reputation, reduced staff morale, and led to demands that the hospital actually be closed down.

In the wake of the scandals and controversy taking place at ASH in 1972, *The Advocate's* editorial staff felt compelled to reexamine the allegations of patient abuse at the hospital it had first broadcast to the nation three years earlier. Throughout 1972 and 1973, *The Advocate* published four articles under the general heading "Inside Atascadero" which examined the institution's policies and practices towards homosexual patients. Significantly, these articles appeared at the same time that the APA was engaged in contentious debates as to whether homosexuality should be listed as a pathology in its *DSM II*. ¹¹⁹ In this context, *The Advocate's* renewed coverage of ASH proved not only timely, but relevant on multiple levels, not least in raising questions about institutionalization as an appropriate means of policing sexual deviancy. In the third part of this chapter, I identify how "Inside Atascadero" shaped and informed the gay community's perception of ASH as a concentration camp for queers and whether that reputation was justified.

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¹¹⁶ The close similarity between the names of Michael Selber and Dr. Michael Serber suggests that the author of "View From the Garbage Heap" chose this pseudonym because he met Dr. Serber while he was committed to ASH. However, Selber's article was published a year before Dr. Serber joined the medical staff at ASH. This poses an interesting question: Was Dr. Serber the psychiatrist providing therapy to Selber in Los Angeles?

¹¹⁷ J. M. Stubblebine qtd. in "Atascadero: Report Backs Charges made by Ex-Chief," *Berkeley Barb* 14, no. 15 (April 1972), 4.

¹¹⁸ By late 1970, *The Advocate* had a national distribution of 40,000 copies. Teal, 41.

¹¹⁹ The impact of Jackson's allegations against ASH on the APA's revisions to the DSM is fully explored in chapter four.

Unlike the sensationalist coverage of ASH in the alternative press, *The Advocate*'s editorial staff strove to be impartial and objective, a formidable task considering the emotive subject matter. Accordingly, the first installment of "Inside Atascadero" contained two articles with opposing viewpoints: "Atascadero: Dachau for Queers?" by John Lastala and "Or is Someone Having Nightmares?" by Rob Cole. Although both titles were framed as questions, Lastala had little doubt that abuses were taking place at the hospital, for he was not only a close friend of Jackson but had also been a patient at ASH seven years earlier. 120 Apparently, his preconceptions were confirmed while on a visit to the hospital, when he managed to surreptitiously interview a patient whom he called "Ed Reisner" (a pseudonym used to protect the patient's identity). According to Reisner, ASH's medical practitioners were extremely homophobic, for if they caught patients engaged in same sex relationships, they would take them to "Ward 14 [the hospital's maximum security wing], where they are beaten. Their heads are shaved bald [and] their arms and legs are put into restraints."121 Furthermore, Reisner claimed the ASH's doctors were using EST in their behavioral modification program on homosexual patients. Called EEPR, the treatment involved patients being shown a series of slides that intermittently contained homoerotic imagery. If they became sexually aroused while watching these pictures, they were given a painful electric shock. Along with EST, Reisner stated that ASH's doctors were using Prolixin (a powerful psychotropic drug) to punish uncooperative patients. Having experienced the drug's effects, Reisner describes them as follows:

It seems like your breathing has stopped. Your eyeballs move funny. Feels like you're dying. The doctors tell you you're dying. And without the antidote, you die. You can't move anything. You're like a vegetable. You sweat. They tell you

¹²⁰ At the beginning of his article, Lastala acknowledged that he had been committed to ASH for sixteen months in 1955 for exhibitionism and homosexuality.

¹²¹ John Lastala, "Atascadero: Dachau for Queers?" *The Advocate*, April 26, 1972, 13.

if you're ever caught having sex in here again, you won't get the antidote. You're froze [sic]. It's terrifying. You're helpless. 122

If true, Reisner's detailed allegations against ASH provided Lastala all the evidence he required to confirm Jackson's depiction of the institution as a Dachau for queers; however, not everyone was convinced, including journalist Rob Cole.

In "Or is Someone Having Nightmares?" Cole referred to the stories about abuse at ASH as "tales of gothic horror…[that] made good reading for the underground press, with its appetite for sensation," Mentioning Jackson by name at the beginning of the article, Cole emphasized that his allegations against ASH had not been verified, and when reporters had followed up on his claims by visiting the hospital and interviewing staff, they had come away "feeling rather foolish for having believed the stories even enough to ask about them." In fact, Cole appeared to be referring to himself in this statement, for he had questioned ASH's superintendent, L. C. Wayne, shortly before his article was published. According to Cole, when Superintendent Wayne was asked about whether aversion therapy was being conducted at ASH, he replied that the hospital had stopped the practice years before and "Somebody is pulling your leg." However, when asked about the use of Prolixin, Superintendent Wayne prevaricated, stating that he could not answer the question at that time and told Cole he should contact the staff.

Following Superintendent Wayne's advice, Cole interviewed Dr. Michael Serber, whose account of the hospital's treatment program was published in the May 10 edition of *The Advocate*. In the article titled "Atascadero Reformer Denies Aversion Used," Dr. Serber emphasized that he was a strong proponent of aversion therapy, but it should only be

¹²² Ibid.

¹²³ Rob Cole, "Or is Someone Having Nightmares?" *The Advocate*, April 26, 1972, 1.

¹²⁴ Ibid.

¹²⁵ Ibid., 12.

administered to subjects with their consent. As institutionalized patients could easily be pressured into giving their consent through threats or promises of rewards, he had stopped all forms of aversion therapy at ASH on his arrival at the hospital in 1970. When asked about the hospital's prior use of Anectine, Dr. Serber became quite indignant stating, "They [ASH's staff] used it as a punishment" and the American Psychiatric Association had not "done a god-damn thing" to properly investigate patients' allegations of abuse. ¹²⁶ Despite his clear disapproval of ASH's use of Anectine, Dr. Serber acknowledged that Prolixin was being used at ASH as a "chemical straightjacket" on violent patients. Surprisingly, Cole failed to question Dr. Serber further about the use of Prolixin and ask him to clarify an important point: If he was outraged that ASH's staff were using Anectine as punishment, why was he not equally concerned about the use of Prolixin? Indeed, the answer to this question would have shed light not only on ASH's treatment program but also patients' allegations of abuse which were, after all, the primary cause of the controversy at the hospital. Notwithstanding this omission, Cole did ask Dr. Serber about another of Jackson's allegations, namely whether lobotomies were being conducted at ASH. Significantly, Dr. Serber replied that the procedure had never been used while he was employed at the hospital and was doubtful that it ever had.

As with the first installment of "Inside Atascadero," *The Advocate* provided an alternate perspective of ASH's treatment program, this time from Don Jackson who was given the opportunity to defend his allegations against the hospital. Jackson titled his article "'A Clockwork Orange': It's not Fiction," which was an allusion not only to Anthony Burgess' dystopian novel about behavior modification but also the name of a symposium on aversion

¹²⁶ Dr. Michael Serber qtd. by Rob Cole, "Atascadero Reformer Denies Aversion Used," *The Advocate*, May 10, 1972, 16.

therapy he attended at the University of California's Medical Center in San Francisco on April 8, 1972. Although homosexuality and ASH's treatment program "was mostly in the background" of the conference, Jackson cited several doctors who purportedly supported his allegations of patient abuse at the institution.¹²⁷ Chief among these was Dr. Edward Opton, Jr. (the senior psychologist of the Wright Institution), who confirmed that aversion therapy was taking place at ASH. 128 According to Jackson, Dr. Opton stated that "a form of aversion therapy called 'Errorless Extinction of Penile Reponses' is reportedly being used at Atascadero to cure homosexuality...This consists of wiring the penis and giving the patient an electric shock if he responds by erection to photos of naked males."129 In addition, Jackson called into question Dr. Serber's denial about the use of lobotomy at ASH by citing keynote speaker, Dr. Peter Breggin, who asserted that a Santa Monica neurosurgeon, Dr. Hunter Brown, was currently conducting lobotomies on sex psychopaths in a California mental institution. Although Dr. Breggin did not provide the name of the hospital, Jackson suggested that it was ASH by stating, "Freeman [Dr. Walter Freeman, the leading proponent of the treatment] recently said he had performed two such operations at Atascadero State Hospital." ¹³⁰

Assuming *The Advocate's* readers were unfamiliar with experimental aversion therapies such as EERP, Jackson's allegations, based as they were on expert testimony, must have appeared very compelling. However, a closer reading of "'A Clockwork Orange': It's not Fiction" proves otherwise. Firstly, Dr. Edward Opton Jr. qualified his remarks about the use of the treatment using the word "reportedly." Secondly, Jackson's description of the procedure is

¹²⁷ Don Jackson, "A Clockwork Orange': It's not Fiction," *The Advocate*, May 10, 1972, 12.

¹²⁸ The Wright Institution is a private graduate school that focuses on psychology and is located in Berkeley, California

¹²⁹ Jackson, "'A Clockwork Orange': It's not Fiction," 12.

¹³⁰ Ibid.

inaccurate because electric shocks were not administered to the patient's penis (which was sheathed in a plethysmograph which measured blood flow) but to their wrist. Also, Jackson's assertion that Dr. Freeman performed lobotomies at ASH is somewhat misleading, especially in regards to his use of the word "recently." Although Dr. Freeman said that he performed the operations at ASH in the past, it is highly unlikely that he had performed lobotomies in 1972 because he had terminal cancer and died on May 31 that year. ¹³¹

Though no doubt aware of Jackson's semantic sleight of hand, Cole devoted the third installment of "Inside Atascadero" to investigating the substantive issues Jackson raised about ASH's treatment program. On September 27, he published "Aversion Therapy: How Bad is Real?" an article in which he systematically questioned each of Jackson's claims using interviews with ASH's staff and patients. Firstly, as the title suggests, Cole addressed the issue of aversion therapy and specifically EEPR. According to staff psychologist Dr. Richard Laws, the experimental treatment involved showing patients a series of slides which intermittently contained pictures of very young children. If the patients avoided becoming sexually arousal in thirty successive response trials, their treatment was considered a success. Crucially, Dr. Laws asserted that no electric shocks were administered during the treatment and "the purpose of the

¹³¹ Cole clarifies Jackson's remarks in regards to lobotomies taking place at ASH by stating, "Dr. Walter Freeman, Sr., known as the father of lobotomy, helped draw Atascadero into the scope of the new controversy by telling a gathering at Berkeley last December that he had performed the operation, a form of brain surgery, on two patients at Atascadero—who then 'lost their fear and hate and became noticeably friendlier.' Dr. Freeman, who is now retired, did not specify when this was done, but it was apparently some time in the 1950s." Rob Cole, "Aversion Therapy: How Bad is Real?" *The Advocate*, September 27, 1972, 12.

¹³² Cole's awkward title would make more sense if he had called it "Aversion Therapy: How Bad is it Really?"
133 EEPR was first proposed by S. Rachman and J. Teasdale in *Aversion Therapy and Behavior Disorders*. The authors suggest that the treatment as "The successful reduction and elimination of responses...may provide an alternative to aversion therapy if it is applied along the following lines (or some variation of this). In the case of what we might call surplus and misdirected sexual behavior, notably fetishism and transvestism, it seems worth considering the possibility that repeated unreinforced presentations of the stimulus may produce decrements in response strength...We are currently attempting this treatment with three patients (a sadist, a transvestite, and fetishist). While they have all shown changes, the value of the method cannot be evaluated yet." S. Rachman and J. Teasdale, *Aversion Therapy and Behavior Disorders: An Analysis* (Miami: University of Miami Press, 1969), 96.

project was only to show that the subject had the *capability* [his emphasis] of not responding. Whether he chose to so out of the hospital situation was entirely up to him,"¹³⁴ Secondly, Cole investigated the Jackson's allegation that the hospital was using Prolixin in aversion therapy. As mentioned earlier, Dr. Serber had readily acknowledged that the drug was being used as a "chemical straightjacket" on violent patients; however, he rejected the idea that a tranquilizer was (or even could be used) in aversion therapy. ¹³⁵ More importantly, according in Cole, none of the patients he interviewed had even heard of Prolixin.

Cole's investigation of ASH's treatment program undermined many of Jackson's allegations about patient abuse; in addition, it inadvertently raised serious questions about the patients themselves—were they really innocent victims of homophobia or had they been justifiably committed to ASH for serious crimes? Although Cole did not explicitly address this question, his description of EEPR—in which images of "very young children" were shown to patients—indicates that they were pedophiles. This disturbing revelation was reinforced by a caption which appeared above a drawing of a sexually aroused patient undergoing EST (Figure 2.2).

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¹³⁴ Rob Cole, "Aversion Therapy: How Bad is Real?" 12.

¹³⁵ Ibid.



Depiction of patient undergoing EST at ASH (artist unknown) ¹³⁶
Figure 2.2

Significantly, the sub-heading titled "Anything to get me away from kids" was a quote from a patient whom Cole called "Larry" (his last name was not provided). In this section of the article, Cole reported that Larry enthusiastically supported any treatment, invasive or otherwise, that could eradicate his sexual attraction to fourteen and fifteen year old adolescents: "I've spent 11 years of my life locked up. This is my second time here. And anything that remotely smells of a way for me to get away from kids, other than the Mickey Mouse therapy that I've had at other times. I'll take it." Contrary to the denials of ASH's doctors that EST was no longer practiced at the hospital, Larry described a treatment involving electric shocks he had consented to the year before: "They'd concentrate on a point in a fantasy when I could change directions. Like going out in a car and picking up a kid. Instead of stopping and picking up the kid, bap! Electroaversive blast at that point. You know, Pavlovian thing, "138 Cole explained the discrepancy between Larry's account of EST and ASH's doctors' denials that such treatments were still being

¹³⁶ Drawing of patient undergoing EST (artist unknown) in Rob Cole, "Aversion Therapy: How Bad is Real?" *The Advocate*, September 27, 1972, 13.

¹³⁷ Cole, "Aversion Therapy: How Bad is Real?" 13.

¹³⁸ Ibid.

conducted at the hospital as "due to no more than bad memory on the part of those involved." Indeed, when he followed up on Larry's allegation, Cole discovered that the treatment was actually conducted in 1970 and not 1971.¹³⁹

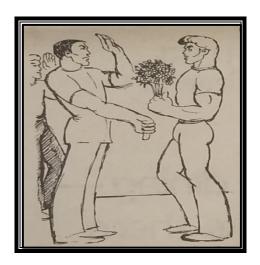
Cole's third installment of "Inside Atascadero" was published on October 11, 1972 and titled "Life, Liberty, and the Pursuit of Treatment." In the article, Cole countered Jackson's assertion that ASH's administration had failed to take his allegations of patient abuse seriously and failed to implement reforms. Actually, only three weeks prior to publication, the Department of Mental Hygiene had authorized a major reorganization of the hospital that addressed many of Jackson's concerns. The reforms included curbs on seclusion and physical restraints, a total reorganization and reevaluation of its treatment program, and efforts to end the practice of "round-robin," the problem of indeterminate sentencing. In order to implement these reforms, the Department of Mental Hygiene created a new administrative position at ASH called "clinical director," an administrative position which had extensive oversight powers. 140 As ASH's first clinical director, Dr. Michael Serber would transform the institution's policies and practices in ways that went well beyond the Department of Mental Hygiene's original mandate. Significantly, Dr. Serber believed that ASH's homosexual patients were neither pathological nor criminals; rather, they represented a distinct minority group who had been victims of statesanctioned homophobia. Accordingly, Dr. Serber reached out to Los Angeles' and San Francisco's gay communities to facilitate patients' rehabilitation while at the hospital and assimilation back into society after their release. Not surprisingly, Dr. Serber's radical reforms, which were called the "Atascadero Project," were initially met with skepticism not only by many

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¹³⁹ Ibid.

¹⁴⁰ Dr. Serber had resigned from his position as research director at ASH on March 21, 1972 in order to protest the way in which patients' records were being altered under pressure from the courts. After Dr. Serber had been vindicated on this issue, the Department of Mental Hygiene rehired him as clinical director at ASH a month later.

doctors at ASH but also members of the gay community; nevertheless, they reflected a revolutionary transformation in attitudes towards homosexuals at ASH that Jackson had failed to acknowledge in his coverage of the hospital. Perhaps the most revealing illustration of that transformation was the new sense of empowerment felt by ASH's homosexual patients. In "Life, Liberty, and the Pursuit of Treatment," Cole described efforts by the hospital's heterosexual patients to secure conjugal visits with their wives: "When the same thing was proposed for 'married' homosexuals…one of the staff doctors made a note on the proposal that it should be approved" (Figure 2.3).¹⁴¹



The partner of a patient at ASH being denied conjugal visits to his spouse¹⁴² (artist unknown)

Figure 2.3

In 1973, Cole returned to ASH to report on Dr. Serber's progress in implementing the Atascadero Project. In the article titled "A Psychiatric Revolution: Behind Bars, Lessons on Being Gay," Cole revealed that the institution bore no resemblance to Jackson's depiction of the

¹⁴¹ Rob Cole, "Life, Liberty, and the Pursuit of Treatment," *The Advocate*, October 11, 1972, 12.

¹⁴² Ibid., 12.

hospital as a Dachau for queers. Although homosexuals represented only fifteen percent of ASH's patient population, Dr. Serber and his assistant Claudia G. Keith had implemented reforms that specifically addressed their special needs (Figure 2.4). As mentioned earlier, Dr. Serber believed that homosexual patients represented a distinct minority group that had been victimized by society; as such, they required meaningful social and psychological services while at the hospital and after their release. Moreover, they asserted that "Meaningful services do not entail forcing heterosexuality on those who believe that homosexuality is appropriate for them, but...[helping them] to relate to others within their subculture." Significantly, both reformers believed that homosexual pedophilia was not a deep rooted pathological condition; rather, it was the result of an individual's inability to effectively communicate and relate with other adult gay men. 144

¹⁴³ Ibid., 18.

¹⁴⁴ Cole's article included extracts from "The Atascadero Project: Model of a Sexual Retraining Program for Incarcerated Homosexual Pedophiles" which was later published in *The Journal of Homosexuality* in 1976, two years after Dr. Serber died of cancer at the age of forty-two.



Claudia G. Keith and Dr. Michael Serber

(photographer unknown)¹⁴⁵

Figure 2.4

In order to improve patients' verbal and non-verbal social skills with other adults, Serber and Keith invited members of the Gay Student Union from California State Polytechnic University in San Luis Obispo to participate in modelling appropriate behavior. Astonishingly, these training sessions took place at ASH, where a gay bar setting was recreated in order to facilitate patient interaction and improve their cruising techniques with visiting students (Figure 2.5). Using innovative video recording technology, supervisors provided patients with immediate constructive feedback to improve their social interactions. Along with role playing activities, Serber and Keith encouraged patients to set up their own gay club, the "Atascadero Gay

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¹⁴⁵ Rob Cole, "Behind Bars, Lessons on Being Gay," *The Advocate*, June 20, 1973, 5.

¹⁴⁶ Paradoxically, at the time of the Atascadero Project, the Gay Student Union at California Polytechnic University was fighting for official recognition by the university's administration. On June 1 of that year, Dean of Students Everett M. Chandler wrote a letter to the group and refused the university's recognition of the group on the grounds that "In any large gathering of people, there are a significant number of persons who are on the borderline between heterosexuality and homosexuality. If the University provides an approved organization which publicly advertises and attempts to make homosexuality attractive, these individuals may be led in the direction of homosexuality. In this regard, there are available solid research studies which indicate that many homosexuals are persons who are basically unhappy with their sexual choice . . . It does not appear to be sound educational practice to provide an organization which will encourage those borderline persons to make decisions that they will later regret." Everett M. Chandler, letter to the Gay Students Union, June 1, 1972, Box 4,Folder 3, *California Polytechnic University San Luis Obispo, CAL Poly LGBTQIA History from 1972 to 2012*, California Polytechnic State University San Luis Obispo, San Luis Obispo, CA.

Encounter," where they could share their experiences and discuss a wide range of issues such as homosexuality, family, women, and sexuality. Another important aspect of the Atascadero Project was improving relations between the hospital's staff and its homosexual patients. Serber acknowledged that before his arrival at ASH in 1970 hospital employees' "attitudes concerning homosexuality were punitive and judgmental" and these views were openly expressed to the patients. In order to address this issue, Serber and Keith introduced classes for staff that included desensitization and education in relating to homosexual patients.



Gay students from California Polytechnic State University's Gay Student Union dancing with ASH's homosexual patients (artist unknown)¹⁴⁹

Figure 2.5

¹⁴⁷ Patient Tom Close described these "rap sessions" as consciousness raising activities that were supervised by an "exuberant woman volunteer from Pismo Beach." According to Close, who was Atascadero Gay Encounter's acting president, the group had four main objectives: "becoming more aware and accepting of our sexual identity, informing members and others in the hospital about gay culture, providing opportunities to other Gays in social settings,[and] providing useful information to members about where to go and whom to go to after release from the hospital." Tom Close, "A Patient's View: A Strange New World.," *The Advocate*, June 20, 1973, 2.

¹⁴⁸ Ibid., 18.

¹⁴⁹ Ibid.

In light of Serber and Keith's progressive reforms at ASH, Jackson's continued allegations against the hospital appear not only misinformed but highly misrepresentative. 150 According to Cole, Jackson responded to Serber's reforms with open skepticism despite the fact that Serber shared many of his views on treatment and, more importantly, saw ASH's homosexual patients as a victimized minority who were worthy of dignity and respect. Jackson's reluctance to alter his views on the ASH may be have been for personal reasons; after all, he had invested a considerable amount of time and effort in what Cole called his "one-man campaign" against the hospital. 151 However, his motives may also have been political, for the mythos of ASH as a Dachau for queers had become fully integrated into activists' lexicon of protest and disruption to discredit not only the APA but also mental institutions across the country (Figure 2.6).



GLF protestor outside New York's Bellevue Hospital (photographed by Richard C. Wandel)¹⁵² Figure 2.6

¹⁵⁰ Jackson republished his original article on ASH for the last time in the March 16, 1973 edition of the Los Angeles

Free Press in 1973 under the title "California runs an Atascadero 'Dachau' for queers." ¹⁵¹ Cole, "Behind Bars, Lessons on Being Gay," 5.

¹⁵² Note that Auschwitz misspelled. Richard C. Wandel, photograph of demonstrator at Bellevue Hospital N.Y., 1970.

These protests were significant on multiple levels, not least in pressuring the APA to reconsider its inclusion of homosexuality in its nosology of mental illness. However, the protests also proved instrumental in transforming ASH's policies and practices towards its homosexual patients, for on October 8, 1972, Dr. Serber attended a conference on behavior therapy at New York's Hilton Hotel that was disrupted by members of city's Gay Activist Alliance. 153 According to Ronald Bayer, author of Homosexuality and American Psychiatry: The Politics of Diagnosis, "More than one hundred demonstrators protested on the streets outside...[the hotel] while a smaller number gained access to a room crowded with conference participants." Fliers titled "Torture Anyone?" were widely circulated among the attendees which called for "an end the use of aversion techniques to change the natural sexual orientation of human beings."155 Cole reported Dr. Serber's astonishment when attendee Dr. Charles Silverstein fervently supported the activists' protest by stating, "even though behavior therapists had been sympathetic toward some homosexuals, there was not one article in the literature describing how behavior therapists have ever done anything to really facilitate homosexuality." ¹⁵⁶ Silverman's remarks had a profound impact on Selber who returned to ASH "with the notion of starting it [the Atascadero Project] quickly, because I felt the time was right."157

¹⁵³ The conference was held by the Association of Behavior Therapy.

¹⁵⁴ Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), 116.

¹⁵⁵ Ibid., 115-116.

¹⁵⁶ Cole, "Behind Bars, Lessons on Being Gay," 5.

¹⁵⁷ Ibid.

Chapter 4

Militant Marxists and Pentecostal Preachers:

Gay Activists Respond to Atascadero: Dachau for Queers

"We are a gay not a pedophile liberation movement." 1

Between 1970 and 1973, ASH dramatically reformed its policies and practices towards homosexual patients, most of whom had been committed to the institution for sex offenses against adolescents and children. Despite these progressive reforms, the hospital's reputation as a concentration camp for queers gained traction in the gay community, fueling protests against the institution and others like it across the nation. Crucially, the scandals and controversies surrounding ASH arose at the same time the APA was making revisions to the DSM II and was embroiled in a contentious debate as to whether homosexuality should be labelled a pathological condition. For gay rights activists, ASH served as a potent symbol of the state's oppression of homosexuals that could be used to discredit reactionary members of the APA and pressure the organization into removing homosexuality from its nosology of mental illness.² Although activists shared this common goal, their divergent ideological views shaped and informed their responses in dramatically different ways. In this chapter, I identify how Los Angeles' GLF and the MCC responded to allegations of patient abuse at ASH. Although mutually supportive, their alternate strategies reveal multiple insights into the transformation of the gay rights movement from accommodation to militancy and alternate visions of gay community and identity.

¹ Quote from Don Kilhefner, interview with the author, October 1, 2017.

² I use the term "gay rights activists" here in its broadest sense to include members of the gay liberation movement.

Using interviews conducted with members of the GLF, the first part of this chapter examines how ASH's reputation as Dachau for queers shaped and informed their protests against the hospital and the APA. As my research reveals, these protests were not only acts of political resistance but were also intensely personal, for many GLF members had experienced traumatic events in their lives as a result of the APA's insistence that homosexuals were mentally ill. Founded in October 1969 by Morris Kight and Don Kilhefner, the Los Angeles' GLF's initial goal was to sustain the energy and momentum unleashed by the Stonewall Riots which occurred four months earlier³ Kight and Kilhefner, who were Marxists, saw the struggle for gay rights as part of a much broader liberation movement against the capitalist exploitation and oppression of the disenfranchised and dispossessed. Taking its name from the Vietnamese and Algerian Liberation Fronts, the GLF embraced the tactics of direct action and confrontation against all forms of state sanctioned homophobia.⁴

³ The Stonewall Riots took place at the Stonewall Inn in New York's Greenwich Village in the early hours of June 28, 1969. Significantly, the riots signaled a rejection of accommodationism to militant activism in the gay rights movement. However, according to Lilian Faderman, author of The Gay Revolution: The Story of the Struggle, the uprising was not welcomed by everyone: "Not all middle-class gays, of course, understood right away that the rioting of street-people types would be a good thing for them, too. An unidentified representative of Mattachine Society New York was quick to chalk a message on Stonewell's boarded-up window that betrayed the immediate response of many 'respectable' gays: 'We Homosexuals Plead With Our People To Help Maintain Peaceful And Quiet Conduct On The Streets Of The Village.' But a new generation had just ushered in a new gay era, and the Mattachine plea for 'peaceful and quiet conduct' seemed to them nothing short of laughable. For Village gays, the riot had been the equivalent of Rosa Parks taking a forbidden seat in the bus in Montgomery, Alabama. The rest of the world might not know it yet, but they knew that there was no going back to the way things had been." Lilian Faderman, The Gay Revolution: The Story of the Struggle (New York: Simon and Schuster, 2015), 184. Interestingly, David Carter, author of Stonewall: The Riots that Sparked the Gay Revolution, suggests that the anger unleashed at the riots was fueled by reports about the abuse of ASH's homosexual patients. According to Carter New York's gay community heard that "At California's Atascadero State Hospital, known soon after its opening as 'Dachau for Queers,' men convicted of consensual sodomy were, as authorized by a 1941 law, given electrical and pharmacological shock therapy, castrated and lobotomized." David Carter, Stonewall: The Riots that Sparked the Gay Revolution (New York: St. Martin's Press, 2004), 15. Although my research calls this assertion into question, the producers of the PBS' "Stonewall Uprising: The Year that Changed America (American Experience 2011) reaffirm Carter's proposition by showing aerial footage of ASH at the beginning of the documentary. ⁴ The decision to name the organization after revolutionary groups was a conscious one to distance itself (both in terms of ideology and methodology) from the Mattachine Society, which took its name from the Italian word which means jester, acrobat, and mimic who pleased crowds but kept his feelings hidden. Donn Teal, The Gay Militants (New York: Stein and Day, 1971), 44.

According to Donn Teal, author of *The Gay Militants* (1971), the broad goals of the GLF were expressed in Carl Wittman's gay manifesto titled "Refugees from Amerika [sic]" which was first published in the Berkeley Tribe in December 1969. In the article, Whitman argued that gays and lesbians should establish their own communities in which "we must govern ourselves, and set up our own institutions, defend ourselves, and use our own energies to improve our lives." Significantly, Wittman's manifesto identified internalized homophobia as one of the major obstacles to gay liberation, a condition that the state promulgated through a relentless program of psychological warfare and propaganda. In order to address the problem of selfcensorship and internalized repression, the GLF initiated consciousness-raising groups that encouraged its members to identify how they repressed themselves through negative thoughts and feelings. 6 Consciousness-raising sessions became a central component of GLF meetings that, if not carefully monitored, could easily become counterproductive with members taking their personal hostilities on each other rather than their oppressors. Indeed, as an anarcho-syndicalist organization that rejected all forms of structure and hierarchy, the GLF lacked any formal leadership that could prevent acrimonious name calling among its members. Notwithstanding the organization's vitriolic meetings (or perhaps because of them), the Los Angeles' GLF attracted gays and lesbians who were militant, angry, and outspoken.⁷

⁵ Carl Wittman, "Refugees from Amerika [sic]: A Gay Perspective," Berkeley Tribe 1, no. 25 (December 26, 1969), 21.

⁶ The GLF's emphasis on consciousness raising derived from its Marxist ideology and its use among feminists in the 1960s. According to Sara Carpenter and Shahrzad Mojab, authors of *Revolutionary Learning: Marxism, Feminism, and Knowledge*, "The theorization of consciousness was a core component of feminist movements throughout the twentieth century. Consciousness-raising groups proliferated, particularly during the 1960s and 1970s in response to growing awareness by women of the systematic and widespread nature of gendered and sexualized oppression." Sara Carpenter and Shahrzad Mojab, *Revolutionary Learning: Marxism, Feminism, and Knowledge* (London: Pluto Press, 2017), 62.

⁷ In an interview conducted with the author in 2018, early GLF activist Carolyn Weathers said that she was initially turned off by the constant bickering that took place between people at the meetings. After her first GLF meeting, she attempted to stop the arguing by standing up and breaking into song, singing "I dream of everyone sitting on a hill,

One such activist was Del Whan, who joined the GLF in early 1970 after attending a panel on human sexuality which was hosted by Kight at the University of Southern California. As the university's language laboratory director, Whan was nervous about attending the discussion group fearing that it would raise suspicions about her sexual orientation and put her job in jeopardy. Whan's fears were not unfounded, for seven years earlier she had joined the Peace Corps, completed the extensive training program, and was about to embark on her first assignment only to be rejected at the last moment because of a psychological assessment that indicated that she was "too masculine." This experience, along with her efforts to remain in the closet, led to a battle with alcoholism and a succession of psychosomatic illnesses. However, Whan not only summoned the courage to attend the meeting but also took up Kight's invitation to gays and lesbians in the audience to participate in the weekly GLF meetings held at his home on Vermont Avenue.

Whan's participation in the GLF was transformative on multiple levels, providing her a forum in which to exchange her views on gay and lesbian liberation and the opportunity to participate in direct actions (or "zaps") against homophobic institutions and establishments. In April 1970, Whan joined other GLF activists in their first widely publicized protest against Barney's Beanery, a straight bar in the heart of Los Angeles' gay community that was notorious for posting offensive signs that read "No Fagots [sic] Allowed." In November, she engaged in

black and white, men and women, gay and straight, all together holding hands on a hill." Apparently, the other members were not impressed; "they just rolled their eyes" in disapproval.

⁸ Whan would later go on to found Los Angeles' Gay Women's Center after being purged from a Lesbian splinter group of the GLF for being "too elitist."

⁹ Simon Hall, author of "Gay Liberation and The Spirit of '68," defines zaps as "direct action protests ... [which were] usually directed at short notice against politicians and other public figures, and often involved an element of spectacle or theater designed to generate media coverage." Simon Hall, "Gay Liberation and The Spirit of '68" in *Reframing 1968: American Politics, Protest and Identity*, edited by Martin Halliwell and Nick Witham (Edinburgh: Edinburgh University Press, 2018), 237. Although Los Angeles' GLF cofounder Don Kilhefner supports Hall's assertion that these protest were meant to generate media coverage, he did not call them "zaps" because he felt the word trivialized their political significance. Kilhefner, October 1, 2017.

"touch-ins" at several gay bars in Hollywood such at The Hub, The Stampede, and The Farm in order to protest the law prohibiting physical contact between same sex couples. At the beginning of 1971, she participated in the GLF's protest against the Rampart Police Station, which had assumed a fearful reputation in the community because its officers routinely raided gay bars and aggressively engaged in police entrapment. ¹⁰ By the end of 1971, Whan's involvement in numerous GLF zaps had transformed her from a closeted lesbian to a militant activist, a transformation that is fully illustrated in her decision to organize a protest against ASH. ¹¹

In a personal interview with the author conducted with Whan in 2018, she said that she heard about the allegations of patient abuse at ASH in the fall of 1971 from Kilhefner, who "always had his finger on the button" on gay rights issues. According to Whan, Kilhefner informed GLF members that the institution was torturing patients through the use of lobotomy and EST—allegations that, as mentioned in chapter three, were broadcast to the gay community through Don Jackson's series of exposés. For Whan, whose early aspirations to work in the Peace Corps had been undermined by a single psychiatric evaluation, ASH was "a symbol of the anger and powerlessness that gay people felt about how their lifestyles were being seen as criminals or mentally sick." As she and her partner were about to visit Santa Margarita (a town located ten miles south of the hospital), they contemplated taking action against the hospital by defacing the signage for Atascadero on Route 101:

We decided we were going to deface the sign for Atascadero, so in a little town before the off-ramp of the freeway [it was actually Route 101] we went to a hardware store and got some green and luminous paint, and we were going to paint over the Atascadero sign and change it to "Auschwitz." But as luck would have it, when we got to the sign it wasn't as low to the ground as we thought—it was eight

¹⁰ Each of these GLF protests were given prominent coverage in *The Advocate*.

¹¹ The GLF's zap of an APA conference at the Biltmore Hotel in October 1970 is addressed in the second part of this chapter.

¹² Del Whan, interview with the author, January 20, 2018.

to ten feet just to get to the bottom of the sign. We hadn't brought a ladder, so we weren't able to get up to the sign, plus the fact that it was raining and drizzling at the time.¹³

Looking back, Whan acknowledged that her aborted protest against ASH was poorly planned and, if it had been carried out, would have probably led to her arrest and dismissal from her job. Indeed, Whan was not the only member of the GLF who was afraid of losing their jobs because of their social activism. Another member, John Platania, who was director of Los Angeles' Community Development Center, remained in the closet during his first year at the GLF because he thought it would jeopardize his career. In an interview with the author in 2018, Platania described how he first heard of the GLF through his roommate in 1970 and his astonishment on meeting its members who seemed to be "a gaggle of crazies who were clearly schizophrenic." ¹⁴ Platania's impression was not uninformed, for he had worked for many years as a psychiatric nurse in mental institutions in California and Nevada. Despite his initial misgivings, Platania decided to join the GLF and organized counselling sessions in order to address members' mental health needs. Although supportive of the GLF's position on militant activism, Platania tried to be discreet about his membership of the organization and his sexual orientation. Indeed, on the first anniversary of the Stonewall Riots he attended Los Angeles' Christopher Street West parade in drag in order to conceal his identity. However, in the summer of 1971, Platania's attempts to remain closeted proved futile, for he was entrapped by the police while sunbathing at Griffith Park, a popular gay cruising area.

According to Platania, a handsome young man dressed in a Texaco gas station uniform approached him and asked him if he would like to have a blow job. Although flattered by the

¹³ Ibid.

¹⁴ John Platania, interview with the author, February 6, 2018.

proposition, Platania replied that the young man should be more careful because officers from the local Ramparts Police Station were surveilling the park in order to entrap homosexuals. At that moment another man, who was also dressed in a Texaco uniform, informed Platania that he was under arrest for propositioning an undercover police officer. Following GLF protocols, Platania immediately shouted out to the many bystanders, "My name is John Platania, and I am being unjustly arrested by the LAPD. Call the GLF!" and he repeated the phone number he had been told to memorize. After spending the night in jail, Platania was relieved when GLF members, Kight, Kilhefner, and Tony de Rosa arrived at the station to secure his release. From that moment, Platania recalled, "I was in their pocket; they were my people;" however, his troubles were by no means over. 16

The GLF provided Platania with an attorney, Sheldon Anderson, who told him that if he pleaded guilty he could reduce the charge to a misdemeanor, an offense that would result in a small fine but would also result in his name being added to the state's registry of sex offenders. Like many men entrapped by the police, Platania was put in a Catch-22 situation: if he cooperated with the police he might be able to save his career; however, if he challenged the charge and was found innocent his name would still appear in the press and he would lose his job. Faced with this dilemma, Platania resolved to choose the latter course of action because he was outraged by the practice of police entrapment. Significantly, Platania ignored the advice of his attorney and decided to defend himself in court despite the fact that he had no legal experience. His success in overturning the charges proved to be a bitter sweet victory because, as

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¹⁵ Ibid.

¹⁶ Ibid.

he anticipated, he lost his job. This experience not only fueled his anger against the police but also the psychiatric profession which facilitated their persecution of homosexuals.

Of all GLF members, one stood out as having a comprehensive knowledge of ASH and the state's twenty-year pogrom against homosexuals: Jim Kepner. As discussed in chapter one, Kepner corresponded with his friend Sidney Bronstein in 1955, who had been committed to ASH after being entrapped by the police. Although Kepner's response to Bronstein's plight at the time was less than sympathetic, his views on police entrapment had changed dramatically during the 1960s. In no small measure, that transformation appears to have been triggered by a police raid of The Black Cat bar located in Silver Lake on New Year's Eve 1966. According to eyewitnesses, a dozen plainclothes police officers entered the bar, tore down Christmas decorations, and started manhandling the customers before they were taken away in squad cars. Significantly, none of the officers provided identification, and when asked to do so hit the customers with the butt of their guns saying "That's all the identification you need." The bar raid was brutal and led to serious injuries among the staff and patrons: "One bartender was so severely beaten...as to suffer two broken ribs and a ruptured spleen, which later had to be removed. Much later, since he was held in jail for 22 hours before being sent finally to County General Hospital for care. The bartender naturally was booked for assaulting an officer (a felony), and others for that or for 'indecent behavior." ¹⁸ In response to such blatant police brutality, Kepner joined hundreds of other demonstrators outside The Black Cat and made a speech in which he said that the time had come for gays and lesbians to fight back, which was a clear rejection of accommodationism in favor of militant action.

¹⁷ Teal, 102.

¹⁸ Ibid.

For activists such as Whan, Platania, and Kepner, the GLF provided a group of likeminded individuals who saw the APA's pathologization of homosexuality as a major impediment to any meaningful improvement in the lives of gays and lesbians. Despite their shared antipathy towards the psychiatric profession, their views on ASH were more conflicted and provide valuable insights into the boundaries and limitations of the GLF's beliefs about sexual liberation. My research reveals that the only direct action contemplated by GLF members against the hospital was conducted by Whan and her partner without the support of other activists. Although ASH's remote location may partly explain the lack of GLF protests against the hospital, a more compelling reason was provided by Kilhefner who, in a 2017 interview with the author, outlined his concerns. According to Kilhefner, Dr. Michael Serber and Claudia Keith (who, as mentioned in chapter three, implemented the Atascadero Project) invited him to ASH in 1972 in order to conduct consciousness-raising classes for its homosexual patients. Surprisingly, Kilhefner declined the invitation stating that "The GLF is a gay, not a pedophile, liberation movement." In light of the fact that Kilhefner had informed GLF members of the allegations of abuse of patients at ASH, his response seems puzzling. Although Kilhefner believed that patients were being abused at the hospital, he was also aware that many of them had been charged with sex offenses against minors and children, an issue that clearly troubled him. Kilhefner's refusal to participate in the Atascadero Project reveals that, even for an organization such as the GLF which was dedicated to universal sexual liberation, there were distinct limits to sexual freedom based on the age of consent.¹⁹

¹⁹ The age of consent varies from state to state between sixteen and eighteen years of age; however, the age of consent in California has been eighteen since 1913. Sexual acts between adults and underage teenagers is considered statutory rape, but some states have so-called "Romeo and Juliet" laws that provide courts a great deal of latitude in determining the severity of sentencing in cases where the individuals are heterosexual and close in age. Significantly, such leniency does not apply to homosexuals engaged in similar acts and court sentencing can vary widely between jurisdictions (refer to chapter two).

Kilhefner's views on ASH's patients were by no means representative of all GLF members; however, as one of the organization's founding members and its chief strategist, his views were very influential.²⁰ As a result, the GLF did not target ASH but instead focused its energy and limited resources on discrediting the psychiatric profession in alternate ways. In May 1970, militant activists disrupted the APA's annual convention in San Francisco, generating national media attention and provided Kilhefner with a model for future GLF activism in Los Angeles.²¹ Five months later, Kilhefner informed GLF members that the Second Annual Southern California Behavior Modification Conference was to be held at downtown Los Angeles' Biltmore Hotel. Kilhefner believed that the conference represented a prime target for disruption because many of the attendees were proponents of aversion therapy on homosexuals. The GLF's subsequent protest against the conference (alternately referred to as the "Biltmore Rebellion" or "Invasion") on October 17 serves as a valuable case study of direct action and disruption. In the second part of this chapter, I identify how the protest was organized, the reaction of the attendees, and whether it was effective.

Despite having a reputation for being disorganized, the GLF's disruption of the Second Annual Southern California Behavior Modification Conference was well planned and

²⁰ For example, Morris Kight was more sympathetic to the plight of ASH's patients and was far more supportive of Dr. Serber's rehabilitation program at the hospital.

²¹ In *Homosexuality & American Psychiatry: The Politics of Diagnosis*, Ronald Bayer states that the main target of activist protest at the APA convention in San Francisco was Dr. Irving Bieber, a proponent of aversion therapy in the treatment of homosexuals: "At a panel on transsexualism and homosexuality, Irving Bieber experienced his first face-to-face denunciation. Having become accustomed to the written attacks that labelled him Public Enemy Number One, he was still unprepared for the kind of rage that greeted him. His efforts to explain his position to his challengers were met with derisive laughter. Since the norms of civility were considered mere conventions designed to mute outrage, it was not difficult for a protester to call him a 'motherfucker.'" According to Beyer, Bieber was not the only psychiatrist who was singled out for ridicule and abuse: "Nathaniel McConaghy, a young Australian psychiatrist, who was discussing the use of aversion conditioning techniques in the treatment of sexual deviation...[was met with] Shouts of 'vicious,' 'torture,' and 'Where did you take your residency, Auschwitz?'" Ronald Bayer, *Homosexuality & American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), 102-3.

orchestrated. Having been informed in advance that guest speaker Dr. M.P. Feldman from the University of Birmingham in England was to present a film showing a young gay man being subjected to electric shock treatment, Kilhefner planned to disrupt the conference during its airing. Prior to the conference, twenty-five GLF activists (including Whan, Platania, and Kepner) gained admission to the event and scattered themselves among the one hundred and forty members of the audience. According to Whan, Some of us were dressed casually in jeans and might have looked a little out of place, but most of us blended into the crowd of therapists. Activity after the film began, activist Steve Beckwith stood up from the audience and shouted, Well, are you just gunna's it there and watch this! This was the cue that GLF activists were waiting for, and they strode towards the stage, where Kilhefner seized the microphone at the podium. Kilhefner told the startled psychiatrists that the GLF was taking over the meeting and would set up discussion groups in which activists would tell attendees how they were harming gays and lesbians: "We've been listening to you for years and years, baby! Now it's time for you to listen to us!" (Figure 3.1)

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²² Dr. M. P. Feldman was a proponent of aversion therapy in the treatment of homosexuals who published numerous journal articles on the subject during the 1960s including "Aversion Therapy for Sexual Deviations: A Critical Review" (*Psychological Bulletin* 65, no. 2 (February, 1966): 65-79) and "The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality" (*Behavior Research Therapy* 4, no.4 (November 1966): 289-99).

²³ According to *The Advocate*'s coverage of the event in an article published in the November 11-24 edition entitled "Psychologists Get Gay Lib 'Therapy," GLF members had obtained tickets to the conference through Dr. Albert Marston of the USC Psychology Department who he hoped would engage in a post-workshop dialogue. Anonymous, "Psychologists Get Gay Lib 'Therapy," *The Advocate*, November 11-24, 1.

²⁴ Del Whan, Draft of Personal Memoir.

²⁵ Whan, January 20, 2018.



GLF activists storm the stage at the Biltmore Hotel²⁶ (photographer Mark Adrignola)

Figure 3.1

Following Kilhefner's announcement, the conference rapidly descended into a chaotic shouting match between outraged psychiatrists who wanted to watch Feldman's film and GLF members who began stamping their feet on the stage to drown out the hecklers. Crucially, Ken Robinson, a graduate student from USC's film department, had been notified of the planned invasion and recorded subsequent events on film (the zap would become part of a documentary on homosexuality entitled *Some of Your Best Friends*).²⁷ Moreover, a journalist from *The Advocate* also attended the event and described how events unfolded in an article titled "Psychologists get Gay Lib 'therapy," which was published the following month. Ignoring shouts from the audience, Kilhefner exclaimed, "We're going to be talking about what you as psychologists are going to do to clear up your own fucked up minds." Perhaps the most

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²⁶ The GLF's zap of the Second Annual Southern California Behavior Modification Conference was covered in the November 11-24 issue of *The Advocate* in which this photograph appears.

²⁷ According to Rob Cole's *Advocate* article titled "Life, Liberty and the Pursuit of Treatment," Morris Kight provided a copy of the documentary to Dr. Serber so that it could aired at ASH. Rob Cole, "Life, Liberty and the Pursuit of Treatment," *The Advocate* June 20, 1973, 12.

²⁸ Anonymous, "Psychologists Get Gay Lib 'Therapy," 8.

astounded observer was Dr. Feldman, who told the *The Advocate*'s journalist, "I would prefer—you see, this is not in any way, the English style—I would prefer a bit more decorum."²⁹

Actually, the first minutes of the zap were pandemonium with acrimonious interactions between GLF members on the stage and the increasingly hostile audience. Activist Lee Heflin seized the microphone and shouted, "We are here fighting for our lives. This is the same situation that happened in Nazi Germany. You wonder why we are here with hostility. You are wanting to burn our brains out because you don't like the way we live." Without the intervention of conference organizer Dr. Albert R. Marston, events would have ended violently, for the LAPD riot squad had been notified and were heading to the Biltmore Hotel. However, Marston called the police and informed them that their presence was not required. Also, he informed the audience that Dr. Feldman's film would be aired later, and anyone who wished to leave the workshop was welcome to do so. Surprisingly, few psychiatrists left the room, and those that did returned shortly thereafter to participate in the discussion groups set up by Kilhefner.

With order restored, Kilhefner divided the audience into small groups each containing two or three GLF activists. When these activists were asked by the author to describe what they said during these sessions, most could not recollect the exact details of their conversations.³¹ However, one of the main points they conveyed to psychiatrists was that, other than being labelled sexual deviants, their lives were surprisingly similar to those of their heterosexual counterparts. For example, Whan recalled telling her group that her life was actually quite banal,

²⁹ Ibid., 8.

³⁰ Ibid.,

³¹ Their inability to recollect the exact details of their group conversations is hardly surprising considering the excitement generated by the turmoil surrounding the event, and the fact that the Biltmore Rebellion took place decades earlier.

for after completing a long day at work, she would go home and feed and walk her two dogs. In addition, Kepner introduced psychiatrists to "the novel concept" that gays led valid lifestyles.³² In an interview conducted with the author in 2018, activist Carolyn Weathers recalled sharing her life experiences with psychiatrists in her group one of whom stated, "I've never met a happy homosexual,"33 After thirty minutes of discussion, Kight ended the session cordially and addressed the participants, thanking them for their patience and cooperation. Kilhefner, on the other hand, was less conciliatory, and announced,

This is just the beginning and we'd like to make you aware of the fact that anytime any conference is being held where our lives and our people are being discussed, we are going to be there. Now, I encourage you, if you are involved in planning these future discussions, that you make an attempt to invite us. I guarantee that if you don't make an attempt to invite us, we will invite ourselves.³⁴

Kilhefner's warning was not a hollow threat, for the following year angry activists disrupted APA conferences around the country forcing the organization to include gays and lesbians in discussions involving its revision of the DSM II.³⁵

When Kilhefner was asked what he hoped to achieve in the Biltmore zap, he replied that his main objective was to make it clear to psychiatrists that gays and lesbians were no longer going to passively accept their authority over their lives.³⁶ Surprisingly, Kilhefner asserted that

³² Whan, January 20, 2018.

³³ Carolyn Weathers, interview with the author, November 12, 2018.

³⁴ Teal, 301.

³⁵ On May 3, 1971, the APA convention in Washington D.C. was zapped by the city's GLF, despite the numerous precautions taken by the organization to prevent disruption. According to Beyer, celebrated activist Frank Kameny took advantage of the uproar and "grabbed a microphone and denounced the right of psychiatrists to discuss the question of homosexuality. Borrowing from the language of the antiwar movement, he declared, 'Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you' Fist-shaking psychiatrists, infuriated by the invaders, compared their tactics to that of Nazi Stormtroopers." Bayer, 105.

³⁶ In the interview with the author, Kilhefner said that he preferred not to use the word "zap" to describe GLF protests, arguing that it trivialized the political significance of the protests.

he was not interested in whether psychiatrists accepted the GLF's position: "The Biltmore Rebellion had done its job, and if psychiatrists persisted in maintaining that homosexuality was a pathological condition they would merely discredit themselves." Kilhefner's belief that direct action, in and of itself, fulfilled the GLF's broad political ambitions is open to further scrutiny. Clearly, the Biltmore Rebellion had accomplished several GLF objectives: it empowered gays and lesbians, garnered media attention, and alarmed the APA. But had it changed the views of any of the psychiatrists who attended the conference?

The answer to this question would be highly speculative if it were not for Dr. Albert R. Marston, who published "Reflections after a Confrontation with the Gay Liberation Front" in 1974.³⁸ Significantly, Dr. Marston's article provides multiple insights into how psychiatrists with progressive views on homosexuality responded to militant protests by gay activists. Unlike more reactionary members of the conference, Marston saw the confrontation as an opportunity for "how to interact constructively with those who are angry and unsympathetic to us." Indeed he de-escalated tensions at the conference by not only notifying the police that their services were no longer required, but also by telling members of the audience could leave if they wished to do so. Without Marston's measured response, it is doubtful that there would have been any constructive interaction between the activists and the conference's attendees. However, Marston's willingness to engage in dialogue with GLF members does not necessarily support the view that he believed they represented the gay community at large, for in the article he referred to them as "a very radical homosexual group" who "advocate hippie life-styles." Moreover, in

³⁷ Kilhefner, October 1, 2017.

³⁸ A. R. Marston, "Reflections After a Confrontation with the Gay Liberation Front," *Professional Psychology* 5, no. 4 (1974): 380-384.

³⁹ Ibid., 381.

⁴⁰ Ibid., 382.

the article he went to great lengths to defend the use of aversion therapy as "a technological advance" that, if used responsibly, could be an effective treatment for homosexuals who wanted to change their sexual orientation.⁴¹

Marston's emphasis on technological advancement suggests that he viewed GLF activists as technophobic Luddites who were opposed to the beneficent products of modernity and progress. On this basis, their angry protest must have seemed irrational and even symptomatic of mental illness, a perspective that would undermine the legitimate grievances of gays and lesbians⁴². Although Marston does not explicitly examine the politics of diagnosis, he did acknowledge that other state agents outside the field of psychiatry could use aversion therapy to quell political dissent and sexual non-conformity:

That technological advance is out of his [the psychiatrist's] hands once it is on the open market. The developers of aversion therapy cannot control every prison warden, every judge, every policeman who might decide to use that technique in ways that scientists might not approve. So we must face the dilemma in advance, so to speak. The issue of whether we can suppress a technological advance is a difficult one, and yet not so difficult that we as scientists cannot face it.⁴³

Marston's effort to abrogate the responsibility of the developers of aversion therapy and psychiatrists from the abuses to which the treatment was prone appears somewhat disingenuous, especially when one considers that the therapy relied on inflicting pain. Furthermore,

⁴¹ Ibid.

⁴² According to Jonathan M. Metzl (author of *The Protest Psychosis: How Schizophrenia Became a Black Disease* and *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs*), gays and lesbians were by no means the only minority marginalized and discredited be being labeled mentally ill. Unlike other groups, however, homosexuals faced a much more significant hurdle, for their sexual orientation was listed as a serious pathology in the APA's *DSM II*.

⁴³ Marston, 384.

psychiatrists employed at state institutions such as ASH had used the treatment under questionable circumstances that blurred the lines between therapy and punishment.⁴⁴

Despite Marston's defense of aversion therapy, he did emphasize that such treatment had to be consensual. Significantly, such a viewpoint was an anathema to GLF activists who believed that homosexuals seeking treatment to extinguish their same-sex desires were collaborating with the homophobic state and traitors to the gay community. In light of the fact that Marston still supported the use of aversion therapy and maintained the authority of psychiatrists to treat homosexuals who could not accept their sexual orientation, it would appear that the confrontation with the GLF had done little to alter his views. However, shortly after the conference, Marston received a letter from a member of the gay community who, though not a member of the GLF, outlined its central grievances, stating,

Psychology had long been used to jail homosexuals and send them to mental institutions to detect if employees are gay and to give dangerous treatment to homosexuals. Psychologists have repeated too many times the lie that we are mentally ill. Your profession has prostituted itself as the scientific basis by which the state and society have punished homosexuals.⁴⁶

Marston was clearly disturbed by the author's indictment of the psychiatric profession, and he reassessed his initial view of GLF activists as militant radicals by acknowledging, "We, as

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⁴⁴ In *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*, Joel Braslow describes how the boundaries between therapy and punishment can often become blurred in an institutional setting: "The most salient feature of this rationale [for the use of painful treatments] was the way in which doctors incorporated discipline and control into a therapeutic regime. More than simply a matter of semantics, the control of bodies became a therapeutic at the moment this control became scientifically legitimated and recalcitrant behavior became disease. As a shorthand, I will call this collapsing of control into cure 'therapeutic discipline'...." Joel Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Los Angeles: University of California Press, 1997), 47.

⁴⁵ According to Bayer, the most radical elements of the GLF believed that "Psychiatrists were war criminals, the enemy; they were to be defeated, not won over. It became a matter of principle for Gay Liberation to denounce discussions with psychiatrists as acts of 'collaboration.'" Bayer, 96.

⁴⁶ Marston, 381.

psychologists, mental health professionals, and social scientists, have more general responsibilities to the homosexual community and indeed to the community at large which are pointed up by this confrontation."⁴⁷

Marston devoted the last part of his article to describing the general responsibilities mental health professionals had to the gay community. According to Marston, these included declassifying homosexuality as a mental illness, the rejection of non-consensual treatment programs, ending the court practice of institutionalizing homosexuals to prisons and mental institutions, and the establishment of free mental health clinics in the gay community to address self-destructive behaviors such as alcoholism and drug use. Amarston's endorsement of these objectives suggests that Biltmore Rebellion had changed the views of some psychiatrists who attended the conference. Nevertheless, it is important to emphasize that Marston's reassessment of the plight of homosexuals was largely the result of correspondence he received after the event. If Marston's transformation was representative of other psychiatrists who experienced similar angry protests, it reveals that the GLF's tactic of disruption and confrontation was more effective if it was followed by continued dialogue between health care practitioners and members of the gay community—a course of action, which as mentioned earlier, Kilhefner had explicitly rejected.

After the Biltmore Rebellion, the Los Angeles GLF redirected its limited time and resources to meeting the needs of the city's gay and lesbian population. In December 1971, the

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⁴⁷ Marston, 382.

⁴⁸ Marston listed twelve "Demands of Homosexuals" which were detailed in the letter sent from a member of the gay community. Marston, 383.

⁴⁹ Kilhefner stated that he was willing to engage in dialogue with individual psychiatrists who wanted to learn more about the problems faced by the gay community; however, he was not interested in engaging in an ongoing dialogue with the APA.

GLF opened the nation's first GCSC which would serve as a model for other centers around the country. The non-profit organization would prove to be the GLF's most successful and enduring legacy, providing a wide range of health, housing, and legal services at little or no cost to Los Angeles' gay community. Among those services was the GCSC's "Prisoner, Probation, and Parole Program" which was designed to assist formerly institutionalized gays and lesbians successfully transition back into society. Although not designed to exclusively serve the needs of ASH's patient population, the rehabilitation program fulfilled one of the main proposals of the hospital's Packer Report conducted in 1966, which was a community based center that offered support to men charged as sex offenders.⁵⁰

From its inception, the Prisoner, Probation, and Parole Program hoped to address a wide range of problems faced by offenders when they were released from ASH or the state's correctional facilities. Also, the program provided professional legal services to offenders at the time of their court hearing in order to have the charges against them either dismissed or to reduce their sentences. Despite GLF activists' protests against police entrapment in 1970 and 1971, the practice remained widespread and resulted in large numbers of arrests for lewd and lascivious behavior. According to a 1973 report titled "Gay Offenders' Diversion Project" by GCSC staff member Robert Blaustein, over a thousand people were arrested each month in Los Angeles for

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⁵⁰ The GCSC's Prisoner, Probation, and Parole Program supported ASH's patients along with prisoners released from correctional facilities. In an internal GCSC memo titled "on Atascadero" [quoted here as written] dated May 23, 1972, Morris Kight states, "We're continuing a supportive serv. for bros. held at atascadero, heavy correspondence, some visitation. I think this has to do with personal morale and a good many other things. we are in constant correspondence with serber and john taylor, and have arranged for quite a good nbr. of releases directly from atascadero to us. we feel good abt. that. we have made specific plans for the re-entry of each brother, a specific program to fit the needs of that particular brother. what caused him to go there, where he is now, what's the level of his consciousness, what are his needs, etc. we've attempted to follow those [patients] very well, and our rate of success has been almost 100% in re-entry of former patients." Morris Kight, "Morris Kight on Atascadero," May 23, 1972, Box 8, Folder 8:17, *L.A. Gay and Lesbian Center Records, Coll2012-030*, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA.

gay-related offenses. Almost all of these arrests were for violations of section 647a (lewd conduct) and 647b (prostitution) of the California Penal Code. Identifying the primary victims of section 647a as "married men and older people in the gay community [who] have no way to successfully meet or establish relationships with others," and 647b as "Young gay men who have been disowned by their families," Blaustein organized a wide range of counselling services to offenders in order to reduce the likelihood of recidivism. ⁵¹ These services were valuable on multiple levels, for they not only filled an important gap in the city's social services but could also serve as a community-based alternative to court supervised probation. ⁵² Notably, the courts' willingness to relinquish supervision of sex offenders to the GCSC indicated that they recognized it as a bona-fide organization that could supplement Los Angeles' official probation services.

For repeat offenders who were given prison sentences, the GCSC proved indispensable in facilitating their rehabilitation back into the community. Prior to their release, each offender was provided a personal social worker who encouraged them "to prepare a resume of past vocational and educational experiences; to begin thinking through his/her housing needs; and, when desired, to make use of our agency in re-establishing ties with positive family and community influences." Also, the GCSC had established a number of "Liberation Houses" across Los Angeles that provided food and shelter for the city's indigent gays and lesbians. These centers, inspired by the GLF's concept of communal living, served as halfway houses for released

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⁵¹ Robert Blaustein, "Gay Offenders' Diversion Project," 1973, Box 16, Folder 16, *L.A. Gay and Lesbian Center Records, Coll2007-010*, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA. ⁵² In his report Blaustein stated that such services were unique for "There is no other public or private agency in Los Angeles County that provides rehabilitation or other human services designed specifically to, a) suit the needs of this particular kind of offender; or b) to meet the needs of gay people who have found themselves in trouble with the law. Moreover, many agencies categorically refuse and exclude gay persons from whatever program they migh [*sic*] have in criminal dishabilitation." Ibid.

prisoners who were encouraged to "establish a meaningful and productive life among real and enduring lovers, friends, and associates" (Figure 3.2).



Residents of a GCSC Liberation House⁵⁴ (photographer Lee Mason)

Figure 3.2

Along with housing, the GCSC's Prisoner, Probation, and Parole Program provided offenders a way to secure gainful employment through a network of sympathetic business owners in the gay community (which, like today, was an immense challenge for sex offenders released from prison or mental institutions). Furthermore, the program encouraged offenders to pursue education and vocational training through the city's community colleges and engage in self-development workshops at the GCSC.

The GCSC's rehabilitation program was initially funded through private donations and monies generated by sales of secondhand goods in its thrift store, the Gay Will Funky Shop and

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⁵⁴ "Gay Community Services Center L.A.," Los Angeles Free Press, December 17, 1971, 12.

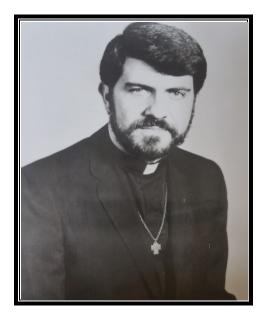
Recycling Center.⁵⁵ However, as demand increased for the program and other services (in 1973 approximately seventy-five-thousand women and men received assistance from the GCSC financing the center through voluntary donations became increasingly unsustainable.⁵⁶ Although loath to do so, Kilhefner and GCSC administrators were compelled to obtain grants from the city and seek tax exempt status for the center from the IRS. To many GLF members, the GCSC's cooperation with state, though born of necessity, represented a betrayal of the organization's liberationist principles and separatist ideology. Indeed, by 1972, arguments between members over this and numerous other issues became so acrimonious that the GLF disbanded.

As my research shows, the GLF's response to allegations of abuse of patient abuse at ASH was shaped and informed by Kilhefner's personal beliefs about the scope of sexual liberation and its limitations. For Kilhefner, those limitations were based on the age of consent, a boundary crossed by ASH's patient population whom he saw as predatory pedophiles and not innocent victims of homophobia. As a result of Kilhefner's views, the GLF did not engage in any significant or meaningful protests against ASH, but focused its energies instead on discrediting proponents of aversion therapy. Counter intuitively, the chief advocate of ASH's patients—the Unified Fellowship of the Metropolitan Community Church—did not emerge from the militant left wing of the gay rights movement but the conservative right.

⁵⁵ Early on, the GCSC provided a comprehensive array of medical services including those for sexually transmitted diseases, drug and alcohol abatement programs, and a gynecological clinic (which was dropped after lesbians objected to being questioned about their use of contraceptives as part of the intake procedure). The Center also produced a radio program serving the interests of gays and lesbians on KPFK-FM radio which evolved into IMRU, the gay radio collective.

⁵⁶ This data was obtained from "A Brief Introduction to the Gay Community Services Center" which appears to have been written by Jim Kepner although this is not clear as the author's name is not provided. Jim Kepner, "A Brief Introduction to the Gay Community Services Center," 1971, Box 15, Folder 15, *L.A. Gay and Lesbian Center Records, Coll2007*-010, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA.

In 1968, Reverend Troy Perry founded the MCC to serve the spiritual needs of Los Angeles' gay community (Figure 3.3).⁵⁷ Unlike members of the GLF, Perry believed that the



Reverend Troy Perry

(photographer unknown)⁵⁸

Figure 3.3

ultimate goal of the gay rights movement should be the full assimilation of gays and lesbians into mainstream society. Although this had been the central goal of the accommodationist movement, Perry believed it could only be realized through protest and social activism, a strategy that, as mentioned in chapter one, the Mattachine Society had strongly rejected. This strategy, which might be best described as "militant assimilationism," guided MCC activism in multiple arenas between 1969 and 1973 including at ASH. Significantly, Perry's efforts to serve the spiritual

⁵⁷ The MCC's full name is the United Fellowship of the Metropolitan Community Church, but is usually referred to as the MCC.

⁵⁸ Unpublished photograph of Reverend Troy Perry by an unnamed *Advocate* photographer, January 1969, Box 7, Folder 98, *Reverend Troy Perry*, *Coll2012-030*, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA.

needs of ASH's patients would become a battle over the legitimacy of the MCC as a bona-fide church, a battle that would take place both within and outside the gay community.

Before examining the MCC's ministry at ASH, it is important to identify why Perry founded the church, its mission, and its relationship with the GLF. In October 1968, Perry posted an advertisement in *The Advocate* inviting Los Angeles' gays and lesbians to renew their faith in God at a service at his home in Huntington Park. Perry was inspired to start the church after his partner Carlos was arrested by the police and charged with lewd and lascivious behavior "just for buying a beer in a gay bar." While in jail, Carlos told Perry that nobody cared about him, not even God. Perry, as a former Pentecostal minister (he had been excommunicated for being gay), was greatly affected by Carlos's sense of despair and resolved to start a church that would serve the spiritual needs of the gay community. At the MCC's first service, Perry identified the church's three missions: salvation (no church could take that away), community (for those rejected by their families), and social action (to fight against all forms of homophobia). Crucially, Perry's belief in social activism, modelled as it was on the Civil Rights Movement and informed by his Pentecostal faith legitimized the MCC in the eyes of many gays and lesbians who were either agnostic or atheists.

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⁵⁹ Troy Perry, *The Lord is My Shepherd & He Knows I'm Gay* (Los Angeles: Universal Fellowship Press, 1972), 127

⁶⁰ Troy Perry and Thomas L.P. Swicegood, *Don't Be Afraid Anymore: The Story of Reverend Troy Perry and the Metropolitan Community Church* (New York: St. Martin's Press, 1990), 38.

⁶¹ Pentecostalism is a branch of the charismatic movement that emphasizes personal spirituality over doctrine. Although Pentecostals were ridiculed by mainstream denominations for the practice of speaking in tongues and their belief in faith healing, Pentecostalism grew rapidly in the early twentieth century. Interestingly, that growth emanated from Los Angeles with the Azusa Street Revival of 1906 and Aimee Semple McPherson's gospel of the Foursquare Church in the 1920s and 1930s. In many ways, Perry's vision for the MCC was greatly influenced by McPherson's ministry which was considered controversial at the time for its promotion of racial and gender equality. According to Mathew Avery Sutton, author of *Aimee Semple McPherson and the Resurrection of Christian America*, McPherson's detractors considered her to be one of the most dangerous religious teachers to emerge in the U.S. in two hundred years. Mathew Avery Sutton, *Aimee Semple McPherson and the Resurrection of Christian America* (Cambridge, MA: Harvard University Press, 2007), 19. In the late 1960s and early 1970s, Perry would gain the same notoriety and receive an equally virulent backlash because of his ministry to gays and lesbians.

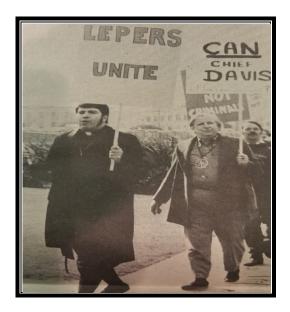
In April 1969, six months after its foundation, the MCC engaged in its first protest, which took place at the Los Angeles' headquarters of State Steamship Lines. Having been informed that the company had recently fired an employee for being gay, Perry along with eight of his parishioners picketed the offices for three days. The protest would serve as a rite of passage for all involved. According to Perry, State Steamship Lines' employees initially responded to their protests by dropping water bombs from the roof and verbal abuse (they were called "queers, fairies, of faggots"). As in future protests, Perry responded to insults by replying "God bless you sir, or madam." However, by the third day, some of the employees appeared to be willing to engage in civil conversations with the activists revealing that the protest had been somewhat effective. More importantly, Perry's protest established the MCC as a bona-fide gay rights activist organization in the eyes of Los Angeles' gay community.

Between 1970 and 1972, the MCC participated in numerous other protests against homophobic establishments and institutions, including Barney's Beanery and the infamous Ramparts Police Station. These demonstrations were significant on multiple levels, not least in drawing together activists from the conservative right and militant left of the gay rights movement who could share their views, forge personal friendships, and work together to plan future protests (Figure 3.4).

⁶² In the first edition of his autobiography, *The Lord is My Shepherd & He Knows I'm Gay*, Perry stated that he was informed of the case by the San Francisco Committee for Homosexual Freedom. Perry, *The Lord is My Shepherd & He Knows I'm Gay*, 163.

⁶³ Perry, The Lord is My Shepherd & He Knows I'm Gay, 165.

⁶⁴ Ibid., 165.



Reverend Troy Perry along with GLF founder Morris Kight demand the removal of Los Angeles' chief of police Edward M. Davis⁶⁵

(photographer Lee Mason)

Figure 3.4

The rapprochement of the Marxist and conservative wings of the gay rights movement in Los Angeles in the early 1970s was a significant event that may not have been as improbable as it first appears. Firstly, the MCC's social activism was informed by liberation theology, a belief system that was heavily influenced by Marxist ideas that the GLF shared.⁶⁶ Secondly, there was a new sense of urgency in which activists recognized that once this moment passed, it might be decades before any meaningful improvement in the lives of gays and lesbians might be achieved.⁶⁷ Thirdly, and perhaps more importantly, conservative activists like Perry no longer

^{65 &}quot;'Lepers' get ear of LA," *The Advocate*, January 19, 1972.

⁶⁶ According to Michelle Wolkomir, author of *Be not Deceived: The Sacred and Sexual Struggle of Gay and Ex-gay Christian Men*, "One of the MCC's core ideas, which reflects liberation theology's indictment of elites who cause suffering for the marginalized and its emphasis on context, it that condemnation of groups of peoples is the result of human prejudice and failing—not God's mandate." Michelle Wolkomir, *Be not Deceived: The Sacred and Sexual Struggle of Gay and Ex-gay Christian Men* (New Brunswick, NJ: Rutgers University Press, 2006), 23.

⁶⁷ The knowledge that the APA was undergoing a review of its *DSM* and debating whether to include homosexuality as a listed pathology no doubt fueled that sense of urgency.

believed that the struggle for assimilation was incompatible with the establishment of a community that celebrated gay identity.

The last of these explanations, which situates that transformation specifically in Los Angeles, is illustrated by Perry and Kilhefner's joint efforts to create the West Coast's first gay pride event in June 1970. Called the "Christopher Street West Parade," the event marked and celebrated the first year anniversary of the Stonewall Riots. Predictably, plans for the parade were vehemently opposed by Los Angeles' chief of police Edward M. Davis who attempted to prevent it taking place by having the city demand exorbitantly high permit fees. Despite Davis's efforts to stop the parade, Perry and Kilhefner outmaneuvered him in court.⁶⁸ The celebration proved to be a seminal event in the history of Los Angeles' gay community and provided spectators clear evidence that the ideological divisions within the community had been set aside. GLF activist John Platania (who, as mentioned earlier, watched the parade in drag in order not to be recognized) recalled being filled with pride as Perry waved to the crowd from an open Cadillac followed by the MCC float, which was filled with parishioners singing "Onward Christian Soldiers."69 In contrast, the GLF float contained a scantily clad young man hanging from a cross beneath a white banner emblazoned with the words "In Memory of Those Killed by the Pigs."⁷⁰ Surrounding the GLF float was a "flock of shrieking drag queens all wearing gauzy pastel dresses, and running every which way to escape club-wielding guys dressed as cops and sporting large badges with the words 'Vice' splashed across them."71

⁶⁸ In his autobiography, Perry stated, "We went to the California Supreme Court and asked for, and were granted, a court order that not only granted us the parade permit, but required the police to provide us with whatever protection would be required to maintain an orderly parade. In making the ruling, the judge said that we were all citizens of the state of California and entitled to equal protection under its laws." Perry, *The Lord is My Shepherd & He Knows I'm Gay*, 182.

⁶⁹ Platania, February 6, 2018.

⁷⁰ Perry and Swicegood, 184.

⁷¹ Ibid.

Despite Perry's success in legitimizing the MCC as a bona-fide ministry within the gay community, his attempts to do the same outside of it were frustrated by considerable resistance among the leaders of traditional mainstream churches. A measure of that hostility is provided by sociologists Ronald M. Enroth and Gerald E. Jamison, authors of *The Gay Church* (1974), who conducted research examining the emergence of gay friendly churches in California in the early 1970s. Although the authors were heterosexual and claimed that their study was objective and impartial, their assessment of the MCC proved otherwise. Enroth and Gerald dismissed the MCC for multiple reasons, not least the ministry's affirmation of gay identity, which they argued ran contrary to scriptural admonitions against homosexual acts. Furthermore, they critiqued Perry's flamboyant style of preaching, the displays of physical attraction between the congregants, and the sensuality of the services.⁷² Their observations, which emphasize the sexual orientation of the congregants while minimizing Perry's gospel of self-affirmation, reveal that the authors could not divorce their personal prejudices against homosexuals from their so-called objective research.⁷³ Notwithstanding their claims of impartiality, the authors concluded that the "MCC and other gay religious groups are merely an extension of the gay life-style clothed in religiosity."⁷⁴ This viewpoint, which was shared by the majority of mainstream religious organizations, would become a major obstacle in implementing the MCC's Institutional Ministry at ASH and state correctional facilities.

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⁷² According to Enroth and Jamison, "Non-gay visitors have sometimes reported that during the administration of communion the participating ministers appear to be unusually physical, sometimes fondling the ears or the neck area." Ronald M. Enroth and Gerald E. Jamison, *The Gay Church* (Grand Rapids, MI: William E. Eerdamans Publishing Company, 1974), 33.

⁷³ Interestingly, the authors provide the most severe criticism of Perry by citing another gay preacher, Reverend Raymond Broshears, who ministered to the homeless in San Francisco's Tenderloin district. According to Enroth and Jamison, Broshears stated that Perry "does not relate to the poor gay in any way, shape, or form. But he's made a mint off the church and his dear old mother Perry, they're just having a ball. He really turns me off. I mean the man doesn't even resemble a human being anymore…he's so commercial. Troy Perry is just another capitalist rip-off pig!" Enroth and Jamison, 98.

⁷⁴ Ibid., 106.

The MCC's Institutional Ministry was established in 1972 in order to serve the spiritual needs of gays and lesbians in state and federal prisons. However, in order to gain access to correctional facilities, the Department of Corrections required that MCC' religious services should be open to all prisoners. Although this policy was consistent with Perry's ecumenical vision of the church, the MCC's gospel of "gay is good" necessarily brought it into conflict with conservative chaplains who belonged to the APCCA. Furthermore, there was a great deal of confusion among the prisoners themselves about the MCC's mission and purpose. That confusion is perhaps best illustrated by an incident that Perry recalled taking place at Folsom State Prison in 1972:

We [the MCC] sent a young attractive minister to Folsom, and while he was preparing for the service with his back to the congregation a prisoner entered the chapel and asked, 'Is this the church that believes in fucking boys up the ass?' When he turned around, he was horrified to see that it was Charles Manson.⁷⁵

Only one year after the implementation of the MCC's Institutional Ministry, tensions between church and APPCA became so acrimonious that Raymond K. Procunier, then state Directory of Corrections, denied the MCC access to any state prison on the grounds that it undermined prison order and discipline. Although the MCC challenged Procunier's decision in court, it would take two years before the case was finally resolved in federal court. In 1975's Lipp v. Procunier, federal judges decreed "that the state of California must show compelling state interest that MCC worship services would constitute a clear and present danger to the good order and discipline of the prison." Notably, Perry viewed this decision as a victory that went

⁷⁵ Troy Perry, interview with the author, Los Angeles, January 14, 2016.

⁷⁶ Because ASH was administered by the Department of Health, it was not impacted by this decision.

⁷⁷ *Lipp v. Procunier*, 395F. Supp. 871 (N.D. Cal. 1975).

well beyond the issue of access because it meant that the state recognized the MCC as a bonafide church.

The MCC's activism between 1969 and 1972 would shape and inform its response to allegations of patient abuse at ASH in markedly different ways from the GLF. Although both organizations provided services for patients once they left the hospital, only the MCC provided regular assistance to them while they were at the institution. Like Kilhefner, Perry heard about their plight through *The Advocate*'s series of exposés published in 1972 and was particularly disturbed by the practice known as "round robin," in which patients were shuttled between the hospital and prison without any hope of release. However, unlike Kilhefner, Perry was not only less judgmental about the patients and the crimes they had committed but also much more optimistic about the prospects for their rehabilitation. Perry's benevolent attitude towards ASH's patients may have been based on his religious conviction that emphasized that everyone, even a sex offender, was capable of redemption and salvation. Nevertheless, his compassion and understanding was even more remarkable considering the fact that he had been raped when he was a teenager, an event that traumatized him for years. 78 In the last part of this chapter, I identify the impact of the MCC's ministry at ASH from multiple perspectives. These alternate viewpoints provide valuable insights not only into the formation of gay community and identity in an institutional setting in the early 1970s but also illustrate how the MCC was transformed through that encounter.

⁷⁸ Perry may have also have had personal reasons for starting a ministry to ASH, for in a 2016 interview with the author he divulged that he had been raped as a teenager by a friend of his step-father. Perry believed that his step-father organized the rape as an act of retribution after Perry reported him to the police for spousal abuse. In this light, Perry's ministry represented a personal act of forgiveness and closure.

The MCC ministry to ASH began in 1973 after Perry received an invitation to conduct religious services at the hospital by one of its patients, Ron Rose. Remarkably, Rose heard about the MCC through *The Advocate* which, despite the damage the magazine had done to ASH's reputation, was still available to the patients through mail-order subscription. Like other offenders at ASH, Rose had been convicted for sex offenses against a minor and claimed that homosexuals at the institution were being victimized and denied religious counseling unless it was overtly homophobic. Although his allegations of abuse (like those made by other patients before him) were vehemently denied by the hospital, his complaint about religious counseling was more credible. As in the prison system, religious services and spiritual counseling at ASH were administered by the APPCA, an organization that, as mentioned earlier, was vehemently opposed to the MCC's gospel of "gay is good."

Prior to the MCC's ministry at ASH, the guidelines for religious counseling at the institution were conceived by Chaplain Edward N. Dabritz, an APPCA member who worked at the hospital from 1954 to 1961. Dabritz began writing these guidelines, which were titled *They Need a Physician: The Way,* while ministering to displaced persons and survivors of the concentration camps in Germany in 1945—an ironic circumstance, considering ASH's later reputation as Dachau for queers (Figure 3.5). ⁸⁰

⁷⁹ In a letter dated August 28, 1973 to *The Advocate*'s editorial staff, Claudia Keith (who was assistant to Dr. Serber) felt compelled to question Ron Rose's allegations against ASH. In her letter, Keith states, "I know this patient, and suspected that he was not exactly telling the truth, but then there are cases of prejudice in here and I wanted to find out about it personally." On further investigation, she determined that Rose's allegations were baseless and not an accurate depiction of ASH's treatment program. Claudia Keith, letter to the editors of *The Advocate*, August 28, 1973, Box 1, Folder 1:52, *Coll2012-030, Box 1, Folder 1:52, Atascadero State Hospital-Ron Rose*, ONE Archives, National Gay and Lesbian Archives at the USC libraries, Los Angeles, CA.

⁸⁰ They Need a Physician: The Way consists of ten pamphlets, the first of which contains an overview of ASH's religious services written by the hospital's first superintendent Dr. Rood. Although Chaplain Dabritz tried to publish the work for many years, his efforts were unsuccessful. These pamphlets are in the possession of the Dabritz family.



Portrait of Chaplain Dabritz⁸¹
(artist unknown)

Figure 3.5

It is uncelar why Dabritz was motivated to write guidelines on councilling sex offenders in the wake of World War II; however, it is possible that some of the people in his care had been the victims of sexual assualt, and he was therefore wrestling with the ethical issues involved in dealing with the perpetrators. Although his motives in writing *They Need a Physician: The Way* are uncertain, his work with concentration camp surivors left an indelibe impression on him that would shape and inform his relations with ASH's patients ten years later.

Like other members of the APCCA, Dabritz viewed non-heteronormative sexual practices as violations of natural law. However, as a chaplain at ASH, he had to reconcile his religious beliefs with contemporary psychiatric discourse on the etiology of sexual deviancy which, as described in chapter one, centered on the issue of arrested development. Accordingly, Dabritz argued that sex offenders exhibited infantile behavior at both a spiritual and mental level,

⁸¹ This portrait of Chaplain Dabritz was drawn by a survivor of a concentration camp in a displaced persons' camp in 1945 and is in the possession of the Dabritz family.

describing them as "The spiritual idiots, imbeciles, morons and spiritual defectives." Although he also acknowledged that offenders "are no less in need of sympathetic understanding," Dabritz referred to ASH's patients as "moral lepers," the "spawn of reptiles," and likens their sexual practices to "the dog that turns back to his own vomit." Dabritz' extraordinary choice of words in describing sex offenders was more than mere hyperbole, for each graphic image he used was taken from the Scriptures to condemn those who engaged in moral abasement. If Dabritz's view of sex offenders was less than sympathetic, his attitude towards homosexual patients can best described as bewilderment. In the chapter titled "Animal Reproduction," Dabritz identified heterosexual unions sanctified by marriage as the fulfillment of God's plan in which sex is "exalted and glorified on the eternal level." It is therefore perhaps not surprising that Dabritz viewed homosexual relationships as an abomination that was beyond his comprehension; indeed, his naïve and limited understanding of the subject is revealed when he stated, "Normal men do not dance with men with much enthusiasm."

Although Dabritz's guidelines for chaplains at ASH was endorsed by Superintendent Rood and used at the hospital from 1954 through the early 1970s, it is remarkably bereft of any substantive information on religious counseling (Dabritz does refer to "soul surgery but fails to explain what that term actually means or entails)." In contrast, the MCC's *National Prison Handbook*, which was published in 1972, the year before the MCC's ministry began at ASH,

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⁸² Edward N. Dabritz, They Need a Physician: The Way, 134.

⁸³ Dabritz description of ASH's patients as moral lepers appears on page 132 of *They Need a Physician: The Way;* "the spawn of reptiles" on page 91; and "the dog that turns back to its own vomit" on page 101.

⁸⁴ Dabritz, 108.

⁸⁵ Ibid

⁸⁶ Dabritz offered no clear definition of "soul surgery" merely stating, "In soul surgery the person who is opened up must be sowed up. It is as important to close a wound as it is to open it up." Dabritz, 203.

clearly articulated the purpose and scope of its counseling services.⁸⁷ According to Reverend M. Gilbert, the program's director, the primary purpose of the ministry was "to provide whatever physical, social or spiritual services the church can make available in obedience with scriptural teachings." Those services were comprehensive and diverse, for the MCC published a monthly newsletter called *The Cellmate* that was especially written for institutionalized gays and lesbians, a prisoners' Yellow Pages that listed resource materials available to them, and a pen pal program for lonely inmates. Significantly, Gilbert justified the need for these services by citing the Scriptures, including Mathew 25 in which Jesus said, "I was hungry and you fed me, thirsty and you gave me drink; I was a stranger and you received me in your home, naked and you clothed me, in prison and you visited me." ⁸⁹

The MCC's *National Prison Handbook* served as an essential guide to ministers who provided religious counselling in prisons; however, it did not anticipate some of the unique problems that ministers would face at ASH. For example, according to Perry, ASH's patients would often divulge graphic details of their sex offenses during counseling sessions, an experience that left many ministers in a state of shock. In order to address this problem, Perry mandated that all MCC ministers who went to ASH had to first complete a state certified course in sexual human behavior. These desensitization courses included explicit pornographic films depicting every form of sexual perversion so that the ministers would not be disturbed by anything patients told them. Notwithstanding the necessity of providing these courses, it is interesting to speculate how Dabritz would have reacted to this material; in all likelihood, it

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⁸⁷ *The National Prison Handbook* was compiled by Dick Mickley, Administrative Assistant of the MCC's outreach ministry to prisons.

⁸⁸ Dick Mickley, *The National Prison Handbook* (Los Angeles: Metropolitan Community Church Publication, 1972), 3.

⁸⁹ Ibid., 1.

would have probably confirmed his view of the patients (and perhaps the MCC ministers as well) as the "spawn of reptiles."

After months of preparation, the MCC's first service took place at ASH on 4 March 1973. In an article titled "With Love From Inside Atascadero" published shortly thereafter in the MCC's In Unity Magazine, Ron Rose wrote an account of the reaction of the patients and staff, many of whom were openly hostile to the MCC's presence at the hospital. 90 Indeed, Rose stated that in the days preceding the service, posters advertising the event had to be periodically replaced after they had been repeatedly torn down.⁹¹ Prior to the service, Perry and Gilbert led a procession down a hallway that was flanked by patients who intended to "laugh at the fags;" however, "they [the congregants] carried themselves with such dignity and pride that most forgot to laugh. Many were so captivated that they followed and attended the service."92 According to Rose, approximately ninety patients attended the service which began with Perry's sermon on the "Miracle of Emotions," which stressed the importance of gay pride and community followed by a pledge that the MCC would care for patients while they were at ASH and after their release. After hearing the service, Rose described the patients as being emotionally overwhelmed because "It was the first time in years that many of the patients had heard that any one [sic] cared for them."93

ASH's hospital administration was so impressed by Perry's religious service that they invited the MCC back to the hospital to conduct services every month. These services provided a safe space within the hospital where homosexual patients could simultaneously celebrate their

90 Ron Rose, "With Love from Inside Atascadero" In Unity, spring 1973.

⁹¹ Rose, 15.

⁹² Ibid.

⁹³ Ibid.

religious beliefs and their sexual identities. Nevertheless, as mentioned earlier, in order to gain admission to ASH, the MCC had to open its services to both gays and straights; accordingly, the MCC's *National Prison Handbook* informed ministers that "we should make a particular effort not to impose any definition... [of] 'who is gay and by what standards?'...because our ministry is to all God's people," Significantly, Perry did not consider this requirement to be an impediment to the MCC's ministry; however, on witnessing predatory behavior by heterosexual members of his congregation towards his gay parishioners, he was compelled to make changes to his religious services.

These changes included setting up informal chat sessions with gay patients after the worship services had finished; however, Perry did not invite heterosexual patients to these meetings. In making these changes, the MCC ostensibly complied with the hospital's regulations regarding inclusivity but provided a separate sanctuary for his gay congregants after the services had finished. Despite the fact that Perry's solution to this problem was pragmatic, it necessarily undermined the MCC's ecumenical mission, for patients were being segregated on the basis of their sexual orientation. Moreover, Perry and Gilbert made revisions to the *National Prison Handbook* that identified four specific groups within the homosexual population:

- 1. That of men who are homosexual on the streets in peer relations and define themselves as such.
- 2. That of hustling, exploitative, self-protective relationships.
- 3. That in which a man, usually a young man, may or not on the streets, is coerced into homosexual relationship in which he becomes the imitation female partner.
- 4. That in which the man defines himself as heterosexual, but who takes on the role of homosexual in prison.⁹⁵

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⁹⁴ Mickley, 3.

⁹⁵ Ibid.

In identifying these groups, the MCC was actively engaged in a practice that it had explicitly stated it would not do in its *National Prison Handbook*, namely, imposing a definition of who was gay. This contradiction, though born of necessity, generated ruptures between its mission and its purpose that paralleled the problems faced by the GLF when it founded Los Angeles' GCSC. However, unlike the GLF which was far more ideologically driven, the MCC managed to resolve these conflicts in ways its counterpart could not. Although the GLF disbanded in 1972, the MCC went on to flourish as a church that promoted the gospel of gay is good not only in California but also across the nation and around the world.⁹⁶

If ASH was a site of contestation that generated ruptures within the militant left and conservative wings of Los Angeles' gay rights movement, it also helped heal the ideological schism that took place between them a generation earlier. Crucially, that rapprochement occurred at a critical juncture in the struggle for gay rights when the APA was debating whether it should include homosexuality in the *DSM II*. Throughout 1973, the APA held conferences on this issue that were prompted in large part by protests conducted by gay activists in the preceding years. By depicting the plight of ASH's patients as a civil rights issue, organizations such as the GLF and MCC made the institution a potent symbol of the state's oppression of homosexuals. In doing so, they discredited the proponents of aversion therapy and reactionary members of the APA who resisted any attempts to remove homosexuality from its nomenclature of mental illness. Ultimately, these efforts proved successful, for in December 1973, the APA removed homosexuality form its *DSM II*, replacing it instead with "sexual orientation disturbance," a

⁹⁶ In 2020, the MCC currently has over 40,000 members and 222 member congregations in 37 countries in every continent with the exception of the Antarctic. August Brianadique, 2020, "Reverend Troy Perry's Big Gay Church," May 11, 2020, in *QueerCore*. Podcast, MP3 audio, 35:41.

revision that acknowledged that gays and lesbians who accepted their sexual orientation were not mentally ill.⁹⁷

⁹⁷ Sexual orientation disturbance describes homosexuals who are unhappy with their sexual orientation and seek adjustment or change. Although not welcomed by all activists, the revision represented a first step in the depathologization of homosexuality which was ultimately removed completely from the DSM in 1987. Robert Spitzer, a member of the APA's task force on deciding whether homosexuality should be removed from the *DSM II* in 1973, considered the use of the term sexual orientation disturbance as a compromise that had a number of significant advantages, for psychiatrists "would no longer be in the position of claiming that homosexuals who insisted on their own well-being and who were clearly able to function socially were nevertheless sick. Furthermore, removing the label of mental illness from homosexuals would eliminate a major justification for the denial of civil rights." Bayer, 102, 128.

Conclusion

In retrospect, the homophile movement's response to the plight of ASH's homosexual patients during the 1950s serves as a case study in the failure of accomodationism. That strategy, based as it was on deference towards medical and legal authority, was ill equipped to challenge the state's use of commitment as an instrument of policing homosexuality. Moreover, as convicted sex offenders, ASH's patients undermined the movement's efforts to present gays and lesbians as law-abiding citizens who should be accepted and assimilated into mainstream society. Accordingly, accommodationists did not believe that ASH's patients were innocent victims of homophobia, nor did they contest their commitment to the institution. By the late 1960s, the failure of accommodationists to secure any meaningful improvement in the lives and gays and lesbians led to the emergence of militant activists who situated the plight of ASH's patients at the forefront of the struggle for gay rights. By depicting ASH as a Dachau for queers where patients were systematically tortured, militant activists discredited the proponents of aversion therapy and pressured the APA into removing homosexuality from its DSM II. Notwithstanding these notable achievements, organizations such as the MCC and GLF were transformed in unexpected ways through their advocacy of ASH' patients. Ironically, ruptures within both organizations were generated over the question of whether ASH's patients were innocent victims of homophobia or predatory sex offenders, the issue that had undermined the legitimacy of the accomodationist movement in the 1950s.

As my research reveals, by 1969 the vast majority of ASH's homosexual patients had been convicted of offenses against teenagers and children; this inconvenient truth jeopardized activists' efforts to use ASH for propaganda purposes and created tensions over the scope and boundaries of gay liberation. Paradoxically, activists' depiction of ASH as a concentration camp

may have been warranted during the 1950s when patients at the institution were subjected to painful and intrusive therapeutic treatments but not during the early 1970s. In 1972, ASH implemented the Atascadero Project, a series of major reforms of its rehabilitation program for homosexual sex offenders that included prohibitions against the use of aversion therapy and counselling that emphasized patients' acceptance and adjustment to their sexual orientation. Despite these progressive reforms, the mythos of ASH as Dachau for queers gained traction in the gay community through *The Advocate*'s extensive coverage of patients' allegations of abuse at the hospital. The question therefore arises, why did this coverage resonate so deeply with many gays and lesbians after serious abuses at the hospital had discontinued?

One possible explanation is that ASH's horrific reputation served the interests of the gay rights movement at a critical juncture in its efforts to depathologize homosexuality. However, this argument fails to address the fact that some members of the gay community were highly skeptical of patients' claims of abuse and applauded ASH's reform program; indeed, *The Advocate*'s editorial staff went to great lengths to include those views in its coverage of the hospital. Another more compelling explanation for the saliency of the mythos of ASH as a Dachau for queers is that many of the activists engaged in discrediting the hospital had personally experienced discrimination because of the psychiatric profession's insistence that homosexuality was a mental illness. Those experiences shaped and informed their views on ASH that were both personal and political making the institution a potent symbol of everything they had suffered.

Crucially, ASH's reputation as a Dachau for queers provided Los Angeles' gay rights activists a concrete target against which they could vent their anger and put aside their ideological differences. The rapprochement of the conservative and Marxist wings of the

movement after the schism of the early 1950s has been overlooked by other scholars because the MCC has been characterized as a gay church dedicated to gay liberation; however, this view of the church is vehemently rejected by its founder Reverend Troy Perry. According to Perry, the MCC was established to serve the spiritual needs of all Angelinos whether they were gay or straight, and its primary mission was religious, and not political. Although the MCC's participation in protests and militant activism suggests otherwise, Perry's views on the church's mission and purpose cannot be dismissed and suggest that the organization's ideological views were more aligned with those of the accomodationist movement rather than the GLF. In this light, the MCC was neither purely militant nor conservative; rather, it employed constructive dialogue with the opponents of gay rights whenever possible and resorted to protest when this proved ineffective. If the MCC is seen as the heir rather than a vestige of the accomodationist movement, its activism reframes our understanding of the transformation of the gay rights movement in important ways for it shows that, along with rupture, there was continuity in the struggle for gay rights.

This project reveals that the transformation of gay rights activism in Los Angeles between 1954 and 1973 was far more complicated than previously understood. Significantly, activists' conflicting views of ASH's patients paralleled disputes among medical practitioners within the hospital itself. In the mid-1960s, the institution implemented the *Packer Report* which was a critical review of its policies and practices in order to address issues such as inadequate treatment, the lack of qualified staff, and indeterminate sentencing. These issues created public relations problems for ASH that raised fundamental questions about its mission and purpose—was it a place of care and rehabilitation or a correctional facility? Although the authors of the *Packer Report* determined that this confusion could be avoided by giving ASH's doctors the

authority to release patients based on their diagnostic evaluations, the hospital's administration strongly opposed this recommendation choosing instead to leave that decision to the courts. ASH's reluctance to assume this responsibility is revealing because it suggests that its administration was far from confident that its staff could make accurate diagnostic decisions, and if patients were released from the institution and committed additional offenses the hospital's reputation would be further undermined. The failure to implement recommendations made in the *Packer Report* resulted in continued confusion about ASH's mission and purpose providing activists ample ammunition to discredit the institution in the late 1960s and early 1970s.

As this work represents new scholarship on ASH, it necessarily generates many more questions about the institution and the transformation of the gay rights movement that could serve as the basis for future scholarship. Perhaps the most interesting question raised by this project is why ASH has been overlooked in other research and largely forgotten in the gay community itself. It is tempting to explain this omission and erasure in terms of parochialism; after all, gay rights activism on the West Coast has often been presented as of secondary importance to those taking place on the East Coast. However, a more credible explanation is provided by Don Kilhefner's refusal to participate in the Atascadero Project when he stated, "We [the GLF] are a gay, not a pedophile, liberation organization." Kilhefner's refusal to participate in the Atascadero Project illustrates that the subject of pedophilia was incredibly problematic even for an organization dedicated to universal sexual liberation. For other activists who had long struggled to dispel the misconception that the majority of homosexuals were pedophiles, ASH's patients represented a liability to the movement. Indeed, with the exception of *The* Advocate's coverage on ASH, none of the articles published in the alternative press addressed the reason for their commitment and focused their attention entirely on patients' allegations of

abuse. Notably, pedophilia remains equally controversial today as it did fifty years ago and this may explain why the controversy surrounding ASH and its impact on the gay rights movement has largely been ignored and forgotten. With this in mind, ASH might best be described as the movement's Bastille, for like those who stormed the feared symbol of the *Ancien Regime*, gay rights activists did not find heroes inside; rather, they found criminals convicted of sex offenses against children.

Postscript

For scholars engaged in research on sex offenders charged with crimes against minors, the danger of being seen as too sympathetic to the perpetrators can result in ostracism not only within academia but also outside of it. Although research on this taboo subject has been called "the third rail" of scholarship on sexuality, I have endeavored throughout this work to be as non-judgmental as much as possible. In doing so, I hope to restore the voices of ASH patients and their advocates in ways that are empathetic rather than sympathetic, a balance that hopefully presents a more nuanced understanding of the subject that will serve as a model for future scholarship.

¹ The problems faced by scholars of queer history in dealing with the topic of pedophilia was the focus of a seminar at the Queer History Conference at San Francisco State University in June 2019.

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