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Just What the Doctor Ordered: Treatment Methods of Homosexuality in Minnesota, 1920-1950

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An Honors Thesis

Submitted for partial fulfillment of the requirements for graduation with honors in History from
Hamline University

3/22/2020

Abstract

In Minnesota, throughout the 19th century, the concept of homosexuality was associated with sin/illegality due to the strict religious ordinances and legislation passed with the intent to criminalize homosexuality. However, influenced by European notions, this correlation of morality and legality started expanding to a more medicalized perception. With a push to decriminalize homosexuality, much of the United States began to adopt the philosophy of homosexuality's existence either as or because of an illness. While other studies have explored treatment methods practiced in the U.S. and Europe, this research focuses only on Minnesota history and its practices. An analysis of Minnesota hospital records (patient case files, hospital population surveys, and commitment/discharge records), as well as interviews conducted with doctors practicing these treatment techniques led to a greater understanding of the malpractice and abuse instated by authority figures in Minnesota state hospitals. By evaluating multiple treatment plans for individuals spanning from 1919 to 1944, this study works through the typical categorizations of aversion (the attempt to stop homosexual tendencies) and conversion therapies (the attempt to stop homosexual tendencies by enforcing heterosexuality), as well as drawing a focus on the social and political pressures that influenced the prescription of the treatment methods. The contemporary relevance of this Minnesota case study relates to current political discussions surrounding conversion therapy practices. This research contributes to the awareness of the history of these enforced practices currently still utilized by Minnesota psychiatrists and religious figures. By analyzing the historical significance that conversion therapy has played in the suppression of sexuality, a more informed opinion is molded on this pressing issue.

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Introduction

In the United States, attempts at changing an individual's sexual orientation was a popular practice throughout medical centers starting in the late nineteenth century. During the 1920s, 1930s, and 1940s, medical personnel working at State Hospitals in Minnesota implemented many prescribed treatment regiments designed to cure individuals of homosexuality. Through this research, the aversion and conversion methods used to eradicate homosexuality in one of Minnesota's most prominent state hospitals will be analyzed to see the different treatments prescribed with the attempt to change an individual's sexual orientation. Another purpose of this research will be to understand the framework in which these treatment methods were developed under, in order to better comprehend the homophobic and prejudicial attitudes involved in the inception of these cures. Finally, this research will serve to further understand how the implementation of these aversion and conversion methodologies allowed for further social oppression.

In this essay, previous historical research completed on treatment methods of homosexuality will be summarized to understand the historical significance this topic plays. Hypothesized causes of homosexuality, social/religious perceptions, political actions regarding sexuality, medicinal treatment practices, and a general overview of state hospitals will also be compiled to provide a broader contextual background on Minnesotan medical history. Ultimately, employment and financial statements, population logs, and personal medical files from Minnesota State Hospital records will be analyzed to understand methods used to treat homosexuality in Minnesota throughout the early twentieth century.

Within Minnesota, the growing number of individuals who needed public institutionalization for more indepth care caused the Minnesota State Legislature to create a number of state hospitals. Fergus Falls State Hospital, one of the largest hospitals continuously treating patients for over a century in Minnesota, recorded and archived several types of documents that provide insights on the treatment methods used at Fergus Falls State Hospital. Although many of the hospital documents might have held, smaller, indirect references to the relationship between the hospitals and homosexuality, the following document types were selected for research due to their relevance and potential of direct reference to treatment methods: patient case studies (supplemented through patient indexes, demographic reports, and population studies); commitment, admission, and discharge paperwork; and financial and employment records.

Fergus Falls State Hospital has a large repository of documents deposited in the Minnesota Historical Society's archives, which allows for public access to these important records. Through this inquiry, the types of treatment will be studied to determine: the popularity and utility of each practice, the demographic makeup of individuals being treated with each method, any common side effects of the various treatment types, and the time frame in which the treatment was practiced. Initially, the medical files show a clear presence of individuals admitted under the broad diagnosis of sexual deviancy, with more detailed research suggesting a diagnosis of homosexuality. In addition, hospital supply orders show many supplies, such as emetics, surgical tools, and electrodes, being ordered regularly, which suggest the frequent usage of such supplies, all of which have historical ties to conversive and aversive therapies. Finally, a human

sexuality course, which dates to the 1980s, helps solidify the further presence of treatment methods for homosexuality within Minnesota State Hospitals.

Historical Debate

There is a prominent volume of academic literature on the broad concept of homosexuality, with only a small portion of this work focusing on the historical usage of medical and psychological treatment methods. However, there is a richly documented history of the medicalization of homosexuality within the United States, which grounds this topic effectively. Starting with early research done by Richard von Krafft-Ebing, Karl Heinrich Ulrichs, and other researchers in the late 1800s, a movement arose that pushed to view homosexuality as an illness. Referring to both a biological and psychological sense of the term ‘illness,’ this movement advocated for a shift from punishing to treating homosexuals.¹ This new conceptualization led to a mass campaign favored by medical researchers, with the goal of finding a method or medicine to cure homosexuality.²

This crusade also encouraged a small counter-movement, popularized by psychiatric doctors throughout the twentieth century. In this response, many doctors argued that traditional medical cures would not suffice, as homosexuality was thought to be a mindset that the patients needed to actively choose against. This movement discouraged patients from seeking medical treatment on the grounds that they simply would not work and instead inspired patients to seek spiritual or other moral-based treatments.³ However, many doctors who ascribed to this

¹ Silverstein, Charles. 1991. “Psychological and Medical Treatments of Homosexuality.” In *Homosexuality: Research Implications for Public Policy*, 101–14. <http://dx.doi.org/10.4135/9781483325422.n7>.

² Minton, Henry L. 2002. *Departing From Deviance: A History of Homosexual Rights and Emancipatory Science in America*. University of Chicago Press. <https://doi.org/10.1017/S0025727300057410>.

³ Scasta, David. 1998. “Historical Perspectives on Homosexuality.” *Journal of Gay & Lesbian Psychotherapy* 2 (4): 3–17. https://doi.org/10.1300/J236v02n04_02.

movement also discouraged traditional punishments for their homosexual patients. It was believed that these punishments would encourage martyrization of individuals, which would further promote homosexuality.⁴

In George Haggerty's book, *Gay Histories and Cultures*,⁵ he looks at the multiple trials used throughout the early nineteen hundreds across the United States to cure homosexuality. He describes the early focus on gay identifying males and the slow but eventual targets on individuals of other sexualities. Haggerty also acknowledges the several different medical viewpoints that occurred throughout the early 1900s, yielding different mindsets from different professional occupations. While the differences between psychological and biological doctors were evident and led to an apparent difference in treatment plans, Haggerty argues that this should not be the main concern. More importantly, the overarching pathologization of homosexuality and the medicalization of homosexuality through the need for treatment should be the key take away. Whether through a psychiatric or a physical doctor is an almost negligible detail.⁶

Haggerty also looks at the different paths of treatments that doctors could encourage. Describing the difference between aversion and conversion therapy techniques, Haggerty differentiates the two through psychologically positive and negative reactions. Conversion therapy is based on the addition (positive) of opposite-sex attraction with the intent to switch a

⁴ Stekel, Wilhelm, and Bertrand S. Frohman. 1930. "Is Homosexuality Curable." *The Psychoanalytic Review* 17 (4). <https://www.pep-web.org/document.php?id=PSAR.017.0443A>.

⁵ Haggerty, George E. 2000. *Gay Histories and Cultures: An Encyclopedia*. London; Taylor & Francis : Garland.

⁶ Haggerty. *Gay Histories and Cultures*. pp. 710-715.

patients attraction. Inversely, aversion therapy is based on the subtraction (negative) of same-sex attraction, with the belief that removing same-sex attraction will allow individuals to develop a new sense of opposite-sex attraction.⁷

Typical conversive methods frequently prescribed included: vigorous exercise regiments with the attempt to promote masculinity in male patients, rest and relaxation designed to further sexual equilibrium, extensive contact with prostitutes and arranged marriages to promote relationships with opposite-sex partners, and controlled masturbation designed to force clients to find individuals of the opposite sex arousing. These methods all intended to foster healthy, opposite-sex relationships for the patient. On the other hand, typical aversive methods consisted of: electroshock therapy, harsh chemicals, deprivation of basic human needs (water, food, sleep) and threats of beatings.⁸ These treatments all utilized the same basic principle behind psychologist B.F. Skinner's 'Operant Conditioning,' which followed the convention that a subject responds negatively to punishments and will unlearn behaviors, as long as the punishment is continuously present.⁹

Nonetheless, there is a significant overlap between the positive punishment utilized by many psychiatrists and the medical techniques used by physicians in the early 1900s. Although technically designed through the medical gaze, Haggerty alludes to the fact that the horror of many medical procedures acted as a threat of punishment, which furthered the psychological condition of aversive therapy. Similarly, within the medical experimentation, there were

⁷ Haggerty. *Gay Histories and Cultures*. pp. 710-715.

⁸ Ibid.

⁹ Staddon, J.E.R., and D.T. Cerutti. 2003. "Operant conditioning." *Annual Review of Psychology*: 115. *Gale Academic*.
https://link.gale.com/apps/doc/A99113766/EAIM?u=clic_hamline&sid=EAIM&xid=608fdee6.

psychological premises that were the push behind many of the treatments. Injection of chemicals and drugs, hormone replacements, castrations, sex organ transplants, bodily cauterization, and lobotomies were among the more common treatments prescribed by doctors, each intending to chemically and psychologically alter the body part/system that was hypothesized to be the cause of homosexuality. Studying both psychological forms of treatment as well as medicinal, Haggerty comes to the conclusion that a lack of centrally regulated methodology makes it almost impossible to come to the conclusion that these treatments worked to change an individual's sexual orientation.¹⁰

An overarching flaw of all forms of treatment for homosexuality, Haggerty mentions, is the fact that individuals who actively sought out treatment (as opposed to being diagnosed and being prescribed mandatory treatment) were not looking to be cured, rather to simply depart the social homophobia and antagonism that surrounded their day-to-day life in the early 1900s. Generally, Haggerty's explanation of early processes of both psychological and biological treatment, although varying significantly in intentions and techniques, all operated under the heteronormative assumption that homosexuality is an illness. The pathologization paved the way for the countless number of therapies tested throughout this period; however, due to the problematic, biased headspace of the medical professionals at the time, it is impossible to understand how practical or ineffective these treatments were.¹¹

In Arno Karlen's *Sexuality and Homosexuality: A New View*, he focuses specifically on psychotherapy and other psychological treatment methods that held origins within United States

¹⁰ Haggerty. *Gay Histories and Cultures*. pp. 710-715.

¹¹ Ibid.

medicine. Through Karlen's study, they look at electroshock therapy primarily as a vessel for psychological treatment, although they briefly bring up the biological benefits that were anticipated through the use of this method. Karlen's major focus is on the usage of electroshock psychologically. Within the broad study of behavioral therapy, Louis Max's initial attempt to associate homosexual thoughts in patients is with a painful electric shock, which Karlen identifies as the inception of aversive tactics in therapy. After Max's technique became public, Karlen states that the practice steadily grew and "the enthusiasm of the behavior therapists was matched by the indignation and brainwashing."¹² The intensity with which Karlen describes the therapists' acceptance to this practice helps show that, while the technique might not have spread particularly fast, as compared to other therapies, doctors throughout the United States were advocating for and loyally practicing electroshock therapy throughout a large portion of the twentieth century.¹³

While Karlen looked at how the biological and psychological fields overlapped, Michael Kennedy highlights some of the biological excuses used to condone treatments. Kennedy summarizes his findings by quoting early psychologists and explaining how biology influenced their work. He writes that "the early psychiatrists all believed that the cause of mental illness was biological, and psychiatry and neurology were closely linked."¹⁴ Kennedy cites phrenology, or the study of bumps on the skull, as an example of the blending of psychology and medicine, using psychological analysis of different parts of the body to determine a cause for

¹² Karlen, Arno. 1971. *Sexuality and Homosexuality: A New View*. W. W. Norton. p. 588

¹³ Karlen. *Sexuality and Homosexuality*. p. 588.

¹⁴ Kennedy, Michael. 2010. *A Brief History of Disease, Science, and Medicine : From the Ice Age to the Genome Project*. Mission Viejo, Calif.: Asklepiad Press. p. 396.

homosexuality. Starting in the mid-1930s, phrenology led to the development of lobotomies and other treatments involving direct cranial operations. Kennedy looks at the extensive number of people who underwent lobotomies in the fifteen-year period between 1936 and 1951 and identifies approximately 18,600 patients who were documented to have undergone this operative procedure. In this study, Kennedy also made contact with several survivors of lobotomies and reflected on the aftermath of the practice, asserting that the damage and trauma were so significant, that the likelihood of anyone surviving a psychosurgery and being discharged was essentially zero.¹⁵

In his encyclopedia, *Gay American History*, Jonathan Katz provides an in-depth analysis of the full history of therapeutic and medical techniques used during the first half of the twentieth century to treat homosexuality. He begins by describing surgical methods, including castrations,¹⁶ vasectomies, hysterectomies, and lobotomies, all of which involve removal/surgical interference of an individual's organs.¹⁷ Katz also interprets the cocktail of drugs (both pharmaceutical and recreational) that were administered to patients, including (but not limited to): estrogen and testosterone, sexual depressants and stimulants, and LSD. Katz explains the usage of nausea-inducing drugs as a part of an aversive therapy designed to chemically associate homosexuality with nausea in a patient. Aside from drugs, doctors also used electric shock and negative suggestions/abuse to create a toxic connection between the patient and homosexuality.

¹⁵ Kennedy. *A Brief History of Disease, Science, and Medicine*. pp. 396 and 410.

¹⁶ In perhaps one of Katz's most horrific accounts, he details how Governor Hogg of Texas validated the necessity of castration, and claims that any asylum director has the total right to castrate anyone should the doctors involved believe it to be of importance.

¹⁷ Katz, Jonathan. 1992. *Gay American History: Lesbians and Gay Men in the U.S.A.* New York, N.Y., U.S.A.: Meridian. p. 137.

Katz considers the medical rationale for subjecting patients to these treatments, including both forced and ‘voluntary’ admittance. When an individual was prescribed to undergo treatment, either through a medical appointment or legal appointment, Katz reminds readers that many of these doctors were employed by the legal and penal systems in the government. He writes that “justice is literally on [the doctors’] side,”¹⁸ because they are employed and allied with judicial/prison personnel, who have an active role in patients’ lives through this system. Katz also stresses his usage of ‘voluntary’ to describe patient admittances. He underscores the social pressures, internalized feelings of guilt, and the desire to punish oneself as effective and coercive measures that encourage an individual to go through treatment, despite a lack of a desire to change their sexuality.

Similarly, Marc Stein looks at the issue of treatments practiced on ‘voluntary’ patients. He describes the individuals volunteering as ‘distraught,’ leaving them in a belligerent mental state, where the decision-making will be greatly affected by the external social pressures. He also reminds readers that historians can only look at the published treatment methods, which is an extremely important point to focus on. During the early 1900s, countless patients underwent medical treatments that were not recorded, due to the controversiality of both the patients being treated, as well as the horrific nature of the treatments themselves. Therefore, it is impossible to know the full extent of unrecorded treatment methods; the focus is now on the patients whose records were not purposefully destroyed, redacted for patient safety, and/or not otherwise erased. Circumstances such as lack of official approval from an ethical committee, the outrageous social

¹⁸ Katz. *Gay American History*. p. 137

stigma, and even the lack of importance homosexuality had as a whole to society were all prevalent factors no doubt impacting the records that exist today.¹⁹

¹⁹ Stein, Marc. 2004. *Encyclopedia of Lesbian, Gay, Bisexual, and Transgender History in America*. New York: Scribner's. p.139.

Popular Notions of Homosexuality in the Early Twentieth Century

In order to understand the full situation in which these treatments were occurring, it is critical to reassemble the mindset inhabited during the early 1900s. This allows us to understand not only the purposes of the various treatment methods used in Minnesota, but the overarching social pressures that influenced the methodologies as well. As relevant to the research questions, it is critical to consider the following topics: the social, political, and religious recognitions (or lack thereof) of homosexuality; the illegality and subsequent punishment based on sodomy laws; the different strategies enforced by medical personnel throughout the United States to cure homosexuality in the twentieth century; and the inception and ultimate popularization of Minnesota state psychiatric hospitals, with an extensive look at the Fergus Falls State Hospital.

Causes and Perceptions

Through oppositional binaries designed to separate groups of people based on arbitrary traits, it is easy to see how the social categories of homosexual and heterosexual are created. Through the, once again,²⁰ arbitrarily defined sexual differences amongst individuals, a concrete distinction can be noticed between heterosexual and homosexual individuals. Since a difference can be noticed, and then understood, pathologization due to the difference being wrong is only a small jump.²¹ Due to the pathologization, the view of homosexuality as a disease causes a need

²⁰ Human beings hold countless differences amongst them, but there are very few that are actively viewed as a “difference”. There is a large variety of sexuality between individuals, yet society has classified sexuality into two (although categories like bisexuality exist, they are categorized as being under the umbrella of homosexuality) categories, with homosexuality (including all types of same-sex/gender desire) existing in opposition and as a ‘difference’ with respect to heterosexuality.

²¹ Drescher, Jack. 2015. “Out of DSM: Depathologizing Homosexuality.” *Behavioral Sciences* 5 (4): 565–75. <https://www.mdpi.com/2076-328X/5/4/565>.

for treatment; to best discover a treatment method, doctors would need to analyze the possible causes of homosexuality. Although no agreed upon cause has ever been uncovered²², much of the speculation was either of a psychological or biological nature.

Psychiatric Cause

Freudian analysis, one of the foremost tactics of psychology in the early 1900s and designed to understand invisible psychological factors, played a major role in portraying homosexuality as a psychological phenomenon. Through analysis of family relationships and experiences in an individual, members of the family and specific events that occurred were pulled out and classified as a generating cause of an individual's homosexuality.²³ Wilhelm Steckel and Bertrand Frohman also look into family roles when looking at an individual's sexuality. They claim that the childhood environment is a major factor in influencing a child's sexuality; a homosexual individual, through this environment, has had their 'heterosexual pathway' blocked, but this procedure is still present within the individual's psyche.²⁴ On the other hand, Kraft-Ebing looks at the family as a vessel to pass homosexuality on through heredity, while continuously labeling it as a mental illness.²⁵ Similarly, Edward Carpenter conceptualizes homosexuality as a misalignment of an individual's body and soul, falling into what he deems to be an intermediate place.²⁶

²² At the time of the writing of this thesis, in 2020.

²³ Townsend, Kristin Lula. 2011. "The Medicalization of 'Homosexuality'." Thesis. Syracuse University. https://surface.syr.edu/honors_capstone/292/. p. 3.

²⁴ Townsend. "The Medicalization of 'Homosexuality.'" p. 55

²⁵ Ibid. p. 15.

²⁶ Ibid. p. 9.

While a majority of medical researchers viewed homosexuality as an inborn characteristic, a growing number of professionals started exploring the idea that homosexuality was a learned action. Otto Weininger believes that everybody holds the ability to be attracted to the same gender²⁷ and that an inclination for homosexuality exists in everyone.²⁸ Further on, Townsend clarifies the difference between individuals who might have romantic and/or sexual encounters with individuals of the same gender, yet do not identify as a homosexual, and how, while these acts may be immoral, the individual is not inherently the same as a patient who identifies as a homosexual.²⁹ Freud even argues that every human is apt to make homosexual decisions, most having unconsciously made a decision in favor of heterosexuality. Yet, he dubs all humans to be born bisexual, or having the capability to hold both heterosexual and homosexual attractions and only later makes an innate decision to be attracted to individuals of the same or of a different gender.³⁰

However, prior to the 1940s, psychology as a whole broke from this model and started insisting that heterosexuality was the true ‘natural’ manifestation for humans and that homosexuality had to be born out of phobia or other negative responses.³¹ Before this, psychologists implemented psycho-analysis, a practice focused on an intense review of a patient’s memories in order to unearth a potential occurrence that might have prompted

²⁷ Townsend. “The Medicalization of ‘Homosexuality.’” p. 10

²⁸ Ibid. p. 17

²⁹ Ibid. p. 13

³⁰ Ibid. p. 53

³¹ Herek, Gregory M. 2010. “Sexual Orientation Differences as Deficits: Science and Stigma in the History of American Psychology.” *Perspectives on Psychological Science*, December, 694. <https://doi-org.ezproxy.hamline.edu/10.1177/1745691610388770>.

homosexuality.³² In Townsend's article, they summarize this idea under the concept of 'choice discourse'; instead of the biological deterministic viewpoint, where an individual is predestined to homosexuality regardless of their actions, 'choice discourse' looks at an individual and, whether unconsciously or consciously, makes a choice to be homosexual³³

Whether the choice is conscious or unconscious, many psychologists look for reasons that an individual might be motivated to engage in homosexuality. Forel suggests that seduction by another homosexual can be enough to encourage one to participate in same-sex activities. Much later, in 1993, a study looked at this ability to change one's sexuality and only found this occurring in three cases out of the dozens of participants.³⁴ Some even believed that recurrent masturbation, alcoholism, and addiction were related to an individual's sexuality, speculating that these psychosocial acts could make an individual homosexual.³⁵ The most cited example is the belief that the unruly family (an overprotective, caring, close mother in many cases) acted as a deterrent for heterosexuality based on a lack of ordinary family structures and experiences.³⁶

In contrast, the biological determinist model mimics Magnus Hirschfeld's theory, underscoring the belief that homosexuality was caused by a specific makeup within the

³² Townsend. "The Medicalization of 'Homosexuality.'" p. 53.

³³ Ibid. p. 78.

³⁴ Ibid. pp. 24-26.

³⁵ Ibid. p. 57.

³⁶ Coleman, Eli. 1982. "Changing Approaches to the Treatment of Homosexuality." *American Behavioral Scientist* 25 (4): 397.
https://journals-sagepub-com.ezproxy.hamline.edu/doi/pdf/10.1177/000276482025004005?casa_token=I-IXqp7-IDcAAAAA:Y-YY51KcrTc_u6MXjQBO0g8X0551DXf6miyAvvCTMNzjMmBLFv9mBznxpqY67lBs9_7H2PemodqjEk.

individual's brain.³⁷ August Forel concurs that anomalies in the brain could be the cause of an individual's homosexuality,³⁸ effectively classifying homosexuality as a form of neurosis.³⁹ Karl Ulrichs on the other hand, utilizes the idea that homosexuality, although determined through the brain's make-up, is not due to an issue or imbalance.⁴⁰ This idea of homosexuality being inborn is furthered by Edward Carpenter and Wilhelm Steckel, who argue that the unconsciousness of this decision is why so many individuals feel homosexual desires despite actively attempting to live a heterosexual lifestyle.⁴¹

The social perceptions of homosexuality in the early 1900s fundamentally relied on this association of homosexuality as a psychiatric illness. Described as a "psychological deficit" by Gregory Herek, this overarching idea of something missing in an individual's mind that only heterosexuality can fulfill is a clear jumping off point for the logic behind the medicalization of homosexuality. A deficit, which implies that an individual is missing something, forces the individual to begin thinking about treatment. If there is something missing medically in an individual, doctors work hard to add that piece back into the individual: Insulin shots are given to individuals who are not able to produce their own, blood transfusions are necessary when an individual does not have a healthy amount of leukocytes, and even standard vaccinations are designed to put missing antibodies into one's body to prevent illness. Although Herek is able to

³⁷ Townsend. "The Medicalization of 'Homosexuality.'" p. 18.

³⁸ Ibid. p. 19

³⁹ Ibid. p. 31.

⁴⁰ Ibid. p. 16.

⁴¹ Ibid. pp. 33, 53

broadly describe the psychological opinion of homosexuality as deficient, he also touches on the importance of cultural impacts on this medicalization of homosexuality.⁴² Rachel Kunzel acknowledges the role that psychology played in this, stating that psychological treatment is one of the single-most, devastatingly oppressive measures of homophobia. They base this statement on the now widely understood notion that homosexuality is not a mental illness and the portrayal of it as such leads to greater instances of homophobia.⁴³ Because homosexuality was considered to be a pathological ‘disease’ for much of the twentieth century, this perception helps to demonstrate how science is fundamentally based on cultural factors, resulted in an important understanding of science being encultured and the impacts that personal bias hold in even a supposedly universal field such as medicine.⁴⁴

Within psychology, choice discourse dominated nearly all of the debates surrounding homosexuality. Was an individual able to make a choice, whether provoked or unprovoked, to engage in homosexual acts, or was it an involuntary action by the individual’s body, based in some unchangeable chemical structure? While many individuals who believed homosexuality was a learned phenomenon typically agreed that it was not learned willingly, a growing presence began advocating that homosexuality was a moral choice, a byproduct of choosing to have homosexual tendencies. Generally, this can be understood to relate to the psychological prescription of homosexuality as a psychological illness.⁴⁵

⁴² Herek. “Sexual Orientation Differences as Deficits.” p. 693.

⁴³ Kunzel, Regina. 2017. “Queer History, Mad History, and the Politics of Health.” *American Quarterly* 69 (2): 315. https://muse-jhu-edu.ezproxy.hamline.edu/article/663330#info_wrap.

⁴⁴ Herek. “Sexual Orientation Differences as Deficits.” p. 697.

⁴⁵ Townsend. “The Medicalization of ‘Homosexuality’.” p. 19.

Biological Malady:

Although current medical understandings recognize the distinct categories of physical and mental illnesses, there is a direct acknowledgment of the overlap of symptoms and treatments. Yet, prior to modern psychological research, these two categories were strategically separated.⁴⁶ There is a general trend where earlier studies and treatment plans assumed homosexuality's existence within a body, while later ideas tended to agree on the mental existence and 'performance' of homosexuality.⁴⁷ In a disturbing metaphor, Kristin Townsend writes that "scientists and physicians between 1864 and 1908... view the body as a legible text that could be read for signs of 'homosexuality,'" giving a vivid depiction of the belief that homosexuality was a result of a physical manifestation within an individual's body.⁴⁸ Until 1973, when the American Psychiatric Association finally removed homosexuality from the diagnostic and statistical manual, the association of homosexuality with disease/disorder was justified through major medical associations.⁴⁹ Before this, many institutions attempted to understand sexual differences by equating them to a pathological basis.⁵⁰ The social assumption of medicine as a consistently true and constant fact plays into the domineering power that medicine held over

⁴⁶ By separating the many beliefs into two categories, the sheer amount of overlaps present between the two categories is made obvious. The attempt was made to section the psychological ideas as relating to an individual's brain and mental processes and biological with physical and internal bodily structures; however, there are clear and apparent similarities that make this separation a very gray area.

⁴⁷ Townsend. "The Medicalization of 'Homosexuality'." p. 51.

⁴⁸ Ibid. p. 27.

⁴⁹ Sacks, Jonathan. 2012. "Pray Away the Gay?" An Analysis of the Legality of Conversion Therapy by Homophobic Religious Organizations." *Rutgers Journal of Law and Religion* 13 (2): 72-73. <https://heinonline.org/HOL/P?h=hein.journals/rjlr13&i=72>.

⁵⁰ Herek. "Sexual Orientation Differences as Deficits." p. 696.

sexualities throughout the 1900s.⁵¹ This social power, based on the pathologization and more broad medicalization of non-heterosexual sexualities,⁵² provides a clear path to show the popular societal construction of homosexuality and other same-sex attractions and a pathological disease and/or disorder.⁵³

In a direct description of how physicians responded to homosexuality as a biological disorder, Townsend looks at the doctor's timeline for diagnosing homosexuality: first, a physical diagnosis of homosexuality would be given and then a treatment plan would be enacted, almost certainly focused on a physical location of homosexuality within one's body.⁵⁴ It was believed that homosexuality was ingrained within an individual,⁵⁵ and the treatment or a cure was dependent upon the hypothesized location.⁵⁶ Even the utilization of the term of 'diagnosis,' in regards to diagnosing an individual with either homosexuality or homosexual tendencies, signifies that a medical or pathological reason is underlying the condition.⁵⁷

⁵¹ Hansen, Bert. 1989. "Physicians' Earliest Writings about Homosexuals, 1880-1900." *The Milbank Quarterly*, no. Framing Disease: The Creation and Negotiation of Explanatory Schemes: 92-108. <https://www.jstor.org/stable/3350187>. p. 98.

⁵² Murphy, Timothy F. 2008. "Brief History of a Recurring Nightmare." *The Gay and Lesbian Review Worldwide* 15: 394. http://link.galegroup.com/apps/doc/A173190073/EAIM?u=clic_hamline&sid=EAIM&xid=592f037c.

⁵³ Bullough, Vern L. 1977. "Challenges to Societal Attitudes Toward Homosexuality in the Late Nineteenth and Early Twentieth Centuries." *Social Science Quarterly*, June, 32. <https://www.jstor-org.ezproxy.hamline.edu/stable/42859745>.

⁵⁴ Townsend. "The Medicalization of 'Homosexuality'." p. 7; For a similar viewpoint, see: Bergler, Edmund. 1944. "Eight Prerequisites for the Psychoanalytic Treatment of Homosexuality." *The Psychoanalytic Review* 31 (3): 253-86. <https://www.pep-web.org/document.php?id=psar.031.0253a>.

⁵⁵ Ibid. p. 13.

⁵⁶ Ibid. p. 12.

⁵⁷ Townsend "The Medicalization of 'Homosexuality.'" p. 15.

Karl Ulrichs, who was an early sexologist from the late eighteen hundreds, provided several different possibilities for medical reasonings behind homosexuality. One of his initial propositions stated that homosexuality was a byproduct of development within the embryo, caused by differentiation in an advancement process. This concept, although not widely accepted, was a radical progression, as it was one of the first arguments that advocated against the belief that homosexuality was a choice and could be changed. Although there is still the ultimate hope that there might be a treatment of some sort, Ulrichs speaks out against common beliefs that suggestion-based, non-direct, treatment methods will work to cure an individual of homosexual tendencies.⁵⁸ Although not directly, this coincides with Ulrichs's germ theory, which described every person as having two sets of germs (sex organs and sex drive). In a healthy, heterosexual individual, the germs act in opposition, where an individual's body is presented as one sex, but their desire is towards the opposite sex. For homosexuality, both germs align with each other. Ulrichs believes that within an individual's germ that controls sex drive, a male and a female germ both exist, and whichever one is active is the one that is expressed. This logic, although inherently faulty due to several assumptions that we know to be inaccurate (the exclusion of other sexualities, the assumption that everyone is the sex they are born with, etc.) plays an important role in helping pathologize homosexuality.⁵⁹

Krafft-Ebing, another significant medical researcher, analyzed physical aspects of an individual's appearance, as well as common characteristics that were displayed. Within these observations, a developmental model that identifies several separate motifs of homosexuality

⁵⁸ Ibid. pp. 16-17.

⁵⁹ Ibid. p. 16.

was drafted to show the prevalent aspects that Krafft-Ebing believed to be a direct result or of direct impact to an individual's sexuality. His first idea looks at masturbation and other non-procreative sex, concluding that these actions provoke homosexuality. He also notices that sexual suggestion is typically present and acts to confirm an already present basis within an individual. Homosexuality, as states Krafft-Ebing's third theme, is typically accompanied by other mental illnesses, with a major correlation to depression. A physical condition with the individual's blood, oftentimes thought to be anemia, was sometimes reported as well.⁶⁰

With these physical and mental side-effects, Krafft-Ebing argues that it is practically impossible for these relationships to be based in real love, and it is instead an effect of these problems, as well as the sexual desire that is overbearing in cases of homosexuality. There is also the presence of suicidal ideations, either because of these feelings, or as a result of the social and legal consequences of homosexuality during the 1900s. Krafft-Ebing's seventh, and last official theme, rests on the idea that homosexuals experience a strong form of denial that can cause attempted mimicry of heterosexual relationships, frequently through prostitution. One additional theme, although it does not follow the pattern that Krafft-Ebing presents of physical side-effects, states that homosexuals will respond negatively⁶¹ to psychological treatment, leading to a change in behavior. This final theme shows Krafft-Ebing's urge towards treatment methods for homosexuality.⁶²

⁶⁰ Townsend "The Medicalization of 'Homosexuality.'" p. 16-17

⁶¹ This word is used in the psychological sense of the word, meaning a subtraction of a certain behavior in response to something.

⁶² Townsend "The Medicalization of 'Homosexuality.'" pp. 27-28.

With a newfound interest in brain function in the early 1900s,⁶³ the different physical functions of the brain show up frequently in research studies during this time period. Hormones were studied and secretions of hormones, as well as glandular make-up, were major building blocks in theories regarding homosexuality. A common belief rested on the presence of testosterone production in utero and how a shortage from the brain to the testicles can lead to a destabilization of neurons, which was thought to affect brain function, including an individual's sexuality. In the 1980s, this theory was finally studied, and while individuals did find a lower amount of testosterone present in gay-identified men, it is also significant to note that this study was composed of entirely gay men who had died from AIDS, with countless other underlying health problems.⁶⁴ Glands within the body were also thought to follow a similar pattern, with a difference in secretions being formed at birth, predicting an individual's sexuality.⁶⁵

Social Conceptions

Socially, homosexuality was essentially exclusively viewed in a negative light, in a particularly stereotypical and harmful way. Many medical personnel used terms like 'inverts'⁶⁶ and 'abnormal'⁶⁷ to separate homosexuality from society as a whole.⁶⁸ By using terminologies

⁶³ Townsend. "The Medicalization of 'Homosexuality.'" p. 28

⁶⁴ Ibid. pp. 75-76.

⁶⁵ Bullough. "Challenges to Societal Attitudes Toward Homosexuality in the Late Nineteenth and Early Twentieth Centuries." p. 34.

⁶⁶ Townsend. "The Medicalization of 'Homosexuality.'" p. 12.

⁶⁷ Townsend. "The Medicalization of 'Homosexuality.'" p. 28.

⁶⁸ Ibid. p. 26.

such as this, language played a suggestible role in a need for medical treatment.⁶⁹ This leads to ‘otheredness’,⁷⁰ and a discourse surrounding the normality of sexuality surfaces, with questions on who can be considered normal.⁷¹ A byproduct of this thought process leads to what Gregory Herek terms as ‘sexual stigmatization,’ referring to the reproach and lack of power faced by non-heterosexual individuals.⁷² Differentiating between social and structural, Herek also utilizes the idea of heterosexism as a form of sexual stigmatization that is related specifically to societal institutions of power and privilege and built on and with the goal to enforce heterosexuality as the natural, unmarked sexuality of the culture.⁷³

In Naoko Wake’s thesis, she describes the increasing anxiety towards homosexuality throughout the 1900s, in a time of global xenophobic and imperialistic fears.⁷⁴ Wilhelm Steckel offers a characterization of homosexuality that Townsend calls “incestuous, narcissistic and paranoid, but also jealous, afraid, and sadistic,” as a result.⁷⁵ In the early 1900s, homosexuals experienced intense and willful cultural surveillance, with groups actively speaking out against

⁶⁹ Ibid. p. 12.

⁷⁰ Ibid. p. 30.

⁷¹ Robertson, Phyllis K. 2003. “Historical Effects of Depathologizing Homosexuality on the Practice of Counseling.” *The Family Journal* 12 (2): 163.
<https://doi-org.ezproxy.hamline.edu/10.1177/1066480703261976>.

⁷² Herek “Sexual Orientation Differences as Deficits.” p. 693.

⁷³ Ibid. pp. 693-4.

⁷⁴ Wake, Naoko. 2019. “Homosexuality and Psychoanalysis Meet at a Mental Hospital: An Early Institutional History.” *Journal of the History of Medicine and Allied Sciences* 74 (January): 35.
<https://muse-jhu-edu.ezproxy.hamline.edu/article/718952>.

⁷⁵ Townsend “The Medicalization of ‘Homosexuality’.” pp. 66-67.

all types of non-heterosexual and sodomical sexual acts.⁷⁶ Either as a response or as an instigation, larger cities experienced a more present and burgeoning subculture of homosexual individuals throughout this same time period.⁷⁷

Family dynamics were an apparent discussion among topics related to homosexuality during the early twentieth century. Beliefs that a disturbance in the parental relationship between a child's parents would cause homosexual tendencies were heavily enforced and cautioned against. With particular respect to younger males, mothers were advised against affection, with the fear that an attachment would be created, causing homosexuality to spike.⁷⁸ Major life events in childhood such as divorce, family changes (additions or subtractions of different members including, but not limited to, birth and death), emotional and physical abuse, frequent verbal altercations, as well as any other larger events that caused stress and trauma to the individual were considered to be precursors to homosexuality.⁷⁹

Angela Perone notes that the DSMs, throughout their inclusion of homosexuality, tend to mimic the cultural and social beliefs associated with an individual's gender or sexuality. Even the definitions are noted to be based on cultural stereotypes and show a clear bias in the

⁷⁶ Wake "Homosexuality and Psychoanalysis Meet at a Mental Hospital." p. 43.

⁷⁷ Rosario, Vernon. 2008. "The Fate of Sodomy Law in the U.S." *The Gay and Lesbian Review Worldwide* 15 (6): 20.
http://go.galegroup.com.ezproxy.hamline.edu:2048/ps/i.do?&id=GALE|A189186199&v=2.1&u=clic_hamline&it=r&p=LitRC&sw=w.

⁷⁸ Gilsenan, B. C. 1946. "Homosexuality and the Law." *British Medical Journal* 1 (4444): 369.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2058384/>.

⁷⁹ Loveland, Ruth. 1938. "Review of: Mentality and Homosexuality by Samuel Kahn." *The Psychoanalytic Review* 7: 277. <https://www.pep-web.org/document.php?id=PAQ.007.0276A>.

information written in these editions.⁸⁰ Looking at the cultural norms, one present and powerful follows the association of sexual activity with the outcome of procreation. Because a homosexual couple stereotypically cannot conceive a child through their sexual occurrences, there is a lack of reproduction facing homosexual couples at this time, which would have been a primary reason for sexual relationships.⁸¹ Furthermore, many parents were afraid that since homosexual couples could not have children of their own, they would seduce other children into living with them, portraying non-heterosexuals as insidious and pedophilic in their interactions with younger children.⁸² Jonathon Katz's progression of social perceptions of homosexuality, (sin, to crime, to sickness) is even further analyzed by the role that homosexuality plays in an individual's life.

All of these social disapprovals and reactions to homosexuality evidently affected individuals, and it was speculated that some of the side effects (anxiety, depression, paranoia)⁸³ reported with homosexuality can also be understood as social byproducts of this stigma. This shame was faced constantly by individuals who are even thought to participate in any sort of homosexual acts.⁸⁴ In a concluding remark, B.C. Gilsenan writes that "either [the homosexual] tends to break society or society tends to break him," describing the perceived attack society

⁸⁰ Perone, Angela K. 2014. "The Social Constructions of Mental Illness for Lesbian, Gay, Bisexual, and Transgender Persons in the United States." *Qualitative Social Work* 13 (6): 769. <https://doi-org.ezproxy.hamline.edu/10.1177/1473325014543544>.

⁸¹ Bullough "Challenges to Societal Attitudes Toward Homosexuality." p. 36.

⁸² Dressler, Joshua. 1979. "Judicial Homophobia: Gay Rights Biggest Roadblock." *The Civil Liberties Review*, 82. http://www.williamapercy.com/wiki/images/Judicial_Homophobia.pdf.

⁸³ Hegarty, Peter. 2003. "Homosexual Signs and Heterosexual Silences: Rorschach Research on Male Homosexuality from 1921 to 1969." *Journal of the History of Sexuality* 12 (3): 410. <https://muse-jhu-edu.ezproxy.hamline.edu/article/52156/summary>.

⁸⁴ Townsend "The Medicalization of 'Homosexuality.'" p.15.

viewed homosexuality as, as well as the actual attacks facing even perceived homosexuals by society.⁸⁵ Joshua Dressler describes the extreme hatred and homophobia present throughout the entire twentieth century (with the commencement existing prior to and occurring to the present day) and concludes that “the American people as a whole hate and fear homosexuals,” echoing the sentiments expressed, as well as actions taken to discriminate and otherwise maliciously attack non-heterosexual individuals.⁸⁶

Political Space:

Politically, homosexuality was seen as an easy platform to campaign against. Political candidates capitalized on this buzz topic and spoke of homosexuality to incite anger and call a demand for change, ensuring a positive audience reaction. The government’s construction of this categorization allowed for the heterosexual group in power to maintain the vehicle of control and to actively use this control to oppress and further marginalize homosexuality.⁸⁷ The idea focuses on the following: if individuals are taught homosexuality and make an active choice to identify as a homosexual, politicians can argue that the consequences individuals labeled as homosexuals faced were justified, as this practiced behavior was something the individual had a choice in.⁸⁸ The push for a stricter punishment for homosexuality rested on the primary platform that homosexuality was a danger for one’s own children, as well as the broader youth of America.⁸⁹

⁸⁵ Gilseman. “Homosexuality and the Law.” p. 369.

⁸⁶ Dressler. “Judicial Homophobia.” p. 82.

⁸⁷ Townsend “The Medicalization of ‘Homosexuality.’” p. 35.

⁸⁸ Ibid. p79.

⁸⁹ Townsend “The Medicalization of ‘Homosexuality.’” p. 69.

Appealing directly to parents, the fear of corruption, as well as seduction was present in the minds of many politicians.⁹⁰ Due to the already popularized presence of the medicalization of homosexuality by governmental doctors and researchers and the constant attention by politicians, the ideas of medicine and politics became so intertwined that “[the official diagnosis] could only be changed by a vote, a very unscientific way of deciding scientific truth.”⁹¹ This heavily critiques the political influences on the scientific work being researched and shows the extreme idea that the vote an individual casts is, in a roundabout way, a direct vote on the validity of a scientific concept.⁹²

During the 1900s, this dislike and hostility toward homosexuality was so prominent, Judge Byron Skelton, a prominent judge in the U.S. Federal Court of Appeals writes that “any school boy knows that a homosexual act is immoral, indecent, lewd, and obscene.”⁹³ This prominence, although not due entirely to the political popularity of the topic at the time, is nonetheless apparent and significant.⁹⁴ With that in mind, Chauncey makes certain to state that, while this issue was aggravated and intensified through American politics and federal power

⁹⁰ Ibid. p. 60.

⁹¹ Bullough. “Challenges to Societal Attitudes Toward Homosexuality in the Late Nineteenth and Early Twentieth Centuries.” p. 37.

⁹² Ibid.

⁹³ Dressler. “Judicial Homophobia.” p. 79.

⁹⁴ Ibid.

dynamics, this initial homophobia sprang from somewhere, and even governments different from our own political system can hold similar instances of homophobia.⁹⁵

Religious Influences:

As a religious concept, ‘immorality’ is used to describe the physical movement away from morals, or the broad idea of what is the culturally correct thing to do. Homosexuality was continuously equated with immorality, especially in twentieth century Minnesota.⁹⁶ With justifications relating to the survival of humanity through reproduction,⁹⁷ negative religious images of masturbation and the already present link between the two,⁹⁸ the “Christian ‘natural history’ and ‘common sense,’” behind traditional heterosexual marriages,⁹⁹ and countless other rationales connected back to religious teachings, it is evident that the popularity and social positioning of religion was significant in the immoralization of homosexuality.¹⁰⁰ Although certainly faced with different cultural contexts and circumstances, Vern Bullough broadly states the similarities in religious perceptions (and persecutions) of homosexuality throughout the past two millennia of western history. The assumptions that the initial conceptions of homosexuality

⁹⁵ Chauncey, George. 2011. “Reviewed Work: The Straight State: Sexuality and Citizenship in Twentieth-Century America by Margot Canaday.” *The American Historical Review* 116 (3): 839–40. <https://www-jstor-org.ezproxy.hamline.edu/stable/23308313>.

⁹⁶ Townsend “The Medicalization of ‘Homosexuality.’” p. 13.

⁹⁷ Ibid. pp. 45-46

⁹⁸ Ibid. p. 23.

⁹⁹ Hatheway, Jay. 2019. “American Physicians Discover the Homosexual.” Essay. In *The Gilded Age Construction of Modern American Homophobia*, 111. Accessed May 19. https://link-springer-com.ezproxy.hamline.edu/chapter/10.1057/9781403974006_9.

¹⁰⁰ Eaklor, Vicki Lynn. 2008. *Queer America: A GLBT History of the 20th Century*. Westport, CT: Greenwood Publishing Group. p. 6.

were formed around are now considered to be inaccurate and a naive perception of homosexuality. The medical and scientific studies that started taking place in the nineteenth and twentieth centuries were based off of these unfounded assumptions, therefore allowing for a problematic medical interpretation.¹⁰¹ Utilized by many doctors, the reliance on religious cures was quickly incorporated into many medicinal practices. Actions such as prayer, repentance, and faith in Jesus Christ¹⁰² was believed to maintain a moral and optimistic attitude designed for healing.¹⁰³ Laura Gans makes the argument that, aside from medical personnel, “the primary proponents of sexual orientation change have been pastors and religiously-oriented lay persons,”¹⁰⁴ accounting for the overt religious tones present in homosexuality treatment.

Legal Institutionalization and Sodomy Laws

Sodomy Laws, as they are legally deemed, trace their origins to the biblical story of the destruction of Sodom and Gomorrah. Many religious texts (including Christianity, Judaism, and Islam) interpret this event as a retribution from god for the sexual deviancy, including homosexual relationships/actions, citizens of Sodom participated in.¹⁰⁵ By considering the

¹⁰¹ Bullough. “Challenges to Societal Attitudes Toward Homosexuality in the Late Nineteenth and Early Twentieth Centuries.” p. 29.

¹⁰² Bowers, Randolph, Victor Minichiello, and David Plummer. 2010. "Religious Attitudes, Homophobia, and Professional Counseling." *Journal of LGBT Issues in Counseling* 4, no. 2: 70-91, <https://doi.org/10.1080/15538605.2010.481961>.

¹⁰³ Murphy, Timothy F. 2008. “Brief History of a Recurring Nightmare.” *The Gay and Lesbian Review Worldwide* 15: 19. http://link.galegroup.com/apps/doc/A173190073/EAIM?u=clic_hamline&sid=EAIM&xid=592f037c.

¹⁰⁴ Gans, Laura A. 1999. “Inverts, Perverts, and Converts: Sexual Orientation Conversion Therapy and Liability.” *Boston University Public Interest Law Journal* 8 (2): 226. <https://heinonline.org/HOL/P?h=hein.journals/bupi8&i=238>.

¹⁰⁵ Sacks. “Pray Away the Gay?” p. 72.

heavenly described destruction, this focus on the aspect of a punishing ‘god’ led to a clear tie to religion and the destruction of Sodom, of which the terms ‘sodomy’ and ‘sodomite’ originate from. In understanding the origin of sodomy laws, it is absolutely crucial to consider the initial creation of the laws within religious contexts.¹⁰⁶ Throughout the rise of Christianity in Europe, the punishment for homosexuality was still present and further extended into the legal field, providing a sanctioned argument against same-sex intercourse. This penal code was brought into the 13 U.S. colonies and maintained even after independence from Britain was won. This culminated in sodomy laws written into state constitutions of all 50 states, many territories even enforcing the laws prior to statehood.¹⁰⁷ For states that were not colonized by England in the seventeenth and eighteenth centuries, Christian missionaries spread anti-sodomy messages, signifying that even Indigenous societies, in which homosexuality and other same-sex attractions were allowed, were quickly demonized and forced to adapt to the colonizers perspective regarding the immorality of homosexuality.¹⁰⁸

Up until 1961, all fifty states in the United States had and imposed sodomy laws.¹⁰⁹ Since each law was written into individual state constitutions, there were important differences between states, with more conservative states favoring laws that strictly banned homosexual

¹⁰⁶ Straut, Charles B. 2016. “Due Process Disestablishment: Why *Lawrence v. Texas* is a First Amendment Case.” *New York University Law Review*: 91. 1806.

¹⁰⁷ Silverstein, Charles. 1991. “Psychological and Medical Treatments of Homosexuality.” In *Homosexuality: Research Implications for Public Policy*, 101.
<http://dx.doi.org/10.4135/9781483325422.n7>.

¹⁰⁸ Sacks. “Pray Away the Gay?” p. 72.

¹⁰⁹ Dayhoff, Aimée D. 2000. “Sodomy Laws: The Government's Vehicle to Impose the Majority's Social Values.” *William Mitchell Law Review* 27: 1864.
<https://heinonline.org/HOL/P?h=hein.journals/wmitch27&i=1881>.

sodomy and legalizing all other types of non-procreative sex. Yet, one by one, states throughout the country began decriminalizing homosexual sodomy as well,¹¹⁰ spurred on by the American Psychiatric Association's destigmatization of homosexuality in the 1970s.¹¹¹ Almost 50 years later, in 2003, *Lawrence v. Texas* was argued at the Supreme Court and nullified the thirteen remaining sodomy laws that were still part of several states' constitution. After that, sodomy laws were deemed unconstitutional through the federal constitution.¹¹²

Prior to this decriminalization, however, sodomy convictions were present and impactful within each state,¹¹³ enforced both through the fears of the heterosexual power holders, as well as the frightened individuals engaging in homosexual acts, who, through several other reasons (fear of being outed by past partners, desire to be associated with homophobia as a safety net, and fear of consequences of not complying) also engaged in a self-policing to avoid the social backlash themselves.¹¹⁴ Convictions of sodomy in the late nineteenth and early twentieth century typically resulted in a prison sentence that, depending on the court's decision may be precluded by a treatment plan, typically through a state-sponsored program or treatment facility.¹¹⁵

¹¹⁰ Wake. "Homosexuality and Psychoanalysis Meet at a Mental Hospital. pp. 43-44.

¹¹¹ Townsend. The Medicalization of 'Homosexuality.'" p. 86.

¹¹² Neilus, Carey. 2004. "Case Notes and Recent Developments: Lawrence v. Texas: Homosexuals Approach Liberty." *Dublin University Law Journal*: 26. 331.

¹¹³ Goodman, Ryan. 2001. "Beyond the Enforcement Principle: Sodomy Laws, Social Norms, and Social Panoptics." *California Law Review* 89 (3): 646.
<https://www-jstor-org.ezproxy.hamline.edu/stable/3481180>.

¹¹⁴ Kunzel, Rachel. 2018. "The Power of Queer History." *The American Historical Review*, December 3, 2018, 1560–82. <https://doi-org.ezproxy.hamline.edu/10.1093/ahr/rhy202>.

¹¹⁵ Wake. "Homosexuality and Psychoanalysis Meet at a Mental Hospital." pp. 43-44.

Sodomy laws were justified through the appeal that without a legal opposition to homosexual behavior, pedophilia and bestiality would become major problems for the United States.¹¹⁶ The common belief was that these laws would protect society as a whole, as well as work to proactively attack homosexuality which, at the time, was stereotyped as including pedophiles and sex offenders. By stereotyping the entire homosexual community as dangerous criminal individuals, the fear is certainly spread that same-sex attraction was threatening, justifying the laws and restrictions that are held against the practice.¹¹⁷ The belief that these laws were a necessary protection, as well as an ultimate ‘social good,’ by condemning the criminal acts further to embolden the need for political and legal condemnations of sodomy.

Here to Take My Medicine

The medical treatment of homosexuality, sometimes broadly referred to as conversion therapy, dates to the late 1800s, where German scholars developed the illness model, encouraging the stop of the criminalization of homosexuality. By arguing that homosexual urges were based on some sort of sickness, the social and legal perceptions of homosexuality began to adapt accordingly. While disapproval was still high and homosexuality was still incredibly taboo, the social attitude shifted instead to feelings of pity and a desire to cure an individual.¹¹⁸ This idea spurred the medical movement, creating two distinct treatment paths that most medical personnel subscribed to:¹¹⁹ conversion therapies, or the practice of attempting to convert an

¹¹⁶ Neilus. “Case Notes and Recent Developments.” p. 321.

¹¹⁷ Rosario. “The Fate of Sodomy Laws in the U.S.” p. 20

¹¹⁸ See: Brill, A. A. 1913. “The Conception of Homosexuality.” *JAMA* 61 (5): 335–40.
<https://jamanetwork.com/journals/jama/article-abstract/215666>.

¹¹⁹ Chiang, Howard. 2009. “Historicizing the Emergence of Sexual Freedom: The Medical Knowledge of Psychiatry and the Scientific Power of Sexology, 1880-1920.” *Apparatus XY: Gender Praxes in the*

individual to heterosexuality, and aversion therapies, or the practice of attempting to simply halt an individual's homosexual attraction.¹²⁰

Conversion therapy connotes a physical change in a person's sexuality, hinted by the term 'conversion.' The utilization of this specific term describes the practice with a purposeful intention, equating the concept directly to an actual conversion from homosexuality to heterosexuality. The psychological intent to treat individuals, through this method, makes a focus to restore heterosexuality.¹²¹ Although certainly used interchangeably with the concept of aversion therapy, the major difference lies in what the therapies hope to accomplish. While conversion therapy holds the ultimate goal of engaging in a heterosexual relationship (based upon the idea that heterosexual experiences will help eliminate/disprove homosexual urges), aversion therapy rests upon the idea that the main focus should be on discouraging same-sex desire in individuals.

Conversion therapy, used in the specific sense of the term, incorporated distinct methodologies that were designed with the ultimate goal of 'curing' an individual of homosexuality. While many of these treatments held medical justifications (attempting to operate on certain portions of the body, injecting specific hormones in the body, chemical medication balances, etc.), the argument is also present that several of these treatments involved using

History of Chinese and Western Medicine.

http://genderforum.org/wp-content/uploads/2017/08/2009_Apparatus-XY_Complete-Issue.pdf#page=7.

¹²⁰ Gonsiorek, John C. 1991. "The Empirical Basis for the Demise of the Illness Model of Homosexuality." *Homosexuality: Research Implications for Public Policy*, 115–36. <http://dx.doi.org/10.4135/9781483325422.n8>.

¹²¹ Townsend. "The Medicalization of 'Homosexuality.'" p. 43.

treatment methods as a discouragement, working under basic operant conditioning tactics.¹²² One of the most prominent treatments involved hypnosis. This prescription varied in practices, but generally involved ideas being subconsciously planted in an individual's head, often co-occurring with psychoanalytic questioning.¹²³ The ultimate goal of these treatments and other methodologies focused on the process of changing an individual's patterns of thought processes to enforce heterosexuality.¹²⁴ Psychoanalysis, in particular, hoped to uncover past trauma and fear related to an individual's sexuality with the intent to counteract these findings through psychological means, undermining the patient's same-sex desire.¹²⁵

Many doctors also implemented physical treatments, where the focus shifted from typical therapy/psychoanalytical methodologies to more invasive and tactile techniques stereotypically associated with conversion therapies. The infamous electrical shock therapy, referred to as ECT, is an extreme yet prominent example of attempts by doctors to invoke physical changes in a patients' body. Initially, the reported purpose of electroshock therapy involved stimulating areas of the brain that were thought to influence sexuality.¹²⁶ Hormone and other injections, including

¹²² Birk, Lee, William Huddleston, Elizabeth Miller, and Bertram Cohler. 1971. "Avoidance Conditioning for Homosexuality." *Arch Gen Psychiatry* 25 (4): 314–23. doi:10.1001/archpsyc.1971.01750160026005.; See the following for a look at combined medical and punitive practices: Eccleston, Jenette. 2019. "Reforming the Sexual Menace: Early 1900s Eugenic Sterilization in Oregon." *Research Gate*. https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/5917/Jennette_Eccleston_Reforming_Sexual_Menace.pdf?sequ. p. 12.

¹²³ Townsend "The Medicalization of 'Homosexuality.'" p. 44.

¹²⁴ Robertson. "Historical Effects of Depathologizing Homosexuality on the Practice of Counseling." p. 164.

¹²⁵ Coleman. "Changing Approaches to the Treatment of Homosexuality." p. 397.

¹²⁶ McConaghy, N. 1977. "Behavioral Treatment in Homosexuality." *Progress in Behavior Modification* 5: 323. <https://doi.org/10.1016/B978-0-12-535605-3.50013-3>.

animal secretions and stimulants, were also frequently practiced techniques designed to increase certain hormones (typically testosterone) and other elements within the patient's body.

Surgeries, which comprised a large amount of treatments, focused typically on sexual organs and the brain. Castration, Hysterectomies, and Vasectomies, as well as other less common surgeries affecting an individual's sexual organs and larger reproductive system, focused on halting sexual activity as a whole, with the emphasis on a diminished total sexual urge.¹²⁷ This idea followed the belief that a lack of homosexual urges will ultimately allow for heterosexual urges to eventually influence the patient's urges (as heterosexuality was considered the default sexuality).¹²⁸ Psychosurgery, the broad category of operations on the brain, utilizes invasive methods to remove and even shift parts of the patient's brain. The lobotomy, which was the most common form practiced, involved severing the connections to the prefrontal cortex in order to rewire the thought processes in the brain. Other operations focused on different areas of the brain with the same intent to rewire the homosexual thoughts.¹²⁹

While conversion therapy's main goal is to shift an individual's sexual desires from homosexual to heterosexual, aversion therapy primarily focused on halting all homosexual desire. A lot of similar treatment techniques employed in conversion therapy were used to avert homosexuality. Many treatments were used as a punishment to instead dissuade individuals from homosexuality; by creating a punishment (electrical shocks, nausea-inducing drugs, bodily harm,

¹²⁷ Gans. "Inverts, Perverts, and Converts." p. 222.

¹²⁸ Murphy. "Brief History of a Recurring Nightmare." p. 18.

¹²⁹ Herek. "Sexual Orientation Differences as Deficits." p. 695.

threats)¹³⁰ that become associated with an individual's homosexual desire (oftentimes encouraged through visual pictures concurrently shown to the individuals during treatment), a negative conditional relationship is created between the punishment and the patient's homosexual desire.

In understanding the treatment methods, the initial cause of an individual receiving treatment is an important thing to consider. Because of the illegality of homosexual acts, many prison sentences for individuals convicted of homosexuality included a mandatory treatment plan, where prisoners were forced to complete a therapy program. However, individuals also experienced coercion either from immediate family and acquaintances or from society as a whole, which might make a patient admit themselves to a treatment program in order to prevent the homophobic backlash from society.¹³¹ While prison mandated conversion therapy programs are no longer considered in current practices, due to the decriminalization of homosexual acts in 2003 through *Lawrence v. Texas*, self-administration to conversion therapy due to the homophobic social pressure currently still exists, despite the American Psychological Association's removal of homosexuality as a mental illness in the 1970s.

Minnesota State Hospitals

State Hospitals throughout the United States experienced a large growth in the late nineteenth and early twentieth centuries, and inpatient treatment centers for everything, especially mental illnesses, became the mainstream type of care option. Throughout the late

¹³⁰ For a detailed account of the emetic based therapy see: James, Basil. 1962. "Case of Homosexuality Treated by Aversion Therapy." *British Medical Journal*, March, 768–70.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1957923/>.

¹³¹ Bancroft, John, and Isaac Marks. 1968. "Electric Aversion Therapy of Sexual Deviations." *Proceedings of the Royal Society of Medicine* 61 (August): 796–99.
<https://journals-sagepub-com.ezproxy.hamline.edu/doi/pdf/10.1177/003591576806100827>.

1800s, Minnesota followed this trend and gained many state-funded and commissioned hospitals that would remain open throughout much of the 1900s, including the Fergus Falls State Hospital, which would finally shut down in the early 2000s.¹³²

The Fergus Falls State Hospital, commissioned in 1885 and opened just a few years later by the Minnesota State Legislature, was initially designed to serve as an overflow hospital to alleviate issues of overcrowding and capacity in the two original state hospitals, St. Peter and Rochester, that were already experiencing overcrowding, despite the relatively recent commission of these hospitals.¹³³ While being designed, architects followed a specific set of architectural techniques developed by Dr. Thomas Kirkbride,¹³⁴ whose experience working as a psychiatric hospital administrator allowed him to formulate a set of guidelines that, when architecturally applied, were believed to allow for the easiest treatment of patients based in nursing lines of site, light entrance, accessibility, and patient grouping. While this architectural technique was used throughout the nineteenth century, it became popularized in Minnesota in the late eighteenth hundreds and would eventually be considered a crucial part of treatment within psychiatric hospitals.¹³⁵

¹³² Finkelman, Paul. 2001. *Encyclopedia of the United States in the Nineteenth Century*. New York: Charles Scribner's Sons. p. 284.

¹³³ Drolet, Anne (Winter 2018–2019). "The Fergus Falls State Hospital" (PDF). *Minnesota History*. 66 (4): 141. <https://www.jstor.org/stable/26554802>.

¹³⁴ Tomes, Nancy. 1984. *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. University of Pennsylvania Press.

¹³⁵ Yanni, Carla. 2003. "The Linear Plan for Insane Asylums in the United States before 1866." *Journal of the Society of Architectural Historians* 62, no. 1. doi:10.2307/3655082. p. 29.

Although Fergus Falls State Hospital only oversaw a small number of patients relative to the state of Minnesota, this hospital was open and populated throughout the 1920s, 1930s, and 1940s. This makes the hospital an ideal case study, as it was occupied through the full era being studied, as well as having countless records before and after to provide a contextual basis for any questions that may arise.

Within the archived state hospital records publically accessible, Fergus Falls State Hospital is very attractive from a research stance. There is a lot of important information archived in several different document categories. In attempting to understand the different techniques utilized to treat homosexuality, it was crucial to have a variety of documents to analyze, based on the general lack of direct social references to homosexuality. With document categories such as administrative papers (pay statements, building blueprints and layouts, and supply lists), population accounts (intake log, discharge and leave books, and cemetery/obituary trackers), and personal patient files (individual medical records, admission summons, and case files), the broad categorization of primary sources that were archived for the various Minnesota state hospitals allow for a more in-depth understanding of treatment methods.

Fergus Falls State Hospital's Attitudes Regarding Homosexuality

Located in the Fergus Falls State Hospital's Subject Files, which contains many managerial forms and papers for the running of the hospital, an undated paper entitled the "Governor's Committee on the Care of Insane Criminals and Sex Criminals," explains a governmental mandate of a new classification to designate previously separately identified people under the term of "psychopathic personality." While there is no date or name associated with the publishing, the laws and other ordinances cited date it to at least the 1920s and would have played a large impact on the diagnostic terminologies used in the state hospitals and institutions, working under the assumption that this was a state-wide mandated publication and can be applied to all Minnesota State Hospitals. Through the statement, they define the term "psychopathic personality" under this act as:

"any person, who, because of emotional instability, or impulsiveness of behavior, or lack of customary standards of good judgment, or failure to evaluate the consequences of his acts, or combinations of the conditions, is socially or morally irresponsible, sexually or otherwise, and who as a result of such conduct becomes a menace to the public good and requires supervision."¹³⁶

This new system of classification plays a major role in research surrounding the topic of homosexuality, which fits under the broader concept of sexual crime, as enforced by the Minnesota Sodomy Law. Since the terminology "psychopathic personality" encompasses homosexuality, along with any other insanity based or sexual crime, it becomes extremely difficult to identify individuals who were institutionalized specifically for homosexuality.¹³⁷

¹³⁶ *Governor's Committee on the Care of Insane Criminals and Sex Criminals, undated.* Fergus Falls State Hospital. Subject Files. Minnesota Historical Society. pp. 1-2.

¹³⁷ Ibid.

While admission books, discharge forms, and obituary records listed ‘psychopathic personality’ on dozens of patients at Fergus Falls, this terminology proved impossible to differentiate between the different above-identified classifications that fell under ‘psychopathic personality.’

First and foremost, it is necessary to establish the presence of patients being treated for homosexuality within the state institutions. Due to the presence of sodomy charges throughout the 1900s, it is evident that at least some of these psychopathic personality diagnoses resulted from sodomy indictments. In *The Pioneer*, a newspaper based in Bemidji, Minnesota, the crime report tells of John Erickson’s sentence to the Fergus Falls State Hospital under the charges of sodomy, showing the presence of institutionalizing individuals accused of homosexuality.¹³⁸ This speaks to the presence of individuals institutionalized under sodomy charges being admitted with the diagnosis of ‘psychopathic personality.’

As Chris White states, throughout history, sexuality as a whole was typically understood through euphemisms, and it is easy to see this occurring throughout the phrases used to diagnose patients prior to the sexual revolution. White describes the issues of power and control enforced by limiting the terminologies used to describe homosexuality. In his book, he entitles a segment “the mute sin,” referring to the euphemistic and censored understanding of homosexuality throughout a majority of history.¹³⁹ Aside from the classification of “psychopathic personality,” different phrases and terms were frequently used to diagnose individuals that alluded to homosexuality.

¹³⁸ “‘Swanland is Sane’ Judge Clark and Drs. Henderson and Ward so Report to Judge Stanton in District Court: Trial May Start Friday.” *The Bemidji Pioneer*, September 19, 1912.
<https://chroniclingamerica.loc.gov/lccn/sn86063381/1912-09-19/ed-1/seq-1/>. p. 1.

¹³⁹ White, Chris, ed. 1999. “General Introduction: Strategies for Liberation.” In *Nineteenth Century Writings on Homosexuality: a Sourcebook*, 1–7. London: Routledge.

One of the more frequent phrases used to describe homosexuality focused on what was determined to be ‘filthy habits.’ While this classification is inherently vague, relying on the understanding of sexual allusions, this phrasing was stated many times throughout different patients’ admissions papers. Initially, the phrasing appeared as if ‘filthy habits,’ referred to individuals’ personal hygiene and described the level of personal care that an individual sought. However, on a few admission forms, individuals were described as having filthy habits as well as appearing physically unkempt and dirty. On one patient’s¹⁴⁰ admission form, he is described as having a “disposition to filthy habits” as well as being “unclean about himself,” showing that there is a clear intended difference between what is stated by ‘filthy habits’ and general hygiene/cleanliness.¹⁴¹

There also appeared to be a difference between masturbation and filthy habits, as masturbation was distinguished apart from the general statement of filthy habits as well. On another patient’s admission form, he is distinguished as having filthy habits, as well as later stated as having “masturbated for ten years,” showing the distinction between the two classifications.¹⁴² Although it is certainly possible for the description of filthy habits to be describing other condemnable actions, the legal severity that a diagnosis of homosexuality held which allowed for the frequent institutionalization of individuals under the charge of sodomy, as

¹⁴⁰ Throughout this paper, in order to preserve anonymity, Patients will be cited without their names and, in bibliographic contexts, with the Patient Admission Number. As these patient files are classified as “private medical information” according to the Minnesota Historical Society, there is a need to respect this privacy, even though the restriction limit has been lifted and the files are accessible through the Minnesota Historical Society.

¹⁴¹ *Patient Admission File Number 16633*. Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

¹⁴² *Patient Admission File Number 16181*. Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

well as the euphemistic references that homosexual acts were typically described under helps point to the often described ‘filthy habits’ that ailed many patients in Minnesota State Hospitals as being homosexuality.¹⁴³

While this diagnosis in and of itself appears to hold at least some connotations of homosexuality, many classifications of individuals having filthy habits were also accompanied by other descriptions that furthered this understanding. A few individuals who were admitted under the assumption of having filthy habits, were also observed to dread and have “delusions of persecution,” of which could be expected from individuals who were being actively mistreated by sodomy laws and social homophobia.¹⁴⁴

It was also noted how a few individuals spoke of marriage in an unusual way. One patient was described as “talk(ing) irrationally about women and marriage,”¹⁴⁵ again showing the unclear idea that seems to refer to homosexuality, but without a direct address to the concept itself. A separate patient's admission paper contained similar language and stated that they “talk a great deal about marriage in an incoherent way.”¹⁴⁶ This specific reference to marriage seems to suggest a similar scheme and again, points to a non-heterosexual view of marriage. Since marriage in the early twentieth century was confined to certain relationships, these patient notes

¹⁴³ *Patient Admission File Number 16181; 16286; 16341; 16345; 16377; 16400; 16428; 16455; 16509; 16513; 16547; 16579; 16583; 16598; 16627; 16633; 16638; 16732; 16735; 16740; 16822; 16834.* Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

¹⁴⁴ *Patient Admission File Number 16159; 16628.* Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

¹⁴⁵ *Patient Admission File Number 16275.* Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

¹⁴⁶ *Patient Admission File Number 16254.* Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

allow for important inferences in regards to the patients. In the early 1900s, state-recognized marriages were only allowed between heterosexual couples. Socially, it was expected for both men and women to eventually enter into one of these couplings, meaning that anyone who was opposed, either actively or passively, would be considered strange or, as the case file states, ‘irrational.’¹⁴⁷

In a similar sense, sexuality was also socially policed. Sex, at the time, was expected to be engaged in by a heterosexual couple, in conjunction with marriage and with the primary intention of procreation. Sex outside this structure was labeled as a significant taboo, and the term sodomy falls into play to describe sexuality that fell outside of these categories. While reviewing patient files, the phrase “abnormally sexually inclined” sticks out in a patient’s admission statement. Since this statement can refer to heterosexual sex out of marriage, it becomes important to analyze this report within the known context of sodomy laws.¹⁴⁸ While the sodomy laws allowed for the persecution of non-procreative heterosexual sex in Minnesota, the rate at which heterosexual couples were prosecuted were almost nonexistent. In this aspect, the persecution of abnormal sexuality in this admission form likely refers to homosexuality.

Similarly, another patient was admitted under the grounds of “think[ing] he can only commit a sexual sin.”¹⁴⁹ This admittance relies on the connotation of homosexuality as a sinful act. While other sexual acts may have been legally unacceptable, homosexuality in the early

¹⁴⁷ Eaklor, Vicki Lynn. 2008. *Queer America: A GLBT History of the 20th Century*. Westport, CT: Greenwood Publishing Group. p. 25.

¹⁴⁸ *Patient Admission File Number 16080*. Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

¹⁴⁹ *Patient Admission File Number 16260*. Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

twentieth century carries the distinct label of sinful. Relatedly, many patients were stated to have “been of low grade morals.”¹⁵⁰ This word choice relates to the declaration of sin, but also to the conception of morality as a whole. Immorality, when thought of at the time, included socially unacceptable things such as gambling, prostitution, alcoholism, and other depraved actions. However, in the admittance forms, these other common vices were specifically declared, with the vice clearly labeled. Based on the general social censorship of homosexuality, this terminology does directly refer to an immoral act of homosexuality and accounts for the lack of distinction between general immorality.

A critical notion that underscores all of the patient admits is the setting of a state hospital. The Fergus Falls admission forms all came from court-mandated treatments, meaning all the patients who were analyzed were brought to Fergus Falls through the legal system. Reflecting back on the social movements facing homosexuality, medical and psychiatric doctors were pushing for homosexuality to be treated medically, rather than punished through prison time. Because these admission forms came from judicial bodies, it becomes clear that there was a choice made by the judges and juries that a treatment plan at Fergus Falls would be more valuable than a prison sentence. While there is no definitive proof that all of these admits were as a result of homosexuality, there is evidential probability that homosexuals were often judicially given medically mandated treatment through state hospitals as a sentence.

Because of the social taboo and interconnected religious and political correlation associated with homosexuality throughout the twentieth-century, combined with the general

¹⁵⁰ *Patient Admission File Number 16530*. Fergus Falls State Hospital. Commitment Papers. Minnesota Historical Society. Accessed July, 2019.

discomfort discussing matters of sexuality openly, it seems unlikely to expect direct diagnoses of homosexuality for any patients. Through the understanding of homosexuality during the late nineteenth and early twentieth centuries, it is also apparent that while homosexuality was thought to be an irregularity within an individual, it was typically not understood to exist as a sole condition. Most of the individuals identified above fit this model, with their potential diagnosis of homosexuality being understood through a censored document designed to minimize the shock of diagnosing an individual with homosexuality, as well as viewing it as a psychological byproduct of a variety of other ailments or mental states. With this understanding, the euphemistic descriptions that accompany many of the admission forms in the state hospitals help show the acceptance of patients under the classification of sodomy within this time period in Minnesota.

Since common treatment methods of homosexuality have been numerous identified throughout the twentieth century, this presents an important opportunity to use this background information to understand some of the treatment methods that may have been taking place in the hospitals throughout Minnesota. The Fergus Falls State Hospital archived several quarters worth of medical supplies ordered for the hospital. While these records do not offer an official explanation for why these supplies and tools were ordered or what they were ultimately used for, these records do show that these items which were historically used in conversion and aversion treatments were being ordered and employed in Minnesota hospitals throughout the first part of the 1900s.

In the order from the early 1900s, there is a large list of chemical and other homeopathic medicines that the hospital received quarterly.¹⁵¹ The first drug, apomorphia, most likely referring to apomorphine, is typically used as a nausea-inducing drug. The drug, derived from a mixture of morphine and acid, has been historically classified as an emetic and is rarely used for any other purpose as an extremely potent dopamine antagonist is needed to combat the nausea induced.¹⁵² Basil Merriman even describes the popularity of apomorphine in treating homosexuality in their essay through the *British Medical Journal*.¹⁵³ The hospital also ordered large amounts of copper sulphate which produced similar results as an emetic.¹⁵⁴ Copper Sulphate was later banned due to its incredible toxicity and the dangers that it held with ingesting too much for medicinal purposes.¹⁵⁵

It is well-documented that emetics and other nauseating/pain-inducing tactics were utilized throughout the United States in conjunction with aversive measures.¹⁵⁶ This coincides

¹⁵¹ *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 9 May, 1901 2000*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁵² Sadock, Benjamin J., Sadock, Virginia A., and Sussman, Norman. 2005. Kaplan and Sadock's Pocket Handbook of Psychiatric Drug Treatment. Philadelphia: Wolters Kluwer: 117-121. ProQuest Ebook Central.

¹⁵³ Merriman, Basil. 1962. "Apomorphine." *British Medical Journal* 2, no. 5296: 55, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1925549/>.

¹⁵⁴ *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 9 May, 1901 2000*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁵⁵ Street, Renée A., Gaëtan M. Kabera, and Catherine Connolly. 2016. "Copper Sulphate Use in South African Traditional Medicine." *Environmental Geochemistry and Health* 39: 467-74. doi:<https://doi.org/10.1007/s10653-016-9824-2>.

¹⁵⁶ Reay, Barry. 2018. "Straight But Not Straight: The Strange History of Sexual Reorientation Therapy." *GLQ: A Journal of Lesbian and Gay Studies* 24 (January): 159. <https://muse-jhu-edu.ezproxy.hamline.edu/article/686241/summary>.

with the orders placed for emetic drugs in the early 1900s. Nausea-induced aversion therapy was not as widely practiced in the first half of the twentieth century as it would be in later decades; however, doctors still frequently utilized this treatment to cure homosexuality. In the late 1980s and 1990s, this treatment grew in popularity as a method to cure alcoholism. Yet, the first uses were not documented until the mid-1930s, and it was not until the 1960s that studies began to be academically published and explored. Since many of these records were from the 1910s,¹⁵⁷ it is possible that a good portion of these medicines were being used to cure homosexuality through this aversive therapy tactic.

The hospital also purchased a large number of various anesthetics that were ordered frequently. Nitrous Oxide, more commonly referred to as laughing gas, was ordered in high quantities by the hospital, although it may not have been used solely in surgeries.¹⁵⁸ Due to the uncertain effect that laughing gas has on an individual's level of consciousness, it has historically been used to help pain management on smaller surgeries or in conjunction with other anesthetics to minimize adverse effects.¹⁵⁹ Diethyl Ether, a stronger anesthetic that is used to knock people completely unconscious and was more frequently used in operations,¹⁶⁰ was also ordered by the

¹⁵⁷ Although slightly outside of the dates of study, MNHS only had expense reports available until 1916. While not a direct line-up with the dates being studied, this statement nevertheless shows that certain medical supplies that were popular methods of conversion therapy were being ordered prior to the study. As the major deinstitutionalization movement did not take off until the latter half of the twentieth century, it becomes much more likely that Minnesota Hospitals followed similar orders with minimal adjustments to account for advancing technologies and theories. Since this method of aversion therapy continues to be utilized to this day, it is a safe assumption that many of these orders remained similar.

¹⁵⁸ *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 9, 1901 2000*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁵⁹ Ibid.

¹⁶⁰ Gupta, Anita, and Singh-Radcliff, Nina, eds. 2013. *Pharmacology in Anesthesia Practice*. Cary: Oxford University Press, Incorporated. p. 12.

hospital.¹⁶¹ Chloroform, a similar chemical to diethyl ether, was also ordered by the hospital¹⁶² prior to its medical ban due to the toxic side effects reported from its inhalation.¹⁶³ This order history, in conjunction with a letter from a hospital director requesting a reimbursement from purchasing more anesthetics in 1911, due to an increase in surgeries being initiated, show the presence of surgery as a method of treatment utilized.¹⁶⁴

These supplies, ordered by and for the Fergus Falls State Hospital, would not seem out of place without further research. Throughout the country, a rise of surgical practices and experimentation occurs with the advancement of medicine as a whole, which does not put the increasing surgical practices in Fergus Falls at odds. However, with a careful analysis of building maps and blueprints that detail the hospital's make-up,¹⁶⁵ there does not appear to be a dedicated surgery ward within any of the buildings at the hospital complex. This is not out of the ordinary for a state-funded psychiatric hospital at the time. Carla Yanni writes that prior to the 1930s operations were nonexistent in psychiatric hospitals and doctors were encouraged to use less specialized means to treat patients.¹⁶⁶

¹⁶¹ *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 5, 1901 6000*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁶² *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 8 May, 1901 2000*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ *Plot Plan 1922*. Fergus Falls State Hospital. Architectural Drawings. Minnesota Historical Society.

¹⁶⁶ Yanni. "The Linear Plan for Insane Asylums in the United States before 1866." p. 32.

As analyzed before, the most common form of psychosurgery was designated the ice-pick lobotomy based on the ease with which it could be performed by medical personnel without the complex tools that major surgeries required and could often be performed within a patient's room.¹⁶⁷ The documented usages of lobotomies as an attempted cure for homosexuality help meld these facts further; while there may not have been complex surgeries taking place within Fergus Falls State Hospital, as evidenced and supported by the lack of a surgery ward, there was a documented use of anesthetics and other surgical tools, such as catheters and metal probes, used frequently enough to result in emergency orders, in addition to the regular quarterly supply shipments.¹⁶⁸ Even though Fergus Falls State Hospital did not have a dedicated surgery ward, the popularity of ice-pick lobotomies through the twentieth century allowed basically trained physicians to provide these surgeries within a patient's own ward. Lobotomies have a distinct history of being utilized on individuals suffering from homosexuality, with several different methods employed to fix what was thought to be the root of the issue. With these circumstances in play, it seems to suggest at the very least a presence of "simple"¹⁶⁹ surgeries within this hospital, such as lobotomies.

Fergus Falls State Hospital also documents the date they purchased electrodes, which would be used with an electro-shock machine to complete a number of different therapies. In a hospital, it is likely that a machine like this would have had several different uses, one of which

¹⁶⁷ *Quarterly Estimates of Salaries and Expenses, 1901-1916*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁶⁸ *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 120, 11-10 3M G.W.*. Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁶⁹ Referring to the ability to be done within a patient's room and without the presence of trained professionals.

was used to administer electroconvulsive therapy as an attempt to change an individual's sexuality. Again, while it is difficult to determine what exactly these electrodes were ordered and ultimately used for, the hospital order and the historical context that designates the electroshock machine as a used method of treating homosexuality allows for the connection to be made. While there is no direct connection between the electroshock machine in the Fergus Falls State Hospital being used to treat homosexuality, historically these machines were used to complete electroconvulsive therapy, and the presence of this within the historical record can be applied to the Fergus Falls State Hospital as well.¹⁷⁰

Although separate from the Fergus Falls State Hospital, Moose Lake State Hospital was another state institution constructed by the Minnesota Government. However, the Minnesota Historical Society saved an archived copy of a human sexuality course that Moose Lake Hospital had created and implemented as an aid for their employees. Within this course, many handouts and training manuals were saved, including a handout on how to work with patients who had what the hospital designated to be individuals with sexual or gender identity disorders. One of the forms had the physician question the patient on their history of sexual and romantic partners, as well as any childhood trauma that might be the root cause of their homosexuality.¹⁷¹ While this form appeared to be dated to the 1970s/1980s, which is much past the time frame of the first half of the twentieth century, it does help establish a pattern of treatment as well as shows that even as late as the 1970s, homosexuality was still viewed as a mental illness and was still being

¹⁷⁰ *Quarterly Estimates of Salaries and Expenses, 1901-1916, Form 5 November, 1901 2000.* Fergus Falls State Hospital. Financial Records. Minnesota Historical Society.

¹⁷¹ See Appendix 1.

treated as such.¹⁷² This course, although not specifically tied to Fergus Falls State Hospital in the early twentieth century does provide an important context to Minnesota hospitals as a whole.

¹⁷² *Human Sexuality Course, 1984*. Moose Lake State Hospital (Minn.). Miscellaneous Records. Minnesota Historical Society.

Concluding Thoughts

While this paper focused mainly on the years 1920-1945 in an effort to search for examples during the period of medical history that saw increased institutionalization, though also respecting the privacy regulations in place through the archives designed to protect the patients of these institutions, the end date, 1945, is by no means the end of utilizing medical treatments with the intent of ‘curing’ individuals of homosexuality. Evolving about methodologies for the next twenty-to-thirty years, conversion and aversion therapy tactics were still implemented and approved by major medical and psychiatric associations. When the American Psychiatric Association removed homosexuality from the Diagnostic and Statistics Manual in the early 1970s, this mirrored their newfound stance against using conversion therapies to treat homosexuality.¹⁷³ However, while all major psychological and psychiatric organizations in the United States condemn the practice of conversion therapy on individuals based on sexual orientation or gender identity,¹⁷⁴ the lack of authority, as well as the questioned constitutionality of any bans remain a clear obstacle in the current debate.

While associations such as the APA may argue against the usage of this treatment, there is no national order that clearly and distinctly bans the practice of conversion therapy by medical

¹⁷³ Drescher, Jack. 2008. “A History of Homosexuality and Organized Psychoanalysis.” *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 36 (3): 443–60.
<https://doi.org/10.1521/jaap.2008.36.3.443>.

¹⁷⁴ Reay, Barry. 2018. “Straight But Not Straight: The Strange History of Sexual Reorientation Therapy.” *GLQ: A Journal of Lesbian and Gay Studies* 24 (January): 159.
<https://muse-jhu-edu.ezproxy.hamline.edu/article/686241/summary>.

and psychiatric personnel.¹⁷⁵ With a lack of action by federal legislative and judicial powers, this dispute has been left to state governing bodies to rule on, leading to the current debates facing many legislative branches throughout the country whether conversion therapy has any right to be practiced on patients. For twenty¹⁷⁶ states, this has resulted in a legislative movement that outright bans this practice on children and vulnerable adults, as well as limiting some of the extents to which it can be performed on independent adults as well. However, while many organizations have been pressing for uniform bills like this throughout the country, there are still thirty U.S. states that have no laws designed to protect the citizens in this state.

It has been shown, through the historical inception of conversion therapies, that a strong presence of homophobia and discrimination existed in the founding of these practices. While there is compelling evidence that different types of conversion and aversion practices were occurring at Fergus Falls State Hospital throughout the twentieth century,¹⁷⁷ there is also the larger existence of euphemistic as well as censored records. Vicki Lynn Eaklor, author of *Queer America: A GLBT History of the 20th Century*, describes the historical record's "silence and invisibility... [as] rooted in homophobia and heterosexism."¹⁷⁸ Eaklor makes an important point, serving to acknowledge the both overlooked and underrepresented presence of homosexuality

¹⁷⁵ Haldeman, Douglas C. 1994. "The Practice and Ethics of Sexual Orientation Conversion Therapy." *Journal of Consulting and Clinical Psychology* 62 (2): 221–27.
<http://dx.doi.org/10.1037/0022-006X.62.2.221>.

¹⁷⁶ Tucker, Emma. 2020. "Virginia Bans Conversion Therapy for LGBTQ Minors: It's the first Southern state to implement a ban on the discredited practice that seeks to change a person's sexual identity or gender orientation." *The Daily Beast*, Mar 04.
<https://ezproxy.hamline.edu/login?url=https://search.proquest.com/docview/2370754054?accountid=28109>.

¹⁷⁷ And even through the twenty-first century.

¹⁷⁸ Eaklor. *Queer America*. p. 6.

within the historical record. This point is embodied clearly within the findings at Fergus Falls State Hospital, echoing the imprecise and sheltered responses that were found in the patient case files. Regardless, the history of conversion therapy in Minnesota can still be traced through the medical practices occurring at Fergus Falls State Hospital.

The context of the past is indissoluble from the present. Historically, the exact rationales justifying the initial treatment methodologies that have been documented might not be actively preached anymore, but similar beliefs, based in similar homophobic ideologies, (and with the same assumptions that LGBT+ identifying individuals are in need of ‘curing’) still persist. In understanding this past practice, along with the interwoven similarities facing modern-day conversion therapy, we make generous and impactful steps towards ending this malpractice for good.

Appendix 1

Assessment of Sexual Problems

Program in Human Sexuality
U of Minnesota Medical School

Assess

10. Fantasy
 - dreams (day and night) about sex
 - thoughts during masturbation
 - thoughts during sexual activity with others
11. Body image
 - perception of attractiveness
 - uncomfortable parts of body
 - feelings about genitals
 - response to nudity
12. Some sex experiences
 - who, what, when, where
 - feelings about experience
 - some sex thoughts and fantasies
 - attitudes toward homosexuality
13. Traumatic experiences
 - sexual abuse
 - child abuse
 - traumatic sexual experiences
 - deaths
14. Alcohol/drug use
 - chemicals used
 - pattern of use
 - amount used
 - symptoms of dependency
15. Job
 - type of employment
 - satisfaction
16. Goals
 - specificity

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*Department of Family Practice
* & Community Health
*University of Minnesota
* Medical School

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