Maddening Queers: Psychiatric Discourses around 2SLGBTQIA+ Identities in Twentieth Century Canada

by

Aidan Blockley

A thesis submitted in partial fulfilment of the requirements for the degree of

Master of Arts

Department of Sociology

University of Alberta

Abstract

Much has been written about the history of 2SLGBTQIA+ people and their treatment in psychiatric institutions in parts of the world such as the United Kingdom, the United States, and the Soviet Union. Despite the former two countries being Canada's main psychiatric influences, little has been written (in academic literature) on the subject within the Canadian context. This thesis aims to help fill in this research gap, using a Foucauldian genealogical method applied to five archives, of which two represent professional psychiatric/psychological and sexological perspectives, and three represent the perspectives and stories of lesbian, gay, transsexual, and ex-mental patient activists. What was found was a sexual-sanist logic, which uses sexuality as a marker of mental illness, and vice versa. Sexual-sanism, specifically, highlights the sexual dimensions of sanism, which is a system of oppression and prejudice levied against psychiatrized people; this includes a host of myths and prejudices which posits the "insane" person as more sexually deviant, dangerous, etc., while also positing sexually deviant and/or "queer" people as more mentally unstable. In this logic, as it applies to the time period of 1962-1991 in Canada, the criteria of observed "inappropriate relating" and "inappropriate re/acting" are used as markers of mental illness. This logic was applied to three separate, but overlapping, threads of discourse, one of which split transgender people into normative "transsexual" and deviant "transvestite" categories; the second of which both criminalised queerness and generated a perverse category of heterosexuality, based on legal policy concerning dangerous sexual offences and psychiatric literature on sexually anomalous males; and the third of which focused on the testimonies of queer (and generally nonnormative) people in psychiatric wards. Suggestions are given for future research through oral history and specific foci in provincial archives and QTBIPOC activist history.

Dedications

I could write this dedication to many, many people. I am genuinely not sure how I could have completed this without the support and help of my entire community, both in Treaty 6 and in the stolen lands of the Tsuwalaguwetiyi. However, I would like to dedicate this thesis, specifically, to Katlyn Gregory Sexton, who has had to listen to me talk for hours on end on all of the challenges and issues of conducting this research; to Solomon SanMiguel, who taught me to be brave during my undergraduate program; and to Cheryl Brown, PhD, who helped me to transition from criminal justice studies into queer theory (both of which have helped me immensely). I'd be half the person I am today without y'all.

Acknowledgements

This work would, of course, be impossible with the dedication, support, and aid of my supervisor, Zohreh BayatRizi. Through the highs and lows of my health and financial issues, her work as my supervisor has pulled me through an almost impossible year. I have come to flourish in this program with her guidance.

I would also like to acknowledge and thank my committee members, Robyn Lee at the University of Alberta and Ariane Haneeymeyer at Brandon University, who have provided invaluable feedback, pep talks, and critiques on this thesis research. I had no idea of how to engage in Foucauldian theory before this project started, and their critique and push-back to every draft of this thesis have made me a better scholar and writer.

Finally, I feel it is important to thank my community, friends, and support networks- but particularly, Audrey Medwayosh, who has expanded my mind of what is possible, held me accountable in our friendship and my way-of-being in the world, and has provided me with a safe space to laugh, cry, grieve, and rejoice. I hope I can do even half of what she has done for me since I moved up here.

Table of Contents

List of Figures

Chapter One: Introduction

It is a well-known fact that non-straight, non-cisgender people have not fared well in the mental health system. Horror stories abound on the proliferation of conversion therapy, immortalised in movies like *the Miseducation of Cameron Post* (2018) and *Boy Erased* (2018). Hearing these stories when I was coming out in rural Georgia, U.S.A, I always felt a fear of this nightmarish concept. But it felt like a thing of the past, folk stories of a bygone era of bigotry far away from the current reality.

I was wrong, however. Even in Canada, so-called "conversion therapy," which is a set of practices psychotherapeutic aiming to "convert" the subject's sexual orientation and/or gender identity to a heterosexual orientation/cisgender gender identity (though, in practice, have been ineffective in conversion by all measures), is still practised around the world despite condemnation from professional psychiatric institutions (Kinitz et al., 2022). In a study on prevalence rates of conversion therapy in Canada, the authors defined conversion therapy as a formalised and intentional effort to change sexual orientation and/or gender identity; however, a broader category of Sexual Orientation and Gender Identity Change Efforts (SOGIECE) could happen in less structured contexts, with less intent to change identity and expression, and occurring outside of counselling offices (Kinitz et al., 2022, p. 449-450). The practice of aversion therapy, which included a range of treatments from lobotomy and hormonal treatments, to psychotherapeutic and "talk" therapy, is still prevalent across the world, though it should be noted that prevalence rates are lower in Canada (7%) compared to the United States (13%) (meaning, among all countries sampled from a systematic review of the prevalence of conversion practices across the lifetime, 7% of them occurred in Canada and 13% in the United States; other

countries sampled included Australia, Colombia, South Korea, and the UK, with low risk of bias) (Salway et al., 2023).

Early studies into psychotherapeutic practices that could change sexual orientation discussed the efficacy of aversion therapy in converting homosexuals (Feldmen, 1966). Aversion therapy was defined as the application of learning theory to therapy (Feldmen, 1966), with learning theory explaining that people learn through interactions with their environment, that all of our behaviours are the result of conditioning which can be reinforced or punished (Tprestianni, 2023). Aversion therapy techniques included shocking the subject for failing to stop expressing attraction to male sex images, and the administration of testosterone propionate to encourage attraction to female sex images (Feldmen, 1966, pp. 66-67). Aversion therapy is often discussed as a type of treatment used in the broader practices of conversion therapy and SOGIECE (aversion therapy being the most direct way to "convert" sexual orientation or gender identity) (Bradfield, 2021), though it should be noted that the development of aversion therapy, as a set of practices and approach to treatment, is deeply intertwined with the "treatment" of homosexuality in the history of Western European psychiatry (King & Bartlett, 1999). Aversion therapy is still practised in Canada; for example, Applied Behavioural Analysis, which applies aversion therapy to the treatment of autism in an attempt to "avert" autistic children from neurodivergent behaviours like self-stimulation, is still the most popular form of treatment for autistic children in Ontario (Durling, 2022). As a treatment for converting sexual and gender minorities, aversive conversion therapy has been "banned" in Canada, though results from an exploratory geographic distribution study of conversion therapy practices show preliminary evidence that conversion therapy practitioners have "driven their practices underground," so to speak (Tiwana et al., 2023).

It was as recently as 2016 that news broke out over the use of conversion therapy techniques in a gender identity clinic located in Toronto for the treatment of transgender youth (Smith, 2018, p. 1). Kinitz et al., in a qualitative study of sexual orientation change efforts, define conversion therapy as a specific sub-practice of Sexual Orientation and Gender Identity and Expression Change Efforts, or SOGIECE, meant to "convert" the homosexual into a heterosexual, or the gender-deviant into a cisgender person (Kinitz et al., 2022, p. 442). According to them, "Data from the United States and Canada demonstrate that between 5% and 20% of 2SLGBTQ+ people have experienced SOGIECE in their lifetime with some variation across age and geography. . . These practices have ranged from physically invasive procedures, such as lobotomies and electroshock therapy, to psychological interventions, such as talk 'therapies'" (Kinitz et al., 2022, p. 443). The specific practice of conversion therapy in Canada occurred in both faith-based and secular counselling offices for the participants of Kinitz et al.'s study, and included the targeting of sexual orientation and gender identity for change via "fasting, intensive prayer sessions, naked holding of other men, burning sentimental photos, practicing embodiment of stereotypical masculine qualities or engaging in masculine activities. . . and psychoanalysis attempting to understand why someone was sexually diverse" (Kinitz et al., 2022, p. 444). Notably, Indigenous people in Canada and other former colonies of Britain face higher rates of conversion therapy than non-Indigenous populations (Salway, 2023).

The World Psychiatric Association only denounced the practice of aversion therapy in 2016, calling it unethical, unscientific, and harmful (Spandler & Carr, 2022). Studies have shown the long-term effects of attempting to change peoples' sexual orientations and gender identities via psychotherapeutic techniques, including negative emotional effects and psychological trauma (Dickinson et al., 2012; see also, King & Bartlett, 1999; Davison, 2020; and Spandler & Carr,

2022). The history of these practices, in their development, spread, and effects on individuals "treated" for their queer behaviours, have been outlined well in regions like the United Kingdom, ex-Soviet countries, and the United States of America, but less so in Canada, which has more literature on recent developments in conversion therapy/SOGIECE practices (post-2010's) (Salway et al., 2023; see also, Kinitz, 2022 and Tiwana et al., 2023).

In analysing Canada's history of anti-queer psychiatry, I needed to use a particular theoretical approach to historical study that could be critical of the power structures in place and prioritise the subjects marginalised by mainstream psychiatric discourse. I found a set of theoretical tools in the work of Foucault. Michel Foucault felt that a critical approach to history could be used to "diagnose" the practical issues, necessities, and limits of the present (Dean, 1994, p. 20). This is not to say that history written from a present-focused perspective could solve our social ills; rather, Foucault was interested in writing histories *of* the present, by employing a theory of history that was critical (interrogating what is held to be given, necessary, natural, and neutral) and effective (disrupting the colonisation of knowledge by dominant institutions invested in narratives which maintain power relations) (Dean, 1994, p. 20). In simpler terms, the practice of critical history, or genealogical thinking, is to consider how our modern logics are structured and what the discourses of the recent past might have done, and continue to do, to justify these logics (Dean, 1994, p. 32). After all, the past often gives us context for current social politics; by looking at the past through an object of study- for this thesis, that object being sexual and gender deviancy- we can identify the stories constructed around social issues in the recent past and reveal how those narratives may continue around those same issues today (Noiriel, 1994, p. 566). Foucault's approach to history has revealed the contradictions in psychiatric thinking, for example. Contrary to the conceit of psychoanalysis-

that our sexualities are repressed, stored away in the deep "Unconscious," repressed by the "Preconscious" mind to protect the "Conscious and, in turn," producing a wide array of neuroses and sexual problems (Sandler & Sandler, 2018, pp. 164-165)- Foucault found that psychiatry in 17th-18th century Europe, with an interest in maintaining biopower (or control over life), were *generating* sexualities. Foucault holds that sexuality is not a primitive instinct in the person, but is the product of power. It is

> "an especially dense transfer point for relations of power: between men and women, young people and old people, parents and offspring, teachers and students, priests and laity, an administration and a population. Sexuality is . . . one of those endowed with the greatest instrumentality: useful for the greatest number of maneuvers and capable of serving as a point of support, as a linchpin, for the most varied strategies" (Foucault, 2012, pp. 85-86).

The deployment of sexuality- the generation of sexual identities- does not necessarily mean a centralised, power-holding group is creating our sexual identities. These processes emerge in a decentralised manner, and when Foucault discusses sexuality as a product of power relations, he is discussing the discourse of sexuality and how it is constructed over time. We cannot think of sexuality as a natural, biological instinct that can be studied in isolation, nor is it an obscure domain which knowledge attempts to uncover (Foucault, 2012, p. 87). "It is the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power" (Foucault, 2012, p. 87).

Thus, psychiatry produced "sexual identities" that were in need of "treatment," through the psychiatrization of "perversion." Sexual perversions were a major source of scientific study during the latter half of the seventeenth century, a category generated in the scientific turn of sexual thinking that could provide scientists justification for an array of treatment programs, which necessitated sequestering sexual deviants- chief among them, the homosexual- into institutions of treatment (Taylor, 2016, p. 100). The rise in psychiatry and sexology correlated with the marking of people as sexual perverts- people who not only partook of sexual deviancies, but were inherently sexually deviant, the diagnosis creating sexual identities rather than repressing them (Foucault, 2012, p. 87). In this way, Foucault revealed the ways that concepts, such as sexual identity and treatment, are historically contingent and constructed- these things do not exist materially, but are produced via material means (treatments, technology, etc.), with discourses around "proper" sexualities shaping both mental health treatment and sexual policy.

Foucault's theories of sexuality would lay the groundwork for queer theory to emerge as a body of scholarship and academic work deeply interconnected with queerness activism. Emerging in the 1990s with a boom in activist and academic literature following the publication of Judith Butler's *Gender Trouble* and Teresa de Lauretis' organizing of the first, officially-titled, "queer" conference, "queer theory" deploys "queer" as a reclaimed derogatory term (Ghaziani & Brim, 2019, p. 3). Inspired by the work of activist groups like ACT UP, queer theory linked deconstructive reading practices and social activism together, and the deconstruction of stable, fixed categories of sexuality *a la* Foucault became fertile ground for the study of fluid, unstable, and perpetually becoming subject-positionings and social movements (Ghaziani & Brim, 2019, p. 3). "Queer," as a deployment of a resistive subject positioning, embraces epistemologies and meaning-making practices which are fluid, flux, disruptive,

transgressive, interpretivist, and local- i.e., of the folk, knowledges of the people (Ghaziani & Brim, 2019, p. 4). As a body of knowledge, however, it is not endlessly critical. 2005, for instance, saw the emergence of critiques of queer theory in the publication of a special issue of *Social Text,* titled "What's Queer about Queer Studies Now?" This issue compiled articles and critiques of the state of queer theory post-September 11, 2001, and expanded queer theory to address issues of empire and United States complicity in war and genocide (Eng & Puar, 2020). The issue

> focused, in no small part, on developing notions of "subjectless critique" with the purpose of destabilizing both proper subjects and subject matters of queer theoretical inquiry. "That queerness remains open to a continuing critique of its exclusionary operations has always been one of the field's key theoretical and political promises," the special issue editors argued. "What might be called the 'subjectless' critique of queer studies disallows any positing of a proper subject *of* or object *for* the field by insisting that queer has no fixed political referent" (Eng & Puar, 2020).

By building on critiques of subjectless sexual positionings, queer theory expanded to critique more than sexuality or sexual subjectivity, by allowing queerness to be produced in a multiplicity of identitarian regimes, undercutting the notion of the singular, cohesive subject (Eng & Puar, 2020). It also put forward such concepts as homonationalism, or, queer complicity with the state; i.e., sites where the state uses queerness to justify its own ends, such as the open acceptance of queers into the United States military and the use of homophobia to paint racialized "others" as backwards, dangerous, and in need of correction by the "accepting and tolerant" West (Eng & Puar, 2020). All this was accomplished through a genealogical strategy

which traced objects of study through time and deconstructed "common sense" notions- the genealogical study.

Foucault's genealogical study, which studies how an object of study (sexuality, best treatment practices, etc.) transforms across historical contexts, can be especially important for communities and people negatively affected by institutions in the past, communities who are still dependent on those institutions in the present. Foucault observed surveillance and discipline, as carried out by institutions like schools, psychiatric hospitals, and churches, were held over people and groups colonised by Europeans, women, and those deemed to be pathological/perverted, who share a lot of traits with the disabled and the "mad" (Taylor, 2016, pp. 73-108). This is extended into Canada's psychiatric context, as a colony of Britain. As a Commonwealth country, "Canada," as a settler outpost of the British empire, practised British law and psychiatric practises on this land, its approach to both psychiatry and anti-homosexual treatment a natural result of the British colonialist project to settle and occupy stolen land (Kinsman, 2024, p. 51).

Canada followed the model of psychiatric treatment held by Britain for much of its history, sequestering mentally ill, unstable, or otherwise "mad" people into mental asylums which were built in the countryside, away from cities (Moon et al., 2015, p. 3). What started as a viable option for poor families who could not care for their loved ones became a site of critique- mental asylums were rife with stories of patient abuse, and the brick-and-mortar buildings which constituted both British and Canadian asylums broke down as higher populations increased demand for mental health treatment (Moon et al., 2015, pp. 2-3). Canada's mental healthcare institutions faced major changes in the 1960s as the government shifted to socialised, publicly-funded healthcare (rather than the more privatised system which was prevalent in Canada before

this shift- publicly-funded healthcare was still an option, but was underfunded, as it primarily served the lower classes) (Moon et al., 2015, p. 8). At the same time, the Canadian public levied major critiques of the practices of psychiatric asylums (Moon et al., 2015, p. 8). The country would de-institutionalise insane asylums alongside other Commonwealth countries like the United Kingdom and New Zealand in the late 1960s, but historical data suggests that a mix of healthcare practices from both the U.K. and the United States of America continued to define Canadian practitioners' care and relationships to their patients, from psychiatrists' theories of care down to the architecture of their buildings (Moon et al., 2015, p. 7).

Despite these changes, which were meant to make healthcare more accessible to underserved populations in Canada, 2SLGBTQIA+ Canadians (as an "underserved" demographic) face major issues when receiving institutionalised mental health care to this day. A pre-pandemic study showed that Ontario-based 2SLGBTQ+ people within low-income economic brackets reported the highest rates of unmet mental health needs compared to other surveyed groups (Ross et al., 2018). Though the study did not define what it meant by "unmet needs," 2SLGBTQIA+ people reported low rates of access to professionals (despite attempting to access mental health supports at the highest rate) and that these groups reported an overall dissatisfaction with their encounters with mental health professionals (Ross et al., 2018). Qualitative interviews of low-income and homeless queer women in Ontario found that these women were often facing discrimination, resurfaced trauma, and microaggressions (including therapists soliciting sex from sex worker clients) from psy-aligned[1] practitioners when seeking services, and they had to strategize outside of the system to even begin getting their needs met (Ross et al., 2018). This "unmet mental health service need" finding is repeated in broader

[1] "Psy-aligned" is an umbrella term used in this study to refer to any field of study aligned with the study of the mind/brain- psychology, psychiatry, etc.

studies of health inequities of 2SLGBTQIA+ Canadians (Comeau et al., 2023; see also, Veltman et al., 2024; Stephenson, 2023; and Chaiton et al., 2021).

Queer Canadians, especially those with intersecting marginalised and lower-class identities, also face increased risk of being diagnosed with severe mental illnesses, including psychosis, clinical depression, and suicidality (Kidd et al., 2016). In the Canadian context, we must consider that the same system of psychiatry diagnosing 2SLGBTQ+ people with "severe mental illness" is also not meeting the self-reported needs of that same group. Research into severe mental illness among queer populations points to systemic discrimination as a risk factor in producing severe mental illness symptoms.

In broader, North American contexts, systematic reviews have found that LGBT populations have found themselves discriminated against by psychiatric service providers and fellow clients in mental health settings, and in general, there is little effort made in public health sectors to signal LGBTQ inclusion and protections for clients (Kidd et al., 2016). Among LGBTQ people, experiences with discrimination in the past year directly mediated 34% of the effect of "LGB behavior" (not defined in the paper cited) on psychotic onset (Kidd et al., 2016). In spite of at least part of the anti-queer discrimination leading to severe mental illness coming from psychiatric institutions (hospitals, individual psychiatrists/psychologists/counsellors, and mental health service providers), the papers published by psychiatrists (writing for the journal *Psychiatric Services*) announce a "pressing need" for research into treatment interventions for queer people living with mental illness (Kidd et al., 2016).

In light of this "pressing need" identified by psychological academia, and with Foucault's genealogical method, I want to consider how, in the Canadian context, mental health care is being defined *for* queer people, and how sexual deviancies are both generated and treated. These

topics can best be addressed through a history of the present. I guided my research by asking two specific research questions:

1) How did the Canadian psychiatric institution construct "queerness" within sexual and mental health discourses from the 1960s-91? Conversely, how did they construct "normative" sexual/gender identities?
2) How did queer laypeople (2SLGBTQ+ people not trained in psychiatry and psychology) in Canada respond?

Now, the labels implied by the 2SLGBTQIA+ acronym are a more recent development in the history of sexual categories, where in the past people we might have referred to as lesbian, gay, transgender, etc. might have been called "inverts," "degenerates," etc. This thesis uses the modern category, referring to anyone who experiences same-sex attraction, gender deviancy from Western norms (including the presence of intersexed characteristics), or no sexual attraction past puberty, as a starting point for understanding "queerness" as a category. Queerness, in this sense, is a break from cisheteronormativity, which views cisgender and heterosexual identities as more desirable, defensible, and moral than other sexual and gender identities (Warner, 1991). This would also include people who identify as Two Spirit (a North American Indigenous cultural term to describe Indigenous people who occupy both "male" and "female" roles, and may or may not also identify as gay, lesbian, bisexual, transgender, etc.), asexual (a person with complete or partial absence of sexual attraction for others, or lack of interest in sexual activities), and intersex (a person who develops sexual characteristics which cannot neatly be defined as "male" or "female") (Veltman et al., 2024, pp. 4-6).

It is also important to note another category of people which has been generated by psychiatry, those being "the mad." "Madness activism," in Canada, emerged from the movement

of ex-mental patients and others oppressed by the psychiatric system to form groups, identify their experiences and struggles, and create alternative communities outside of the mainstream psychiatric system which caused them harm (LeFrançois et al., 2013, p. 3). These alternative spaces of activism resulted in a reclamation of "madness" as an identifier, whereas previously it was an oppressive term used to oppress people who could not deal with the pressures of normative, capitalistic society (LeFrançois et al., 2013, p. 3). Though initially forming to resist psychiatric hospitals, madness activism has come to encapsulate larger, anti-psychiatric positionings and movements to resist medical models of disability; at the same time, alternative, holistic models of help, where people are not reduced to symptoms but, instead, are understood in the social and economic contexts of where they live, mark the approach to community care madness activists advocate for, outside of the psychiatric system (LeFrançois et al., 2013, p. 2). It is, in essence, an attempt to allow those affected by psychiatric practices- the psychiatrized- to speak for themselves and decide how they operate in the world (Rose, 2021).

Much like queerness activism, madness activism is deeply interconnected with Madness Studies (LeFrançois et al., 2013, p. 2), and emerged in both community and academic contexts. It is also informed by Foucault's critical studies into madness and psychiatry in France, which concluded that "The constitution of madness as a mental illness. . . *thrusts into oblivion all those stammered imperfect words without fixed syntax* in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of that silence" (Foucault, 2001, p. xii). Madness activism takes the position that madness is a social construction, formed to justify regimes of power, and reclaiming that madness is necessary to resist those power regimes. The process of "maddening" someone, then, is deeply interrelated with sexuality and "queering" someone. Madness activism

and scholarship engages in a subjectless critique much like queer theory does, in which the social norms which govern our subjectivities are critiqued- for madness activism, at the points in which mental health and "madness" discourses shape and construct our subjectivities as "sane" subjects.

In answering the above questions through the lens of Foucauldian genealogy and queer/Madness studies, the documents found in the activist and psy-aligned, professional archives that I analysed reveal a dynamic, shifting discourse between the rise of aversion therapy in Commonwealth countries in 1962[2] and the final removal of homosexuality from the International Classification of Diseases in 1992. There is a rapid amount of social change present between 1962-1992. I chose to analyse Canada during this timespan to account for these changes. The spread of behaviourism through the Commonwealth is documented in countries like New Zealand and Australia, but less so in Canada (Spandler and Carr, 2022). Behaviourism, as a paradigm of psychology, views all behaviour as learned from the environment. John B. Watson, who wrote *Psychology as the behaviorist views it* in 1913, viewed all behaviour as emanating from either classical conditioning or operant conditioning, or, learning by association or learning by consequences (McCleod, 2024). All of behaviour, in this paradigm, can be reduced to a stimulus response, so if you change the response to the stimulus, you can change the behaviour (McCleod, 2024). Later shifts in behaviourist thinking, including B.F. Skinner's radical behaviourism, incorporated internal processes (thinking, feeling, emotions) into behavioural theorising, viewing them as learned from the environment as well; it also departs from original behaviourism in that it views the human mind as having certain innate traits, while

[2] This is marked as an "official" year aversion therapy rose in popularity in British psychiatry (and, consequentially, across the Commonwealth) by Davisson (2020), marked by the publication of Freund's *Some Issues in the Treatment of Homosexuality* into English. Though it was practised in Britain before this specific year, it would not reach popularity in British psychiatric literature and discourse until after this publication.

Watson's behaviourism viewed the mind as a blank slate to be impressed upon by the environment (McCleod, 2024). Both of these movements had an effect on British psychiatry, replacing psychoanalysis in the early half of the twentieth century, as psychoanalysis was viewed as unscientific and ineffective in producing the desired outcomes in sexual deviants (King & Bartlett, 1999; see also, Feldmen, 1966).

The removal of homosexuality from the International Classification of Diseases, however, marks a global shift in psychiatric thought, coming long after the removal of homosexuality from the American DSM in 1973 (King and Barlett, 1999). Occurring in 1990, the International Classification of Diseases announced work on the ICD-10, with homosexuality removed as an explicit disorder (Drescher, 2015). The ICD system was christened by the World Health Organization in 1948, though the system of tracking causes of mortality across borders, called the "International List of Causes of Death," would begin out of the International Statistical Conference held in Brussels, 1853 (Hirsch et al., 2016). Over the course of half a century, challenges were raised in tracking all causes of death, leading WHO to take the charge in tracking these issues; by the publication of the ICD-6, psychiatric disorders were added to their lists of death-causing diseases (Hirsch et al., 2016). United States expansions of the ICD included Clinical Modifications, allowing for the diagnostic coding of inpatient, outpatient, and physician office use and put into effect with the publication of ICD-9-CM (published after the ICD-9, updated October 1st of each year) (Hirsch et al., 2016). Initial efforts into developing the ICD-10 ended in 1992, and the final ICD-10 would not be released in the United States for several decades. However, other countries had already begun to incorporate ICD findings- including the removal of homosexuality as a diagnosable category- soon after these initial efforts ended, with Canada utilising a modified ICD-10-CA system in 2000 (Hirsch et al., 2016). I

hoped that, by analysing Canada through this shift in *global* thinking, I could understand how Canadian psychiatric discourse might have uniquely constructed sexual and gender deviancy compared to its main international influences, the United Kingdom and the United States (Moon et al, 2015, p. 7).

This thesis is the result of an archival research study which applied Foucauldian genealogical method to Canadian historical and professional archives. Two archives- *Sex and Sexuality* and the archive of previous Canadian Psychological Association peer-reviewed journal publications, which is comprised of three journals (*Canadian Psychology, the Journal of Behavioural Psychology,* and *the Journal of Experimental Psychology*)- represent the views psy-aligned professionals and sexologists. From these two archives, I gathered, primarily, peer-reviewed journals; however, from the *Sex and Sexuality* archive, I was able to gather personal correspondences (letters between professionals in Canada, and between Canadian and American professionals), and layperson newspaper articles which were either written by professionals, or relied on direct interviews with professionals to inform the content of the article. The other three archives I gathered documents from- *Archives Unbound: Politics, Social Activism, and Community Support, Archives of Sexuality and Gender,* and Madness Canada's *After the Asylum* archive- represent the viewpoints and responses of layperson activists, particularly, activists in Canadian ex-mental patient and lesbian/gay liberation groups. The documents I gathered from these archives were primarily newsletter and newspaper publications by activist groups, with some analysis of legal documents and policies found within the newsletters when the articles were not addressing their contemporary events. I then read these documents in context with each other, grouping them into three threads based on the similarity of their subject matter and references to each other.

In this analysis, I argue that a sexual-sanist assumption- meaning, a kind of assumption deployed in discourse which assumes that one can reveal mental insanity/illness by observing the subject's sexuality- structured the beliefs and practices that governed queer psychiatric treatment in Canada over these three decades, one best illustrated by the British Columbia Mental Health Act's definition of "mentally ill" people as those who do not 1) relate to others "appropriately," and/or 2) do not react to their environment "appropriately." I use the term "sexual-sanist" or "sexual sanism" as a slight alteration of the term "sanism," which is defined as a form of oppression against those who are diagnosed as, or perceived to be, "mentally ill" (Wolframe, 2012). Sanism can appear in a number of contexts, typically stereotyping the psychiatrized as not fit for certain aspects of life, such as social work (Poole, 2012); as well, it validates stereotypes we have about the psychiatrized, including the idea that they are more erratic, dangerous, lazy, and sexually uncontrollable than "sane" people (Perlin, 2013).

The sexual dimensions of sanism have been discussed and theorised upon by other scholars. For instance, in an analysis of patient records taken by medical and psychiatric staff in a psychiatric ward, Merrick D. Pilling noted as a pattern of sexual violence being used as a symptom of psychosis in the intake forms written by psychiatric nurses; while victims of sexual violence were viewed as "delusional" for their mental distress, perpetrators' sexual violence was viewed as inextricable from their mental state, conflating violence with madness (2021). This bleeds into the sanist stereotype that "mad" people are inherently sexually deviant, erratic, and violent (Pilling, 2021). When I use the term "sexual sanism," I am placing emphasis on the sexualised dimensions of madness and the "maddened" (psychiatrized) dimensions of sexuality, and am referring to psychiatrization/maddening as co-constitutive with sexuality.

Oftentimes, the assumption of "inappropriate" relating-and-reacting was used to reference subjects' deviating sexuality and gender, which was viewed as a symptom of some deeper pathology. When applied to the wider discourses I analysed, I define this relating-and-reacting assumption as an analysis which takes deviant relating- non-normative forms of relating, especially with non-normative sexualities (same-sex attraction, fetishes and kinks, and sexual acts which cause harm) and non-normative gender expressions (for example, a wife disobeying her husband, or an unassertive man)- as evidence of an inner, psychiatric pathology. The same goes for deviant reacting (to the environment around the subject; this can include expressions of pathologised behaviours, including hallucinations and addiction (alcoholism, drug abuse, etc.))- as a marker of a deeper mental and sexual pathology. The examples given of deviant relating and reacting are pulled directly from the documents I analysed, but know that, in the context of the BC Mental Health Act (Mental Patients Association, 1971), the "improper relating and reacting" definition of mental illness was intentionally nebulous, and could be applied to a variety of contexts at the discretion of the professional treating the subject. It also tended to be applied to sexualised contexts. Especially with those marked as "queer" or sexually deviant, deviant relating/reacting was imbued with sexuality by the psychiatrist/medical staff diagnosing them, and so, was sexual and sanist- sexual-sanist.

This relating-and-reacting assumption (the on-paper assumption which I theorised to be sexual-sanist) was generated by policy makers to define what mental illness is and to what degree a person must be deemed "mentally ill" before intervention- either by psychiatrists, medical professionals, or state actors, like the police- was necessary, that intervention taking the form of involuntary confinement to a psychiatric ward/hospital. In my research, I found three threads of discourse which, contextualised under this assumption (sexual deviancy is a signifier

of mental illness), displays the extent to which this assumption could be employed to regulate- and generate- sexual identities and activities.

The first thread of discourse I identified- a discourse called "Typologies of Transness-" was generated from a combination of mutual correspondences between transsexual activities and psychiatrists; correspondences between psychiatric professionals with each other; one textbook on gender dysphoria; and layperson newsletters/papers which consulted psy-aligned professionals for their publications. The majority of these works focused on best treatment practices for people experiencing gender dysphoria, which described the distress someone feels when their "biological sex" was discordant with their "psychological sex" (conceptualised as such by transsexual activists). However, these discourses also reveal how this relating-reacting assumption applied to transgender people- those trans people who could comport themselves in a sexually-normative manner (meaning, not engaging in fetishes and presenting as heterosexual in their post-treatment bodies) could be diagnosed as normative transsexuals, and those who engaged in sex-deviant behaviour (crossdressing, voyeurism, homosexuality, etc.) could be diagnosed as transvestites. Even further, those who displayed "mental illnesses" like alcoholism and schizophrenia could be deemed transvestites, their mental illness evidence of a hidden sexual deviancy.

The second thread of discourse I identified, called "Perverse Heterosexuality and Criminal Queers," emerged from a combination of official academic literature and policy, both of which were critiqued by gay activists, concerning the "dangerous sexual offender" and the "sexually anomalous male," two figures which, while distinct, had major overlapping characteristics. The dangerous sexual offender (DSO) could be deemed as such after being "caught" in a sexual deviancy, inclusive of acts which obviously present harm to others, and acts

which do not. Noticeably, activists reported multiple laws which were levied against gay men to incarcerate them as DSO's, despite no law "officially" oppressing gay people at the time of writing (roughly, the 1970s-80s), including statutes against public sex, buggery, and bestiality. Academic literature defined the sexual deviant beyond his dangerous sex acts, deeming him to be not only a criminal, but a failed or perverted man. Evidence of this includes studies done which found DSO's to be more feminine and passive than "normal" heterosexuals, generating a category of perverted heterosexuality (as in, perverted from an assumed, normative heterosexual state). A mixture of academic literature and psy-aligned professionals' correspondences reveal a theorising from psychiatric academics- that the process which generated perverted heterosexuality also generated sexually anomalous males, a vague category of sexual men which included everything from rapists and paedophiles to voyeurs and exhibitionists to homosexuals, bisexuals, and "transvestites."

The final thread of discourse I analysed, which I called "Maddened Queers and Queered Crazies," was lifted purely from activists and laypersons writing in newsletters published by organisations seeking liberation and/or equality for ex-mental patients and LGBTQ people, revealing the ways in which this assumption applied to individuals in their day-to-day brushes with psychiatric institutions (therapists, psychiatrists, and mental wards specifically). In this discourse generated by laypersons, I found that people were discriminated against/treated specifically for both gender and sexual deviancies, these deviancies seen as either evidence of mental illness or, in the very least, correlating with them (if they were not seen as the "cause" of their mental anguish). Though these patients faced a host of treatments, including electroconvulsive therapy (ECT), insulin shock treatments, and involuntary drug administration, I also found discourses of reclaimed agency, including a reclaimed "madness pride" and the use

of homosexual relations to maintain a "mad" label (ensuring access to the shelter and food provided by a mental ward). Altogether, these three threads of discourse weave together to show how this assumption of deviant relating-and-reacting shows up in different forms, scales, and scopes, and identifies how deviant sexuality was used, and generated, by psychiatrists to diagnose an inward mental illness within subjects.

To contextualise this research, we need to understand the scope of psychiatric treatment in relation to queerness in history. In broad strokes, the literature on this topic traces treatments back to Europe in the 1860s, spreads into Britain, evolves through both psychoanalytic and behaviourist movements dually in the Soviet Union and Western Europe, and continues across the Atlantic, though most of the literature on the treatment which took place in North America focuses on the United States (Davison, 2020; see also, King & Bartlett, 1999; Drescher & Merlino, 2007, McWhorter, 2009). Studies in these differing regions helped to define the parameters for this research and informed analysis across the research process.

Overview

Chapter Two is a literature review which begins with an overview of the current historical literature on aversion therapy against homosexuals. Aversion therapy was a practice which stemmed from behaviourist theories of psychology, which attempted to avert homosexuals from same-sex attraction and actions by conditioning them away from their attraction, viewed as a learned behaviour. A brief discussion of psychoanalysis is also provided, followed by a discussion of the spread of these ideas (behaviourism and psychoanalysis) as theories used to "treat" homosexuals across Europe and the Commonwealth. This discussion is followed by an overview of historical literature and Indigenous theory covering queerness and anti-queer oppression in "Canadian" contexts, which establishes how settler-colonialism generates

queerness and anti-queer oppression. This bleeds into a discussion of Edmonton, Alberta- the location on which I conduct this research- which serves as a Land Acknowledgement and an opportunity to go into detail about the forms of settler-colonial oppression against Indigenous women, children, and Two-Spirit people by illustrating more local examples of this oppression. Chapter Two ends with a discussion of duress, as a theoretical and legal concept, as a way to illustrate the importance of historical research in analysing the ways systems of power continue themselves into different forms, sites, and scales.

This historical and Indigenous context allows us to understand the theorisations I pull from to inform my discourse analysis. Chapter Three covers the theoretical framework which guides my methodology throughout my thesis work. It begins with an overview of Foucault's work and theorisation on psychiatry and sexual oppression- which, in essence, is also a theory of power and how it shifted and changed in the shift between the seventeenth and eighteenth centuries. The implications of his theories on my research are discussed, followed by an explanation of my methods and the archives I analysed. Judith Butler's seminal work of queer theory, *Gender Trouble,* is then discussed as a continuation of Foucault's work, doing for gender what Foucault did for sexuality. The chapter ends with a positionality statement, placing myself in the research context, in both theoretical and material ways (rather than separating myself from it as if I were an objective, scientific observer) and discussing the limitations/strengths I brought to this project.

Foucault and Butler's theories will inform the discussion of my results. Chapter Four outlines my results, which is structured as an exploration of three threads of discourse placed in context with each other through the use of "improper" relating-and-reacting as a marker of mental illness. The discussion of these three threads of discourse is followed by an overview of

the few appearances of race as it appeared in the discourses I examined, though they appeared in so few contexts (and with very few themes in common) that I could not do a definitive, theoretical analysis of racialisation as it overlapped with sexuality and psychiatry within the context of this project. Attempts are made, however, to connect these references to the broader theorizations and provide critiques into why so few references to race are made in both the professional and activist discourses.

Chapter Five is a discussion of these results, re-contextualizing this thesis in the context of Foucault's theories of sexuality and biopower as well as in the context of queer theory before diving into more specific theorisations which apply these discourses to the modern day. In particular, I pull from Julia Serano's theories of sexualisation and predator/prey dynamics to discuss my result's connections to modern transgender discourses; modern social work literature, to discuss the contexts in which sexual violence occurs (to reveal the flaws in logic had by psychiatrists researching "sexually anomalous males" and sexual dangerousness); and Judith Butler's theories of abjection, or the rendering of people into non-subjects, to place into context the use of the relating-and-reacting assumption as one which produces abjection, rendering queer people into non-subjects through the use of psychiatrization. In the end, I demonstrate how the project of anti-queer psychiatry in Canada is one of sexual sanism, which assumed a mentally ill identity from a signifier of deviant sexuality/gender (which is identified through the use of a "deviant relating-and-reacting" assumption), and revealed how mental illness/psychiatrization was co-constitutive with sexuality during the time period studied.

A note on terminology

Note that I will switch between using the label "2SLGBTQIA+" and "LGBTQ" every now and then; I primarily use 2SLGBTQIA+ when discussing North American SOGIE (Sexual

Orientation and Gender Identity/Expression) minority subjects, and LGBTQ in other regional/global contexts. This is due to the particular context of "Two-Spirit" as a discursive identity used by Indigenous peoples in North America/stolen lands off the mainland (like Hawaii and Samoa). Any systemic homophobia/transphobia done on Turtle Island/by the United States, Canadian, and Mexican governments will also, naturally, affect Indigenous people who do not conform to sexual and gender norms, and so, naming their identities on top of the mainstream LGBTQIA+ acronym felt important (especially considering the particular ways Indigenous peoples experience these systemic oppressions, which will be discussed in the "Canadian contexts" section). When discussing SOGIE minority subjects in other areas of the world, like Europe, where Turtle Island Indigenous people are not present, I decided to go for the "umbrella" term of LGBTQ (when I am not discussing more specific oppressions against individual discursive identities within the acronym). In the end, with a study that is engaged in Foucauldian theory, I take the view that all of these identities and subject-formations are discursive, i.e., they are socially and historically constructed and emerge through discourses of power. I do my best to engage with these constructions as specifically as possible, using the most relevant terms possible to the sites and times they are most relevant to and to avoid generalisations of otherwise-disparate populations (though I should note that I sometimes use the label "queer" as an umbrella term, as defined as a break from cis-heteronormativity, as that provides a connotation that is a bit easier to recognise for modern audiences). I felt it important to use the labels used by the people and contexts I am studying, rather than imposing other terms onto them as the researcher. I risk, at every step of the research process, imposing terms, beliefs, and values onto the subjects of the documents I analysed for this thesis. To avoid this, I attempted to develop a critical reflexivity of my positionality as a researcher and the subject

positionings I have come to occupy over the course of my life and, especially, during the course of my time in my Master of Arts program.

Positionality and Tension

To understand my positionality, I needed to place myself in context with the larger academic system I am within. Claire Skea's theoretical work on the governmentality of the academic helped me to do this. According to Skea, we live in a neoliberal movement within academia. Much has already been theorised about what the "academic" is under capitalistic marketization, at the same time as much of humanity in general shifts into a collective formation of *Homo economicus* (Skea, 2021). Governmentality- the internalisation of power and its assumptions about the world and our identities- becomes internalised in the academic. The neoliberal academic, subjugated to modern governmentality, not only internalises the responsibility to produce academic labour- to be held responsible for their own research success as an academic-entrepreneur, in the face of rising costs-of-living, increased restrictions on paid hours, limited paid research positions, etc.- but, I would argue, internalises logics that only allows them to produce certain kinds of research (Skea, 2021). These are logics that only allow for knowledge-production that supports the current epistemic era, under the mandate of neoliberalism. The academy and once-revolutionary practices become tools to the aid of capitalist regimes. We are all implicated in this process, myself included.

Claire Skea offers a number of interventions to reintroduce the *Homo academicus* into the academy in spite of neoliberal pressures. As we deconstruct the academic as *Homo economicus* and attempt to reconstruct into *Homo academicus*- by bridging divides, promoting the "quieter" forms of academia (including the virtue of unknowing), and deconstructing our

personal discourses of performativity and productivity (Skea, 2021)- we must also reflect on our research practices, especially those of us who claim to be "critical."

I position myself in this research as a queer person surrounded by tensions. I conduct this research on stolen Treaty 6 territory which, in spite of its status as colonised and stolen land, I have come to call home. I grew up on stolen Tsuwalaguwetiyi (Cherokee, Eastern band) and Miccosukee lands, ruled over colonially by the government of the 14th district of Georgia. My experiences have constituted me into a white, gay, disabled, and gender-questioning scholar. In spite of my leanings towards leftist politics, and in spite of my awareness of colonial power structures, I remain complicit in this system. The majority of my thesis was completed while multiple ongoing genocides were occurring in Palestine, Tigray, the Democratic Republic of the Congo, Armenia, and in Sudan. The university I will obtain my Masters degree from has, at the time of writing, failed to disclose its investments in these genocides, investments via companies and governments who co-sign the displacement of Palestinians and the people of Congo (who produce cobalt needed for technologies produced by Apple, Google, Samsung, and other tech companies the University of Alberta partners with), especially. Even as I critique my university, my thesis will be completed with their stamp of approval and be added to a long list of academic theses and dissertations they contributed to.

In the end, I am glad I have done this project. I believe that I am a good candidate for completing this thesis, as a queer person who has received faulty psychiatric treatment that has, at times, healed me, and in other times, left me physically disabled, stuck in perpetual fatigue and "brain fog," and left scars on my psyche. I am also a white settler, who runs the risk of collapsing so many differences into the handy label of "queer" in writing my results; of not giving enough analysis of race in these discourses because I searched the archives of mainstream queer/mad

activism and did not have time, over the span of a year, to search the archives of queers of colour; of taking up too much space in those discourses, rather than allowing a queer of colour and/or Two Spirit scholars explore this topic beyond what I have done; and more. More than this, though, I must acknowledge that many of my results are not "original," even if they are not written about widely in academic literature. I build on the work of activists doing the important work of communicating the news to their communities, providing housing to their community members, and organising resistance projects to Canadian policies of homophobia, transphobia, and pathologisation. I only hope that, with my reflexivity, I have been able to highlight the work of these activists and shine light on them, rather than myself, while still providing worthwhile analysis and theorising that can be of benefit to the people doing the important, activist-based work today.

Chapter Two: Literature Review

The literature I draw from primarily focuses on the history of anti-LGBTQ psychiatric practices across Western Europe and North America, before narrowing down on the specific contexts of Canada, then more narrowly, Edmonton, Alberta, where I conduct my research. The majority of this literature is historical, utilising archival analysis and literature reviews of older peer-reviewed journal articles (dating from the late 1800s through the 1980s) to come to conclusions about the state of psychiatric treatment in relation to same-sex attracted and gender-expansive people. I draw also from more contemporary theoretical work, namely, Indigenous theory, to set the stage for understanding anti-queer psychiatry in Canada.

The majority of historical research emphasises a path of anti-homosexual treatment practices from pre-1933 Germany and Austria to post-war America, focusing on psychoanalytical traditions (Davison, 2020). With that said, a growing body of literature has emerged on the behaviourist interventions in homosexual/transgender treatment, with transnational discourses spanning between Britain, Soviet Europe, and North America. Behaviourist aversion therapy first gained prominence (in the context of anti-homosexual treatments) in Czechoslovakia in the 1950s, with the state sponsoring research into "curing" homosexual "ailments" via Pavlovian methods, which focused on "conditioning" the homosexual into a heterosexual orientation (Davison, 2020). Britain would pick up on these practices after Kurt Freund's work on homosexual treatment practices was translated into English in the early 1960s, 1962 marking the first "wave" of interest into behavioural treatment practices across Britain and its Commonwealth (Davisson, 2020).

Treating homosexuals in Europe, Britain, and "across the pond"

King and Bartlett (1999) trace the history of psychiatric treatment for homosexuality in the nineteenth century as a movement through Europe, into Britain, and eventually, spreading into the larger British Commonwealth. Their study was a systematic review of British psychiatry's relationship to homosexuality, focusing on psychiatric publications and seminal works in the British field. King and Bartlett's paper has been cited widely by academics researching this relationship, and has since been built on and expanded by scholars studying the Soviet Union (Davison, 2020) and the particular experiences of lesbians and bisexual women within the latter half of the twentieth century (Spandler & Carr, 2022). King and Bartlett would continue their studies by tracing the effects of aversion therapy on individuals in the United Kingdom, conducting an oral history of former patients' experiences with various aversion therapies in the Post-War era (Smith et al., 2004).

The origins of the term "homosexual" are disputed, but generally, scholars believe it to have been formed in Prussia in 1869, arising out of a text protesting anti-sodomy laws in a newly unified Germany (King & Bartlett, 1999, p. 106-107). Soon after, sexual behaviour entered a period of medicalisation, beginning with the publication of *Psychopathia Sexualis* delineating long lists of sexual transgressions as medical disorders- chief among them, homosexuality (marking "homosexuality" as a medical term, rather than an identifier as it appeared in the Prussian text) and transvestism (King & Bartlett, 1999, p. 107). Transvestism, as a term, would be only loosely defined until the publication of Magnus Hirschfeld's *Transvestites,* defining the term as a complex of symptoms that emerge from an erotic desire to cross-dress (Hirschfeld, 1991; see also, Feinberg, 1996, p. 95). Other historical texts would assert that Hirschfeld coined the term "transvestite," though this is not commented on nor validated by the King and Bartlett

study (Feinberg, 1996, p. 95). Hirschfeld, though himself a homosexual man, was part of a scientific movement which medicalised homosexuals and gender-deviant people (Feinberg, 1996, pp. 95-96).

Sexology as a scientific, medical field which aimed to systematically analyse sex and sexuality across populations and within individuals, gained popularity in the early twentieth century, and it was within this specific scientific field that the congenital queer- someone predisposed to homosexual/transvestic acts- was conceptualised (King & Bartlett, 1999, p. 107). The medicalisation of homosexuality, however, did not mean anti-homosexual bias was purely empirical; many practitioners of sexology and behavioural science held religious motivations for their studies, moralising homosexuality scientifically and spiritually (Bayer, 1987, p. 18). In this context, Europe carried out criminal codes against homosexual relations, justifying this oppression in the name of sexual and mental health standards, revamped with scientific aura beyond their original, moral justification (Bayer, 1987, p. 18).

The emergence of the *scientia sexualis,* or the sexual sciences, was a discourse primarily between medicine and science, riddled with contradictions and contestations among experts who theorised homosexuality to be everything on a range from pathology to normality (Chiang, 2010, p. 46). More than this, though, this discourse between medicine and science in the form of sexology created an understanding of psychological gender, and within that understanding, homosexuals were considered sexual inverts, containing a feminine mind and a masculine body (Chiang, 2010, p. 46). It also created the emergence of a two-sex model of sexuality, compared to the previous, theologically-based one-sex model of sexuality which viewed women as a kind of incomplete man (Chiang, 2010, pp. 43-46). The two-sex model conceptualised a binary view of sex and gender (gender being psychological, though early references to the concept simply

referred to it as "psychological sex") with a normative course of sexuality aligning the two, to the end of the subject being attracted to the "opposite" sex (Chiang, 2010, p. 46). It was this latter conceptualisation of sex and gender that those with the goal of pathologising homosexuality took on (Chiang, 2010, p. 46); those interested in normalising homosexuality took the "sexual invert" model to explain homosexuality as a biological, albeit pathological, fact that could not be changed (Feinberg, 1996, p. 96).

Nevertheless, pathological conceptions of homosexuality led to legal sanctions against those who were inclined to the same sex, the scientific turn providing scientific justification for the previous sanctions against extra-marital sex which were originally religious in nature (Taylor, 2016, p. 100). Britain enforced these laws, like much of Europe, and many homosexual men were imprisoned for their sexual actions. But female homosexuality was a different matter. Though the law was enforced against women, they were more often sorted into treatment programs for their homosexuality (King and Bartlett, 1999, p. 107).[3] Medicine led the charge in the treatment of female "inverts," those women who preferred sex with other women, echoing Kraft-Ebbing's theory of homosexuality as "degenerescence" as discussed previously (King & Bartlett, 1999, p. 107). The idea that a person experiencing same-sex attraction was an "invert" of their gender was pervasive in psychoanalytic literature, which subsequently led to a wave of biological studies of female homosexuals' hormone levels, prenatal conditions, and genitals, in an attempt to validate the sexual inversion. Similar studies would be carried with males after the

[3] Though criminalization and medicalization were often interlinked, it is important to differentiate the two. Under Foucault's analysis of power, prisons and incarceration more often represented a disciplinary power, and attempt to punish unwanted or undesirable behaviour; medical institutions, especially those seeking to study sex, represented a biopower, seeking to generate and define life by defining and creating sexual diagnoses and "encouraging" heterosexual behaviour, aversion therapy being the most obvious example of this. Power can often overlap, as what happened when the religious discourses of sexuality were overtaken by *scientia sexualis*- though these forms of power were often at odds with each other, their goals and ideas "carried over" in early power transitions.

initial charge of female treatment, and neither group showed markedly different results compared to heterosexuals. It was out of these experiments, however, that some researchers claimed to have converted a bisexual man to a full-blown heterosexual using aversive therapy in the 1970's (King & Bartlett, 1999, p. 107).

Behaviorism, a psychological tradition focusing on how the behaviours of people are conditioned and learned, was popular in Britain before the 1970's, and aversive therapies, which were used to treat gender inverts for decades, were shaped by behaviourist methods and theories. Behaviourism, as a field, was founded by John B. Watson, in an attempt to reject the standard of psychology (as it was in the early twentieth century) to observe cognition (as he believed it to be too subjective a concept to study with objective methods). His main influences were Functionalism, seeking to study the functions of the mind rather than the structure of it, and research into animal behaviour which, based on the theory of evolution, was theorised to be a "lower" form of human behaviour, theorised to be the most advanced display of intelligence on the evolutionary line (Kartal, 2021, pp. 59-60). Watson rejected cognitive analyses and reduced them to habits and behaviours which could be learned and unlearned, and he measured these behaviours using verbal report, objective testing, experiments, and observations (Kartal, 2021, p. 60). This theoretical framework- believing that we can only study the mind through observable, outside influences- states that the environment plays a major role in shaping our behaviours, habits, and instincts; as a result, all our behaviours can be learned and unlearned, and are not inborn, as insinuated by other traditions (Kartal, 2021, p. 60). Other psychologists who would investigate further the environment's influence on behaviour include Clark Leonard Hull, who related the interaction between the organism and its environment to evolution (as a result, concluding that most human behaviour is a result of the instinct to survive and reproduce), and

B.F. Skinner, who de-emphasized the effect of "reflex" on behaviour and instead focused on operant behaviour, which occurs spontaneously thanks to the organism's activity rather than its environment (Kartal, 2021, p. 60).

British behaviourists were of the opinion that heterosexuality was the natural condition of humanity, homosexuality being a conditioned behaviour which arose out of pathological fears and illnesses (King & Bartlett, 1999, p. 108). As early as 1932, behaviourists were positing many theories about what conditions induced pathological homosexual tendencies. Klein, for instance, declared that homosexual men avoided women because of a subconscious belief that the vagina was a dangerous oral organ, a "vagina dentata" (King & Bartlett, 1999, p. 108). Psychoanalysts, on the other hand, did not view heterosexuality as the natural sexual state- though it was the natural end-goal. They posited that everyone underwent a "homosexual" phase in their psychosexual development, and some people went through subconscious traumas which arrested their development and trapped them in a pre-heterosexual state (King & Bartlett, 1999, p. 108). This was not a belief all psychoanalysts held; while Freud theorised that homosexuality was normal at a young age and, ideally, one would pass through this phase onto mature, adult heterosexuality, thinkers at the American Academy of Psychoanalysis and Dynamic Psychiatry began to view homosexuals as, essentially, "sick" people, evidenced by Edmund Bergler's statements on homosexuals as needing medical treatment and being essentially "disagreeable" in demeanour, though subservient when faced with a stronger person, as is the case for most "psychic masochists" (Drescher, 2008, pp. 443-444). The arrested development theory would be expanded upon by neo-Freudians, including Sando Rado in 1940, when he claimed that adult homosexuality was a phobic avoidance of heterosexuality due to insufficient parenting (Drescher, 2008, p. 447). This is in spite of Freud's relative progressivism on the subject; he took

issue with the third-sex and degeneracy models of homosexuality, as he would testify that "inversion" was found in many individuals of high intelligence and, further, that homosexuals should not be separated as having some kind of "special character" about them (as posited by the third-sex theory), as anyone could make a homosexual object-choice (Drescher, 2008, p. 444).

Despite this difference, both psychoanalysis and behaviourism felt that homosexuality needed treatment. The 1950's in Britain saw an intensified scrutiny against psychoanalytic techniques, which could not hold up against scientific standards. In contrast, multiple behaviourist groups boasted results in changing sexual orientation via aversion therapy, practised in private sessions with a psychotherapist (King & Bartlett, 1999, p. 109). The first British wave of aversion therapy was practised shortly after the publication of an English translation of Kurt Freund's "Some Problems in the Treatment of Homosexuality," and lasted from 1950-1973. This article was the only chapter published in Freund's book which would be translated to English from its German version, which was itself a translation of the original Czech (Davison, 2020, p. 90). Freund's article was one reason for the British wave, but in Soviet countries, Freund's research would result in a wave of decriminalisation of homosexual behaviour.

Soviet countries like Czechoslovakia had been practising aversive therapies for decades, and Freund's book was the result of thirty years of research on these treatments (Davison, 2020). His interest in utilising these treatments for homosexuality effectively ended around 1962 (though he would continue to advocate for behavioural treatments for other ailments); the larger, Soviet interest in the use of aversion therapy, especially Pavlovian treatment, began around 1950, a couple decades after Freund began his work (Davison, 2020). Freund experimented with a host of "treatments," including the use of electroshock, castration, CO_2 inhalation, and brain surgery, though he found them all to be unsuccessful in curbing homosexual desire (Davison, 2020).

Treatment was typically administered in two conditioning stages- negative conditioning involved an attempt to associate homosexual media with unpleasant stimuli (like nausea-inducing drugs), and positive conditioning involved an attempt to associate pleasant stimuli (like testosterone injections to induce arousal) with heterosexual media (Davison, 2020).

In context, the translated article was meant to caution readers. Freund found low success rates in converting homosexuals to heterosexuals, and indeed, found that homosexuals were relatively indistinguishable from heterosexuals in terms of neurosis and pathology (Davison, 2020). He emphasised policy reform- particularly, treating homosexuals as equal members of society, granting them protections from discrimination by the law- over treatment. British practitioners latched onto the single-case success stories present in Freund's English article and built off of those cases in their own research, resulting in a decades-long project of refining behaviourist methods in the treatment of queer people (Davison, 2020).

There were a few reasons why British psychiatrists embraced this article while ignoring Freund's attempts to decriminalise homosexuality. For one, British psychiatry was facing a hot debate on whether homosexuality could be cured; psychoanalytic techniques had faced relatively small success rates, and the Wolfenden Inquiry- a report of experiments carried out at a German hospital over the 1950s- spurred debates into the efficacy of decriminalisation (Davison, 2020). Moreover, Eysenk, a psychiatrist working at the Maudsley Hospital of King's College, was the first to translate any of Freund's work into English, and as a behaviourist he had a keen interest in promoting Pavlovian aversion therapy. He was a critic of psychoanalysis, finding that many of its assumptions were baseless, and behaviourism represented a new and promising psychological field (Davison, 2020). Which is not to say his exclusion of Freund's other work was intentional- merely, that he had a goal in promoting behavioural treatments. British psychiatrists only latched

onto aversive therapy harder when, in March of 1962, Basil James reported converting a "100% homosexual" into a heterosexual via aversion therapy- within the span of a week (Davison, 2020).

Conversely, psychiatrists in the United States were leaning into the psychoanalytic approach, focusing on queerness as a problem of the ego rather than a learned behaviour. Britain became saturated in behavioural literature in the late 1950s, with Eysenk publishing multiple volumes of research out of the Maudsley hospital and treating many different kinds of patients (Davison, 2020). No major American behaviourist movement emerged until the 1970s (Davison, 2020). This psychoanalytical practice ignored a growing body of sexological research that ran counter to their narrative (Drescher & Merlino, 2007, p. 2). Significant sexological research studies, including the 1948 and 1953 Kinsey reports and Evelyn Hooker's 1957 study, gave evidence that the majority of expressions of homosexuality were nonpathological- in essence, showing homosexuality to be a natural variation of sexual behaviour (Drescher & Merlino, 2007, p. 2). The American Psychiatric Association, as a conservative institution, was not ready to accept evidence from other fields like sexology at this time, and they would not view this evidence until gay activists forced them to at a conference panel on homosexuality in 1970 (Drescher & Merlino, 2007, p. 2).

Anti-queerness is deeply baked into American psychiatry's history. American psychiatry, however, diverged from British psychiatry in an important way. While the psychiatric practices emerging in Western Europe focused on the elimination of sexual deviancy and undesirable traits thought to be passed down in bloodlines, American psychiatry, both as a descendent of British practices imported via colonialism and as a tool used in the establishment and defence of the American state, relied on the defence of the subject racialized as white- and by extension, the

entirety of the white race- as the natural, "proper" citizen to justify psychiatric, eugenicist regimes. Historical scholarship also shows a distinct racialised dimension to America's psychiatric institutions. Ladelle McWhorter, a Foucauldian and gender studies scholar, uses a Foucauldian genealogy to trace how racism, sexism, classism, ableism, colonialism, and queerphobia all intertwine in a larger American psychiatric project to "purify" the white race and secure the white, Anglo-American citizen's place on Indigenous stolen land, protecting them from the genetic threat of racialised others, disabling ailments, and psychiatrised queers.. Black subjects were considered more queer and/or sexualised than other races, and white queer people were considered threats to the biological integrity of the larger Nordic race (McWhorter, 2009, pgs. 141-195). Though behaviourist treatment methods were used in the States, McWhorter found that psychiatrists used psychoanalysis as the basis of their theorizations and treatment programs for sexual deviancy, though they would use similar technologies in their "treatments," like electroshock. This racialised logic, which posited white queer people to be evolutionary degenerates and almost all people of colour to be out of step with the evolutionary march of progress, was a type of scientific racism- a racism against the abnormal which threatened the future of the white race (McWhorter, 2009, p. 218). The category of "abnormal" included the mentally disabled, the mentally ill (including the sexual invert), the physically disabled, the chronically impoverished, effeminate youth, mannish mothers, and the homeless- all of whom were targets of eugenicist projects, tied closely with America's psychiatric institution (McWhorter, 2009, p. 218). Though Britain certainly participated in eugenicist thinking and practice, eugenics and racist thinking is what defined American psychiatry. While American thinking continued down the eugenicist line-of-thought, oftentimes with psychoanalytic justifications, well into the 1970s, behaviourism would remain the dominant perspective in

Britain post-World War Two. Behaviourism, and especially aversion therapy, developed and evolved in Britain after the War, using the homosexual subject to test these various treatments in an attempt to convert the homosexual out of his sexual orientation, rather than eliminating his "kind" outright like in the States.

King & Bartlett briefly outline some of the behaviourist interventions in their paper on British psychiatric treatment for homosexuals in the late twentieth century (1999). These included the administration of nausea-inducing chemicals, electrical shocks, and covert sensitisation, in which men affected by homosexual desire were asked to visualise disturbing scenes alongside erotic ones (1999, p. 109-110). The goal of these exercises was to create associations between unwanted behaviours and painful stimuli, to the point that patients would instinctively avoid, or be averted from, the unwanted behaviour. This was the Pavlovian approach to queer treatment (Davison, 2020).

Similar methods were found in Spandler & Carr's archival research into lesbian and bisexual women's treatment for same-sex desire in post-war Britain (2022). In addition, they found examples of more experimental practices, including injection with LSD and anticipatory avoidance therapy, in which women could "choose" to avoid an electric shock by switching a female eroticised image with a male one within a short period of time (Spandler & Carr, 2022). For the most part, these treatments did not work as intended, only creating avoidances of same-sex relationships without creating a desire for the opposite sex.

Oral history projects interviewing gay and bisexual men who previously received aversion therapy in the UK found long-term negative side effects as a result of said treatment (Dickinson et al., 2012). One man reported having flash-backs to his time in the hospital and being unable to maintain romantic or sexual relationships with others due to the anxiety

produced by these treatments (Dickinson et al., 2012, p. 1350). Other described the treatment as being "tortuous," having witnessed others in their program commit suicide rather than continuing therapy (Dickinson et al., 2012, pp. 1349-1350). It is worrying, then, that there is a low saturation of research on the treatment of queer people in Canada during the period of time aversion therapy for homosexuality was popularised across borders, roughly between 1962 and 1992. To date, the only scholars that I have found to even tangentially cover the topic has been the Madness Canada organisation, which is a group of scholar-activists whose research, activism, and art installations focus on Mad Studies as it is affected by social justice issues and mechanisms of power (Madness Canada, 2021). In particular, they use history to understand the present and illuminate the future; as well, they seek to outline histories of Mad Pride movements in Canadian communities (Madness Canada, 2021). Their archive, entitled the *After the Asylum* project, seeks to archive historical documents on the aftermath of the deinstitutionalization movement in Canada between the 1960s-90s (*Madness Canada,* 2022). Given the spread of behaviourist techniques to other Commonwealth countries, including New Zealand and Australia, as a result of Britain's fascination with the technique (sparked by the translation of Freund's work into English) (Spandler & Carr, 2022), we can assume that the practice of aversion therapy had some relevance in the Canadian context. Furthermore, we know that Commonwealth countries, including Canada, Australia, and New Zealand, followed Britain's lead in de-institutionalizing their mental asylums and moving to models of care for the mentally ill outside of these specific institutions (Moon et al., 2015). But how wide-spread was aversion therapy in Canada? Did these practices leave lasting memories among Canadian queer people like they did in the U.K.?

Canadian contexts: queerphobia and settler-colonialism

There are, of course, some more recent studies on the state of queer people receiving psychiatric care in Canadian care facilities, this research beginning around 1991. Chaimowitz administered the Index of Homophobia Scale, a self-administered instrument developed by Hudson and Ricketts meant to measure affective attitudes towards homosexuals, rather than cognitive attitudes about them (Chaimowitz, 1991, p. 207). Each question was scaled from 1 (strongly agree) to 5 (strongly disagree), with a score over 50 marking the subject as homophobic, or holding negative affect (Chaimowitz, 1991, p. 207). This test was given to psychiatric caregivers, and the author found generally low levels of homophobic attitudes across several Canadian psychiatric care facilities, with women scoring lower than men as a group and psychiatric residents scoring lower than family practice residents (1991, p. 208). This study was published in 1991, fourteen years before the *Civil Marriage Act* would receive royal assent and legalise same-sex marriage across Canada (Law, 2021). A similar study was published in 2016 concerning transphobia, finding that psychiatrists and psychiatry residents (referring to advanced students training to become medical psychiatrists) had, generally, less negative attitudes towards transgender people than a representative sample of undergraduate students meant to represent the general population (Ali et al., 2016). Transphobia was measured using the Genderism and Transphobia Scale (GTS), meant to systematically measure transphobic attitudes in individuals (Ali et al., 2016).

In the seven decades preceding this study, Canada had a long and cruel history of anti-queer legislation, including the state surveillance of homosexuals in the 1950s and 60s, "dangerous sex offender" legislation which targeted adult homosexual males and imprisoned them for consensual sex acts, and the Toronto bathhouse raids (Law, 2021; see also, Greenland,

1984). Similar bathhouse raids took place in Edmonton as well, including the infamous Pisces Spa crackdown of 1981[4] (Korinek, 2018).

Within the Canadian context, however, one should not ignore the interlocking systems of oppression which have produced various strains of queerphobia. Chief among these systems is settler-colonialism. Settler-colonialism, in broad terms, is a form of colonialism distinct in its logic of erasure, seeking to lay claims to Indigenous lands as if they were the settlers' own (Greensmith & Giwa, 2013, p. 129). It is a system of oppression seeking to erase Indigenous realities, in violent, genocidal ways; not only does this mean the violent expulsion of Indigenous groups from their lands and homes for the claim of colonisers, but also the erasure of Indigenous culture, spiritual practice, and community cohesion (Greensmith & Giwa, 2013, p. 129-130).

This system overlaps with, and actively produces, violent queerphobia. Prior to colonisation, many Indigenous groups recognized their same-sex loving and transgender/nonbinary members as full, active participants in their culture and societies. This is reflected in the fact that over two-thirds of the surviving 200 Indigenous languages spoken in so-called North America contain words and descriptors meant to label people who are neither men nor women, words often difficult to translate into English due to their gendered and spiritual significance (Hunt, 2016, p. 7). Research reflects a widespread (but not universal) acceptance of varying expressions of gender, sexuality, and community roles among First Nations groups pre-colonialism (Hunt, 2016, p. 7). Rather than viewing these people as "queer-" implying a

[4] The Pisces Spa was a bathhouse in Edmonton, Alberta frequented by gay men for years. From its opening, it was surveilled by the Edmonton Police Service (EPS), and the EPS used their own officers and volunteer civilians as "undercover gays" in a months-long surveillance project to justify a raid (inspired by other bathhouse raid tactics which were used in Toronto). Detectives would record activities in "almost pornographic detail" while nearby officers would record licence plate numbers outside (*Pisces Health Spa — Edmonton Queer History Project*, 2024). Over sixty men were arrested and charged with being a found-in of a common bawdy house on May 30, 1981, and the names of the arrested were quickly found by the media, resulting in public backlash (*Pisces Health Spa — Edmonton Queer History Project*, 2024).

deviance from the norm and a rejection of established, standard, and unchanging roles- Indigenous scholars theorise that "queerness" (as understood by modern, White, settler-colonial standards) is a norm, and that gender- and sexually-diverse members of First Nations communities are as natural as the ground itself (Byrd, 2020). In the wise words of Two-Spirit activist Harlan Pruden, "Two spirit people are a part of the fabric of this land, and we stand here as a testament of our collective strength and fortitude" (Evans-Campbell et al., 2012, p. 426).

The term "Two-Spirit" emerged in 1994 from the Annual Native American Gay and Lesbian Gathering in Winnipeg, Manitoba as a term meant to refer to the diversity of Aboriginal LGBTQ identities as well as culturally-specific nonbinary identities (Morgensen, 2011). Despite their widespread importance to their communities and the diverse array of roles they served as healers, mediators, artists, child-minders, herbalists, etc. (Driskill et al., 2011), people who would be currently encapsulated by the Two-Spirit label were harshly oppressed by European colonists, through the imposition of the Indian Act, residential schools, Christian teachings, and other assimilative and genocidal practices (Barker, 2008).

Residential schools in particular have a long history of stealing away Indigenous youth from their families and placing them in institutions with widespread physical, psychological, and sexual abuse, as well as separation from their native spiritual traditions, oppression against their languages, and enforcement of inhumane living conditions (Gebhard, 2017, p. 3). Residential schools produced a dual-process of racialization and queerphobia, forcing strict divisions between boys and girls, dressing Indigenous youth in European clothes and hairstyles, physical gender separation, and harsh punishment for deviance from White, settler-colonial and European gender norms (Hunt, 2016, p. 9). This harsh punishment, combined with oppression against First Nations and Métis languages, have made many third-gender, non-gendered, or otherwise "queer"

roles and words disappear from the public consciousness, many strands of spiritual and cultural practices lost to genocide (Hunt, 2016, p. 9). The emergence of Two-Spirit as a label and identity becomes important in this context, as it helps preserve many lost practices and justifies Indigenous understandings of gender and sexuality against oppression.

Which is not to distil the Two-Spirit label into a simple resiliency narrative for Indigenous folks who have been labelled "queer" by Western epistemologies of sexuality- a label which is given regardless of the sexual and gender norms of the Indigenous person, making queerness a subject position which is, sometimes, embraced, but many times, imposed on people forced to live under a settler-colonial system. Though Two-Spirit emerged as an attempt to preserve gender traditions oppressed by European colonialism, it also can represent a loss of specific cultural language. Some Indigenous groups have maintained their gendered traditions, but many have not and, in lieu of more specific language which could be more relevant to Indigenous people seeking to live beyond colonial gender binaries, many have to rely on this broad label. Furthermore, there is an ongoing controversy on the relationship between Indigenous people, "queerness" as a label, and Indigenous gender identities. Two-Spirit is often tacked on to the LGBTQIA+ acronym as an afterthought, and in turn, represents the ways Two-Spiritedness is tacked on as an "afterthought" to white queer politics (Greensmith & Giwa, 2013, p. 130). "The superficial inclusion of two-spiritedness within LGBTTIQQ2S culture and politics masks the ongoing settler-colonial violence required for modern Queer formations to exist" (Greensmith & Giwa, 2013, p. 130). White settler queer sexuality, though perhaps can be theorised to be a resistance to cis-heteronormativity, can also take part in settler colonialism itself. An example of this is when Pride Toronto actively attempted to exclude Queers Against the Israeli Apartheid, a queer Palestinian solidarity group, from marching in the Toronto Pride

Parade from 2009-2012, literally excluding a decolonial solidarity group from being able to join the mainstream movement via the sharing of Toronto's streets, built on stolen land (Greensmith & Giwa, 2013, p. 130). By restricting who could have access to this land during the Pride march, Pride Toronto engaged in settler colonialism, prioritising the comfort of white queers over the solidarity needs of people indigenous to Turtle Island and Palestine.

Even the term "Two Spirit" garners some critiques from Indigenous people:

> Two-Spirit is understood transnationally as a counter-hegemonic identity formation created for and by Indigenous people to recognize and represent indigeneity in a way that cannot be achieved within contemporary White Queer politics. . . As umbrella terminology, however, Two-Spirit risks homogenizing Indigenous peoples with divergent gendered and sexual differences, much like the problematics embodied in the Queer label. Thus, the representations of queerness and two-spiritedness alike can be reduced to tokenistic images of authenticity, legible only through their dominant representations (Greensmith & Giwa, 2013, p. 131).

"Two-Spirit" is a strategic essentialism. It places a simplified and definable boundary around a host of traditions and identities, enabling mobilisation around it, but it can also erase differences between these individual traditions and, furthermore, aid in the strategic essentialism of white settler queer projects, which uses white privilege and power to make gains in the system as-is (Greensmith & Giwa, 2013, pp. 131-132). Though it can be seen as a reclamation of Indigenous gender traditions, it should not be imposed- we must recognise that Two-Spirit is strategic and does not apply to all contexts, as is "queerness." "Queer" and "Two-Spirit" are not synonyms, even if Western epistemes view them as roughly the same or similar. Not every queer Indigenous person identifies as Two-Spirit or are recognised as such by their community. These

terms do different things- queer resists a particular kind of Western sexual politics, and Two-Spirit emerged to preserve specific and contextual traditions when more specific terms were lost to genocide. As such, many Indigenous people have a complicated relationship to the term, and it would be an epistemic injustice not to recognise that and assume identification with the term- or assume the term's solidarity with "queer," and vice-versa- where there is none.

I discuss this history of sex/gender-based oppression against Indigenous people in Canada not just to contextualise my research, but to show how this form of oppression is ingrained in settler-colonial ideology and regime as a whole. It has been shown in Canadian historical literature that "settler colonialism strategically targets Indigenous women, children, and Two-Spirit people, in order to break up Indigenous communities and their relations to the land" (Kinsman, 2024, p. 51). This means breaking up Indigenous relational, erotic, and social lives. Gary Kinsman, in his history of Canadian sexuality and sexual oppression, notes that

> Settler sexuality, what becomes white European-defined sexuality, is developed in response to the perceived threat that Indigenous ways of doing gender and eroticism bring to colonial power relations that are rooted in white patriarchal governance systems . . . Colonially imposed views of sexuality and gender are both an attempt to rip apart Indigenous social practices of gender and eroticism and an attempt to place settler gender and sexuality at the very heart of the construction of white settler society (2024, p. 51).

In this way, the oppression of Indigenous gender and sexual practices end up generating settler sexuality. We can understand this oppression further in the history of institutions like the residential school, especially when researching the context of the land this research took place in.

Amiskwaciy-wâskahikan

Edmonton, Alberta's Indigenous history is important to understand in this context. Amiskwaciy-wâskahikan, this land's Indigenous and first name, is located on Treaty Six territory, and has been home for a number of Indigenous nations and societies pre- and post-colonial contact. Tribes who have gathered here and called this land home include the Nehiyawak/Cree, Tsuut'ina, Niitsitapi/Blackfoot, Métis, Nakota Sioux, Haudenosaunee/Iroquois, Dene Suliné, Anishinaabe/Ojibway/Saulteaux, and the Inuk/Inuit (Ellis, 2020). Treaty Six was originally signed in 1876 between the Nehiyawak, Dene Suliné, Nakota Sioux, and the Crown; however, differing motives at signing- or willful misinterpretations on the Crown's part- had fogged the meaning of the Treaties, particularly, whether they are meant to signify land sharing or land cessation (Ellis, 2020). Regardless, the Crown's (and, as a result, the government of Canada's) end of the Treaty has not been upheld, as Indigenous groups continue to have little to no control over what happens to their land, resources, and, oftentimes, cultures, due to Canadian legislation and federal decision making (Alberta Teachers' Association, 2018).

Residential schools first became widespread in the Western region in 1883, owned and constructed by the federal government and operated by Christian churches (Alberta Teachers' Association, 2018). Like the rest of the residential school system, Alberta residential schools served to erase Indigenous cultures, including queer and Two-Spirit traditions among nations and youth. Though the official partnership between the federal government and the church ended in the 1970s, some churches continued to operate these schools until the 1990s (Alberta Teachers' Association, 2018). And unfortunately, these institutions of homophobia, transphobia, racism, and settler-colonialism continue to this day, in new forms, scales, and sites.

Duress and the importance of historical studies

The premise of post/colonial studies is that the institutions of settler-colonialism continue to this day, though they rarely remain in the same form. Colonial projects shift and transform over time to preserve their core values, evolving in their techniques of power to meet the values and sensibilities of the modern age while maintaining colonial claims over lands and Indigenous bodies. Ann Laura Stoler theorised that the process which preserves settler-colonialism to this day is a process of duress. "Duress, then, is. . . a relation to a condition, a pressure exerted, a troubled condition borne in the body, a force exercised on muscles and mind. It may bear no immediately visible sign or, alternatively, it may manifest in a weakened constitution and attenuated capacity to bear its weight" (Stoler, 2016, p. 7).

Duress preserves the principles of settler-colonialism in much the same way that legal duress contextualises a crime. Duress is a condition induced by illegitimate pressure, making its subjects active, though sometimes unaware, participants in its systems and practices (Stoler, 2016, p. 7). Duress is also a quiet condition. Stoler connects this idea to Foucault's ideas of reutilization, which understands that often, technologies of power- the ideas, policies, and practices used by governments- re-integrate and recycle ideas into policies and technologies which have been altered and re-scaled to maintain power under multiple contexts (Stoler, 2016, p. 30). In better terms,

> We no longer ask about the definitive break between "new" and "old" forms of power replacing each other wholesale. . . We are asked instead to cut a different swath through the given rubrics for macropolities— democratic, colonial, fascist, and their conceptual knowledge-bearing supports, those 'ready-made syntheses,' that conceal so much more than they reveal, that confer common features contrived as shared. Instead we are urged

> to attend to scaling, to co-temporalities, to the specific sites where they are threaded through one another; not to what particular forms of governance are and call themselves but what a sedimented set of governing techniques with a different distribution do (Stoler, 2016, p. 30).

In this way, the underlying logics and principles which created the practices of settler-colonialism and queerphobia reproduce themselves, in different forms, scales, and sites. It becomes important to analyse the practices and discourses of the recent past to study their logics and principles and, in a genealogical fashion, connect these ideas together to understand how they might be continuing. When discussing the ways in which settler colonialism produced queerphobia in Canada- with the understanding of how aversion and conversion therapy developed in Western Europe and affected Commonwealth countries with colonial goals- one must trace how ideas develop and change over time to produce and preserve power. This literature review focused on the literature established on anti-queer psychiatry in Europe, and how that influenced American psychiatry; furthermore, it established Canada's settler-colonial history of queerphobia and discussed how those systems are interconnected through colonialism. What is needed next is how to study this subject within Canadian historical archives, and to explore which theoretical and methodological tools are best to study Canada's history of anti-queer psychiatry and to connect that history to the present.

Chapter Three: Theory and Method

Theoretically, I approach this study through Foucauldian genealogy, which aims to trace how discourses shape our identities and social world. Foucault, as a researcher, was interested in how knowledge systems came to be "established" as sciences; in particular, one of his (many) projects was analysing how the very idea of "man" (meaning human) became the focus of scientific discourse (Foucault, 2005, p. 375-376). He was interested in how the disciplines of psychology, sociology, and philosophy gained status as science and, in turn, became established as factual and universal (Foucault, 2005, p. 376). This happened through the rise of the human being as both the subject and object of science, becoming both the observer and the observed as a dual-role. In this constitution of man, the subject is the product of meaning, i.e., subjectivities are created by meanings imposed onto us and internalised within us[5] (Ninnis, 2016, p. 119). Indeed,

> "the human sciences did not appear when, as a result of some pressing rationalism, some unresolved scientific problem, some practical concern, it was decided to include man (willy-nilly, and with a greater or lesser degree of success) among the objects of science . . . they appeared when man constituted himself in Western culture as both that which must be conceived of and that which is to be known" (Foucault, 2005, p. 376).

This understanding of the human subject was a major influence in his decision to focus on historical study. In his critiques of psychoanalysis, for instance, he wrote about how little sense is made to ascribe structures to the "unconscious," via introspection on the vague experiences of the subject; introspection occurs with a subjectivity already in place, not built through psychoanalytical theory or therapy (Ninnis, 2016, p. 123). Foucault's critiques of

[5] At least, in the discursive sense- as beings with agency, we can reject these meanings outright, and under Foucault's theory of power we are not simply subject to others' imposed meanings, but we generate them as well, though it can be difficult to parse out the source of the meaning generated at times.

psychoanalysis represented an oscillating relationship to Freud's work (Whitebook, 1999, p. 30)., At times, he praises Freud for founding an important counter-science (Whitebook, 1999, p. 31). At others, critiqued the basis of psychoanalysis- that we can understand the subject's inner psychic world in any real, material sense, the way psychoanalysis claimed we could (Whitebook, 1999, p. 31). These critiques would change and shift over time as Foucault engaged with psychoanalysis; however, one of his critiques was that he saw Freud's repression theory of sexuality- the idea that our sexualities are formed through the repression of our desires, repressions imposed on us by outside forces- as "valorising transgression," which inherently normalises what is constructed as abnormal in discourse (Whitebook, 1999, p. 33). Foucault was, of course, still interested in studying the abnormal, but to assume our sexualities- a form of subjectivity- are repressed is to ignore the ways in which our desires are shaped and moulded by regimes of power (Whitebook, 1999, p. 33). By using psychoanalysis to normalise these desires, rendering them "rational" and "sane," one risks adopting transgressions into power and falling into the same power-pitfalls which rendered those desires as transgressive in the first place.

Foucault's other critiques of psychoanalysis, in short and somewhat generalising terms, focus on the concept of madness- a critique representing his viewpoint of larger psychiatry as a whole, of which psychoanalysis remained a major actor in forming. Madness, in his historical studies of Western Europe, came to be relegated to the "liminal" spaces of society, projected onto plague victims first, then onto other societal outcasts: prostitutes, vagrants, and so on (Whitebook, 1999, p. 35). Madness represented a kind of unreason for Foucault, something which must exist outside of the project of psychiatry (and science in general) to find and define the borders of reason, and so, it must exist in a liminal, undefined space (Whitebook, 1999, pp. 35-36). (These arguments are explored in the "Madness and Civilisation" section of this chapter).

Foucault solidified his theories of psychic interiority, sexuality, and subjectivity in general. In essence: one cannot know the forms of subjectivity- so, one can analyse the subject externally, as structured by forms of knowledge and practices of introspection (but not vice-versa) (Ninnis, 2016, p. 123).

Through this, Foucault places the human sciences in relation to Western scientific disciplines by an unstable, unfixed position. Foucault held, in his research on the creation of the social sciences, that human sciences are excluded from the traditional sciences, which are biology, economics, and philology (as they emerged in Europe). However, the human sciences, in calling themselves sciences, have to maintain some kind of scientific formation. And so they "borrow" from the traditional sciences, comporting themselves to mathematical formations, utilising scientific frameworks in their theorisations, and "address[ing] themselves to that mode of being of man which philosophy is attempting to conceive at the level of radical finitude, whereas their aim is to traverse all its empirical manifestations" (Foucault, 2005, p. 379-380). This unstable positioning places human social sciences in a constant struggle to be "validated" as a domain of knowledge, earning them a claim to universality within the three dimensions of science that they align themselves with (Foucault, 2005, p. 380). This is the understanding I take of psychiatry as an epistemology in Canada from 1962-1991. It is a system which cannot ever fully measure inner subjective meaning and yet, as an outcropping of Western psychiatry, must always measure psychic interiority (which is inner subjective meaning) via mathematical proofs. This allows Canadian psychiatry maintain its positioning as a science in society (for example, applying statistical tests to psychiatric measures (drug trials to measure the "effectiveness" of a medication on undesirable behaviour, as defined by psychological theories), the generation of quantitative methods in social sciences, etc.).

Psychiatry and Sexuality at the Power-Knowledge Nexus

This section compiles Foucault's work on psychiatry, sexuality, and madness- the three most salient variables necessary to understand to engage in this research. This section begins with an exploration of Foucaut's *the History of Sexuality,* which undertakes a historical study into the development of sexuality as an object of discourse. The theoretical work necessary to understand sexuality- mainly, the ways in which power developed and changed in European history, and how those power-developments changed the ways in which people understood themselves as subjects through sexuality- also gave way to the sexual and social sciences, both of which informed the ways in which I understood Canadian psychiatry's engagements with "queerness" and sexual perversion as a social construction. Essentially, Canadian psychiatry engaged with queerness, sexual perversion, and mental illness as social issues and "problems" in need to research and dissection; this generated numerous discourses concerning the nature of the phenomenon while, at the same time, utilising other institutional constructions- like governmental policies- to inform analysis and drive research. However, we need to start at an understanding of the construction of sexuality.

Foucault's research traced a transformation of power in Europe during the transition into the classical age and through the eighteenth century. In essence, power came to be de-centralised in a way it was not before, transforming the power of the sovereign (used in the juridico-legal sphere) into shifted forms (which continues today through state power over violence, for instance) and co-forming two kinds of "modern" power, those being disciplinary power and biopower (Foucault, 2012, p. 111). Sovereign power was the right of the sovereign to seize life; it was the right to take or let live, and by extension, it controls the means to maintain one's power over life- wealth, services, or labour (Foucault, 2012, pp. 109-111). However, that is the

extent to the right of power, at least according to political philosophers like Hobbes that Foucault wrote in conversation with centuries later (Taylor, 2016, p. 43). The sovereign's right to life is *merely* the right to take life, either by violence or by starving it out through the subtraction of resources, and it is the ability to exert positive influence on life, to administer and manage it, that marked the transition of sovereign power to the state and state actors' biopower and disciplinary power (Foucault, 2012, p. 110).

One form of power to emerge- "the first, it seems-" from the dissociation of power from the sovereign judico-legal system was disciplinary power (Foucault, 2012, p. 112). Discipline focuses on the formation of the body as a machine, one that can be optimised, programmed, and constituted into more desirable forms (Foucault, 2012, p. 112). Procedures of power were generated to treat the body as a machine, and knowledge-projects were produced to understand how best to integrate it into systems of efficient and economic controls (Foucault, 2012, p. 112). Biopower would form "somewhat later," interested in the mechanisms of life in its propagation (Foucault, 2012, pp. 112-113).[6] This, of course, generated new conduct programs. Where sovereign power could only assess a punishment based on the crime committed, biopower takes an interest in the person who commits the crime- their conduct, their demographics, the variables which might create recidivism and re-offending- and surveill's the criminal's material (outward) and psychological (inward) conditions to produce a conduct program which can prevent recidivism and, in turn, produces total power over the individual (Taylor, 2016, p. 46). Though these are discussed as two separate powers, Foucault himself stated that these powers had

[6] Though this section of *the History of Sexuality* characterises biopower and disciplinary power as vaguely consecutive in emergence (note Foucault's use of "the first, it seems" and "somewhat later" when discussing the emergence of disciplinary power, then biopower) and as two separate, but intermingling, poles, his later work does not characterise power in as simple a way. *Discipline and Punish,* for instance, calls biopower a form of disciplinary power (Foucault, 1995).

significant overlap; “these forms were not antithetical, however; they constituted rather two poles of development linked together by a whole intermediary cluster of relations” (Foucault, 2012, p. 112).

Generally, discipline is focused on the individual life (to shape it into a more ideal subject), and biopower targets the “species” body, or the body as a means of producing the population via births and propagation (Foucault, 2012, p. 112). Naturally, sex becomes an issue in this nexus of power- while non-reproductive sex was considered a religious sin in the past, it became a political problem during the transition to the eighteenth century, as evidenced in political discourses arising from institutions like armies and schools; this is correlated with the rise of demography as a discipline (Foucault, 2012, p. 112). This transition was inextricably linked to the economic conditions of Europe, which transitioned from feudalism to capitalism. More than that, it was indispensable to the formation of capitalism, which needed the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of populations into economic processes (Foucault, 2012, p. 113). This transition also involved new techniques of power (generated by biopolitics and disciplinary power), present at every level of the social body and utilised by diverse institutions like “the family and the army, schools and the police, individual medicine and the administration of collective bodies” (Foucault, 2012, p. 113). Also indispensable to the formation of capitalism- and the natural outcome of developing biopolitics and discipline at the level of concrete arrangements- was the deployment of sexuality, in discourse and in treatment programs (Foucault, 2012, p. 113).

The deployment of sexuality summarises a range of processes generated for a power whose task it is to take charge of life, and therefore, needs to qualify, measure, appraise, and hierarchize populations, individuals, institutions, and discourses (Foucault, 2012, p. 116). And

so, sexuality became a public issue. Sexuality became the access point for both the body and the life of the species, and for Foucault, sexuality exists at the point where the body and the population meet (Foucault, 2012, pp. 117-118). Biopower over sex, however, was not a means of repressing sexuality- sexuality is important to the state and to the population, so much so that our bodies "need" to be studied, intervened on, and worried about in terms of our sexual practices. As Foucault states, "sex became a matter that required the social body as a whole, and virtually all its individuals, to place themselves under surveillance" (Foucault, 2012, p. 96).

Because sexuality is such an important matter to the state and its institutions, so much so that individuals needed to place themselves under surveillance, a new form of discursive subjectivity emerged which internalised the power of sexuality and positioned it as a way to identify oneself to others. Before the rise in interest in sexuality as a concern of the state/as a field of science, one identified oneself according to bloodline- your identity was formed by your line of descent, who your father, grandfather, and forefathers were. But now, "under biopower, with power operating through the regulation of sexuality, we identify ourselves according to our sexual practices and desires" (Taylor, 2016, p. 51). Of course, Foucault was speaking to a particular context- many places outside of Europe still constitute identity through bloodlines, and the power of the bloodline was not erased entirely with the emergence of biopower- but nonetheless, sexuality as constitutive of identity became intensely important to the constitution of the subject, especially as sexuality became a discourse of regulation over bodies and populations rather than individual lines of descent. This is why biopower is not just repressive, or punishment, or prohibitive- it is constitutive- it generates and creates our identities and defines us by our sexual practices and pleasures (Taylor, 2016, p. 51). It is easier to internalise power this

way, when we believe that our desires come from within us, rather than being shaped by relations to force and discourses of power and influence.

This biopower as concern over sex, and as constituting desire, implements itself through psychiatry. Thus far, this discussion has focused on the first volume of *the History of Sexuality*- Foucault had plans to write five volumes total, focusing on four different processes the state enacted to regulate and generate sexuality, those being the hysterization of the feminine body, the pedagogization of the children's bodies, the psychiatrization of perverted sex, and the socialisation of normative and procreative sex (Foucault, 2012, p. 102). Unfortunately, he died before all of these volumes could be written, leaving what he meant by these figures to be elucidated from the "Domain" section of part four of *the History of Sexuality* and from his other works (Taylor, 2016, p. 74). Regardless, Foucault felt that sexuality could only be described as a historical and social construction, rather than a stubborn drive setting himself in conflict with psychoanalytical constructions of sexuality at the time of his writing (Taylor, 2016, pp. 74-75).

In sum, the four "lines of attack" along the politics of sex, which were developed over two centuries, were ways of combining disciplinary techniques with regulatory (biopolitical) methods. The first two- hystericizing women and developing pedagogies for children's bodies- rested on regulatory discourses, forms of sexualisation which could manifest into discipline (Foucault, 2012, pp.117-118). Children's sexuality was marked as something to be safeguarded, as well as a type of epidemic menace which threatened the health of the race, while women's bodies were medicalized in the name of women's responsibilities to the health of their children and for the family- not as a nuclear unit, but as an institution (Foucault, 2012, p. 118). The psychiatrization of perversions, however, focused on regulating desire, relying on the demand for individual disciplines and constraints (Foucault, 2012, p. 118).

For the purpose of this thesis, the process most relevant to explain is the psychiatrization of perversion, as it most directly affects subjects labelled as homosexual, bisexual, transgender, etc. Before the advent of biopower, religious institutions defined all extra-marital and non-procreative sex as sinful- but they also believed that anyone could be tempted into these sins, making the task of power addressing a moral failing (Taylor, 2016, p. 100). In other words, engaging in these acts was simply an engagement in an act, rather than making someone a particular kind of person (Taylor, 2016, p. 100). With the rise of biopower, and the management of sexuality, came a scientific interest in taxonomizing all forms of anomalies in which the sexual instinct could be subjected to, and assigned all those anomalies to the label of "normal" or "pathological" (Foucault, 2012, p. 105). At the crux of this *scientia sexualis*- the science of sexuality- was the shift in thinking about sexuality and sex acts. There emerged a "truth" of sexuality, rather than being a simple act; there were things we could discover about it that needed to be discovered through the meticulous study of individuals' confessions and desires (Foucault, 2012, p. 58). Sexual science is, necessarily, a discursive practice, which makes sexuality a discursive invention, a discourse which must produce its own truth (Foucault, 2012, p. 58). The sexual scientists who studied perversions of sexuality, including the author of *Psychopathia Sexualis* (the seminal work of sexual perversions), viewed the pervert as sexually ill, and in need of treatment rather than punished (Taylor, 2016, p. 101; see also, Kraft-Ebbing, 2006, pp. iv-v).

Among the perverts of Western Europe was the homosexual, who suffered from a kind of "degenerescence." According to Kraft-Ebbing, the author of the seminal *Psychopathia Sexualis* in the 1850s, degenerescence was a theory of inverse evolution, that human biological progress could be reversed and sexual perversions- chief among them, homosexuality- were a sign of this degeneration, that humans were abandoning procreative instincts (Foucault, 2012, p. 97). Kraft-

Ebbing argued that homosexuality was congenital, and perversion could be passed to offspring, producing injurious effects to the general population (Foucault, 2012, pp. 96-97). This perversion did not just produce other homosexuals, and could be passed down from an exhibitionist, a senile dementia patient, or a phthistic parent (Foucault, 2012, p. 97). Further, the degenerescence theory could blame physical illnesses and disability on the sexual pervert, as it "resulted in the depletion of one's line of descent- rickets in the children, the sterility of future generations" (Foucault, 2012, p. 98). Homosexuals needed to be contained- not in prisons, but in more hospitable conditions, like psychiatric wards (Taylor, 2016, p. 104).

Degeneracy also was employed in criminalisation discourses across Western countries. Discourse analysts have found that the criminalisation of absinthe, a hallucinatory intoxicant, came as a result of a long discourse that associated absinthe consumption with "dandyism-" a frivolous, flamboyant, upper-class masculinity with discursive ties to homosexuality (Terrill, 2023, p. 46). This, in turn, was imbued with a racial and cultural threat- the decline of the white race, brought on by too-frequent indulgences in pleasure, drug use, and non-reproductive sex (Terrill, 2023, p. 47). Degeneracy became a diagnosable illness, something which could be passed down, marked by criminologists like Lombroso with criminality as a symptom of the disease *alongside* homosexuality (Terrill, 2023, p. 49).

Madness and Civilisation. One of the most salient concepts in this thesis research is the concept of "madness," or, the state of unreason. Historically, sexual practices conceived of as "abnormal" or "perverse" were psychiatrized. Those who practised these sexual perversion were considered pathologically perverse, as Foucault observed in *the History of Sexuality.* Thus, to understand how psychiatrists, specifically, would understand queerness, we need to understand how psychiatrists understood "madness," which would become the concept of mental illness.

Foucault addressed this in his book *Madness and Civilisation,* which will inform my own understanding of Canadian psychiatry and their perspectives of mental illness.

Foucault's critiques of psychiatry are not restricted to *the History of Sexuality.* His book, *Madness and Civilisation,* represented his research into the history of the concept of "madness," and the ways in which power and power relations generated madness and projected it onto "outcasted" populations. His goal with *Madness* was to understand madness within its historical contexts; "Too many historical books about psychic disorders look at the past in the light of the present; they single out only what has positive and direct relevance to present-day psychiatry. This book belongs to the few which demonstrate how skillful, sensitive scholarship uses history to enrich, deepen, and reveal new avenues for thought and investigation" (Foucault, 2001, p. v). In keeping with his philosophy, that one cannot understand the subject's psychic interiority through psychological methods, Foucault had to study "madness" through multiple facets, but mainly, in the construction of "the man of madness" and "the man of reason," two figures constructed and yet, dependent on each other for meaning (Foucault, 2001, p. x). As he writes, "Here madness and non-madness, reason and non-reason are inextricably involved: inseparable at the moment when they do not yet exist, and existing for each other, in relation to each other, in the exchange which separates them" (Foucault, 2001, p. x). This relationship, which generates control over anyone deemed "mad," became necessary in the process of defining Western civilisation as rational and "of reason."

Foucault traced madness and mental illness back into the thirteenth century; more specifically, madness became constituted as mental illness around the turn of the eighteenth century, and through that, "the man of madness communicates with society only by the intermediary of an equally abstract reason which is order, physical and moral constraint, the

anonymous pressure of the group, the requirements of conformity" (Foucault, 2001, p. x). Madness, in the Middle Ages, was a state of unreason, a state of lacking reason entirely; mental illness, though divorced from the state of total unreason, still carries certain discursive meanings within madness, and the psychiatrist becomes the speaker of the language of reason to care for them. This turn was informed, in part, by the idea that madness could become a positive domain of knowledge (Foucault, 2001, p. xi). Madness was unreason's empirical form, and it could only be in relation to unreason that madness could be understood (Foucault, 2001, p. 83).

In the Middle Ages, madmen were driven from their cities in similar ways that lepers were outcast from societal centres. In some locations, they were cared for by the priesthood, who considered their madness as a judgement from God; in cities like Nuremberg, they were made into vagabonds, allowed to wander the countryside but not to enter the city walls (Foucault, 2001, pp. 7-10). However, the Madman's Voyage became a popular form of expulsion, placing the madperson in a symbolic position in the liminal of European societal consciousness, imprisoned in an interior at the exterior (Foucault, 2001, p. 10). Understandings of unreason, informed by Christian morals, generated the figures of "Madness and the madman. . . menace and mockery, the dizzying unreason of the world, and the feeble ridicule of men" (Foucault, 2001, p, 13). Through multiple transformations and movements through art, Foucault was able to identify why madness became a fascination that would turn into a body of knowledge, as "madness fascinates because it is knowledge. It is knowledge, first, because all these absurd figures are in reality elements of. a difficult, hermetic, esoteric learning" (Foucault, 2001, p. 21). The madman, or the Fool, was considered carrying some hidden knowledge that the man of reason could only carry a fragment of; a kind of forbidden wisdom that continued to be fixated on by European academics in different forms and sites (Foucault, 2001, p. 22). It also came to

represent a type of moral vice, a characteristic that failed to be shaken off the figure of the mad when madness became an object of science (Foucault, 2001, p. 24).

As madmen were transitioned into hospitals- or "madhouses-" the characteristic of madness became more tame, able to engage in some forms of reason (Foucault, 2001, p. 36). Houses of confinement were created in the seventeenth century, and it was in these houses of confinement that nineteenth-century psychiatry would come upon madmen, boasting their ability to "deliver" them from their ailments (Foucault, 2001, pp. 38-39). Through that transition, houses of confinement transitioned from semi-juridical houses sponsored by the bourgeois classes to houses of treatment and medicine (Foucault, 2001, pp. 40-42). Before madness was a medical issue, confinement was matter of the police, enforcing laws which condemned idleness and put confined madmen to work (Foucault, 2001, p. 46). Aspects of madness were assigned to the poor, the unemployed, the idle, and the vagabonds; houses of confinement were transferred wholly to the treatment of the "mentally ill," who were idle but now, not by choice (Foucault, 2001, pp. 50-57). The throughline between the house of confinement of the 1600s and the house of confinement of the 1800s was the moral obligation to work, which was prescribed for multiple populations of people (Foucault, 2001, p. 59). At the same time, the mad were assigned the trait of dangerousness, which were meant to be fixed "within narrow limits the physical locus of a raging frenzy" (Foucault, 2001, p. 71). All aspects of this societal relationship to the mad- confinement and banishment to specialised houses, to fix their dangerousness, their vagrancy, their idleness- remained in the treatment plans of the mentally ill, according to Foucault.

From this, we can understand that the origin of houses of confinement were not built on a desire to help people who were considered ill; rather, they were an act of power to separate out difference, and to confine and neutralise it, and therefore, to keep it separate from society. The

psychiatrist, in the turn to medicalise madness, became a figure which could "cure" madness, finding hereditary and organic causes for diseases of the mind (Foucault, 2001, p. 274). A relationship formed between the mentally ill and the psychiatrist,

> a 'couple' whose complicity dates back to very old links. Life in the asylum as Tuke and Pinel constituted it permitted the birth of that delicate structure which would become the essential nucleus of madness-a structure that formed a kind of microcosm in which were symbolized the massive structures of bourgeois society and its values: Family-Child relations, centered on the theme of paternal authority; Transgression-Punishment relations, centered on the theme of immediate justice; Madness-Disorder relations, centered on the theme of social and moral order. It is from these that the physician derives his power to cure (Foucault, 2001, p. 274).

Of course, like other human sciences, psychiatry needed to move closer and closer to positivism and away from moral language and moral justifications, in spite of using some of the same materials it inherited from the confinement and "treatment" practices of the Church, then the state, over time (Foucault, 2001, p. 275). According to Foucault, "What we call psychiatric practice is a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of positivism" (Foucault, 2001, p. 276). The patient-doctor relationship, alienating the mentally ill person from society, justified the practice of psychiatry by attempting to dispel patient myths and generate a rational understanding of mental conditions, which required dispelling the nearly-mystical understanding of madness as the site of esoteric and forbidden knowledge (Foucault, 2001, p. 277). All at once, madness had to become both a positive domain of knowledge and dispelled, rationalised to be "just" mental illness. In this way, diagnoses like dementia were symbols of the power relationship- these

diagnoses were informed by European shifts in thinking about morals and vagrancy laws, and the medicalised turn in thinking about madness shifted these anxieties over morals and economically disadvantaged demographics (the impoverished, the vagrants, the panhandlers) into categorised medical terminologies (albeit, not in a 1-1 transformation, and with shifting aetiologies). Modern treatment practices for the mentally ill are a continuation of the societal treatment of the madman, "organized so that the madman would recognize himself in a world of judgment that enveloped him on all sides; he must know that he is watched, judged, and condemned; from transgression to punishment, the connection must be evident, as a guilt recognized by all," the site of the mental asylum becoming the site of surveillance and judgement (Foucault, 2001, p. 267). The turning of madness into mental illness is a process of perpetual judgement, so that madness can be recognised and classified in the mental asylum and beyond (Foucault, 2001, p. 267).

> Madness escaped from the arbitrary only in order to enter a kind of endless trial for which the asylum furnished simultaneously police, magistrates, and torturers; a trial whereby any transgression in life, by a virtue proper to life in the asylum, becomes a social crime, observed, condemned, and punished; a trial which has no outcome but in a perpetual recommencement in the internalized form of remorse (Foucault, 2001, p. 268).

This kind of relationship between doctor and patient, of course, is a continuation of power structures informed by a centuries-long genealogical relationship between the man of madness and the man of reason, one which requires the man of madness to surrender entirely to the man of reason (the psychiatrist, doctor, or scientist) in order to be made "right" by psychiatric standards which were informed by centuries of Christian and European moral development. The figure to epitomise this relationship was Freud, who generated the practice of psychoanalysis.

Foucault viewed psychoanalysis as the purest state of the psychiatric mindset, with Freud viewing mental illness as purely of the mind and refusing to find any other referent or aetiology outside of it (Foucault, 2001, p. 277). Freud emphasised the patient-psychiatrist couple and only made treatments within it; due to this,

> . . . he exploited the structure that enveloped the medical personage; he amplified its thaumaturgical virtues, preparing for its omnipotence a quasi-divine status. He focussed upon this single presence-concealed behind the patient and above him, in an absence that is also a total presence-all the powers that had been distributed in the collective existence of the asylum; he transformed this into an absolute Observation, a pure and circumspect Silence, a Judge who punishes and rewards in a judgment that does not even condescend to language; he made it the Mirror in which madness, in an almost motionless movement, clings to and casts off itself (Foucault, 2001, pp. 277-278).

In this way, psychoanalysis epitomised psychiatric power. While it remained "the most honest" to the psychiatric mindset, it also exploited the medical structure of the patient-psychiatrist structure and was able to levy major surveillance power over the madman deemed "mentally ill." His critiques of psychoanalysis are also emblematic of his critiques of psychiatry as a whole- that it attempts to measure the subject's psychic interiority through scientific means. His broader research methods are informed by this critique, as he believed he could not measure the subject's inner life through anything other than the means of discourse analysis. Similarly, I decided to only analyse any subjects which appeared in this research through the words and statements they use to describe themselves and their inner lives. However, there are other ways to engage with Foucault's history of madness which generated a critical consciousness about- but not a wholesale rejection of- psychiatry, which warrants further explanation.

Critical Psychiatry. Emerging in the in the late 1970s/early 1980s- at times, as a response to Foucault, and in others, as a continuation of his critiques of psychiatry- was the practice of critical psychiatry, which contests with madness as a premise and seeks to limit the power of psychiatry in our society (Thomas & Bracken, 2004, p. 362). David Ingleby, leading a group of contributors to *Critical Psychiatry: the Politics of Mental Health,* contended that mental illness was a political issue that could not be resolved by shifting treatment from institutions and into community. Critical psychiatry emerged, partially, as a reaction to anti-psychiatry. While both sought to challenge psychiatry as an institution, they approached their critiques through different assumptions about mental illness and political oppression.

One of the leading charges of anti-psychiatry was Thomas Szasz, who viewed illness as being clear and definable to the limits of the body- it has pathology, aetiology, and prognosis, something lacking from most mental illness diagnoses (Bracken & Thomas, 2010, p. 220). Things considered "mental illness" are usually behaviours or patterns deemed to be moral issues or problems in living (Bracken & Thomas, 2010, p. 220). Similar to critical psychiatrists, Szasz sought to de-emphasize the power of psychiatry in our lives and relieve the suffering of the individual by looking at their wider context; however, his preferred method of treatment was a type of "free market" psychoanalysis, an autonomous psychotherapy separated from the state. Indeed, it should be "bought" and never provided by the state, according to Szasz (Bracken & Thomas, 2010, p. 221). As an individualist, Szasz saw the state as attempting to suppress individuality and individual autonomy through psychiatry and the strict control over expression (Bracken & Thomas, 2010, pp. 221-222). This is in contrast to Foucault, one of the major influences of critical psychiatry, who sought to understand how certain ideas and practices came to be understood as normal and commonsense, which he saw as an expression of Western

modernity. This requires us not to understand madness or essentialise it into a medical model of understanding, but instead, to engage in the ways in which madness is encountered in our lives (Bracken & Thomas, 2010, p. 223). Foucault's challenges to psychiatry were not predicated on the idea of an essentialised, individual subjectivity that demands self-expression; rather, he sought to understand a different sensibility to madness, and to understand how psychiatry, as a practice, generated unequal power dynamics between the madman and the "man of reason" (Bracken & Thomas, 2010, p. 223).

Critical psychiatry emerged due to the activism and work of a collective of psychiatrists, led by David Inglesby. The primary issue of psychiatry for Ingleby was the application of positivism to human experiences. It is not possible for us to use positivist, scientific methods to measure internal human experiences. We must always reference taken-for-granted, interpretive assumptions of our internal experiences (naming certain sensations "anger" and others "joy," for example, requires reference to "common-sense" understandings of feeling and sensation) (Thomas & Bracken, 2004, p. 363). "The difficulty is that such a common-sense approach does not meet positivism's need for explicit criteria, so science relies on ad hoc definitions that obscure the tacit assumptions necessary for applying them in a given situation" (Thomas & Bracken, 2004, p. 363). The assumption of normative psychiatry, though, is that positivism is the only way to measure internal realities; any theory that does not separate the object of analysis (symptoms, sensations, cognitive abilities) from social-environmental contexts as variables to be measured in an experiment (something near-impossible to do in real life) cannot hold the same weight of scientificity (Thomas & Bracken, 2004, p. 363). Critical psychiatry proposes that we cannot separate objects of analysis as if they were variables, and pulls from non-positivist epistemologies to draw conclusions about internal mental realities.

Ingleby and the collective of psychiatrists who would generate critical psychiatry, which included figures like Maurice Merleau-Ponty and Miller and Rose rejected anti-psychiatry's notion that mental illness did not exist, which they saw as erasing the realities of mental and emotional pain (Thomas & Bracken, 2004, p. 365). The critical critique of anti-psychiatry spoke in conversation with Foucault's ideas around the creation of subjectivity; anti-psychiatry assumed that power was constituted through the suppression of subjectivity (enacted through mental illness diagnoses and treatment programs) when they viewed power as being constituted through the generation of subjectivities (Thomas & Bracken, 2004, p. 365). Rather than ignore the idea of mental illness- viewed as ignoring mental suffering- critical psychiatrists directly connected internal suffering to the political, economic, and environmental issues surrounding the subject, though they break from Foucault somewhat in their willingness to engage with diagnosis as a practice rather than defining diagnosis as a practice of power (Thomas & Bracken, 2004, p. 366).

This informed my analysis in the sense that, rather than denying the idea of mental illness and madness outright, I attempted to engage with marginalised subjects where they were at- some people fully claimed their mentally-ill identities in spite of, or even while they critiqued the idea of mental illness in the first place. As well, I looked for the ways in which people repurposed the tools they had at their disposal (including medications and discourses/identities generated by the psychiatric institution). For example, for transgender people, medicalisation can be a double-edged sword. Medicalisation- or, the process by which human traits come under the purview of medical authorities- is a process that requires defining an issue and coming up with a treatment plan for it, a kind of scientific problematization (Johnson, 2019, p. 518). In its most negative forms, medicalisation can constitute a form of social control "wherein medical authority

co-opts or is held accountable for the control and treatment of socially deviant or non-normative behaviour" (Johnson, 2019, p. 518). When a psychiatric experience is deemed to be a medical issue, it grants authority to multiple institutions over the subject- including the church and family, in the case of sexual-mental disorders (Johnson, 2019, p. 518).

The DSM-3 introduced the term "gender identity disorder," relegating the transgender experience to a medical condition which needed psychiatric treatment. The more recent term of the DSM-5, "gender dysphoria," emphasises discomfort placed on the individual when an incongruence occurs between identity and gender assigned at birth and medical interventions are not present; however, "the distress that the DSM-50 s gender dysphoria highlights surrounds individual experiences of body, gender and sex category incongruence. In doing so, the DSM fails to account for dysphoria as a mental health consequence of gender ideology, transphobia and cissexism for trans and gender diverse people" (Johnson, 2019, p. 519). There are multiple ways transgender people have responded to this medicalisation, which will always imperfectly represent trans experiences. On the one hand, medicalisation has provided "proof" of suffering and, in countries where healthcare is provided by the government, allowed trans people to transition medically with little to no costs- should they be able to "prove" their transness (Johnson, 2019, p. 517). On the other, the stigma and power relationships associated with medicalisation have had deleterious effects on trans peoples' lives, gatekeeping access to medical technology for people who do not present a normalised, binary version of transness to medical professionals and reifies the biomedical model of transgender identity, which is essentialistic, reduces trans people to pathology, and shifts the blame of transgender suffering from societal power dynamics to individualised access to medical interventions (Johnson, 2019, p. 519). In this way, medicalisation is both an expression of power and a tool- trans people can

utilise medicalisation to gain access to hormones and surgeries should they desire it, but this agency can only present itself in certain forms, scales, and sites.

However, to understand how medicalisation, madness and sexuality coalesce and intersect in this research, one needs a broader context in which they meet. This requires an understanding of the positioning of social sciences, like psychiatry.

The Uneasy Positioning

Foucault's critiques of the social sciences informs this study's analysis of one of the key institutions which generated discourses from 1962-1991. I apply Focault's archaeology of the social sciences because Canadian psychiatry is a discursive descendent of the European psychiatry Foucault criticised. Foucault conceives of the social sciences as needing to generate social "problems" to justify their positionings as sciences; by generating objects of knowledge that "need" to be studied, social sciences are able to generate knowledges and discourses that align them with the "rules" of science, while justifying the conception of certain behaviours as "abnormal." When applied to this research, I am analysing how Canadian psy-aligned professionals conceived of "queerness" as a problem to be solved and cured, though this requires a full explanation of Foucault's critiques of social sciences, and his methods for analysing that which is conceived of as a "problem."

The positioning the social sciences is limiting and dangerous, for the aim of human sciences is not to define what humans are by nature, but to define how humans represent themselves, in their labour, speech, and life worlds (Foucault, 2005, p. 385). But under the auspices of science and their emergence as a solution towards a social problem, those in power can use them to apply governmental programs and policies which serve the ends of the state. Of course, human sciences cannot be true sciences under this model- the same rules of the Western

episteme which posit them as sciences also makes it impossible for them to be sciences, ascribing them their name only in reference to their discursive roots and the models they borrow from the "real" sciences (Foucault, 2005, p. 400). "Western culture has constituted, under the name of man, a being who, by one and the same interplay of reasons, must be a positive domain of knowledge and cannot be an object of science" (Foucault, 2005, p. 400). For how can there be one, universal law of being human?

Enter history, the mother of the sciences. It is history which provides not just a context for our present, but a justification for the knowledge systems we have produced in the Western episteme (Foucault, 2005, p. 400). Each field of knowledge has its own historicity, as biology has a historicity of evolutionary adaptations; labour, a historicity of modes of production; and language, a historicity of the conditions of imagination which allows man to create representations with speech (Foucault, 2005, p. 400-401). Historical study, however, also becomes dangerous to Western knowledge, for though it provides a background, even a homeland, to justify study, it also "surrounds the sciences of man with a frontier that limits them and destroys, from the outset, their claim to validity within the element of universality," revealing man to be not an intemporal object of knowledge, but one always subjected to determinations of sociology, psychology, and linguistics (Foucault, 2005, p. 405). In essence: the object of "Man" is always determined by a cultural episode, or the transitions of cultural episodes, from one to the next, always relational and never fixed nor positive (Foucault, 2005, p. 405).

It should be noted that Foucault was not interested in positing a formalised research methodology. According to Mitchel Dean, an historical sociologist and Foucauldian scholar, Foucault understood history, in its dangerous and privileged position as the mother of sciences,

as "a practice undertaken in a particular present and for particular reasons linked to that present. . . it is in fact an activity that is irrevocably linked to its current uses" (Dean, 1994, p. 14). Mitchell Dean posits that Foucault's contribution to historical sociology is a delineation of a form of history which is both critical and effective, resisting normalised logics posited by the dominant system of knowledge production (1994, p. 14). This requires a different approach to historical documents and archives, for a Foucauldian practice sees documents not as objective conveyors of their contemporary worlds, but as a document written, organised, and preserved by programs and people with an agenda in mind, groups intending to reconstitute the world into their own specific perspective (Dean, 1994, p. 15). It is within the dominant practice of history- that history appropriated by the systems of knowledge production in the West- that turns documents into monuments, objective reflections of a "true" human reality (Dean, 1995, p. 16). In essence, "An effective history both refuses to use history to assure us of our own identity and the necessity of the present, and also problematises the imposition of suprahistorical or global theory" (Dean, 1995, p. 18). This understanding is epitomised in genealogy.

Genealogy brings together those forms of knowledge which are excluded and subjugated, knowledge systems which "cannot emerge from the practices, foci and priorities of a science of a recognized or 'reasonable' branch of knowledge," with historical contents which are de-prioritised by the organising systems of theory and knowledge (Bowman & Hook, 2007, p. 139). In other terms, Foucault defined genealogy as "a union of two different forms of 'subjugated knowledge': the erudite knowledge and its historical contents present but masked within the smooth functionalism of global theory and its history; and the popular knowledges and local memories regarded as unqualified or actively disqualified within the hierarchies of scientificity" (Dean, 1994, p. 33). In the context of this study, the archival, historical methods are focused on

the dominant psychiatric discourses in Canada; however, they are also focused in on the material texts produced by lesbian, gay, bisexual, transgender, and mad/mental patient activists responding to those discourses and producing their own meanings around their identities as they do so. By bringing together these two perspectives, the researcher practising genealogy reveals divisions and contestations which social systems attempt to mask (Bowman & Hook, 2007, p. 140).

For Foucault, the archive is a set of discourses which continue to be pronounced, reutilised, and transformed through and by history, making them excellent tools for tracing genealogies of discursive subjects through time (Hanemaayer, 2016, p. 225). Documents are monuments to these discourses, which hold social and political significance to the people who preserve them (Hanemaayer, 2016, p. 225).

With these building blocks to archival methodology in mind, genealogy can be understood as a way to study the knowledge statements made in the literature and the practices of institutions who subscribe to those statements (Hanemaayer, 2016, p. 226). Institutions of power use this relationship to create programmes of conduct and solutions to absent questions, questions produced to address topics or human behaviours which are constructed as problems (Hanemaayer 2016, p. 226). It is through these absent questions, these absent problems, that the human social sciences emerged as "legitimate" sciences in the first place (Foucault, 2005, p. 376), and it is through the process of problematization that human sciences continue to posit themselves as necessary to the Western episteme.

In this sense, I am analysing how queer identities are articulated as problems by Canadian psychiatric institutions, what programs they use to answer those constructed problems, and how subjugated queer peoples understood that discourse and strategized around it. Tracing these

discourses back through the years and analysing major thought movements allows me to fulfil the mandate of Foucauldian genealogy, applying historical methods to subjugated knowledge projects reacting to the dominant power structure. However, this requires an understanding of the development of "queerness" as a whole. While we have a working definition of queerness as a break from cis-heteronormativity (Warner, 1991), there is a history of queerness that, like madness, emerged as a reclamation of the derogatory term "queer," and was taken up by scholars and activists as a site of knowledge-production. This was laid out, in part, by Foucault's *the History of Sexuality,* which served as one source of inspiration for Judith Butler's seminal work of queer theory, *Gender Trouble,* which theorised on the performativity of gender.

Foucault and Queer Theory

This next section focuses on the generation of queer theory, as a body of research and movement of thought, which emerged from Judith Butler's *Gender Trouble* and the larger movement of queer activism of the 1980s-early 1990s. Queer theory breaks down the normative identity categories generated in our current day and age by engaging in critiques of subjectivities, which was the work of *Gender Trouble,* as it critiqued the very notion of gender (and sex) as a coherent subject formation. Butler's theories are necessary for this project, as I am engaging in discourses that attempt to define the subjectivities of people who do not conform to cis-heteronormative subject formations.

Foucauldian researchers often frame their studies through the concept of governmentality- the process by which power extends itself into individuals, creating subjects who are active participants in their own governance (Walters, 2012, p. 10). Rather than being a theory in and of itself, governmentality has become a toolbox for understanding the assemblages of power that surround us in our day-to-day lives (Walters, 2012, p. 2). Governmentality is

meant to be broad, to discuss how the state governs its citizens and the various arts, techniques, and strategies it uses to employ its power beyond the walls of governance and into the everyday behaviours of the state's citizens (Walters, 2012, p. 12).

While Foucault argues that governmentality occurred through the production of sexuality- generating sexual subjectivities in the Pervert and the Normative Productive Couple, as he outlined in his *History of Sexuality*- feminist theorists criticise him for ignoring the production of gender, as a concept. Judith Butler took up *the History of Sexuality* in an analysis of gender in their book *Gender Trouble,* meaning to intervene on feminist theory but, inadvertently, authoring a foundational work in queer theory (Spargo, 1999, p. 52). As one of the most influential works in queer theory, Butler engaged in a project of "queerness" which appropriated the queer label from its use as a slur, and into a point of pride- pride in being abnormal, against normativity (Taylor, 2016, p. 174). Butler was not the only scholar to do so- the term "queer theory" was officially taken up by scholars at the University of California in Santa Cruz, at a conference organised by Teresa de Lauretis (Ghaziani & Brim, 2019, p. 3). Queer studies scholars often use "queer" to reference a political positioning, "rooted in the dissension occasioned by an inequitable power relation;" it cannot be reduced to a homogenised identity like gay, lesbian, bisexual, or transgender, but must be understood as "a space for marginalized populations to coalesce across lines of difference" (Smilges, 2022, p. 4).

In the field's early development, scholars were particularly inspired by the queer liberation activists of their day, who had taken up the reclaimed moniker of "queer" for years before the authoring of Butler's *Gender Trouble* and the conference at UC Santa Cruz (Freeman, 2010, p. xv). In fact, many of the scholars who generated the field of queer theory were activists themselves, having involvement in groups like ACT UP and Queer Nation (Freeman, 2010, p.

xiv). Much of the activism which inspired queer theory emerged in the complex of civil rights, feminist, and class-revolutionary discourses of the 1970s, which were projects "retrospectively loved or hated but also used as placeholders for thinking beyond the status quo of the 1990s and early years of the twenty-first century" by scholars attempting to think "queerly" (Freeman, 2010, p. xiv). In the aftermath of revolutionary movements in the 1960s- some of which continued in their revolutionary tradition, but many of which were transformed by the neoliberal impulse of Nixon- and Reagan-era America- activism turned into pragmatic, coalitional politics, via "AIDS and queer activism, pro-sex and/or Third World/women of color feminism, and culture-jamming" (Freeman, 2010, p. xiv). These coalitions realised they needed more strategies against the systems of violence which oppressed them, and so, took up the cause of anti-homophobia, merging with movements like ACT UP in actions that both generated a process of "queering" (i.e., the queering of media and mass culture) and brought deconstructive reading practices (of history, cultural texts, and media, which tended to paint issues like AIDS in disparaging ways) together with grassroots activism, theory and praxis coming together in a particular political moment (Freeman, 2010, pp. xiv-xv). From this moment emerged Queer Nation, which generated infamous pamphlets and media disparaging heterosexual culture and generating a counter-culture via the reclaimed term "queer," which laid the ground work for "queer theory" as an academic practice (Freeman, 2010, p. xv).

Butler's work, and the larger project of queer theorising, emerged in an anti-normative turn among activists and scholars working toward gender/sexual liberation. The project of gay and lesbian activism in the 1960s-70s, dominated by middle class gays and lesbians, became a project of equality rather than the assertion of abnormality and difference. Essentially, if activists could "prove" they were normal, they could achieve equality with their heterosexual peers

(Taylor, 2016, p. 175). "Increasingly, white, middle- class gays and lesbians gave up resisting dominant sexual and social mores and tried instead to reassure straight people that they already conformed to those mores, but simply did so with a person of the same sex" (Taylor, 2016, p. 175).

Queer politics emerged to resist this normalising movement, resisting definitional content to homosexuality- good or bad- and instead affirming its marginality (Taylor, 2016, p. 175). The affirmation of marginality done through the reclamation of "queer" not only resists normality- it also creates modes of empowerment. When groups deploy a derogatory slur against a group, they are attempting to achieve power over that group, making the slur a speech-act which assigns low-power to the target group (Popa-Wyatt, 2020, p. 2). By using the term as a self-reference, in-group members remove the power of the slur and create a new speech act which generates a new, group identity and, in turn, creates new solidarities which can generate political movements (Popa-Wyatt, 2020, p. 2). This was the seminal act of Queer Nation, who wrote in a flyer distribution at New York Pride, 1990, "QUEER can be a rough word but it is also a sly and ironic weapon we can steal from the homophobe's hands and use against him" (Popa-Wyatt, 2020, p. 5). The term provided more effective solidarity across gendered lines, suggesting gays and lesbians "close ranks" against a common enemy, to remind them of how the world perceives them (Popa-Wyatt, 2020, p. 5). This reclamation project, in turn, produced more deconstructive readings of "queer" to find historical deconstructions of concepts of difference which generated queer oppression. *The History of Sexuality* became foundational to this project, resisting naturalisation and affirming the social construction of sexual norms. *Gender Trouble* did much of the same for the construction of gender.

At the time of its publication in 1990, multiple forms of feminist discourse were undergoing debates on the subject of "woman." As Butler wrote, "The very subject of women is no longer understood in stable or abiding terms. There is a great deal of material that not only questions the viability of 'the subject' as the ultimate candidate for representation or, indeed, liberation, but there is very little agreement after all on what it is that constitutes, or ought to constitute, the category of women" (Butler, 2007, p. 2). Butler sought to understand the generation of a feminist subjectivity which, following Foucauldian thinking, saw feminist subjectivity as a "juridical formation of language and politics that represents women as 'the subject' of feminism," which "is itself a discursive formation and effect of a given version of representational politics" (Butler, 2007, p. 3). This means that the feminist subject is discursively produced by the very political system that is supposed to facilitate its emancipation (Butler, 2007, p. 3). Butler hoped to address the mainstream assumption of the universal "woman" which she saw in (mainstream) feminist discourses, the notion that there was some common "essence" among women which could unite women politically, whether this was through the narrative of the maternal drive or through a shared experience of oppression on the basis of their biological sex characteristics (Butler, 2007, pp. 5-6). Butler observed that

> the premature insistence on a stable subject of feminism, understood as a seamless category of women, inevitably generates multiple refusals to accept the category. These domains of exclusion reveal the coercive and regulatory consequences of that construction, even when the construction has been elaborated for emancipatory purposes. Indeed, the fragmentation within feminism and the paradoxical opposition to feminism from 'women' whom feminism claims to represent suggest the necessary limits of identity politics. The suggestion that feminism can seek wider representation for a subject

> that it itself constructs has the ironic consequence that feminist goals risk failure by refusing to take account of the constitutive powers of their own representational claims (Butler, 2007, p. 6).

This required an analysis, and deconstruction of, the idea of a sex/gender split (which, while a popular understanding of sex and gender at the time Butler published *Gender Trouble,* was not a notion held in common among all streams of feminist thought). The split was initially proposed to argue that biology was not destiny, in essence, that "the distinction between sex and gender serves the argument that "whatever biological intractability sex appears to have, gender is culturally constructed: hence, gender is neither the causal result of sex nor as seemingly fixed as sex" (Butler, 2007, p. 8). Butler problematizes this split between "biological" sex and "cultural" gender by critically analysing what sex is. Biological sex, as a category, is revealed to be just as socially constructed as sexuality, in that it is built from a complex of discourses, and the deployment of sexuality established the notion of sex rather than revealing it as an innate, objective truth (Butler, 2007, pp. 9-10). Just as much as gender is a performative, so is sex, and Butler revealed them to be mutually-constitutive and constructed under the discourse of sexuality. Sex/gender must be produced in the discourse of sexuality, as "how sexualities such as heterosexuality and homosexuality are understood entails and produces assumptions about what it is to be a man or a woman. . . it is the biopolitical implantation of sexualities that requires and produces our current understandings of gender and sex" (Taylor, 2016, p. 181). An obvious example of this is the phenomenon of sexual orientation being used to define non-heterosexual women out of feminist discourses due to their "proximity" to a so-called "male desire" (Taylor, 2016, p. 180). Here, sexuality is viewed as a marker of gender deviance despite sex, sexuality,

and gender being so delineated in gendered discourses, just as, in conservative gender discourses, "The Homosexual was fundamentally a gender deviant" (McWhorter, 2009, p. 266).

In engaging with Foucault, Butler discusses how

> the univocal construct of 'sex' (one is one's sex and, therefore, not the other) is (a) produced in the service of the social regulation and control of sexuality and (b) conceals and artificially unifies a variety of disparate and unrelated sexual functions and then (c) postures within discourse as a cause, an interior essence which both produces and renders intelligible all manner of sensation, pleasure, and desire as sex-specific. In other words, bodily pleasures are not merely causally reducible to this ostensibly sex-specific essence, but they become readily interpretable as manifestations or signs of this 'sex' (Butler, 2007, p. 128).

In this way, sex is an effect rather than an origin. All projects seeking to understand sexuality- as a discourse and complex of conduct programs- are collapsed under this category of sex, which is a historical construction deployed in the service of power relations by concealing it, "through the establishment of an external or arbitrary relation between power, conceived as repression or domination, and sex, conceived as a brave but thwarted energy waiting for release or authentic self-expression" (Butler, 2007, p. 129).

Even seminal sexologists, who were seeking evidence for the gender and sex binary from 1921-1941 (Clarke, 1998, p. 90), affirm construction of sex as a category. "There is. . . no such biological entity as sex. What exists in nature is a dimorphism . . . into male and female individuals. . . sex is not a force that produces these contrasts. It is merely a name for our total impression of the differences" said Frank Lillie, one of the original sex researchers in the American project of sexology (Fausto-Sterling, 2000, p. 178). The internalisation of gender,

enacted via performance, is a form of governmentality under Butler's analysis. It is constituted by cultural and social ideas of what a male/man, female/woman, transgender/cisgender person should be, and we perform those ideas and derive both pleasure and derision from them. These performances become normal, and those who break away from the normal are deemed abnormal-queer. This break often comes like most forms of resistance to power norms, arising from multiple refusals to accept the category on the part of the subject of "woman," or of "heterosexual," or even of "sexually normal" (Taylor, 2016, p. 180).

And of course, these abnormalities end up pathologized, both in layperson and expert discourses of what homosexuality is. In writing on her experiences growing up gay in 1970s Decatur, Alabama, McWhorter writes about asking her mother what a homosexual is. Her mother states that a homosexual is one who falls in love with the same sex- but this was spoken in disgust. This taught her, alongside her cultural conditioning, that

> homosexuals are sick people whose brain chemistry drives them to their unnatural and repulsive acts but who may be controlled with hormone injections. I learned that homosexuals are child-molesters who should be executed – extralegally if need be. I learned that homosexuals are ridiculous people – weak, manipulable, pathetic, worthless – who deserve whatever bad things happen to them. . . Queers are nobody, just queer, one-dimensional. When somebody finds out you're queer, they forget everything they ever knew about you; or, if they remember anything about you at all, the things they remember just get reinterpreted as nothing more than symptoms of your disease (McWhorter, 1999, p. 2).

Living under this heterosexual-gender matrix- one that assumes heterosexuality in the constitution of the "proper" gender of the subject- naturally saturates one's life, until it becomes

all you are. In your attempts to resist being a homosexual- by hiding it to avoid consequences and discipline- you simply are forced to "become" one (McWhorter, 1999, p. 3). And so, the subjectivity is produced.

Interestingly, the category of the "heterosexual" once faced this kind of pathologisation. The term "heterosexual" emerged almost eleven years after the term "homosexual" was produced and was written to refer to those people with an abnormal or "perverted" sexual appetite for the opposite sex, considered "abnormal" because of the desire for sex outside of strict, procreative contexts (Wilkinson & Kitzinger, 1994, p. 310). There was, of course, a normative conception of sexuality (and gender) before this term was coined, but it remained unnamed- the sexual norm did not "need" a name, per se. Over time, the Western world would de-pathologize the term "heterosexual," ascribing the "perverted" behaviours to other labels and diagnoses rather than the person simply attracted to the opposite sex (Wilkinson & Kisinger, 1994, p. 310). Much like the normative, procreating couple was an unspoken construction, heterosexuality has become an identity category that does not need to be spoken, as it is assumed as an identity category in all people rather than ingrained into us by our society and culture (Wilkinson & Kisinger, 1994). This can be traced further back to the period of time when power dynamics transformed sovereign power into a biopolitical regime, alongside the transition from feudal to capitalist economic structures and the transition of identifiers from determined by bloodlines and lineages to being defined by sexuality and sexual identity (all of which, somewhat, co-occurred, though also as a result of each other) (Kinsman, 2024, p. 28).

The progenitors of sexology, who tended to be members of wealthier and/or academic classes with close ties with the state, were able to articulate their own ideas of "normal" and "ideal" sexualities as the standard sexuality and created the delineation of pathologies and

diagnoses that generated "dysfunctional" sexual identities. Sexual norms also tended to be defined in such a way that the working and lower classes were more likely to be defined as "sexually deviant" (in comparison to some unspoken norm, at the time) (Kinsman, 2024, p. 29). In this way, "The respectable sexual identity of the ruling class[7] served, in the first instance, to erect a boundary between the ruling class and the working class. . . Heterosexuality emerged as the 'universal' order, requiring new forms of social, cultural, and political defence" (Kinsman, 2024, p. 29). Just as much as sexual pathology, diagnosis, and "degeneracy" emerged as a social process, so did heterosexuality. Furthermore, sexual "pathologies" were generated to define what the ruling classes were not, and to define a norm in-line with institutional, patriarchal ideals (Kinsman, 2024, p. 29). In simpler terms, this process defined the economically-advantaged and bourgeois classes as NOT homosexual and NOT "perverse" or sexually "excessive," in ways that signalled the working classes as such.

When placing these works of theory in context with each other, we can understand that "heterosexuality" is not a given identity category. It is just as socially constructed as other identity categories. One can theorise that, with the rise in interest in biopower and its new programs of power, it came with it a de-emphasis on bloodlines to define one's identity; in this de-emphasis, and a rising emphasis in sexuality and sexual practices being used to define one's identity, non-procreative sex slowly became "normalised" (though highly regulated), and so, a term was needed to define "opposite-sex," non-procreative sexual activity as "normal" in a way

[7] Note that, when Gary Kinsman refers to the "ruling classes," he is referring to a bourgeois class under a materialist, Marxist analysis- this gives the impression of a centralised demographic holding all of the power in society, something contradictory to Foucault's decentralised conception of power. However, I include quotes from Kinsman because I believe he and Foucault are speaking to similar processes, in that institutions have the ability to generate sexual subjectivities in their subjects. This process generated heterosexuality as well as homosexuality and general "sexual deviancy." I would also like to note that, though Foucault takes a decentralised approach to power (finding it in disparate forms and sites and present in many networks of contexts), he does implicate certain institutions like the bourgeois class in his analysis of the development of the asylum in his book *Madness and Civilisation,* though many other factors were at play in the development in these treatment programs.

that would not define this type of activity as "perverted." And so, heterosexuality as transformed and normalised- those "excessive forms" of heterosexuality (interest in heterosexual sexual activity outside of procreative contexts) became normal, though there could still be something to be said about non-procreative forms of heterosexual sexual activity which were still defined as "perverse" (though I have not found any literature discussing this topic).

Critiques and Applications of Butler. Certain critiques of Butler have been given since the publication of *Gender Trouble,* the most obvious of which is their Euro-centric orientation; they rely primarily on European philosophers to inform their analysis of sex-gender divide (Nietzche and Foucault being the primary influences, though in later editions of their book, they also used Althusser, Sartre, and, to an extent, their theory of subjectivity is informed, at least in part, by Cartesian philosophy despite their rejection of psychic interiority) (Boucher, 2006, p. 118). There are deeper critiques to be had of Butler, however- ones which are indicative of larger issues in queer theory.

Viviane Namaste takes up a critique of queer theory's exclusions of transsexual/transgender people in her book *Invisible Lives: the Erasure of Transsexual and Transgendered People.* Her critique of Butler begins with Butler's arguments around drag, which shows the inherent performativity of gender (in that, we can only understand gender through performance). Drag, in this way, reveals gender's imitative nature, as it always requires a referent to perform (Namaste, 2000, p. 10). What Butler fails to account for, however, is the material conditions in which drag is produced. Drag is produced in gay male cultures, and so, it is (cisgender) gay men who define the performance of gender and what kinds of drag are "allowed" in their spaces (Namaste, 2000, p. 10). This was especially true in Montreal, Quebec- for years, gay bars held drag shows, yet denied entry to women (Namaste, 2000, p. 10). Leather

bars like K.O.X. famously banned nontranssexual women, males in "women's" clothes, males in lipstick, and all women, and maintained very gender-segregated politics (Namaste, 2000, p. 10). In larger gay male culture, femininity and feminine performances are highly regulated, keeping drag within a specific, controlled form and subjectivity (Namaste, 2000, p. 10). Drag, rather than turning gender on its head, is tightly controlled and regulated under gay male politics; and just as drag is relegated to specific locations (stages, parade floats, performance spaces) and are not allowed to express drag subject positions outside of them, so too are transsexual subject positions. Toronto's Third Annual Inside Out Lesbian and Gay Film and Video Festival (1993) included a "gender-bending" night, which classified transsexuals, drag queens, and transvestites as "sexual anomalies" to be gawked at on film (Namaste, 2000, p. 12). Where gay male identities are allowed to be figured pre-performances, transsexual and other transgendered subject positionings are relegated to performance alone (Namaste, 2000, p. 13). Butler would later erase transsexual subjectivities entirely in her analysis of the film *Paris is Burning* by analysing Venus Extravaganza's as an escape from her low-class, Latina subject positioning, which she could not "escape" when she was murdered by one of her clients (she was a sex worker) (Namaste, 2000, p. 13). Butler interprets Venus as "just" a drag queen, ignoring the testimony of her friends that she was killed for being transsexual- her transsexuality gets erased in Butler's analysis (Namaste, 2000, p. 13). Namaste's critiques, at least of Butler's earlier works, is that Butler appropriates forms of transgender expression in her research (using drag to research gender performativity) while ignoring the material realities of transsexual and transgendered people, particularly, transsexual women.

Intersectional theorists have also critiqued Butler for not attending to the intersections of gender and other axes of subject-formation like race, class, ethnicity, and nationality (Geerts &

Tuin, 2013). These axes are hinted as co-constructing gender in *Gender Trouble* (Butler, 2007, p. 2). They do not expand on these axes further in this work, though note that, in later works, they state that they "does [*sic*] not want to do away with the categories of gender, 'race,' and others altogether" in *Bodies that Matter* (Geerts & Tuin, 2013). For Geerts & Tuin, Butler acts in-line with intersectional theory, as they clarify in *Bodies that Matter* that "although she[8] believes our identities are socially, discursively, and performatively constructed, these identities and social categories *do exist*, namely in their corporeal materialization and as the effects of 'oppressive regimes of power'" (Geerts & Tuin, 2013). However, a larger problem remains of the tensions between intersectionality/identity politics with postmodern feminist and queer theories.

For one, identity politics tend to be riddled with dualisms- feminist philosophy is "based on the insight that substance dualism, or the claim that dichotomous pairs are inherently gendered, is key to the naturalization of women. . . just like anti-racist philosophy is based on the insight that substance dualism has naturalized and muted non-white subjects" (Geerts & Tuin, 2013). Intersectionality, as a representational politics, sometimes holds dualistic thinking, "representations being active and the represented mute; epistemology preceding and governing ontology" (Geerts & Tuin, 2013). Inherently, this leads to the goal of shifting power systems and axioms, rather than overturning them entirely. A way to address this tension is to follow a univocal logic in intersectional and postmodern thinking, where representationalism's internal structure, which prioritises thought over being, is replaced with a univocal statement: "thought no longer holds priority over being as we have to ask *how it is possible* that being is thought, both in scholarship and in the roles and positions that bodies get assigned to in the political–cultural sphere" (Geerts & Tuin, 2013). This allows researchers to "both unravel how power

[8] This article was written when Butler used she/her pronouns; they now use they/them, as of the writing of this thesis.

structures have co-constructed subjects through categorization and to leave room for the analysis of the counteractions of marginalized subjects" (Geerts & Tuin, 2013). This is important for a Foucauldian-based historical study, because Foucault recognised that where there is power, there is resistance (Foucault, 2012, pp. 77-79). Anytime power emerges in a social context, resistance emerges with it; this necessitates an analysis of power that is decentralised, and which recognises that a subject can both utilise power and be subjected to it.

While I understand the intervention Geerts & Tuin wrote about, I worry this position can still erase critical differences which are generated by the process of subjectification which generates positionings like "queer" and "straight," "man" and "woman," "Black" and "white" and "Indigenous," etc. What I believe is needed to maintain this position in research is to meet subject where they are at; while we deconstruct these identity categories and trace their histories, there is also a certain level of power that comes with taking on these identity categories which can be used and "flipped on their head," so to speak. A transsexual diagnosis can secure access to medical technologies like hormones and surgeries, for instance; and the embracing of a "queer" and "mad" subjectivity allows for the formation of political organisation on the basis of common identifiers. Another way to address this issue is to return to Foucault and search for examples of counter-conduct within the documents I analysed.

In his lecture titled *Security, Territory, Population,* Foucault discussed the power of governing through conduct- conduct, in the sense conducting to act in certain ways, and the way in which one conducts oneself, lets oneself be conducted, is conducted, and the way in which one behaves as an effect of a form of conduct (Foucault, 2009, p. 193). Counter-conduct, then, is a "struggle against the processes implemented for conducting others" (Foucault, 2009, p. 201). He observed counter-conduct in his historical research of the small resistances which emerged

among ecclesiastical communities in Europe, when subjects of the governing ecclesiastical institution (the church) began to challenge, confront, and question the ways in which they were being conducted, by asking, "By whom do we consent to be directed or conducted? How do we want to be conducted? Towards what do we want to be led?" (Foucault, 2009, p. 197). Though these conduct programs emerged in localised and specific contexts, counter-conduct emerged in delocalised and circulating contexts, subjects "conducting" themselves in ways that intentionally bucked authority without negating the general condition of the conduction (Foucault, 2009, p. 215). Analysing documents in this way means moving beyond the conception of power being imposed onto powerless subjects, but instead, implies self-direction, self-guidance, and self-transformation through the various matrices and movements of power (Rossdale & Stierl, 2016, p. 5). I hope, then, to incorporate Foucault, Butler, and critiques of their theories into the analysis of my archival documents through my research aim, as described below.

My aim in this project is to study the pathologisation of deviant sexual and gender identities, to understand how Canadian psychiatrists, psychologists, and sexologists might have reduced folks to their "queer" subjectivities regardless of the identification of the subject (as homosexual, bisexual, transsexual or transvestite; as Two-Spirit or as a more specific Indigenous positionality; or even as a "not heterosexual enough" heterosexual). In this way, I want to see how these subjectivities are produced in the context of pathologisation and, furthermore, how those affected by these discourses- the gender deviants, the sexual deviants, and the "mad" people- resisted, internalised, and responded. My aim with this approach is not to assume an individualistic, auto-affective self- that loves itself enough to strive towards expression, either normative or resistant- but to seek out the contexts in which people build their subjectivities, again, with the tools that they have, including those discourses given to them by the institutions

they were surrounded in. This requires a more neutral positioning to power, without giving up critique of it. Remember, power is always dangerous, but it is not always evil, and it can be taken up by marginalised subjects to their own ends, in specific forms, sites, and scales.[9]

Archives

Materially, I have analysed documents published within the timeframe of 1962-1991, by Canadian psychiatrists, psychologists, and sexologists. In particular, I chose documents which could be narrowed down to the focus of my research- documents which conveyed the worldview of these professionals with regards to "queerness" (breaks from cisheteronormativity, which, based on my theoretical research, would have included anything from the formation and treatment of homosexual, bisexual, lesbian, transvestite/transsexual, and otherwise "sexually deviant" identities, to the formation of deviated, "perverted" forms of heterosexuality which were defined as "abnormal" compared to normalised heterosexuality). Figure 1 outlines all the archives I consulted in this research. The archives I chose to represent the professionalised opinions are *Sex and Sexuality* and the archive of previous *Canadian Psychological Association* articles, which archived journal articles from *Canadian Psychology, the Canadian Journal of Behavioural Sciences,* and *the Canadian Journal of Experimental Psychology.* Though all journals had "Canadian" in the name, there were not restricted to writing about Canadian-centred psychology; many publications were written by authors in other countries, so I excluded articles written by non-Canadian authors (unless the authors collaborated with a Canadian author) and covered research studies outside of Canadian contexts. All articles were peer-reviewed journal

[9] This is not an attempt to praise marginalised subjects who come into power- "The master's tools will not dismantle the master's house," to borrow a phrase from Audre Lorde (2018)- but I want to recognise agency where it is at. I am not necessarily seeking out power and resistance to power, as a binary understanding of subject-formation. Rather, I am seeking out the ways marginalised subjects respond to power and subject-formation upon themselves, in their fullness, regardless of resistance, normativity, and everything in between.

articles, though I included a book review written by Janet M. Stoppard (1984) which reviewed a textbook on treating gender dysphoria by Betty Steiner of the Gender Identity Clinic of Toronto (a book I had to source via the University of Alberta library, rather than from the archives), and a book review by Ronald A. LaTorre (1987) on Langevin's book on *Sexual Strands: Understanding and Treating Sexually Anomalies in Men* (1983) in my analysis. These two book reviews represented the only two documents from the CPA archives which were not writing about original research. In sum, I analysed sixteen individual articles and one textbook based on my research in these archives, which varied in topic from sexually anomalous males (Lang et al., 1987; see also, Langevin et al., 1978) to the treatment of transsexuals (Steiner, 1985) to specific treatment programs for sexual offenders (Borzecki & Wormith, 1987).

The *Sex and Sexuality* archives had a much less homogenous grouping of documents archived within it. In sum, I gathered ten individual document files from this archive; however, *Sex and Sexuality,* as an archive representing a variety of discourses concerning sexology and its development as a practice, included several collections of letter correspondences between professionals over a period of years. These letters were scanned into single document files. For instance, one document file of the letter correspondence between Dr. D.E. Alcorn (a psychiatrist from Victoria, BC) and Dr. Paul H. Gebherd (a psychiatrist working for the Institute of Sex Research, Indiana, USA) scanned hundreds letters and postcards, spanning from 1960 through the 1990s, though I ended limited my analysis to ten letters spanning 1960-1964 because my search inquiries within the document revealed that, seemingly, information relevant to my research ended around that time. In addition, I found individual newsletters which, while written by laypersons (*Ghoush & Benjamin,* 1979; *Doctors' Changing Community,* 1972), relied heavily on interviews with professionals or heavily referenced them, so I decided to include them in my

analysis. Certain letter correspondences were written between activists and professionals, like the letters between Nicholas C. Ghoush, founder of the Foundation for the Advancement of Canadian Transsexuals (F.A.C.T.), and Dr. Henry Benjamin, an American psychiatrist and endocrinologist whose research laid the groundwork for much of what we consider to be transgender healthcare. F.A.C.T. was an activist group seeking equal rights and education for transsexuals as a sexual minority (founded in Calgary, AB, though in 1979 they moved operations to Toronto) and Ghoush, in particular, was a fan of Benjamin's, whose work, while medicalising, provided more possibilities for transsexual treatments and provided a "justification" for affirming trans identity through medicalised transition. In total, I analysed around forty-two individual letters, documents, and newsletters from this archive.

To represent layperson activist perspectives, I chose to analyse documents from three archives: *Archives of Sexuality and Gender, Archives Unbound: Politics, Social Activism, and Community Support,* and Madness Canada's *After the Asylum* project (the former two archives being sub-archives of GALE Primary Sources- see Figure 1 for a branching tree which shows the relationships between these archives). *Archives of Sexuality and Gender* and *Archives Unbound* allowed me to find newsletters from queer activist groups in Canada. Specifically, I analysed documents from the Association for Social Knowledge, an activist group in Vancouver, B.C. who, beginning in 1964, published a newsletter for laypersons and social science professionals to learn more about "sexual variances" in humans and advocated for policy changes to ease their oppression (A.S.K., 1964); *the Pedestal,* Canada's first feminist periodical and voice of the Vancouver Women's Caucus (1969-1975) (*The Pedestal,* n.d.); *Gemini,* a newsletter for the Waterloo University Gay Liberation Movement which ran through the 1970s; *GO Info,* an Ottawa, Ontario-based newsletter for lesbian, gay, bisexual, and transgender communities which

ran from 1972-1995 (*TransOttawa,* n.d.); *GayTide,* a gay periodical in Vancouver which ran through the 1980s; *the Body Politic,* a Toronto, ON-based newsletter that was the leading gay-liberation focused publication from 1971-1987 (*Body Politic Home,* n.d.); *Makara,* a feminist arts journal publishing out of Vancouver, B.C. from 1975-1978 (Pike, 1983); and *Metamorphosis,* a publication written by and for transsexual men (specifically, founded by Rupert Raj) and their loved ones which began publishing in 1982 (Raj, 1982). In total, I included around eighteen articles in my analysis (though A.S.K.'s articles were difficult to differentiate from each other at times due to some scanning errors, so the number could be closer to twenty-one). It should be noted that these organisations were, primarily, run by white queer people. Though they represent the mainstream discourses of gay and lesbian politics during the time period studied (1962-1991), they also do not represent all of the issues which were faced by LGBTQ people in Canada. In particular, they make very few references to the oppression of people of colour and Indigenous peoples, and that necessarily effects their worldviews and relationships to Canadian institutions.

With regards to the Madness Canada archive, which focused on tracing madness and ex-mental patient activism in Canada after the deinstitutionalization of mental asylums, I decided to seek out articles from only two publications: *In a Nutshell* and *Phoenix Rising. In a Nutshell* was published by the Vancouver *Mental Patients' Association,* as a grassroots response to the gaps left over by deinstitutionalization in the care of mentally ill people. They ran multiple housing, education, and employment programs for their members, and put ex-mental patients in charge of said programs to maximise patient advocacy. Over the course of *In a Nutshell's* run (1971-1981), the organisation transformed from a grassroots effort to care for the discarded mentally ill to an organisation which challenged the institution of psychiatry in British Columbia and the power

they held over "nonconformists" deemed mentally ill (*Madness Canada,* 2021a). *Phoenix Rising* began as a newsletter written and published by two ex-mental patient activists, Carla McKague and Don Weitz, in an apartment in Toronto; over time, its publication would connect ex-mental patients which each other to create a *Phoenix Rising* activist group, which educated on issues like homelessness, pharmacology, sexuality, electroshock, prisons, and children in mental hospitals (Madness Canada, 2021b). Phoenix Rising ran for a total of ten years, from 1980-1990. With regards to publications relevant to my study- on the treatment of queer people in psychiatry, and activists' response to said treatment- I included around sixteen individual issues of these newsletter, combined, in my analysis.

I chose the date range of 1962-1991 as this timeframe follow major events in the history of Western psychiatry with regards to "homosexual treatment" (which affected a variety of people in a variety of subject positionings). 1962 saw the rise of aversion therapy as a treatment for homosexuality within the British Commonwealth, which lasted until 1975 (Davison, 2020); 1992 saw the removal of the term "homosexuality" from the International Classification of Diseases (King & Bartlett, 1999, p. 106). In between, rapid social change occurred, and we can trace how those changes within and across Canadian borders affected the conversation among Canadian psychiatrists and laypeople.

Figure 1

A branching list of identified archives for analysis, delineated based on archive/subarchive level.

Archives

- GALE Primary Sources
  - *Archives of Sexuality and Gender*

- "The *Archives of Sexuality and Gender* program provides a robust and significant collection of primary sources for the historical study of sex, sexuality, and gender" (*Archives of Sexuality and Gender,* 2023)

Archives Unbound

Politics, Social Activism, and Community Support

- "This collection of periodicals focuses on newsletters issued by gay and lesbian political and social activist organizations throughout the country and on periodicals devoted to gay and lesbian political and social activist agendas— the "public" face of gay and lesbian activism. In addition, this collection includes serial literature on its "private" face, exploring the challenges and complexities of building gay and lesbian communities inside and outside of a "straight" world. . ." (*Archives Unbound,* n.d.)

Sex & Sexuality

- *"Sex & Sexuality* makes accessible the unpublished papers of prominent sexologists, sex researchers, societies, advocacy groups and campaigners working across America and beyond during the nineteenth to twenty-first centuries." (*Nature and Scope,* 2023)

Madness Canada's *After the Asylum*

- "De-institutionalization was a paradigm shift in Canadian mental health. Its history and its legacies are complex and unsettling. From 2007 to 2014, academic scholars, community partners, students and activists came together to gather this history and to make it public on this site. This process was sometimes challenging, but also powerful and hopeful" (Madness Canada, 2021).

Canadian Psychological Association Publications

- *Canadian Journal of Behavioural Science*
- *Canadian Journal of Experimental Psychology*
- *Canadian Psychology*

These archives were chosen based on perspective, scope, and ability to exclude based on region. The majority of these archives are digitised and lend themselves to advanced searches and exclusion criteria. (*Sex & Sexuality*, for instance, allows one to limit the scope of documents to those published within Canadian borders.) The GALE Primary Sources archives- *Archives of Sexuality and Gender* and *Archives Unbound*- are meant to represent the perspectives of queer laypeople responding to psychiatric discourses on LGBTQ identity, and similarly, *Madness Canada* contains archives of ex-mental hospital patients speaking out against Canadian psychiatric institutions. The digitised CPA publications and *Sex & Sexuality* were chosen in the hopes of finding professional psychiatric and sexological perspectives on the research topic, and are largely made up of scientific journal articles and reviews.

Analysis

My analysis of these documents was informed by Foucault's genealogical methods, which required me to place the documents in their original context, and then in the context of larger discourses, to understand the history of the discursive construction I studied (queerness). I gathered the necessary contextual details to be able to place the discussions being had within the documents- mainly, location, date, author name and the author's affiliations (academic/hospital placements, in the case of the professional archives; activist group affiliations where they were available for layperson archives, though such details were not always available) and placed them within two timelines (one for professional perspectives, the other for layperson activist perspectives), separated by archival source (Madness Canada, *Canadian Journal of Behavioural Science, etc.).* I followed no formalised coding analysis nor textual analysis process and, in general, just noted the main points of the articles I deemed relevant to my research, as well as interesting details and references to other names which appeared in the broader discourse. As I

read through these various documents, I searched for statements and articles which would reveal the ways psy-aligned professionals constructed queerness (non-normative sexuality) and the ways in which these constructions were pathologised. From there, I searched for evidence of treatment programs and best practices utilised by psychiatrists. Some of these were written in the peer-reviewed journal articles (Borzecki & Wormith, 1987) while others were discussed in less formalised terms, in newsletters written by laypersons (*Doctors' Changing Community,* 1972) and correspondences between activists and psychiatrists (Ghoush & Benjamin, 1978). With the activist and layperson documents, I searched for counter-discourses and counter-constructions of mad and queer identities, as well as testimonies of queer people who underwent psychiatric treatments.

Once I determined the relevancy of the documents, noted down the key information outlined above, and placed them within the timelines, I reviewed my notes and attempted to place them within the context of each other, rather than separated by the archival lines I drew in the timeline. This meant searching for common "themes" (not determined by coding analysis-based on the presence of common subject matter and, in turn, common statements about those themes) and re-constituting my documents in the context of those themes, which required "working through" the documents again, primarily in the writing stage of my research. I then attempted to connect all three themes with an overarching, normative assumption about behaviour and relationships. Note that I found this assumption in the final stages of my archival searches, in a newsletter which critiqued the British Columbia Mental Health Act, which threw into sharp relief the documents I had analysed before, i.e., I did not search for documents which validated this theoretical framework and, instead, found that the documents I analysed could be explained through this framework found after I had collected most of my sample. In essence, I

read each document in isolation, making notes on key contextual details, grouped them into timelines, and then re-grouped them into themes once the total sample was collected.

The aforementioned assumption of the British Columbia Mental Health Act, in brief, is what I call the "relating-and-reacting" assumption. The British Columbia Mental Health Act deemed "mental illness" to be any condition which caused some to relate "inappropriately" to others and/or react "inappropriately" to their environment. (*The Mental Health Act, Instalment One,* 1971, p. 3). Anyone who "relates inappropriately" (which appeared in the discourses I analysed in various ways, but primarily, through sexuality) and "reacts inappropriately" (manifesting in various, nebulous conditions like alcoholism and schizophrenia) is deemed "mentally ill" and could be subject to confinement. By analysing the discourses with this structuring framework, I was able to understand how psychiatrists made splits and divisions between the diagnosis of "transsexualism" and the diagnosis of "transvestism;" determined criminalised queer people to be more dangerous than their heterosexual counterparts, and criminalised heterosexuals to be more queer or "perverted" than normalised heterosexuals; and how LGBTQ and ex-mental patient activists reclaimed their queer and/or mad identities by embracing their deviant relating and/or reacting. The results section outlines this framework and adds further details to some of the more prominent activist groups which appeared in my analysis.

The application of this chapter's main theoretical frameworks- Foucault's theories of sexuality, his critiques of psychiatry, and Butler's critiques of gender and the sex/gender split- guided both the collection and analysis of my documents. Butler's framing of the heterosexual matrix, for instance, opened my mind to search for ways in which sexuality and gender co-constituted each other. Because of this, I was prompted to search for psychiatry on broader

sexual variances, which allowed me to analyse the ways in which perverse forms of heterosexuality emerged in the context of dangerous sexual offender and "sexually anomalous male" literature, which allowed psychiatry to dispel blame for heterosexual sex crimes onto easily-recognisable, "anomalous" heterosexuals rather the power structures which tend to proliferate sex crimes (explored further in the Discussion section). Butler's analysis of the co-constitution of sexuality and gender also enriched my understanding of the discourses being had around transsexuality and transvestism, discourses in which psychiatry defined transvestites as deviant due to the presentation of "inappropriate" sexuality, meaning they could not be "true" transsexuals with normative sexualities that validated their gender identities. Foucault's critiques of asylums and psychiatric confinement- which views them as continuations of moralising and economically-motivated institutions, which were transformed into psychiatric treatment centres when madness became a site of knowledge for psychiatry- seemingly "popped up" in specific portions of the third discourse I analysed, the personal testimonies of people who had gone through psychiatric confinement, like in the story of Tom Pollock when he noticed his fellow patients were disparaged and called "pigs," much like the animalisation of the "mad" Foucault found in *Madness and Civilization* (Pollock, 1974, p. 9; see also, Foucault, 2001, p. 75). However, what was most useful to my analysis of these discourses was the univocal approach to intersectional research theorised upon by Geerts and Tuin, where I "both unravel how power structures have co-constructed subjects through categorization and to leave room for the analysis of the counteractions of marginalized subjects" (2013). This allowed me to analyse how subjects were able to respond to their oppression under the psychiatric system and utilise the tools at their disposal to survive and resist the system. This is important because where there is power, there is resistance (Foucault, 2012, p. 77-79).

Chapter Four: Results

This chapter presents various documents I found over the course of my research. These first few pages detail the framework I used to understand my results, and how I pulled this framework from critiques of the British Columbia Mental Health Act of 1964.[10] I then provide overviews of each of the three "strands" I found, grouping each document into one of three themes of subject material I found from the totality of my data sample. I provide analyses and critiques of these documents to connect them to the structuring framework of the BC MHA, as well as, in various points, put these thematic strands of discourse into conversation with each other. The documents themselves have been pulled from the *Sex and Sexuality* and Canadian Psychological Association archives of CPA publications (*Canadian Psychology, the Canadian Journal of Behavioural Sciences,* and *the Canadian Journal of Experimental Psychology).* Documents from the latter archive were all peer-reviewed journal articles (except for two book reviews which revealed the state of Canadian psychological thinking concerning queerness during my time period of analysis, 1962-1991, as well as led me to one book I read outside of the archives, *Gender Dysphoria: Development, Research, Management).* The *Sex and Sexuality* archives, however, included newsletters from layperson organisations which heavily relied on interviews psychiatrists, and personal correspondences between psy-aligned professionals and activist laypersons. (These letters, in particular, were all gathered from the *John Money* collection, which archived letters sent to and from the John Money Institute for Sex Research; the rest of the documents from *Sex and Sexuality* were gathered from the Vertical Files

[10] Note that I am not providing a policy analysis of the British Columbia Mental Health Act - all references to legislation are pulled directly from the newsletters I analysed, with the Vancouver Mental Patients' Association critiquing the legislation in 1971. They did, however, lift text from the legislation in their article, and that text and critique allowed me to generate a theoretical framework for understanding the three strands of discourse I found in my research.

collection, which archived and documented miscellaneous materials from, at times, unknown sources.)

As well, I gathered documents from *Archives of Sexuality and Gender* and *Archives Unbound: Politics, Social Activism, and Community Support.* Documents from these two archives were all archived newsletters from LGBTQ activists in Canada, including the newsletters of *the Association for Social Knowledge*, *the Pedestal, Gemini, GO Info, GayTide, the Body Politic*, *Makara,* and *Metamorphosis*. The Madness Canada archives focused on the newsletters *In a Nutshell* and *Phoenix Rising.*

Individual documents were selected based on their relevance to the research question, i.e., what they could say about how psychiatrists conceptualised "queerness" (breaks from cisheteronormativity) and how queer and ex-mental patient activists responded to these conceptualisations. As well, documents were selected based on what they said about the material treatments those subjects deemed "queer" might have experienced within the borders of Canada. Once gathered, I analysed them for details which could reveal their larger contexts (location the document was published in; name of the author, and author's affiliation; data published; and references to other documents) and analysed the content individually, though I followed no formal coding analysis. From there, the documents were placed into two separate timelines (activist and psy-aligned professional) and separated based on their source (which archive they came from). Notes and contextual information were placed in this timeline. This allowed me to re-evaluate the whole of the documents and re-contextualize them once I identified three broad "themes" of subject matter these documents followed and, in turn, connected these three themes to each other through one broad theoretical framework, lifted from the text of a document

criticising the British Columbia Mental Health Act (*The Mental Health Act, Instalment One,* 1971).

To make my argument, this chapter is split into five sub-sections. Section One focuses on the structuring framework I chose to interpret my archival material through, outlining the critiques made by the Vancouver Mental Patients Association of the British Columbia Mental Health Act and its effects on individuals who would be deemed "mentally ill." This section then introduces sub-sections two, three, and four, which represent the three themes of discourse I identified from my archival research. These sections, individually, explore the relating-and-reacting assumption and how it appeared in different forms, all reflecting the underlying assumptions present in sexual sanism- the sexualised dimensions of sanism, which is a system of prejudice and discrimination against people deemed "mad," mentally ill, or "insane," focusing primarily on sexual myths held against the insane. Sub-section five focuses on some broken strands of discourse concerning racialisation, documents which held very little in common with each other and did not reference each other (nor references a common reference, like a document they all were inspired by or written as a result of), so I felt I could not constitute it as a theme on its own; however, I still felt it was important to discuss racialisation in this project, and these references appeared enough times that I felt it warranted exploration.

Inappropriate Relating and Reacting

When discussing the state of mental health treatments of gender/sexual-deviant people in Canada, it is important to understand the longstanding and overriding assumptions of Canadian psychiatrists during this time. To define someone as mentally ill does not simply mean one is carrying a disease in their head; it means, they are in need of intervention by authorities, even against their will. The act of labelling someone mentally ill in the time period studied- 1962-

1991- meant that the person being labelled as "ill" could not know what was best for them and was in need of guidance by an authority figure. The British Columbia Mental Health Act (shortened to BC MHA)[11], ratified in 1964, defines a mentally ill person as a person who is "suffering from a disorder of the mind

1) That seriously impacts his ability to react appropriately to his environment or to associate with others; and
2) That requires medical treatment or makes care, supervision, and control necessary for his protection or welfare or for the protection of others."

A 1971 critique of the BC MHA written by the Mental Patients Association of Vancouver noted how vague this definition is. "Reacting inappropriately" rests on a pre-established cultural and moral judgement of what "appropriate" reactions are- the Christian may say that the atheist is reacting inappropriately to the universe surrounding the both of them, given their varying definitions of what the world is and should be (*The Mental Health Act, Instalment One,* 1971, p. 3). A man may say his wife is reacting or relating inappropriately for not doing the dishes when he asked, or for not wanting children (*The Mental Health Act, Instalment One,* 1971, p. 3). And what does it mean to have "impairments" to your ability to associate with others, to relate "inappropriately?" In this way, we can see an underlying assumption beginning to form: that

[11] I choose to interpret my results through the lens of the BC MHA because similar legislation in other Canadian provinces does not provide a usable definition to what a mental disorder is. Other definitions were circular. They, similarly, mandate that mentally disordered persons be forcibly admitted to mental hospitals should it be deemed necessary for his protection or welfare or for the protection of others (An Act respecting Mentally Disordered Persons, 1964, p. 197; Brown and Walker, 1963, p. 210), but neither provide a robust definition of what "mentally disordered" means. The Alberta Act in this time period simply defines a "mentally disordered" person as someone who is suffering from mental illness, retardation, or any other disorder or disability of the mind (An Act respecting Mentally Disordered Persons, 1964, p. 195), and the Ontario Mental Hospital Act only outlined provisions for apprehending folks who were "furiously mad and dangerous to be at large" (Brown and Walker, 1963, p. 210). The BC MHA was the only legislation to define what a mental illness looked like, though it did so in vague terms, giving us insight into how psychiatrists might have practised diagnosis and prognosis.

those who simply re/act[12] "strangely," and relate "strangely" must be deemed pathologically ill. I would argue this is the crux of anti-gay and anti-transgender oppression and, as the years go on, we can see how this assumption "queers" people in differing ways. I believe that this is the underlying assumption at play in the three strands of discourse I analysed in my research, this underlying assumption 1) splitting trans subjects into normative "transsexual" and abnormal "transvestite" sub-types of transness; 2) informing the idea that criminalised queers are more "dangerous" than their criminalised heterosexual counterparts (due to relating to others "inappropriately") and, further, marking criminalised heterosexual sex offenders as a "perverse" form of heterosexual in need of corrective treatment; and 3) structuring the individual experiences of queer people who were forced to undergo confinement in a mental hospital. Furthermore, in the context of this research, "inappropriate relating" tends to correlate with constructions of sexuality, while 'inappropriate reacting" tends to correlate with constructions of "madness" or mental illness. These are not two disparate, completely separate categories, however- they are co-constitutive, the signifier of one taken as "proof" of the other. Take, for instance, the literature had on sexually anomalous males and dangerous sexual offenders- sexual offenders who displayed "transvestic traits" were considered, somehow, more narcissistic and violent than heterosexual offenders (Langevin et al., 1978; see also, Lang et al., 1987). More examples of this assumption are given in the exploration of the three strands of discourse I found in my analysis.

[12] I chose to use "re/act" here to refer to both "react" and "act-" under behaviourist theory, behaviour cannot be divorced from the environment, and so, any action could be considered a kind of reaction. That said, I wanted to differentiate clearly between action and reaction- reaction to external stimuli/environment, versus action as a broad behaviour. When I use "re/act" in this thesis, I mean both reaction and action (as a marker of mental illness)- when I simply use "react," I just mean a reaction to something in the environment. These two words seemed to have very similar uses in the psychiatric literature, hence my distinction here.

Before exploring this theoretical framework further, we need to understand the effects of the British Columbia Mental Health Act, which turned this assumption into policy. The Mental Patients Association had more critiques on the policies laid out to define people as "mentally ill" that help us to understand these effects. Of course, the average Canadian citizen cannot deem their fellow person mentally ill and have them committed involuntarily to treatment. Only someone with trusted authority over the study of the mind could wield that kind of power over people. In the BC MHA, those authorities are psychiatrists. This authority would have been wielded in different encounters with psychiatrists once they deemed the subject to be reacting/relating "inappropriately," either based on the subject's firsthand testimony (in cases when the subject voluntarily sought out treatment), or based on expert opinion in criminal court cases. However, this power could be wielded in broader contexts, outside of settings where the psychiatrist is present.

All that was needed for the state and medical powers to confine someone was the opinion of two physicians, broadly defined. Holding a degree in medical studies was enough to commit folks to involuntary treatment in a psychiatric ward- no psychiatric consultation needed. The MPA claimed that "many physicians are openly hostile to psychiatry as a medical discipline," though they did not expand on this statement (*The Mental Health Act, Instalment One,* 1971, p. 4).[13] Furthermore, the opinions of two medical physicians (one in emergency cases) "act as the community's judges of what values, reactions, and social traits are unacceptable and thus require

[13] This is an interesting statement, considering comments made on a published critique of Mental Hospitals Legislation in Ontario, which claims that "Psychiatry today is a young science which is rapidly becoming established and recognized. . . Nevertheless, we believe that psychiatry has advanced to a point where a skilled and competent psychiatrist can. . . make a prognosis as to his {the mental patient's} probable conduct" (Brown and Walker, 1963, p. 210-212). Considering the implication that the public still did not trust it at the time (Brown and Walter, 1963, p. 210), perhaps this was a time period where psychiatry was truly coming into its own as a science in Canada.

'treatment,'" without any psychiatric training necessary (*The Mental Health Act, Instalment One,* 1971, p. 4). The Mental Patients' Association, a Vancouver-based activist group centred around the experiences of former mental patients, carried out a campaign against the act, revealing who else has this power, including the British Columbia Cabinet and members of the police force (outlined in Volume 2, issue 1 of their newsletter, "In a Nutshell"). Psychiatric examination was not needed for commitments made by police and the BC Cabinet.

Later Acts in different provinces would build off of these commitment practices, perhaps to reflect a growing appreciation for the field of psychiatric therapy. Bill 83, a revision of the Alberta Mental Health Act, would allow a therapist to commit someone to treatment centres, though this would need to happen in conjunction with a medical physician (Scott, 1972, p. 268). They could commit the person labelled "mentally ill" to any facility, including the one the therapist works in, and can treat the person themselves (Scott, 1972, p. 269). Though seemingly innocuous, this gives those deemed therapists (by the Alberta Therapists Licensing Board) full power over an individual's freedom, from the moment they are deemed "ill" to the moment they are able to leave treatment in a hospital.

In my archival research, I found two strands of discourse which illustrate how this inappropriate relating-and-reacting definition of mental illness played out among psy-aligned professionals, and a third strand illustrating how laypersons responded. The first strand is a series of statements which outline the development of a dualistic categorization of "transsexualism" and "transvestism," which marks the transsexual as relatively sane and normative despite their gender dysphoria, as evidenced by the repudiation of their sexualised bodies, and the transvestite as deviant and insane, as marked by their over-sexualised nature and, at times, diagnosable mental illnesses. The second strand focuses on the discourses had between activists and

policymakers/police, as well as the publications of psychiatrists, concerning the category of the "dangerous sexual offender," which encapsulated a range of identities and sexual actions that were included in the sexological category of the "sexually anomalous male." More than that, though, it effectively "queered" DSO's of both homosexual and heterosexual persuasion, generating a category of criminal queerness and perverse heterosexuality. I discuss these strands by presenting certain documents I found concerning their discourses in chronological order and analysing how they relate to the use of "inappropriate" relating and/or reacting to diagnose an inner mental illness or pathology.

There is a third strand of discourse I describe as well, which focuses exclusively on the personal testimonies of laypersons in Canada who experienced psychiatric treatment, and discusses how the technologies of treatment- including electroconvulsive therapy, insulin, and psychotropic drugs- were implemented. I discuss their response to this treatment, which was a "mad/queer pride" which was used to generate agency in subjects who had that agency taken from them in the psychiatric system (for instance, certain ex-mental patient activists defining schizophrenia as a "positive disintegration," or something that would bring eventual good to the mental psyche; or the use of same-sex sexual relations in a psychiatric ward to maintain patients' status as mentally ill, thus securing the food and shelter the psychiatric ward provided). This discourse also reveals the ways in which queer/mad people related to the deviant relating/reacting assumption and subverted and played with it, embracing the identities given to them as a point of activism rather than pathology. This is in-line with Foucault's concept of counter-conduct, which is a "struggle against the processes implemented for conducting others" (in this case, the processes and programs of the psychiatric hospital) which challenged certain normative ways of being conducted without negating the general condition of conduction

(Foucault, 2009, pp. 201-215). As a theme of discourse, this theme also emerged in relatively delocalised and decentralised contexts, occurring in a variety of locations in response to specific conduct programs within psychiatric hospitals.

It is important to note that these discourses, though presented as three separate themes, have certain overlaps (beyond their relation to the use of the deviant relating-and-reacting assumption which uses the presentation of deviant relating and re/acting as a signifier of mental illness). Representations of trans people, especially those labelled "transvestites," appear in the first two discourses as those who are mentally ill and, at times, dangerous (Langevin et al., 1978; see also, Lang et al., 1987). Schizophrenia, as well, appears loosely in all three discourses, though in such small amounts that it did not warrant its own theme (about one to two mentions in each separate thread). The three themes I chose to highlight here I felt represented the three strongest threads of discourse in the Canadian literature and archives from 1962-1991. I represent them as three threads not to demarcate clean boundaries between, say, psychiatrists who studied gender dysphoria from psychiatrists who studied criminal sexual deviancies (in many cases, they were one and the same), or to separate activist causes from each other. The documents I grouped and analysed here, I felt, offered context for each other in spite of appearing in different contexts, and shed light on how the assumption of deviant relating-and-reacting appeared in different sites, forms, and scales. I follow this up with a brief discussion of racialisation in the discourses I analysed, though they appeared in such a low frequency and without any recognisable pattern that it would be inappropriate to say they are their own "discourse." This section of the results will discuss why there were so few references to racialised experiences with sexuality-based oppression in psychiatry in the archives I analysed as well.

In the end, I would argue that these discourses present different forms and effects of a sexual-sanist assumption of how people relate and behave in the world. I define this as a form of sanism which uses sexuality as a marker of insanity or conversely, insanity/mental illness as a marker of sexual/gender deviancy. In this way, sanism is the organising principle of these three themes of discourse, enacted through an assumption that "inappropriate relating" and "inappropriate reacting" can be used as signifiers of mental illness. This is hardly an innovative theory, and I am not attempting to generate a new theory of power or sexuality. Long before me, Foucault was writing on the co-constitution of sexuality and sanity via the psychiatrization process. It is a name to denote the underlying prejudices which drove the deviant relating-and-reacting assumption, which I hope to demonstrate in each of these three discourses.

Typologies of Transness

In the spring of 1960, the psychiatrist Dr. D.E. Alcorn (at the time, holding a private practice in Victoria, BC) established a written correspondence with sexologist Dr. Gebherd (the Institute for Sex Research, Indiana, USA), mainly, to share literature across the border, consult each other on cases, and maintain communication on the field of sexology. In their letters (gathered from the Sex and Sexuality Archive, John Money collection), we can see that Alcorn is, primarily, an expert in sexual fetishes and deviancies, which was the field he was most often consulted for in criminal cases of exhibitionism. He also worked directly with sexual deviants in local hospitals in their treatment. In these correspondences, Alcorn reveals certain theories he has on a range of sexual fetishes and therapies. For instance, he tends to view exhibitionists as "momma's boys" who are shy, overly modest, and have unusually high sex drives that can only be relieved by exposure (Alcorn, 1961). His go-to treatment for these sex offenders is oestrogen treatments, meant to curb their sex drives. Similarly, though he did not consider himself a

psychoanalyst, he gives theories on men who purchase sado-masochist pornography, in that they tend to identify with the woman being bound in the photos and experience a level of castration anxiety, which can only be curbed by cross-dressing (Alcorn, 1961).

It seems that many of the "male" deviants he treated, he interpreted as effeminate. This bleeds into his judgement of transvestism. One of his cases was a "male transsexual" with a "confused" history that he had trouble diagnosing, so he sent documents on the case to Gebhard (most of which were not included in the archive I consulted). The case had returned to male clothing by the time they were admitted, and Alcorn, instead of believing the patient when they said they were transsexual, pointed to their alcoholism as a point of confusion. Alcoholism seemed to aggravate this patient's effemination, something "not typical" of the transsexual cases he had seen before (Alcorn, 1963). This is contrasted with his letter to Lynn Gunn, Esq, M.D., at the College of Physicians and Surgeons at the University of British Columbia, involving another "transvestite male" referred to him to clear them for the "Christine Jorgenson" treatment.[14] It is unclear from these documents whether the subject received the treatment they requested, but their characterization by Alcorn is telling. They are markedly feminine and can pass for a woman on the streets; had displayed transvestic behaviours since their early teens; and was noticeably anxious and shy. Alcorn's main contention with approving the treatment was one of legality- voluntary sterilisations were tricky legal territory, and the Jorgenson treatment was, in his opinion, unlawful in Canada (Alcorn, 1963). What we see, however, is two contrasting representations- transsexuals and transvestites- which were used by the same author in his letters to Gebherd. These representations, while distinct, have rather undefined borders at the time of

[14] This is in reference to Christine Jorgensen who became a "transsexual celebrity" in the United States during the 1950s. The treatments she underwent included hormonal therapies (oestrogen) and reconstructive surgery (sexual reassignment surgery of the genitals into a vagina) (Irving, 2008, p. 49).

Alcorn's writing, and these definitions would only develop even further to contrast these two figures against each other in the larger discourse on transgender identities.

These contrasting states of transness would develop over time. Though no scientific literature was produced on the subject by 1965 (another point Alcorn made to justify his hesitancy to greenlight surgeries), one Mrs. Ramona Humphreys, of the White Cross Centre in Calgary, AB, wrote to the Institute of Sex Research asking for advice on the treatment of a male transvestite at her practice, who was experiencing some intense religious guilt that, she worried, was precipitating a breakdown. The Centre could offer little literature and, instead, advised Ramona to let "him" know that many transvestites could lead passably conventional lives; indeed, "many transvestites are completely heterosexual" and transvestism should not be equated with homosexuality (marking a tendency to label homosexuality as deviant, and only certain types of cross-sex behaviour as normal) (Gebherd, 1965). They also referred Ramona to the work of Dr. Henry Benjamin. Though this letter (found in the Sex and Sexuality Archive) reveals sympathy for the transgender plight, it also shows the role of sexuality in dividing the proper "trans" from the deviant "trans." I only use the abbreviation here because it was not until 1972 that other newsletters would be published that state, in clear text, this typology of transness.

In a layperson newsletter published in Modern Medicine on February 21, 1972 (found in the Sex and Sexuality Archive, Vertical Files collection), several medical and psychiatric doctors were consulted to outline the many treatments and surgeries offered to transsexuals in Canada and the United States. A number of statements are made concerning the characteristics of this population, but most interesting among them is the characterization of transvestites, transsexuals, and effeminate homosexuals. The "idealised[15] transvestite," according to Dr. John Money, is

[15] "Idealised," as in "ideal case-" i.e., a range of symptoms to compare a person to, to see if they can measure up to the "archetype" of the disorder- someone who is unambiguous in their diagnosis.

exclusively heterosexual, and can be mistaken for a normal, straight man (*Doctors' Changing Community,* 1972, p. 158). But he is dependent on cross-dressing for orgasm. In contrast, the effeminate homosexual is exclusively attracted to men and does not have a strong or fixed compulsion to become a woman- marked by a lack of repudiation for his genitals. The idealised case of the transsexual has been contested, and in the past, might have included characteristics of the transvestite, with the "feminine personality" winning dominance until the presence of "male" genitalia becomes repugnant (*Doctors' Changing Community,* 1972, p. 158).

This typology should garner some critiques. When analysing a case where a supposed "male" cannot orgasm without feminine clothes, one should ask- are psychiatrists assuming a specific fetish for "feminine" clothes, or is the trans woman unable to feel comfortable enough in her body to enjoy sex until she dons these clothes? Furthermore, are cisgender women fetishizing feminine attire when they put on lingerie? Why should the presence of sexual behaviour bar one from achieving "true transsexual" status and, in turn, prevent one from having access to hormonal treatments and surgeries?

Nevertheless, this newspaper article marks the growing popularisation of this typology- it is becoming more "common knowledge" that transsexuals are gender-normative and "sane," and transvestites, as sexual deviants (which makes them relate to other inappropriately), are abnormal and should not receive treatments like hormone therapy or sexual reassignment surgeries, this "common knowledge" being communicated in a layperson newsletter (written for the public) by psychiatrists. Dr. John Money, among the other psychiatrists interviewed for this article, is established as an authority on the topic, and leans on this typology the most in the case of "male transsexuals" (those assigned male at birth but identifying as women). "Female transsexuals" are another matter altogether. According to Dr. Money, the differentiation of diagnoses in this

population is much simpler, mainly, because ". . . it requires that transsexualism be distinguished only from masculinate (masculine-role 'butch') lesbianism. In females, the syndrome of transvestism without transsexualism does not occur. It is, in this respect, like almost all of the paraphilias: they are disorders primarily of the male" (*Doctors' Changing Community,* 1972, p. 158-159). This is fed by the understanding that males, as a gender, are more neurosexually aroused by visual stimuli; furthermore, the idealised case of the female transsexual is marked by an easy-to-recognize process, going from tomboy to a pubescent girl who repudiates her sexual characteristics, to a woman attracted to other women who wants to live with them as a husband. Here, once the transsexual becomes a man via medical intervention, he is expected to be a heterosexual- it is assumed that transgender men attracted to men would be screened out of a "true transsexual" diagnosis in the same way a male transvestite would. Others who would be screened out for transsexual treatment include, of all populations, schizophrenics, their mental state evidence of sex-role confusion rather than a transsexual identity (*Dactors' Changing Community,* 1972, p. 161). A sexual-sanist assumption about gender emerges in these diagnostic criteria, once which sets idealized, normal, and sane transsexual people away from overly-sexual transvestites, confused schizophrenics, and effeminate homosexuals.

In 1967, Dr. Henry Benjamin published *the Transsexual Phenomenon* (1967), which would establish that transvestism is a social problem, homosexuality is a sexual problem, and transsexuality is a gender problem, as summarised in a Canadian newsletter aiming to provide information on transsexualism (*What is transsexuality,* 1973). Though an American medical textbook, the book had an influence on Canadian activists and laypersons, as evidenced by Figure 2 (taken from a Canadian newsletter) and the multiple correspondences I found between Dr. Benjamin and the leaders of Foundation for the Advancement of Canadian Transsexuals

(pulled from the Sex and Sexuality Archives, John Money collection). Activists working with physicians would reference Dr. Benjamin's work as a way to understand transsexuality, long after the initial publication of the textbook (Ghoush & Benjamin, 1979). I found this text as a reference made within Canadian activist newsletters.

Benjamin would establish a biological argument for transsexuality, mainly positing that gender is a psychological phenomena that can be affected by hormonal imbalances in the brain (linking the "condition" of transsexuality to biological processes). Up until this point, in European sexological work (which was Benjamin's major influence), sexuality, sex, and gender behaviour were inextricably linked. Hormones were thought to be sourced from the gonads, and the only way of giving someone "opposite-sex hormones" was by implanting the "opposite" gonads into the other person; Benjamin's pioneering work, in changing the sex of the subject through just the administration of hormones without the surgical procedure, contributed to the sex-gender split (as analysed, and critiqued, by Butler) by showing that hormones did not have to be sourced from the gonads and, further, that one's sex could be changed (or in the very least, altered) via hormonal administration, resulting in an improved psychological condition, assumed to mean the biological sex "matched" the psychological sex (Matte, 2004).[16] At this time, the only clinic in Canada which would treat transsexuals was the Clarke Institute in Toronto (Kadziora, 1975). Evaluation at this clinic was the prerequisite for transsexual surgeries. Both Drs. Money and Hopkins endorsed this clinic (Lewis, 1975; Hopkins, 1977).

[16] Notably- though she did not reference Benjamin in this paper- Doreen Kimura, a neuroscientist employed at the University of Western Ontario, once posited in the journal of Canadian Psychology that due to the complex interplay of hormones and brain activity, one could be genitally one sex, and behaviourally another (Kimura, 1987, p. 134). Her emphasis was on the neurological differences between males and females, focusing on how hormonal balances would affect sex behaviour differences, though this statement was made years after the publication of *the Transsexual Phenomenon* and was not made in reference to transsexuals, or anyone experiencing gender dysphoria.

Despite Benjamin being an American M.D., his work would be the rallying point for transsexual activists in Canada. An extensive correspondence between Nicholas C. Ghosh, executive director of the Foundation for the Advancement of Canadian Transsexuals (F.A.C.T.) and Benjamin reveals the state of transsexual scientific literature at the time. These letters would lead to the publication of a July 1979 issue of "Gender Review," which contains the first reference (at least, that I could find) of the term "gender dysphoria" in a Canadian publication. This newsletter includes a set of best practices for working with transsexuals- mainly, treating gender-dysphoric folks with respect and as mutual partners in their rehabilitation, which can only be actualized in Sexual Reassignment Surgery. It also includes a set of best practices for "Male Transsexual Ladies" (MTS) to best "act" like a lady, reprinted from a New Zealand publication called *Transformation,* published in 1976. The practices are many, and dizzyingly specific- but the true transsexual will find these mannerisms come naturally for her, according to the author (Ghoush & Benjamin, 1979, p. 7).

The male transsexual who desires full Sexual Reassignment Surgery must conduct herself in a tightly controlled manner, and mastering this will likely aid her case in receiving the greenlight from psychiatrists at the Clarke Institute. She must control what goes into her mouth, as "She takes small bites, cuts food into neat pieces, eats slowly and gracefully. She drinks by sipping, and she dabs her lips with the tips of her fingers or a tissue. . ." (Ghoush & Benjamin, 1979, p. 7). But she must also control what comes out of her mouth, as "When talking she stresses selected words, modulates her voice, talks softly rather than gracefully." She must pose in a "graceful, delicate, and gentle manner," walking "with small steps with feet pointing straight ahead, and knees close together. . . She stands with feet close together, or if 'on one leg,' the other leg is bent with knee [*sic*] turned inwards slightly and touching the ground on the front ball

of the foot" (Ghoush & Benjamin, 1979, p. 7). The list of poses, mannerisms, and expressions go on. If you cannot get the hang of this from a newsletter, the F.A.C.T. invites members to the Fantasia Fair in Massachusetts, USA, where they will host workshops on basic cosmetic usage, application, and Comportment; being "Yourself" in public (the quotation marks implying, perhaps, a level of performativity of your inward gender); and medical aspects of gender role (Ghoush & Benjamin, 1979, p. 11).

This is not necessarily a critique of these transsexual-layperson approaches to adjusting their gender expressions. In a world where psychiatrists gatekeep one's access to sexual reassignment surgery and hormonal treatments (thus far, conceptualised as two separate processes that, nonetheless, cannot be prescribed without one leading to the other), with those same psychiatrists holding the belief that men and women hold two distinct, separated psychological realities with no overlap, one who experiences intense inner suffering due to their body as-is would want to take extensive measures to secure their ability to transition medically. But these best practices hold within them some very normative assumptions about how women operate- and it is only transgender women who receive this level of critique and surveillance over their gender expressions. Transgender men, conceptualised as less sexual (due to their "female" nature), report less neurotic need for perfection in their sexual reassignment surgeries, implying them to be more "rational" in their desire for safety when presenting as male, where transgender women are perceived as demanding, seeking aesthetic perfection (*Doctors' Changing Community*, 1972, p. 157). The transsexual woman, perceived as just as neurosexual as her cisgender male counterparts, must navigate a specific gender expression in order to be diagnosed as a "proper" transsexual with all the rights to medical surgery that label entitles her to. In essence- there is a normative way of crossing the psychological gap between males and

females, where you must show your ability to relate appropriately (de-sexualizing yourself and presenting as psychologically heterosexual, thereby securing your ability to present normatively post-operation) and reacting appropriately (presenting a specific gentle, graceful, and delicate form a femininity).

Transsexual men also received some surveillance of their gender expression, from both psychiatrists and their fellow men. *Metamorphosis* was a publication written by Rupert Raj for "female-to-male transsexual MEN (and their families, wives/girlfriends) as well as for professionals and para-professionals interested in female TS-ism" (1982, p. 1). This mixed layperson professional publication, archived in *Archives Unbound,* frequently paints transsexual men as a "biological female who assumes at a very early age (1 ½-3 years) a 'core gender identity' that is masculine and identifies with the male gender-role," acts as a "tomboy" through childhood, and "bitterly" presents a female puberty, being turned off by boys because she feels herself to be one (Raj, 1982, p. 1). Instead, she is attracted to girls, inherently, as psychologically she is a true man. Raj continues to assert the heterosexuality of true transsexual men, placing transsexuality along the "heterosexual spectrum of human sexuality," in an attempt to fully demarcate the borders between transsexual men and lesbian women (1982, p. 7). By Volume 1, Number 2, Raj seems to have softened his definitions of transsexual manhood- though a transsexual man must "feel" like a man, "talk" like a man, and "walk" like a man, he explicitly removes sexual orientation from his definitions of manhood, instead writing abstract platitudes on the essential qualities of manhood (cis or trans)- integrity and consciousness being chief among them. Though certain behaviours (talking loud enough to be heard, walking in firm strides with hips square) still must be regulated, transsexual men's identities seem much less regulated and critiqued by the psychiatric institution, who seem more interested in regulating the

genders and sexualities of transsexual women (Raj, 1982, p. 4). Still, however, the structuring framework remains. To be a normal transsexual who is allowed access to treatment, one must relate properly (primarily, through identification with heterosexuality) and react properly (through the lesser-emphasized, masculine qualities of respect, independence, reason and intuition, individuality, natural charisma, etc.).

By 1985, Betty Steiner published an edited volume entitled *Gender Dysphoria: Development, Research, and Management,* and in it, authors claim that transsexualism is the "pinnacle" of a spectrum of gender-dysphoric disorders (Beitel, 1985, p. 191). The previous typology remains intact, save the presentation of a castration-anxiety theory of transsexuality (Beitel, 1985, p. 198). Notably, "The [Clarke Institute] tends to take a conservative view and requires a minimum period of cross-living of 1 year before commencing hormone therapy" (Steiner, 1985, p. 330). Patients are expected to navigate this trial-living themselves, and those who "require much support and demand assistance in. . . establishing their cross-gender role" are portrayed as emotionally immature and unstable (Steiner, 1985, p. 330). The book offers little in terms of how to help transsexuals "pass," but makes particular comments about trans women. A small minority tend to pass well as women, while "the more transvestitic males often appear very unfeminine, wearing obvious wigs and heavy pancake makeup in an attempt to cover their beard" (Steiner, 1985, p. 332).

A document which epitomises this sexual-sanist assumption (applied to transsexual women primarily), and shows how these concepts get translated to a lay audience, is a tabloid-esque article written in the Edmonton Bulletin entitled "Miracle Surgery Helps Nature's Freaks: Men Are Changed Into Women So They Can Have A Normal Sex Life" (Pepper, 1983). The article (found in the *Sex and Sexuality* archive) describes, in graphic detail, the surgeries and

procedures necessary to change a man into a woman. The article emphasises the biological, scientific nature of transsexualism. Subjects must undergo a battery of tests, including the Rorschach, which could apparently show with 100% accuracy whether the individual tested was born into the "wrong" sex (Pepper, 1983). They also address misperceptions about the surgery that have been given by the public, asserting that ". . . these surgeries are not a 'dream come true' for limp-wristed homosexuals or dyke Lesbians. Any surgeon who dabbles in that kind of sex juggling will soon find himself in deep trouble with the law. . . The Rorschach Test easily weeds out any homosexuals or Lesbians whose craving for a sex-change stems from their perverted desires" (Pepper, 1983). Note the disparaging terms given to gay people, the sexual deviants of this paper, as if a sexual reassignment surgery should never produce positive sexual feelings in the person receiving it. Sexual deviants who desire sexual reassignment surgery are deemed to be "relating inappropriately," and can be weened out through psychological tools (the Rorschach) and disqualified from medical transsexual intervention. The "limp-wristed" gays and lesbians with inappropriate, pathological sexual appetites are contrasted with "proper" transsexuals, who are painted as being in need of medical intervention miracle surgery to actualize their true, psychological sex and, in turn, have normative sexual relations (Pepper, 1983).

Which is not to say the layperson paper displays any respect for transsexual people. On the contrary, the article continuously misgenders the naked bodies it puts on full display to frame their text despite knowing how the subject identifies- transgender women are called "he" by both the psychiatrist interviewed and the author, and transgender men are called "she." The only (clothed) figures gendered properly are a Las Vegas nightclub artist and stripper, who are portrayed as vivacious, "big-breasted" celebrity patients of one American doctor named Dr. Millard (Pepper, 1983). It almost makes one wonder if the only trans people "worthy" of being

gendered properly are those transgender women who display themselves for the male gaze (donning gender-normative clothes and working sexualized jobs), by extension, relating "appropriately" as gender-normative women corrected by surgeries and psychological intervention.

We see at display the relating-and-reacting framework I outlined via the BC MHA applied to the differential queering/maddening of transgender subjects, primarily, by using sexual drives and desires (on the part of the transgender person) to mark some as a normative transsexual and others as deviant transvestites. To do sexuality in a wrong way can be conceived of as "relating" wrongly, and those with deviant sexualities (considered transvestites and, in some cases, effeminate homosexuals) are not "proper" transsexuals. Neither are those who react improperly to their environments, if we consider Alcorn's transvestite alcoholic case which made him hesitate in prescribing SRS and hormonal treatment (Alcorn, 1963), and the fact that schizophrenia was meant to screen out mentally-disturbed people from true transsexuals in the population seeking sexual reassignment surgery and hormonal therapy (*Doctors' Changing Community,* 1972, p. 161). Alcorn's ideas share some overlap with a second thread or theme of discourse occurring in Canada during this time period- one focused more on the idea of the dangerous sexual offender, and dangerous sexuality in general. This was a criminalising discourse, one which could sort sexual offenders- anyone who broke laws concerning sexual crimes, which often included homosexuals, transsexuals, and transvestites- into a "dangerous" category, oftentimes, using their gender deviance (sometimes, including transvestic behaviours) as evidence of an underlying criminal nature. Alcorn wrote statements implying his belief that the sexual criminals he treated were transvestic and feminine. However, the relating-and-reacting assumption would regulate sexuality and gender expression in more ways and in varied sites.

Perverse Heterosexuality and Criminal Queers

Between Volume 2, Number 2-Volume 3, Number 3- roughly, between 1973-77- of the gay liberation paper "GayTide," (found in the archive *Archives Unbound: Social Politics and Community Support*) four articles were published on the host of laws used against gay people in Canada. Though no laws at this time were explicitly anti-homosexual, "The most common victimization of gays by the laws comes through the selective enforcements of broader statutes" (*GayTide,* 1975, p. 6). These broader statutes include penalizations for bestiality and buggery; acts of gross indecency, not to be applied to acts done in private between a husband and his wife, or between any two persons over twenty-one years of age and both of whom consent to the act (the act not considered "private" if more than two persons are involved, or committed in a public place); indecent assault on a male with intent to commit buggery (noting that the law only applies to males- assuming females did not have the means to commit buggery, and ignoring other kinds of "indecent assault"); indecent assault on a female (this code, applying to anyone); and bawdy house laws. The one who commits any of these acts- or is perceived as doing so- can, upon their hearing in court, be convicted of being a dangerous sexual offender, with primary evidence derived from two psychiatrists. Upon conviction, the accused may have a sentence of preventative detention.

At the time of writing Vol. 3, No. 3 of GayTide, debates were occurring in the Federal courts to change the classification of Dangerous Sexual Offenders. Bill C-83, the "peace and security" bill, would replace this label with the "dangerous offender" label; not much else would change about the legislation. Of note to gay activists at the time was the fact that only one offence was needed to categorise an offender as "dangerous," and frequently, dangerous offenders were imprisoned indefinitely. Adding to this legislation is the charge of gross

indecency, or, "all sexual acts performed by two unmarried individuals, except for heterosexual coitus, when one of the persons is under 21, or if the act occurs in a 'public place' (such as in a park or parked car)" (Rand, 1976, p. 8). (Gross indecency charges were easy it was to entrap people with- activists alleged that police would create the conditions which would encourage "grossly indecent" acts from homosexuals in public places like men's washrooms (Gemini, 1971, pp. 5-6)). Two psychiatrists could still commit a person to indefinite imprisonment, and parole would become incredibly difficult to obtain. Even the Canadian Commission on Corrections had noted the "excessively punitive provisions" or the law (Rand, 1976, p. 8).

The National Gay Rights Coalition, upon making a verbal presentation to the Committee hearing on Bill C-83, was met with attacks from multiple M.P.'s, who were quick to call them child molestors. Simma Holt (Liberal - Vancouver/Kingsay), noted her fear of "sexually ambivalent youth" becoming homosexual without federal punishments for certain sexual acts. Her fellow M.P.'s repeatedly redirected conversations from NGRC talking points to violent sexual acts against children. It was not until Professor C. Greenland of McMaster University presented a brief on Dangerous Sexual Offender legislation in Canada from 1944-1976 that the M.P.'s listened to critiques of the vague nature on the classification of "DSO's," and how psychiatrists were much more likely to label gays as "psychologically damaged" and use that as a basis for conviction (Rand, 1976, p. 8).

I provide this overview of the state of DSO laws in Canada through the 1970s to contextualise the interconnections between psychiatry and the law for homosexuals. Activist literature implies psychiatric mistreatment occurred within federal prisons, with the National Gay Rights Coalition demanding an end to the use of aversion therapy on homosexual prisoners in Federal Penitentiaries, the alleged policy being "no aversion therapy- no parole" (Phillips, 1976,

p. 5).[17] To find out what the deviant sexual/gender identity is in the psychiatric discourse, one cannot just look in mental hospitals. A minority of academics publishing in the field of psychiatry discussed their studies conducted on prison populations (though they rarely explicitly state how much of this is meant to avert folks from homosexuality, vs. general sexual deviancy) and built their conceptualizations of the sexual deviant based off of this research through the 1980s.

I do not wish to paint anxieties surrounding DSO's as unfounded. Psychiatric and psychological researchers, at this time, stood as gatekeepers between DSO's and freedom in the general public. Many of the people they treated in prison were, truly, dangerous and willing to cause harm to vulnerable people. As early as 1961, personal correspondences between psychologists and the Toronto Psychiatric Hospital outlined a shift- one which pushed researchers to define sexual offenders by strict clinical terms, rather than legal ones, and to fill in the "great lacuna" of information with regards to these populations. This discourse, conceptualising sex offenders as patients in need of treatment rather than criminals, likely drove a real, humanitarian desire to see people change and better themselves.

It is also similar to the statements made by Rev. J.M. Taylor, in a lecture on homosexuality at the Family Life Conference at the Christian Leadership Training School in Vancouver, BC (as reported on by the Association for Social Knowledge, published in their newsletter and archived in *Archives Unbound*). The Reverend is remarkably progressive for a

[17] This article, found in *Archives Unbound,* should warrant critique. I find myself repulsed by the statement, "Particularly relevant to homosexuals are the often severe terms meted out for such victimless crimes as buggery, gross indecency, soliciting, and consensual sex *with a minor*" (Phillips, 1976, p. 6) (emphasis added). I acknowledge the obvious problems with this statement- that sex with a minor, regardless of how "consensual" it is, could ever be victimless- while also attempting to showcase the ways DSO laws were disproportionately levied against homosexuals during this time period, enough to warrant multiple legal advisories from gay activists. Multiple things can be true at once.

United Church Minister in 1964, calling on the church to treat homosexuals with compassion, as they are faced with guilt, shame, and isolation much more than is warranted (A.S.K., 1964, p. 2). He declares his distaste for prisons as they only punish, never heal. Plus, the homosexual risks spreading his malady to other members of the prison population (A.S.K., 1964, p. 2). His solution is to open a hospital for homosexuals, so they might receive "preventative treatment" for what is clearly a disease, or a neurotic illness of the whole personality (A.S.K., 1964, p. 3). Scientific literature at the time rejected the notion that homosexuality could be an inborn trait, instead favouring the idea that homosexuality was a learned behaviour via sexual miseducation, "so that the libido is misdirected through fears which block the flow of psychic impulses into their 'normal' heterosexual channels;" the Reverend also recommended more frank and open discussions about sex in the Church so wayward youth would not arrive at homosexuality in the first place (A.S.K., 1964, p. 3). Of course, the Reverend does not represent the perspectives of psychiatrists and psychologists despite openly citing scientific discourses. However, the fact that this rhetoric appears in multiple epistemological spheres- psychiatric and religious- with both fields referencing scientific consensus as the basis for their defining of homosexuality/sexual offending through "clinical" terms, implying an underlying need for "treatment," shows the overall cultural leaning towards psychiatrizing sexual deviancy. This cultural shift would be reflected as well in the scientific literature on sexual deviancy through the 1980s.

The papers I present in this section represent all the literature I could find on a nebulous category of sexual identity, that being "sexually anomalous male," which, in standard practices, included dangerous sexual offenders, homosexuals (both those labelled DSO's and those not), transsexuals, and transvestites. Initially, this category would have called all these identities "sexually dangerous" and lumped them into that category; following the Bill C-83 debates, the

literature begins to differentiate between the groups so as not to call all homosexuals sexually dangerous, but still lumps them in with DSO's under the banner of "sexual anomalies." Observances of the overlap of these categories within the literature seem to mark the subject as both queer and mad. Though not all of the papers touch on the exact same subject matter, they all draw from this category to inform their studies and analyses.

The psychological literature openly cites studies done on homosexuals to draw conclusions on how to treat specific kinds of dangerous offences. Vernon L. Quinsey, of the Mental Health Centre of Penetanguishire, offers a critique and review of behaviourist approaches to treating institutionalised child molesters. He outlines a number of practices to be used by practitioners in this field. "Skin conductance has been shown to be related to sexual arousal (Zuckerman, 1971) and has been used as a measure of therapeutic progress in the aversive conditioning treatment of pedophiles (Steffy and Gauthier, 1970) and homosexuals (Bancroft[18], 1971)" (Quinsey, 1973, p. 354). He also references the efficacy of penile volume response in predicting the sexual behaviours of homosexuals, though it is of mixed results, as increases in penile volume response to adult female stimuli correlated to a decrease in homosexual activity, but a decrease in penile volume response to adult male stimuli did not correlate to a decrease in homosexual activity (Quinsey, 1973, p. 359). Though this research is promising for the treatment of child molesters, Quinsey notes how social influence can affect behaviourist "cures" for sexual deviancy. Subjects have been found to be able to increase/decrease their monitored penile volume response to appear more/less deviant; skin conductance could not be correlated to, specifically, sexual responses (versus other forms of arousal); and the previously-referenced

[18] The Bancroft paper comes from an Oxford review of psychophysiological approaches to aversion therapy.

studies found that homosexuals who were involuntarily committed to treatment had much lower efficacy rates compared to voluntarily-committed homosexuals (Quinsey, 1973).

Quinsey published another review article in 1977 concerning typologies of child molesters and developments in treatment. Homosexual offenders- CM's who were arrested for harming a victim of the same sex- reportedly had much higher recidivism rates than heterosexual offenders (Quinsey, 1977, p. 209). In a five-point typology of sexual offenders, researchers sorted homosexual offenders into immature (younger compared to other offenders) and sociopathic (unstable, impulsive, and aggressive, unable to control their sexual impulses) types (Quinsey, 1977, p. 206). They also tended to pick older victims (15-16 years old) than heterosexual offenders (Quinsey, 1977, p. 206). It is important to note here that, when homosexuality was "decriminalised" federally in 1968, the age of consent for anal intercourse was set at 18, compared to the age of consent for any kind of sex with a girl being 14 (Benedet, 2010, p. 3).

Quinsey did not just put the heat on homosexuals- he found that incestuous offenders were overwhelmingly heterosexual, though it was the only act heterosexuals seemed to commit at higher rates than homosexuals (Quinsey, 1977, p. 206). In terms of treatment, not much changed between 1973 and 1977, though more approaches like group therapy and social skill training seem to have been introduced in the literature during this time (Quinsey, 1977, 207).

1978 saw the publication of the article *Personality characteristics and sexual anomalies in males,* which attempted to analyse the personality characteristics of exhibitionists, exclusive homosexuals, bisexuals, heterosexual pedophilic, transsexual, incestuous, and multiply-deviant groups (Langevin et al., 1978). The authors make clear the distinctions between these groups, on a clinical level, but places them all under the banner of "sexually anomalous males." Using the

MMPI and 16 Personality Factors scales, the authors found that the majority of sexually anomalous males scored higher in femininity than the normal, heterosexual, non-clinical control group, with transsexuals scoring the highest and exhibitionists scoring the lowest (but still above the heterosexual control) (Langevin et al., 1978, p. 227). The only group without a high correlation with femininity was pedophiles, though they were found, alongside exhibitionists, to be more shy, passive, socially ineffective with adults, introverted, and unassertive (Langevin et al., 1978, p. 227). Compared to the feminised, unassertive, improperly heterosocially-trained sex offenders, transsexuals scored high on criminal profiles, as well as being more suspicious and self-opinionated (Langevin et al., 1978, p. 234). Alongside the bisexuals, they also scored high on emotional disturbance (Langevin et al., 1978, p. 233-234). Where the criminal sex offenders are painted as, perhaps, failed men- failed in their ability to "properly" express heterosexuality and masculinity- the transsexuals are painted as more neurotic and pathologically criminal.

Based on the belief that a man would "resort to rape or child molestion if he did not possess the heterosocial skill to obtaining consensual sex with an adult female," researchers dug deeper into heterosocial skill training for institutionalized sex offenders (Whitman and Quinsey, 1981, p. 105). Experiments had no intention of changing sexual orientation, though notably, participant pools included offenders who had offended exclusively against the same sex and were interested in attempting a heterosexual lifestyle (Whitman and Quinsey, 1981, p. 106). The experiment run was practical, as subjects consumed audiovisual courses, sex education lectures, and group therapy role plays which all covered similar topics, including how to have non-sexual interactions with female peers, how to have better posture and pronunciation, and how to handle rejection (Whitman and Quinsey, 1981, pp. 108-109). After receiving a combination of treatments, prisoners saw improvements in their social skills, though it should be noted that the

participant pool were majority mentally ill or neurodivergent- among the seventeen participants, eleven had personality disorders, two had schizophrenia diagnoses, and seven were considered "intellectually dull" based on IQ tests (Whitman and Quinsey, 1981, p. 106). Similar studies done on similarly-neurodivergent men in maximum-security settings found that these social skills rarely translated outside of the test setting, and patients would revert to their antisocial behaviours in their social environment of the psych ward (Rice, 1983, p. 10). Apparently, the psychiatric ward encouraged quiet cooperation, which ran counter to the pro-social training in skills such as initiating conversation and advocating for one's rights (Rice, 1983, p. 10). A critique not lobbied at these studies, however, is one which asks: what about the sexual offenders who do not show obvious behavioural differences? Not every rapist is socially inept, but the underlying belief seems to be that sexual offending can be curbed by performing heterosociality "properly."

In spite of the issues stated above, the majority of Canadian treatment centres for sexual offenders worked from Freund's sexual deviancy theoretical model, and social competence models of treatment (Borzecki and Wormith, 1987, p. 35). In this approach, sexual deviancy is generated from a learned psychophysiological arousal pattern and a learned, maladaptive set of heterosocial skills- causative factors for the sexual deviancy are found, and treatment is direct (Borzecki and Wormith, 1987, pp. 35-36). Around 75% of surveyed hospitals- where the overwhelming majority of sexual deviance treatment took place- employed aversive therapies, including shock therapy and noxious gases, in an attempt to correct sexual behaviours (Borzecki and Wormith, 1987, p. 36). Among those hospitals whose bylaws prevent the use of aversive methods were the Alberta Hospital of Edmonton, though it was likely among the majority of hospitals to incorporate antiandrogen treatments "as needed" (Borzecki and Wormith, 1987, p.

36). Though treatments were not all doom and gloom- most treatment programs, in-line with the United States, included group psychotherapy, vocational training, basic life skills training, and sociosexual skills training (including both heterosocial and heterosexual skills training) (Borzecki and Wormith, 1987, p. 36).

By 1987, researchers published statements questioning the association between certain sexual deviancies, like exhibitionism, with femininity in males, asserting that traits like "assertiveness" do not actually correlate with masculinity and many theories claiming a correlation between male sexual deviancy and femininity (marked by homosexuality, cross-sex behaviour, and/or general shyness) have not borne out in empirical literature (Lang et al., 1987, p. 217). Generally, the 1980s saw a shift among Canadian psychiatrists in terms of thinking about gender- whereas before gender was more essentialist and tied to sex (except for a few, diagnosable cases), Janet M. Stoppard would claim that the gender/sex split was standard thinking in psychology by 1984, for instance (Stoppard, 1984, p. 60). And Ron Langevin, established as a leading researcher in sexually anomalous men in Canada, was noted as a critic of aversion therapy, something that showed in his book *Sexual Strands: Treating Sexual Anomalies in Men* (Marshall, 1984, p. 235).[19]

That said, other theories had been posed into the aetiology of sexual offences, like exhibitionism. Using a combination of interviews, the Clarke Sexual History Questionnaire, a Personal History Form, and a Transvestism Questionnaire, three researchers from the Alberta Hospital of Edmonton and one from the Clarke Institute in Toronto (the same Langevin as the one mentioned above) tested two theories of exhibitionism- a courtship disorder theory, and a

[19] Though, his dismay at the total lack of literature on sexual aggression and rape, compared to the "harmless variant sexual behaviour such as homosexuality," which has an implied over-research problem, did not stop him from grouping homosexuality in with variants like rape and sadism in his book, implying that all these variations had "something quite important in common" (Marshall, 1984, p. 235)

narcissistic theory (Lang et al., 1987, p. 221). Of the thirty-four participants recruited for the study- all recruited from the Alberta Hospital of Edmonton, Forensic Services Unit (an in-patient psychiatric unit) (Lang et al., 1987, p. 220)- 50% had crossdressed in the past, with 41% achieving orgasm from this crossdressing (Lang et al., 1987, p. 224). These transvestic crossdressers exposed more than the non-crossdressing group, and more often hoped their female victim would be impressed by their penis size (Lang et al., 1987, p. 225), lending credence to this narcissistic theory of genital exhibitionism. Despite this, the gender identity of these exhibitionists leaned masculine, and the only part of the personality pathology theory rejected by the authors was the idea that exhibitionists were inadequate heterosexually (Lang et al., 1987, pp. 227-228). Narcissism was determined to be a more adequate theory explaining the drive behind exhibitionism, with the relatively high frequency of transvestism being correlated to a desire for being admired by the female victim (Lang et al., 1987, p. 229).

Even with this turn in thinking of gender, the sexual offender is portrayed as "more" pathological when showing "queer" behaviour (transvestism), despite the two sexual anomalies representing distinct and separate diagnoses. To be clear, I believe this paper is as objective as it can be and, like most published papers at this time, represents the most advanced form of scientific research concerning sexual anomalies, fetishes, and sexually dangerous behaviours in Canada. The papers I emphasised above represent as many categories of "sexually anomalous men" as possible, who seemed to be the object of research for the earliest researcher into sexual fetishes that I could find, D.E. Alcorn, whose discourses I had outlined in the previous section. Of course, his opinions of exhibitionists, as shy, dependent on their mothers, and overly modest, is similar to the findings of the later psychological literature, who associate these traits with femininity. Alcorn, of course, aligns other sexually anomalous groups with femininity, stating his

"clinical finding" that men who purchase sado-masochistic porn are identifying with the women in the pictures (Alcorn and Gebherd, 1961, p. 2).

One conclusion to take from this literature is how queerness, when paired with dangerous and anti-social behaviour, seemed to signify subjects as somehow more dangerous than their heterosexual-offender counterparts. The criminal justice system seemed to treat arrested homosexuals as inherently more dangerous. A spokesperson for the Ontario Minister of Correctional Services drew ire from gay activists when he described high-risk offenders as "abnormals- homosexuals, rapists and so on" (Trollope, 1978, p. 6). All of these "high risk" cases were automatically sent to solitary confinement, though the spokesperson said that sometimes this was for their protection- if they provoked disorder in the prison, or were endangered for their homosexual acts (Trollope, 1978, p. 6). In an article of *The Body Politic,* covering an academic report for police-homosexual relations in Toronto by Arnold Bruner, explicitly states that police saw homosexuals as either inherently criminal or as inherently attracting criminality- or, as stated by the Chief Inspector Forbes Erwing of Morality, "They attract crime. Often they are visitors and they end up the victims of murder, robbery, or extortion. So wherever they go, crime does occur" (Jackson, 1981, p. 10). For this reason, police always needed to be "on hand" when there was a gathering of gay people, usually by means of cops lying in wait for homosexual activity to occur in bathhouses and gay communities (Jackson, 1981, p. 11).

I also believe that this psychiatric discourse generates another category of sexual identity that is "queered" and "maddened-" that of the perverse heterosexual. "Perverse," in this case, means to change something so that it is not what it was or should be, or to influence someone in a harmful way; it can also mean to change something from its correct use or original purpose

(*Pervert,* 2024). When we pull from the use of Freund's sexual deviancy model, paired with the heterosocial training prescribed to dangerous sexual offenders, we can see this understanding played out as an understanding of dangerous sexual offences as a learned pattern of behaviour, as "improper sexual training" (to pull from Taylor's lecture on homosexuality) and as improper heterosocial training, that perverted the offender from the "correct use" of heterosexuality. It can also mark the perverse heterosexual as noticeably different from the "normal" heterosexual, as someone who is more feminine (though this understanding began to break by 1987) and behaves differently (based on the populations studied in the previous research, who are overwhelmingly diagnosed with various mental conditions). The deviant-relating-and-reacting is both cause and symptom of this perverse heterosexuality, and can be corrected through aversive therapies and heterosocial/sexual skills training.

There is a correspondence between William "Bill" Tillier, of the Alberta Solicitor General's Office, and Dr. John Money, which I feel highlights this understanding of perverse-heterosexuality. Though the personal correspondence covers a wide range of topics over three decades, the letters I focus on cover the beginning of their correspondence, from 1986-1988. The first letter briefly outlines John Money's "Love Map" theory before exploring how it could explain other psychological maladies. Money asserts that the brain gets "imprinted" by both social and biological processes, and that our brain follows a natural "map" that it follows to achieve normal processes- in this case, normal sexuality[20] (Tillier, 1986, pp. 1-3). A normal Love Map results when the map is not deviated and is socialised properly, but two other outcomes can occur if these imprints are "thrown off" in childhood (Tillier, 1986, p. 1). A Love Map which is not deviated, but also not socialised properly, results in a psychopathic imprint; a Map which is

[20] This letter does not explain what a normal sexuality looks like, though considering it is a letter between two psychological/sexological professionals, there is likely an assumed understanding of this matter.

deviated, but is socialised in some capacity or context, results in a paraphilic imprint (Tillier, 1986, back of p. 4). Bill Tillier later applies the Love Map theory to the work of an associate, Candice Skrapec, doing her PhD dissertation research in New York on serial murderers.

> "Now, we are convinced that the majority of these men (99% are men) are basically psychopathic personalities with an underlying (or overlaying) sexual problem that eventually culminates in their murdering. We basically see this as a paraphilia, essentially involving the association between the power they derive from the act of murder and their particular self-concept/lovemap. There is something about the development of their; self concept/sexual identity/lovemaps that inclines them toward violent sex fantasies that, if the conditions are right and their intrapsychic drives are strong enough, they will act out. We wonder if a subgroup of rapists are ' incubating ' [*sic*] serial murders?" (Tillier, 1988, pp. 1-2).

Tillier goes on to explain that, although not all cases present a sexual aspect, he still believes that the underlying "engine" of these cases is of a sexual nature, something Money disagrees with in the notes he writes on this letter (Tillier, 1988, p. 2). Regardless of the factuality of this theory, the implication remains in-line with the psychological literature outlined above- that, somewhere in the development of these men/assumed men, an event occurred which changed and perverted their normal, heterosexual desires into deviant ones, which could generate a host of paraphilias and violent sexual behaviours that can be recognized as improper relating and reacting.

By the latter half of the 1980s, the literature seems to increasingly attempt to differentiate between non-offending homosexuals and transsexuals, and the actual dangerous sexual offenders. This occurred after years of these categories having significant overlap in the literature

and being considered one and the same in criminal discourses. In spite of this, even the term "dangerous" was contested by activists- one founder of Phoenix Rising, an ex-mental patient activist organisation in Toronto during the 1980s-90s, challenged the stereotype of the dangerous mental patient in a speech given to the Canadian Mental Health Association on September 27, 1979. She reported that not only was violence among ex-mental patient populations low- anywhere between two to fourteen times lower than the general population- but also that psychiatrists were rarely able to pick out who among the mentally ill population was likely to become violent (McKague & Weitz, 1980, pp. 3). As a result of a lawsuit, a dangerous-offender hospital in the United States was forced to release 943 patients, despite doctors' protests that this population would prove to be too much for the criminal justice system to handle; in the following years of their release, only twenty-six of the original 943 returned to the criminal mental hospital (McKague & Weitz, 1980, p. 3). According to the Phoenix Rising activist:

> "The American Psychiatric Association--which is much more honest about this than the Canadian Psychiatric Association-has in fact Officially stated: 'Psychiatric expertise in the prediction of dangerousness is not established and clinicians should avoid conclusory judgments in this regard'" (McKague & Weitz, 1980, p. 3).

A complicated discourse emerges within this thread, one that allows psychiatrists to label sexually deviant people as dangerous criminal offenders, dually maddened and queered by a display of sexually-deviant behaviour. This discourse was used and deployed in spite of evidence to the contrary that showed that many criminalized gays were entrapped and harassed by police, and that psychiatrists had little ability to predict dangerousness within mentally ill and "offending" populations. Furthermore, the kind of corrective treatments offered by psychiatrists (like heterosocial skills training) amounted to a kind of conduct program, one of many which

emerged in the psychiatric setting. Psychiatry could sort people and bodies into conduct programs in psychiatric settings (hospitals, counselling rooms, etc.) through their programs and discourses of power- and where there is power, there is resistance. So how did people generate counter-conduct and resistance to the power they found themselves operating under in Canadian psychiatry?

Maddened Queers and Queered Crazies

The activist literature of this time period (most of the articles appearing from 1970-1991) contains many personal testimonies and larger-scale reports of in-progress studies into the state of Canadian psychiatric patients' rights and treatment. The most influential newsletters (in terms of relevance to this discourse) were *In a Nutshell,* the newsletter of the Vancouver, British Columbia-based ex-mental patient advocacy group the Mental Patients Association (1971-1981); *Phoenix Rising,* an independent newsletter which published out of Toronto, Ontario on topics concerning psychiatric abuse and issues relevant to the "mad" and mentally ill (1981-1991); *GOInfo*, a gay and lesbian news periodical based out of Ottawa (1972-1995); and *the Body Politic,* a gay-liberation oriented newsletter which published out of Toronto, Ontario and published numerous articles on gay and lesbian issues from a critical perspective (1971-1987). There are a couple other activist organisations I pulled from for this section, but I only analysed one article from each other them, due to the article's relevance to the research study and its saturation with the statements of other articles. In particular, I pulled from *Makara,* a radical feminist arts-based journal from Vancouver, BC (1975-1978) and *the Pedestal,* Canada's first feminist periodical and voice of the Vancouver Women's Caucus (1969-1975) (*The Pedestal,* n.d.).

The first true "testimony" that I could find was a report sent to *the Pedestal,* a feminist arts journal in Vancouver, in 1970. (The article was archived within *Archives of Sexuality and Gender.*) The writer, Tony Aksey from Middlesex, England, reports that women across England, the United States, Australia, and Canada, often when complaining of physical pain issues, are signed into mental hospitals by psychiatrists, who do not examine them; rather than being treated for a host of chronic pain and pre-menopausal issues, the women of the study report being subjected to Electro Convulsive Treatment (ECT), prefrontal lobotomy, and and leucolony, often with heavy drug administration (Aksey, 1970). The letter to the editor also alleges that certain treatments, like ECT without anaesthetic, were given as punishment for non-compliance or for complaints against the psychiatric institution (Aksey, 1970). Similar articles, also from *Archives of Sexuality and Gender,* focused on the sexual abuse of women by psychiatrists in Canada, not only by being seduced by psychiatrists in moments of vulnerability, but by having their issues interpreted as sexual in nature (Burrows, 1984, p. 6).

This theme is split into two sub-themes, collecting documents together based on topic. I decided to split this theme into these two sub-sections due to the high prevalence of both topics- the specific experiences of queer women and feminine people in mental institutions, and a discursive strategy I am calling "il/legible in/sanity," generated in response to the treatment these queer people received in the psychiatric ward- across all the documents which were sorted into the broader theme of personal testimonies. Through reading these testimonies, we can see how the underlying assumption of inappropriate relating-and-reacting structured individuals' experiences with psychiatric treatment and, further, how people differentially resisted this assumption by either conforming to the assumption (taking on behaviours and characteristics meant to paint themselves as "normal," to get out of treatment quicker) or by embracing the

subject positioning of "queer" or "mad" imposed on them, generating a subjectivity that is both legible and illegible, sane and insane. I argue that this is a form of counter-conduct, defined by Foucault as a "struggle against the processes implemented for conducting others" which occur in de-localised, circulating ways and challenge the ways in which conduct programs are practised without negating the general condition of conductance, in this case, the psychiatric ward (Foucault, 2009, pp. 201-215). This section begins, though, with the testimonies of queer women who underwent psychiatry. Though many gendered groups experienced psychiatric oppression during this time, the large amount of stories written by and about women/gender non-conforming people warrants its own section.

Women and Gender-Nonconformity in Psychiatric Institutions. Evelyn, writing for the Mental Patients Association of Vancouver, BC (MPA), wrote about her experiences in the Riverview Psychiatric Hospital in 1970, an experience that had taken over a year to recover from with the help of her husband. All she writes about her mental state is that she had a "freak out," due to an inability to cope with societal expectations- chief among them, being unfeminine (Evelyn, 1973, p. 9). In response to her unfeminine gender expression, her anger was often interpreted as an inability to adjust to her feminine gender role, in essence, her behaviour and expression taken as a signifier of pathological mental troubles (Evelyn, 1973, p. 9). The way she reacted to situations which brought anger was deemed inappropriate- inappropriate by means of sexism and patriarchy, deeming her to be an "improper woman" for her inability to conform to the passive feminine gender role and thus, both queer and mad.

Evelyn's story was similar to many women and queer people's stories. Gemini, a newsletter for a Waterloo Gay Liberation movement (which can be found in *Archives of Sexuality and Gender*), asserted in 1971 that aversion therapy techniques were widespread in

Canadian psychiatric institutions, and that behaviour therapists were the most recent group to "bandwagon" off of psychoanalysts' legacy of anti-homosexual treatment, attempting to condition homosexuals into heterosexuality (Gemini, 1971, p. 2). With that said, the article does not discuss what specific treatments were used, only attempted to speak out against the idea that homosexuals were inherently mad or mentally ill.

Another testimony was published in Makara (*Archives of Sexuality and Gender*), a Vancouver-based feminist newsletter. In an interview between Molly Dexall, the ex-mental patient, and a representative of Makara, Molly discussed her abusive husband and how her experience with mental illness, triggered by rape, landed her in Riverview Hospital. She experienced six shock treatments at Riverview, resulting in memory loss and an inability to maintain her daily routine (Dexall & Randall, 1978, p. 13). She was unable to live in this state of mind and, after three months, was re-committed to Riverview, in their East Lawn program (for "hopeless-to-impossible women") (Dexall & Randall, 1978, p. 13). Molly made a curious statement about her relationship with her husband before commitment to the hospital. She described him as "a husband who demanded me to be a particular kind of woman which I wasn't. He did everything he could do by force and any other way to mold me into what he wanted me to be, and I couldn't be it, it was totally against my nature" (Dexall & Randall, 1978, p. 13). Molly's story is among several similar stories of people who cannot be pinned down as "queer" or "not queer." But it does demonstrate an experience of being unable to measure up to cisheteronormative standards, which are patriarchal in their nature. Just like Evelyn, Molly could not comport herself to a particular standard of womanhood, could not achieve what was expected of her as a woman. Because of this, she was disparaged and harassed by her husband, who undoubtedly exacerbated her suffering (Dexall & Randall, 1978, p. 14).

Other nonconformists faced similar issues with ECT. An anonymous man[21] wrote to the Mental Patients Association's newsletter, *In a Nuthsell,* in 1976, revealing that he received six shock treatments across six stays at a hospital in a different Canadian city (*Selected Atrocities,* 1976, p. 16). Though he only revealed a hint of gender nonconformity- one night, when he was painting his nails, a nurse told him to take it off because he was having ECT in the morning- it is clear that his *resistant* nonconformity gave him harsher consequences, at one point being violently held down by several nurses so they could administer shock treatment "safely" (*Selected Atrocities,* 1976, p. 16). He also reported insulin shock treatments, the last of this round of treatments ending after he passed out for several hours (*Selected Atrocities,* 1976, p. 16). This man reported severe memory loss, many friends and loved ones in his life becoming strangers in an instant (*Selected Atrocities,* 1976, pp. 16-17).

Susan White, a self-described "'ex-crazy' and currently unemployed therapist" in Winnipeg, wrote similar testimonies in an article for *The Body Politic,* found in *Archives of Sexuality and Gender* (White, 1979, p. 21). Her friends in the ward- both those she was treated alongside of, and those she helped to treat as a nurse years later- lost all memory of her after experiencing shock treatment. She described her own ECT as feeling like "being hit with a sledgehammer" (White, 1979, p. 20). White was an outspoken lesbian (though she made attempts to hide it at the start of her treatments) (White, 1979, pp. 20-21). Her doctor, upon discovering that her questioning (but closeted) roommate was rooming with a lesbian, screamed "She's rooming with a what?!!" and demanded the whole hall be reorganised to prevent such an arrangement (White, 1979, p. 20). Simply talking to this woman was enough to cause conflicts

[21] Though this person is not a woman, his experience mirrors the women's testimonies, so I decided to include it in this section.

with the nursing staff, her deviant relating (lesbianism) being problematized by the entire ward staff (White, 1979, p. 20).

A short article, entitled "Smiling in Hell," (also for *The Body Politic,* found in *Archives of Sexuality and Gender*) focused on the experiences of Sheila Gilhooly, who was forced to undertake mental health treatment when she came out as a lesbian (Mills, 1984, p. 39). Her experience with shock treatment and psychiatric abuse was the subject of an art exhibit she put on from September 29-October 20, 1984, writing on her sculptures, "Nineteen shock treatments and I still don't want to be cured of being a lesbian" (Mills, 1984, p. 39). She wrote a vignette on portraying herself as "sane" while in psychiatric care:

> "Me, I was going to pass for NORMAL and get out. So there I was, trying to act nORmal [*sic*], all drugged UP in this place that STINKS of shit and Lysol and every DAY is ENDlessly BORing [*sic*] except for occasional flashes of VIOLENCE and I'm powerless to protect myself and I'm being normal. Normal women don't talk about being a lesbian and they're always cheerful. I was very good, always smiling, never complaining or bothering the staff, keeping my mouth shut and smiling, always obedient and quiet and nice and smiling, in the middle of this hELLhole [*sic*] SMILING and SMILing [sic]. And I DID it after three months of it, I got out" (Mills, 1984, p. 39).

We see in this testimony how Gilhooly's lesbianism was problematized in the mental ward. Furthermore, the only way she could get out of the ward was by acting "normal," interpreted as presenting heterosexually- or in the very least, as not homosexual. She had to stop talking about her love/desire for women; act cheerful and always smiling; and never present as a "problem" for the staff. She both had to relate appropriately (not present any desire for women) and behave appropriately (smiling even while in a "hellhole" and not "bother" any staff, which

could also be seen as a form of appropriate relating, relating to staff in a way that does not cause problems or issues so one can be perceived as normal as possible), conforming to the norms of the psychiatric ward so she could find freedom outside of it.

One of the last testimonies I could find during this time period was written in 1990 for the final issue of *Phoenix Rising,* an ex-mental patient organisation publishing out of Toronto, Ontario. (The whole of *Phoenix Rising's* publications can be found in the Madness Canada *After the Asylum* archive, under the *Phoenix Rising* collection.) Irit Shimrat ran away from her final mental hospital in 1980, and stopped seeking treatment in 1984, the same year she came out as a lesbian (Shimrat, 1990, p. 2). Her main form of treatment was the administration of tranquillisers, for supposed schizophrenia and depression, both of which disappeared after she quit treatment and fell in with "a weird and wonderful crowd of sex-positive, left-wing gay liberation activists of various genders" (Shimrat, 1990, p. 2). For her, both gay and straight therapists told her "conform, control yourself, be compliant, shave your armpits, wear a bra, take your pills, believe what you're told. But gay liberation says: fight back, respect yourself, love your body, celebrate difference and diversity" (Shimrat, 1990, p. 2). At the start of this special issue on gays and lesbians, she implores sex deviants and nonconformists of all stripes-homosexuals, sex workers, street people, runaways, mad people and all those persecuted by the police and the "thought police-" to band together and resist the agents of social control (Shimrat, 1990, p. 2). It was only by embracing the deviants who related inappropriately (via homosexual relations and sex work) and re/acted inappropriately (via madness and running away from home communities/families) that she began to achieve some form of mental wellness, outside of the psychiatric system and away from their system of relating/reacting to the world and others.

A major portion of the literature I could find during this time period covered women and gender non-conforming peoples' experiences with psychiatric treatment. With that said, other gendered groups also received electroshock treatments and abuse within Canada's mental health system, sharing stories which only bring in sharper relief the fluidity of mental illness and diagnosis during this time.

Il/legible In/sanity. Patty Servant, an activist who wrote for the MPA, used the cases of two patients to argue against the legibility of sanity in *In a Nutshell.* Stanley, as a homosexual, was the "perfect definition" of someone who did not fit with normal circles (Servant, 1972, p. 5). "Because he is homosexual and rebelled against. . . inhumane treatment imposed on him by society, society feels it must hide him away where he can't embarrass anybody" (Servant, 1972, p. 5). In contrast to Stanley's shy nature, Janice was an outspoken daughter with unorthodox political views her parents could not understand and was sent to be hospitalised for two years at the age of thirteen (Servant, 1972, p. 5). By using these stories, Servant attempted to shed light on a problem with the Canadian mental health system, which she claimed institutionalised sane people who simply acted and related differently than others. This argument, however, does not seem to come at the cost of "mad" people, as "everyone has their own pet neurosis and everyone is insane- which makes everyone sane" (Servant, 1972, p. 5). Though her article did not discuss the specific treatments Stanley and Janice faced, it reveals the relating-and-reacting framework of the BC MHA at play, institutionalising those who relate and react differently to a so-called "sane" standard.

By 1973, news broke out in Canada concerning the American Psychiatric Association's decision to remove homosexuality from the DSM. Three organisations commented on this decision within the span of a year- GayTide, a Vancouver-based Gay Liberation paper and

subcommittee for the Gay Alliance Towards Equality (GATE); GOInfo, a newsletter on gay and lesbian news in Toronto; and the Mental Patients Association.[22] Both GayTide and the MPA critiqued the idea that a show of hands could overwrite scientific truth, which "exposes the degree to which psychiatry as practised in our society is a pseudo-science" (GayTide, 1974, p. 2). In an instant, millions of homosexuals were "cured," marking psychiatry's first great scientific advancement, mocked the MPA (Beckman, 1974, p. 4).

Both organisations also commented on the half-victory this event represented. Though the term "homosexuality" was removed as a diagnostic label, sexual oppression continued in the form of "sexual orientation disturbance." This label applies to people "whose sexual interests are primarily directed towards people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation" (Beckman, 1974, p. 5). This label would help to maintain the power structure psychiatrists could hold over homosexuals (Gaytide, 1974, p. 2) and only gave the stamp of normalcy to homosexuals who displayed no sign of mental illness (Beckman, 1974, p. 5). It should be noted that the cause of this disturbance by sexual orientation is not noted within the diagnostic criteria of "sexual orientation disturbance." If the cause of the disturbance were due to social and societal pressure and discrimination, then this diagnosis places responsibility on the "disturbed" individual to change their orientation to rectify that disturbance, rather than teaching, in the very least, coping mechanisms for dealing with societal pressure that do not compromise one's self-concept and self-esteem. If the cause were so other pathology (an assumed defect of the inner psychic world of the "disturbed" individual), then the pathology is not addressed; the disturbance is complied with via attempts to change the sexual

[22] These articles were found in *Archives Unbound, Archives of Sexuality and Gender,* and *Madness Canada: After the Asylum* archives, respectively.

orientation. (And besides- how many heterosexuals, in a heterosexist society, would be "disturbed" by their sexual orientation?)

Of course, maintaining "sexual orientation disturbance" as a diagnosis was not enough for some psychiatrists- right-wingers asserted that many mental patients would not consider themselves sick or pathological and, therefore, could not be trusted to define themselves as sane (Beckman, 1974, p. 5). The claim that sexual orientation disturbance could be separated from homosexuality was just as preposterous as the claim that schizophrenics were not mentally ill- a claim that the MPA also advocated for (Beckman, 1974, p. 5-6). GOInfo offered no critiques of this change, and only let the reader know that the Canadian system had not followed the American example of de-pathologizing homosexuality within their own practices (GOInfo, 1974, p. 3).

Psychiatric treatment for homosexuals continued. One activist wrote an article for the *Phoenix Rising: Voices of the Psychiatrized* newsletter detailing some of the techniques used by psychiatrists at the Counselling and Development Centre at the University of Waterloo to "straighten out" lesbian, gay, and bisexual clients. Jack Williams, director of the program, reported having his gay clients pull on a rubber band anytime they felt attracted to another man; at the same time, he encouraged sexual thoughts about women (Chambers, 1991, p. S35). He also attempted to make gay clients have delightful fantasies about men, visualise walking towards men and vomiting in reaction. This strategy had a zero percent success rate (Chambers, 1991, p. S35). Williams' motivation for producing this kind of therapy was based on the belief that LGB clients might want a "normal" life with a wife and kids, and that gay cultural life is naturally more unpleasant than queer life. He also felt that most gay and "sexually ambivalent"

men were distant from their fathers; when asked how most men felt about their fathers, he said he was not sure (Chambers, 1991, p. S35).

In the same year that homosexuality was removed from the DSM, the MPA published an article by Tom Pollock in *In a Nutshell*, who detailed his experience in an all-male mental hospital in British Columbia. The conditions were dismal- patients "pissed and shit" on the floor regardless of their proximity to a toilet and were bullied, both verbally and physically, by hospital staff (Pollock, 1974, p. 9). They also engaged in what Pollock called "interward patient culture sexual pleasantries," meaning they engaged in oral and rectal sex sporadically, which was met with swift punishment (Pollock, 1974, p. 9).

It was only after Pollock was punched in the jaw by a fellow patient that he understood this community. Up until that point, he had considered them dumb and incapable of communication, and indeed, they rarely spoke to each other within the ward. After he attempted to make fun of a fellow patient and was met with violence, he understood that "These people were living a type of life that they found in hospital where they had arrived because they were alone and uncared for with. . . overwhelming problems in the outside society" (Pollock, 1974, p. 9). Based on this statement, the whole of patients' actions are shed in a new light. Patients, rather than being mentally ill, dumb animals[23], were active agents making intentional choices with their bodies. Pollock makes sure to describe the practices of patients in the ward as a culture, and the actions within as cultural practices, including the pissing, defecating, and sex. There is a sense from this article that patients are utilising "irrational" actions and relations to maintain mentally ill status, to avoid their overwhelming problems in the outside society. In some way, shape, or

[23] The staff of this mental hospital called many of the men- especially those who refused to use utensils- pigs, as a way to disparage them (Pollock, 1974, p. 9). This is represented of the mythic "animality" of the mad as observed by Foucault, which made the mad less than human and, in turn, able to endure harsh conditions, according to psychiatrists in nineteenth century Europe (Foucault, 2001, p. 75).

form, they were utilising their tools- their bodies- to maintain access to food, water, and shelter as patients in a mental ward. It is interesting, then, that one of the signifiers of their mentally ill status would include homosexual acts, especially considering that there are methods for achieving orgasm that do not require having sex with someone else. If the goal was simply to achieve orgasm, why not just masturbate in moments of privacy? I would theorise this is because homosexuality, at this time and as evidenced by the rest of my thesis results, was considered part of the "deviant relating" category, even if homosexuality had been "decriminalised" at that point. The goal was not simply to achieve orgasm, but to evidence a mentally ill state that warranted treatment and the need to stay in a ward of treatment. By defining the patients' behaviours as cultural behaviours, and by realising that the other patients of the ward were active agents in their treatment to avoid "overwhelming problems in the outside society," Pollock reveals how the patients engaged in the "mentally ill" identity via their bodies, to shed light on how certain behaviours/relations were acted upon so maintain an image of mental illness.

Of course, there is also the possibility that many of the patients in Pollock's written piece were, indeed, attracted to men, or came to be attracted to men during their stay at the mental ward. Though my first reading and interpretation of Pollock's testimony was that of a tactical deployment of homosexuality, it is not lost on me that many of the men in the ward could have genuinely been acting on their same-sex attraction. In this case, it would be important to ask *why* so many homosexual/bisexual/same-sex attracted men were in this British Columbia mental ward. However, there is also the possibility that the mental ward generated situational homosexuality, a phenomenon that has been well-recorded in all-male prisons where the only "options" one has for sexual intimacy is other males (Carr et al., 2020). These practices must be unlinked from identity because they are so situational- a "heterosexual" prisoner can engage in

same-sex intimacy due to the unique environment and constraints he is in, without his heterosexuality being called into question (Carr et al., 2020). It is implied in Pollock's writing that this was a long-term ward rife with abuse; we can assume, then, that situational homosexuality (regardless of the identity of the subjects participating) would occur in similar ways in which they would have occurred in prisons. I believe one could interpret this story as both strategic homosexuality and situational homosexuality. Though I would not agree that a heterosexual identity is compromised by engaging in situational homosexuality, I would argue that situational homosexuality is still a choice which requires agency. I have already problematised the assumption that men would resort to rape/assault of a minor if they do not know how to "do" heterosexuality properly, and similarly, I would argue that we cannot assume that a situational homosexuality can only occur when one is deprived of heterosexual encounters. My engagement in Pollock's writing is based on his framing- the use of terms like "culture" and choices made to act so one does not have to face problems outside of the ward- and so, I would argue that the situational/cultural homosexuality of Pollock's mental ward are, in essence, choices made to work within the system of understanding set up by the institution (which would view deviant, non-normative behaviours as pathological) to maintain access to resources, while also gaining access to pleasure and intimacy. (It can certainly be both.)

I would also argue that there are other ways to gain intimacy/pleasure besides sexual acts with a partner- if the goal was *just* intimacy, would platonic physical intimacy not suffice, even those deemed romantic by a heterosexist society (cuddling, hugging, handholding, kissing)? I do this with the inherent tension of Foucault, who avoided analysing a psychic interiority, with my framing of this action as a choice. My "agency" reading, pulled from the text, is based mostly on the effect patients' behaviour had on their confinement, which was framed within the text to be

due to the pressures they faced outside of the ward that they did not have to face within the ward. I decided, in this case, to extrapolate meaning based on multiple subjectivity possibilities (homosexuality as tactical; homosexuality as situational; homosexuality as both). Either way, the text reveals the ways in which the patients used the material tools at their disposal (their bodies) to effect a certain discourse ("we are mentally ill; we are craving intimacy;" etc.) in response to the disparaging discourse of the nurses (who were abusive, called them pigs, etc.). This most clearly supports the argument that these testimonies reveal a counter-conduct occurring among queer and/or mad subjects within psychiatric institutions like mental hospitals. Rather than allowing treatment (and abuse at the hands of abusive staff) to constitute them into "normalised" subjects, patients engaged in physical counter-conduct (same-sex sexual acts, eating with their hands, etc.) and engaged in self-direction, self-guidance, and self-transformation within the context of a larger, localised conduct program (Foucault, 2009, p. xxi).

Much of the writing from ex-mental patient advocates focused on shifting societal lenses and giving agency to mentally ill/mad folks. The conceit behind the activism for *Phoenix Rising*, for instance, was that mental illness itself was a myth. They were not suggesting that people deemed "mentally ill" have nothing wrong with them. "Most certainly do; they have serious problems, serious troubles. Where I draw the line is at calling that an 'illness'. [*sic*] An illness has specific symptoms, specific causes, a reasonably definite and predictable course, and very often a cure. 'Mental illness' meets none of these criteria" (McKague & Weitz, 1980, p. 7). For Phoenix Rising, symptoms that were not rooted in a biological abnormality were not mental illnesses, but problems due to social, environmental, and political forces (McKague & Weitz, 1980, p. 7).[24] As evidence of this, they cited drapetomania- an 1800s-era mental illness that

[24] The Mental Patients Association shared similar views (Joan & In a Nutshell, 1973).

supposedly caused enslaved African people to desire freedom, to be cured via whipping (McKague & Weitz, 1980, p. 8). As well, schizophrenia was referenced as an "illegitimate" illness, referencing the Rosenhan study which saw he and a number of graduate students being admitted to mental hospitals and claiming to hear voices, and were all diagnosed with schizophrenia as a result, despite presenting as "normal" within hours (McKague & Weitz, 1980, p. 4). Also presented as evidence to the illegibility of a schizophrenia diagnosis was a quote from The National Institute of Mental Health, stating, "It is not possible to validate a diagnosis of schizophrenia. There is no test which can independently confirm that the individual so diagnosed is in fact schizophrenic" (McKague & Weitz, 1980, p. 4). Even a patient who presented no symptoms of schizophrenia could be diagnosed with "pseudo-neurotic schizophrenia," presented as a case of schizophrenia in which the patient was hiding the symptoms (McKague & Weitz, 1980, p. 4).

Ex-mental patients' associations tended to see a schizophrenia diagnosis as overused and under-defined. Don Weitz, marked as a prominent writer on mental patients' rights in Canada by the Mental Patients Association (Mental Patients Association, 1977, p. 28), wrote that the term "schizophrenia" came from the characteristic of "splitting" (schizo) the mind (phrenia), or a split between thinking and feeling (Weitz, 1983, p. 7). Sourcing his history from the works of Thomas Szasz, Theodore Sarbin and James Mancuso, Weitz identified the early struggles to properly define what schizophrenia was. At its injunction, schizophrenic symptoms could include hallucinations, emotional flatness, distractibility, ambivalence, autism, stereotyped movements or odd postures, violent outbursts, catatonia, grimacing and silliness, and a host of other "eccentric" behaviours (Weitz, 1983, p. 7). More recent (1970) efforts to define schizophrenia had doctors include "unwillingness to cooperate" and "lack of insight" as diagnostic criteria

(Weitz, 1983, p. 8). Furthermore, Weitz observed that no organisation nor individual had yet to discover a cause for schizophrenia, and the many treatments for schizophrenia- including ECT, insulin shock treatments, and neuroleptic drugs- had dismal success rates, with ⅓ of patients experiencing worsened symptoms (Weitz, 1983, pp. 8-10). For Weitz, a medical model of schizophrenia was a farce- schizophrenia was "made up" by the psychiatric institution, meant to be an empty receptacle for a vast array of nonconformist behaviours (Weitz, 1983, pp. 10-11).

Weitz's outright denial of the term "schizophrenia" as a diagnosis was informed by his own experience within mental hospitals. Weitz gave a testimony at the International Conference on Electroshock Therapy as a survivor of shock therapy, recorded in *Phoenix Rising*- during his stay at Mclean Hospital in Boston, he was given insulin sub-coma shock treatment, resulting in convulsions, sweating, entire-body pains, and disordered thinking (Frank et al., 1985, p. 74). Weitz was diagnosed with acute undifferentiated schizophrenia, though he claimed he was just an angry young man rebelling against his parents; his violent reactions to the insulin treatments were seen as proof of his schizophrenia, and he was administered increasing dosages the more his reactions intensified (Frank et al., 1985, p. 74). His experiences galvanised his activism. Besides starting the Phoenix Rising publication alongside other ex-mental patients, he started the Coalition to Stop Electroshock in Canada, which protested Ontario psychiatric institutions throughout the early 1980s (Frank et al., 1985, pp. 74-75). They found that the Clarke Institute in Toronto- the same Institute which hosted the only Gender Identity Clinic in Canada for several decades- administered the highest amount of electroshock treatments in Ontario,[25] giving around 1,000-1,200 shocks a year to 120 inmates (Frank et al., 1985, p. 75).

[25] Ontario, as a province, administered a high amount of ECT's, though statistics were difficult to come by relative to other provinces. Roughly, Ontario administered 80,000 shocks a year to 8,000 patients (Frank et al., 1985, p. 75).

In light of these discussions on schizophrenia- as a receptacle of negative meaning, encapsulating deviant-reacting to the environment as a symptomology- it is noteworthy that schizophrenia, as a diagnosis, was used to screen out trans individuals seeking gender-affirming care in Canada. A "true" transsexual could not have schizophrenia, barring anyone the psychiatric institution deemed schizophrenic from receiving hormones, surgeries, etc. I highlight these debates which were observed by ex-mental patient activists in the context of the treatment of trans patients with schizophrenia to highlight the ways in which sexuality and mental illness were co-constitutive. A patient experiencing gender dysphoria and schizophrenia could be deemed a transvestite, a highly sexualised subject positioning. Given the debates, even within psychiatry, to decide what schizophrenia was and how it could be diagnosed, we need to understand that this vaguely defined and debated term was used as a tool of denial- denial of access to changing one's body through hormones and surgeries. Psychiatry could use the discourse of schizophrenia to deny "transsexual" diagnosis, and on the basis of a schizophrenia diagnosis, prescribe a whole other "treatment" program to correct the inappropriate behaviour/relating of the subject. By denying a transsexual diagnosis to the schizophrenic subject, psychiatry as an institution could deny bodily autonomy to those deemed more "insane" than their "sane" counterparts. Furthermore, the understanding of this denial would have pressured transgender people into presenting as normatively as possible, if they knew their access to gender-affirming care (body-change technologies) was predicated on acting normal and "sane" in the context of their chosen gender identity.

There were, however, other views among ex-mental patients on schizophrenia. One writer for the Mental Patients Association theorised that schizophrenia could represent a positive disintegration, then re-integration, of the personality.

> In the process working through a crisis situation, individuals often experience increased tension, emotional disharmony, fragmentation and disorganised behaviour. . . the evolution of personality is primarily developed through dissatisfaction with and fragmentation of the existing psychic structure - a period of disintegration and finally secondary integration at a higher level. In order for a new and stronger sense of reintegration to take place, the original sense of integration must be broken down and changed (Penn, 1980, p. 4).

Penn argued that reality is a collective construct that we agree to believe in, but circumstances require some people to break from that rigid construct and behave within their own altered constructs of meaning (Penn, 1980, p. 4). Psychiatrists frequently told schizophrenics that their behaviour was inappropriate and irrational when, in reality (no pun intended), they were acting in alignment with their feelings for the first time ever (Penn, 1980, p. 4). She cites a case of a woman she worked with who was afraid of a global food shortage that would result in mass-cannibalism; during an interview, it was revealed that she was deeply afraid of being "consumed" by her parents, a feeling that they were consuming her life, and her irrational concerns were a way to express a very deep and understandable fear (Penn, 1980, p. 4). On a broader level that connects this idea to other discourses, it provides more agency to the mental patient, allowing the patient to explore their mental difficulties on a deeper level, rather than ignoring their feelings and fear-sources as psychiatrists implored of them (Penn, 1980, p. 4).

Two stories emerged in the 1990s with regards to three schizophrenic queer people, all written for the final issue of *Phoenix Rising.* One homosexual couple, both of whom had been institutionalised in Canada, wrote that they had both been diagnosed with schizophrenia. James V. Sciana, the writer of the article, wrote about his traumas trying to accept his sexuality, which

resulted in him attempting suicide (leading to his institutionalization and diagnosis) (Sciana, 1990, p. S5). His therapists never seemed interested in helping him accept his sexuality, despite the category he technically occupied of sexual orientation disturbance disorder (Sciana, 1990, p. S5).

> My current psychiatrist maintains that my 'sexual problems' stem from being 'molested' as a child, even though I had fully consented to the event in question and had enjoyed it. I feel that her insistence on this point is her attempt to create a "problem" to be solved; a puzzle to which only she has the answer (Sciana, 1990, p. S5).

Unfortunately, this empty problem generated for James Sciana was not something his partner, also named James, could escape. James, aged 26, remained committed to a long-term facility in San Jose, California at his parents' behest, barring Sciana from visiting their son due to their "inappropriate" relationship (Sciana, 1990, p. S5). James' status as mentally ill placed him under conservatorship of his parents and "captors" in psychiatry (Sciana, 1990, p. S5).

One queer person who only labelled themself as "gay," and was labelled by others as "rejecting femininity," experienced a whirlwind of treatments after attempting to fill a bottle with their own blood in a ritual (Hotchkiss, 1990, p. S26). The act was committed in extreme distress- their father frequently said that the solution to the "gay problem" was to use them as landfills for suburbs, and the thought of being gay filled them with much anxiety and fear (Hotchkiss, 1990, p. S28). Once institutionalised, the psychiatrist forced them to take large amounts of Haldol, which caused them to collapse, unable to breathe- realising they were overdosed, they said, "What are you trying to do, kill me?" which was taken as a sign of paranoia (Hotchkiss, 1990, p. S26). Hotchkiss was subsequently prescribed many other medications, some of which were simply meant to remediate the intense side effects of other medications, and in one of their

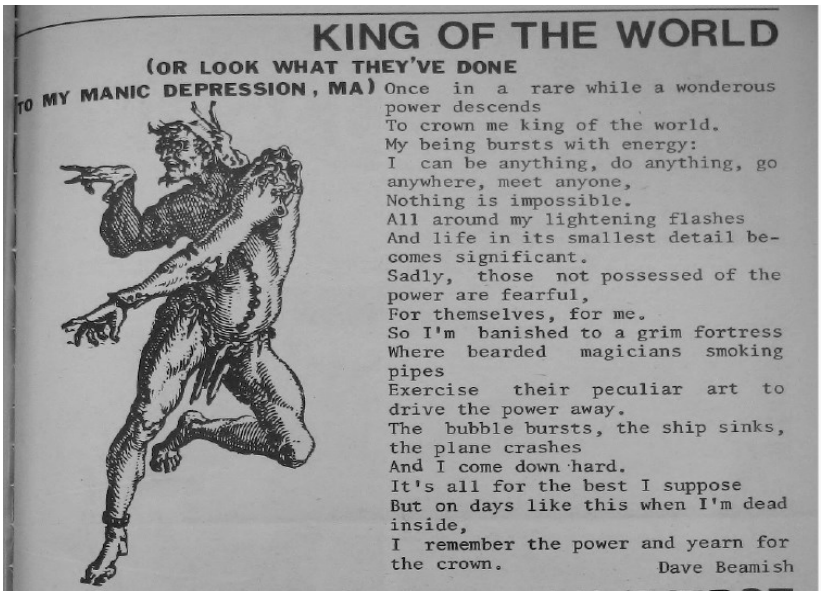
attempts to refuse medication- something they had the legal right to do- multiple nurses jumped on top of them and forced the injections (Hotchkiss, 1990, p. S26). Clearly, their "inappropriate" reacting warranted further "treatment," which allowed nurses to enforce said treatment without their consent.

Eventually, the repeated hospitalizations ended, and they were "prescribed" a special school for difficult cases. It was there they received help for the first time, from an ex-hippie who did "trip sitting" sessions with them to help them cope with, rather than resist, the hallucinations they faced (Hotchkiss, 1990, p. S30). The support they received from this school resulted in an ability to accept hallucinations as they came and, as a result, the hallucinations became more enjoyable and less frightening (Hotchkiss, 1990, p. S30).

Other stories abound in these archives that do not have to do with schizophrenia, but still maintain similar motifs. One gay man, for instance, discussed the four years he spent in and out of mental hospitals and outpatient treatment after confessing to an attempted suicide to his teacher. All he said to the psychiatrist he was forced to see was that he attempted to overdose, and that he had frequent sexual encounters with other boys his age that filled him with shame (Glendenning, 1990, p. S15). His parents approved him for electroshock and insulin treatments, though after spending years in a heavily drugged haze, he could not remember which treatments he received, only that they were sometimes violently forced onto him (Glendenning, 1990, pp. S15-S16). Other ex-mental patients shared artwork and poetry describing their own experiences with their neuroses, portraying narratives that cannot be subsumed as wholly negative, positive, nor medical. See Figure 2 for one example. This understanding and reclamation of mental illness allows the subjects to generate counter-narratives to mental illness, taking part in a counter-conduct project as Foucault outlined in *Security, Territory, Population* (2009, p. xxi).

Figure 2

"King of the World" (Beamish, 1974)



KING OF THE WORLD

(OR LOOK WHAT THEY'VE DONE TO MY MANIC DEPRESSION, MA)

Once in a rare while a wonderous power descends
To crown me king of the world.
My being bursts with energy:
I can be anything, do anything, go anywhere, meet anyone,
Nothing is impossible.
All around my lightening flashes
And life in its smallest detail becomes significant.
Sadly, those not possessed of the power are fearful,
For themselves, for me.
So I'm banished to a grim fortress
Where bearded magicians smoking pipes
Exercise their peculiar art to drive the power away.
The bubble bursts, the ship sinks, the plane crashes
And I come down hard.
It's all for the best I suppose
But on days like this when I'm dead inside,
I remember the power and yearn for the crown.

Dave Beamish

Overall, this section reveals the contestations of mental illness and identity that mental patients faced who did not conform to gender and sexual roles. A broad portion of the statements made by ex-mental patient activists focused on schizophrenia as a contested, vague, and broad label that could be applied to anyone at a psychiatrist's discretion. Some folks embraced the label and the symptomologies, while others rejected them, but by conducting these contestations and positive disintegrations- not of the personality, *per se*, but of the diagnoses and schizophrenic categories- they produced a different understanding of schizophrenia. Combined with discourses that gave agency to mental patients, what we see is a "mentally ill" category that is both sane (understandable, in the person's immediate social environment) and insane (inappropriate relating and reacting, as deemed by a psychiatrist), something that is both legible (marked by clear signs of disintegration, hallucination) and illegible (defies meaning, too vague and broad a diagnostic criteria). This creates a discourse ex-mental patients could use not only to generate meaning from their experiences (coping with hallucinations rather than fighting them; finding the

source of "delusional" fears) but also to use them to gain access to certain resources as desired (the men of the mental hospital using gay sex to maintain a legible "insane" identity, for instance). Though this agency could not be maintained in all contexts- many folks were forced to receive treatments in spite of their right to refuse- it did allow for an il/legible mental illness identity that generated new meaning and provided empowerment once they broke free of the institution.

I argue that these small resistances, the ways in which individuals utilise discursive strategies to be perceived of as "normal" or to embrace queer and mad subjectivities, are a form of counter-conduct. These resistances emerged in specific, localised contexts, within specific mental hospitals or schools for troubled youth (Pollock, 1974; see also, Hotchkiss, 1990) and marked struggles against the processes implemented for conducting others, processes which are enacted through the inappropriate relating-and-reacting assumption. I argue this, as well, to resist valorising the subjects who engage in these counter-conducts, while recognising these counter-conducts as allowing subjects to "be/come otherwise," to create counter-narratives (of schizophrenia, of queerness, etc.) and counter-realities (within the mental wards and within activist circles like the Mental Patients Association, which generated housing programs and crisis centres to help people as an alternative to psychiatric institutions) (Foucault, 2009, p. xxi).

The assumption of deviant relating and reacting, then, serves as both a way to sort people into transsexual and transvestite categories (outside of psychiatric conduct programs), sort people into conduct programs and, in turn, drive the creation of specific conduct programs (like heterosocial skills training), and then provide a basis of resistance for subjects who find themselves within the conduct programs (through embracing behaviours deemed "inappropriate relating or reacting" and embracing labels generated from the assumption of deviant relating and

reacting). Now, this assumption rests on certain cultural norms and ideas of normality, what is deemed "appropriate" relating and "appropriate" reacting. As established in the literature review, these norms are informed by settler-colonialism, which in turn means they are Eurocentric. The next section explores the few statements and documents concerning racialisation in the archives and, in turn, presents implications on the lack of discussion on racialised peoples' oppression under psychiatry.

Frayed Threads: Incomplete Discourses of Racialisation

This section focuses on the mentions of race and racism I found within the documents analysed but had a difficult time piecing together in the larger context of anti-2SLGBTQIA+ oppression in Canadian psychiatry. Admittedly, these statements have very little in common with each other. The transgender discourse is overwhelmingly concerned with generating divides between "transsexuals" and "transvestites;" DSO and sexually anomalous male discourse is united by a desire to study sexual deviances in "males," resulting in a criminalised, perverted sexual formation; and the discourse that gay, lesbian, trans, and otherwise "queer" activists produced concerning their experiences with psychiatry are through with similar experiences, negotiated/appropriated agency, and a general anti-psychiatry positioning held by the writer at the time of writing. Discourses concerning racialised people, and their specific oppression under Canada's white settler-colonialist psychiatry, however, either showed up almost tangentially to the research topic or in completely unrelated contexts (more often in the Madness Canada archives than in the archives of gay, lesbian, and trans organising).

This could be for a number of reasons, but at this level of research, I believe it was simply due to my scope. The archives I address focus on mainstream activism and organising, the leadership of which is majority white. These mainstream groups tended to focus singularly

on sexuality as the basis of their oppression, organising to support Canadian state formation and capitalist formation (Kinsman, 2024, p. xxvii). This is not true of all lesbian and gay organising during the 1960s-90s. The Body Politic, for instance, maintained some anticapitalist positionings throughout its run. Yet it is still true that many white-led lesbian, gay, and trans activism groups tend to view Canadian state formation (including its laws and policymaking) as the road to queer rights (Kinsman, 2024, p. xxvii). This leads to a lack of solidarity for Black and Indigenous struggles, to the point that leaders of these movements tend to not even think of Black and Indigenous queer organisers who criticise them as "part of the movement" (Kinsman, 2024, p. xxxv). The mainstream, white settler-colonial positioning also leads to a lack of cohesion once the issues faced by the group dissolve through rights-based advocacy. Bob Ratner, for instance, found that the Centre (an LGBT advocacy group in Vancouver in the 1970s), who was focused on legal reform rather than transformative politics, lost social cohesion as a group once more blatant forms of discrimination disappeared (Carroll & Ratner, 2001, p. 215). The idea of holding a "common identity" was reduced significantly with legal reform wins (that mostly benefited gay men and some lesbians), and affluent, gay business-class clientele came to turn away from the Centre, resulting in a loss of financial resources and an inability to generate allyships with other activist groups (Carroll & Ratner, 2001, pp. 620-621).

This omission of race has another implication, for if mainstream queer activist organizing is invested in Canadian state formation as the road to equal rights, then it will rely on Canadian norms of gender and sexuality as the basis for its organizing- to assimilate into those norms to gain equal rights. This means that homosexual and transsexual identity formation will, necessarily, emerge in the settler-colonial context- meaning, they will be Eurocentric. The Indigenous peoples of this land have different gender norms to European gendered standards, but

when Canadian psychiatrists use gender norms to, say, decide a patient's suitability for gender-affirming care, or to decide sexual dangerousness, it will be a white, Eurocentric gender norm they reference. And when activists organize around those labels, they will embrace white standards of queerness to organize around. These are the unsaid assumptions in much of the activist literature I reference, and without addressing race and racialisation in their organizing, whiteness can become reified in the literature.

Despite the general omission of discussions of race, I felt it only appropriate to present what I had found. The statements make up a "frayed thread" of discourse, with very little to indicate connection or reference to a previous discursive moment and very few repeated statements across different times and places within 1962-1991 "Canada." I begin with discussion of discursive statements most relevant to this study- racialisation in reference to sexualisation, but not necessarily to lesbian, gay, bisexual, transgender, Two-Spirit, etc. identities and treatments- before discussing how racialised people and references showed up more broadly in the Madness Canada archives.

Rushton Debates. In 1987, J. Phillippe Rushton of the University of Western Ontario and Anthony F. Bogaert published the article *Race differences in sexual behavior: Testing an evolutionary hypothesis.* Using an evolutionary rK theory reproductive strategy- which posits that the dynamics of a population (represented as "r-" the rate of population growth in a given environment, when there are no density-dependent limitations on population growth) may influence the evolution of life history characteristics (represented as "K-" the "carrying capacity" of the environment for that population- the population density beyond which it does not grow because it is limited in a density-dependent fashion) (Anderson, 1991, pp. 51-52)- Rushton claimed to "prove" an evolutionary, sexual development of racial populations such that, in terms of sexual restraint, "Orientals > whites > blacks" (Rushton & Bogaert, 1987).

This ordering was predicted from an evolutionary theory of rK reproductive strategies in which a tradeoff occurred between gamete production and parental care. In sum, because Black populations- in Africa, in North America, and in the Caribbean- reproduced at higher rates, their parenting suffered, with Black children having sex earlier than white children as partial evidence of this (Rushton & Bogaert, 1987). His other evidence of this was Black men's (on-average) larger penis sizes and Black women's shorter menstrual cycles (Rushton and Bogaert, 1987). In rebutting critiques of his article, Rushton would also claim that the use of INTERPOL data to tabulate criminality across race was a valid way of measuring the effect of race on parenting and social criminality, with violent rapes occurring in higher rates in Black-majority countries[26] (Rushton, 1991, p. 31). Supposedly, the fact that African American as well as African children tended to live in absent-father households was also proof of this theory (Rushton, 1991, p. 30).

[26] I believe it is important to note that Rushton used a certain "N word" here that, while it is not THE N-word, is still an N-word that has been used to dehumanise Black people for generations. I am not comfortable repeating it, even in text, as a white person.

All these outward, sexual signifiers- crime data, penis size, menstrual cycles, absent fathers- were supposedly "proof" of some sexual instinct innate within the Black race that made them reproduce at higher rates than white and Oriental populations, and which made them less developed than the former two races.

Critiques of this article exploded in 1990 and continued into 1991. The most succinct of these critiques is that differential rK theory was used improperly in Rushton's article, and that it was more meant to measure ecological impacts on population size than measure essential characteristics on that population (Anderson, 1991, p. 51). This of course means that studies using differential rK theory need to focus on a particular, well-defined population group, rather than measuring disparate populations across the world based on a supposed shared characteristic (Anderson, 1991, p. 52). Furthermore, critics from York University criticised Rushton's findings by pointing to such factors as poverty, power imbalances, and policing on some of the "traits" he measured like parenting techniques and absentee fathers (Weizmann et al., 1991, pp. 44-45). How "biological" is "law abidingness?" How can criminality be used to measure evolutionary fitness?

A major rebuttal Rushton employed is not to address the social construction of these traits he is measuring, but instead to re-assert the usefulness of tabulating differences across populations over accounting for within-population differences. As well, he focuses on the fact that none of his critics pointed to any data contradictory to his, without addressing any social/societal factors which might affect, say, paternal absenteeism within highly criminalised populations (Rushton, 1991, p. 545). Supposedly, the absentee father is simply an evolutionary instinct, a reproductive strategy that is held over from a previous step in the evolutionary process.

There is obviously much to critique in Rushton's work, as many psychiatrists and other evolutionary/ecological academics did. However, what I want to emphasise is that, as far as I am aware, this was not a common opinion among Canadian psy-aligned professionals during the late 1980s through early 1990s. I could not find any other statements even remotely similar to Rushton's in the literature and archives- the closest I could find was a statement by Alcorn in his letters to Gebherd in which he claimed that women in Middle Eastern countries struggled to give up the veil because of a philosophical emphasis on communal identity that de-emphasize individual expression, which was written in the context of discussing the case of a sexually adventurous (American) woman who panicked when she wore an eye mask for sex (Alcorn, 1961). This Western woman's "freak out" was due to her Western culture's emphasis on individuality, the mask representing a loss of individuality and ego (hence the comparison to Muslim/veiled women). At first glance, I thought Alcorn was somehow implying that veiled women held some kind of sexual fetish for masking due to their position in their culture; however, this argument feels disingenuous (hence I have not mentioned this statement from Alcorn previously). Likely, what he meant was that our cultures have an effect on our sexual preferences, sometimes to a pathological level- though the reason why Muslim women's veils were brought into this conversation concerning masks and sex were beyond me. Nonetheless, this is the "closest" statement I could find to Rushton's- a completely disparate statement, almost a side comment to a broader conversation, which signifies very little in terms of racialised peoples' sexual oppression under psychiatry.

Madness and Race. References to race are few and far between among the Madness Canada archives, though, on a cursory scan, seem to be a bit more frequent than in the lesbian, gay, and trans activist archives I consulted. Sometimes they appear as a side statement. One article in *In a Nutshell,* for instance, references an "imprudent proposal" by psychiatrists to use "preventative psychosurgery" on potential rioters, who were, to quote the article, "coloured minorities" (Mental Patients Association, 1978, p. 2). As well, there is an article in *Phoenix Rising* which succinctly covered the topic of forced sterilisations in Canada. The writer pointed out that, in a 1976 report, one third of Inuit women in the Northwest Territories had been sterilised against their will, and multiple native women in Saskatchewan had reported to the writer that doctors had pressured them into receiving sterilisations (Sawyer, 1981, p. 17). In Alberta, forced sterilisation was legal from 1928-1972, usually levied against those diagnosed with physical and mental disabilities; noticeably, a greater proportion of Eastern European, Metis, and Indians had been sterilised than non-Eastern European white people (Sawyer, 1981, pp. 17-18).

The only other reference I could find to race was in a scathing critique of "feminist therapy" found in *Phoenix Rising.* Written by a workshop collective of female ex-inmates in mental hospitals, the article starts by critiquing the very idea of "feminist therapy-" that therapy could be feminist at all, when the goal of therapy is to quash any mental dysfunction, natural or unnatural. Violence against women, especially sexual assault, is bound to cause mental dysfunction, but the therapist response is to call the anger dysfunctional and encourage the patient to move past the anger, rather than give it a place in the psyche as a motivator for challenging sexist norms. Additionally, feminist therapists still held major power over their clients, with the ability to send the client to a psychiatric ward against her will (Raymond et al.,

1985, p. 8). The article recognises that for the most part, the only women who can avoid mental dysfunction from sexist violence are women with a good amount of privilege, leading to racialised and disabled women being confined to psychiatric treatment at higher rates (Raymond et al., 1985, pp. 6-7). The article concludes with a statement of solidarity with the "least privileged among us-" not only out of care, but because it is in the collective best interest.

> If lesbians are unsafe and unvalued, every one of us is in trouble. If the rape of women of colour is condoned, then all women are potential victims. If we fail to recognize that a husband forcing sex on a woman is rape, then we are saying that the men we choose always have access to our bodies. If it is acceptable to rape or beat up prostitutes, then not a single one of us is safe. If madwomen, 'retarded' women, or women prisoners are acceptable targets for violence, we can all be subject to assault. We speak here because silence is complicity, and we will not consent to assault on any woman. Each of us is precious, unique and valuable (Raymond et al., 1985, p. 9).

In sum, I could only find a few, scattered references to race and racialisation in the documents I deemed relevant to my study. Race seems to be something brought up only tangentially to the subject of anti-queer oppression in psychiatry, though it is sometimes used to undermine the idea of mental illness as a scientific concept (like the use of "drapetomania" in previous statements by *Phoenix Rising*).

Chapter Five: Discussion

This chapter expands on the results of this thesis research by applying Foucauldian and Butlerian theory to the three broad streams of thought I outlined and analysed above and, further, bringing analysis back to the present discourses we have around sexual deviance and transgender identity through the application of more contemporary theories of discourse and subjectivity. Specifically, I map out the broad conclusions I drew from the three themes of discourses I analysed in the results section. I then apply Butler's ideas around the internalisation of gender to the discourses had about the dichotomy between transsexuals and transvestites; discuss the psychiatrization of perversity in the context of the generation of "perverse" heterosexual identities in Canadian psychiatric thought; re-outlined various strategies which occurred within Canadian psychiatric hospitals, strategies taken up by queer psychiatric patients to generate counter-conduct to psychiatric programs; and applied Foucault's ideas surrounding eugenics to the appearances of racialisation in the documents I gathered from the archives. After this, I discuss Julia Serano's transfeminist theories- particularly, her ideas concerning the normative "predator/prey" dynamic in Western sexual thought- and Butler's expansion of the concept of "abjection" in the context of these discourses, which allows me to return my analysis to the present discourses occurring in North American society concerning sexual deviants and transgender identity. The chapter concludes with a critique of my methods, directions for future research, and a conclusion section for the thesis.

Within these archives, I found three common topics of discourse which, while connecting and overlapping at points, generally displayed three separate discussions of bodies and behaviours which were labelled "queer" sexually and, because of this, were dually labelled "mad" (and vice versa). The first discourse outlined the development of "transsexual" and

"transvestite" diagnoses, which posited that, among transgender people, there were proper "transsexuals" who were gender-conforming (to the gender they identified as), sane (save for their gender dysphoria), and presented repudiated for their sex characteristics pre-transition; and deviant "transvestites," who presented with various mental illnesses like schizophrenia and alcoholism, and presented with what psychiatrists interpreted as sexual deviancy, including a "fetish" for "cross-dressing" and by being non-heterosexual for the gender they identified as (a transwoman attracted to women or a transman attracted to men). This split, which was determined by whether the subject related deviantly (via sexuality) or reacted deviantly (by presenting a diagnosable mental illness), allowed the psychiatric institution to decide who truly "needed" gender-affirming care like sexual reassignment surgery and hormonal therapy.

The second discourse outlined the dual-process of criminalising queerness and perverting certain forms of heterosexuality. Queer people were victimised by the law for broad statutes meant to criminalise "gross indecency" and sex acts which caused harm, and furthermore, psychiatrists were often called on by the courts to help decide whether the arrested person could be determined to be a "dangerous sexual offender." The psychiatric literature covered research on a range of sexual behaviours which were included under DSO policies, eventually generating the category of the "sexually anomalous male" which encapsulated any male identity/behaviour which did not fit the figure of the non-offending heterosexual male. Key features of this discourse included interpreting all sexually anomalous males as more feminine than their non-offending, heterosexual male counterparts (until 1987), interpreting the dangerous offender queer person as more dangerous than their offending heterosexual male counterparts, and, furthermore, generating a category of perverse heterosexuality which could easily demarcate the dangerous sexual offender from other, "normal" heterosexuals (via their "feminine" or socially inept

behaviour). This last feature was treated with heterosocial skills training, based on the assumption that perverse heterosexuals were perverted because they lacked the ability to do heterosexuality "properly" and needed to learn to socialise with women to stop from doing dangerous sexual offences.

The third discourse I outlined focused on the personal testimonies of queer (and, at times, not queer, but marked as such) people in psychiatric wards. The people in these wards experienced a range of treatments, including electroconvulsive therapy (ECT), aversive therapy using noxious gases, insulin shock treatment, and the involuntary administration of psychotropic drugs. They had various strategies for responding to this treatment. Some attempted to conform to the standards of treatment, as Sheila Gilhooly did when she stopped talking about her lesbianism and "smiled in hell" to be perceived as behaving and relating normally. Others embraced queer/mad positionings, refusing treatment for schizophrenia in some cases, and conducting homosexual sex acts (specifically to maintain "treatment," which gave them access to sources of shelter and food) in others. Though the previous two discourse threads outlined the ways the deviant relating-and-reacting assumption was utilised by psychiatrists, then internalised by certain laypersons (like the transsexual activists who used the medicalised model of transness as the organising issue of their activism), the final discourse showed a different relation to this normative assumption. Almost all the testimonies I outlined resisted the structuring assumption of relationships and behaviour which placed them in psychiatric wards. However, some worked within it; while it would be wrong to say certain testimonies represented an "embracing" of the sexual-sanist assumption, there were certainly people who embraced the labels given to them by psychiatry and society (schizophrenic, homosexual, queer, etc.) and worked with the tools they had to survive. I argued that this is a form of counter-conduct, or certain forms of struggles

which challenge certain dominant ways of being conducted without negating the general condition of conduction (Foucault, 2009, p. 215), considering they utilised certain tools of the conduct programs they resisted without necessarily aiming to topple the entire institution of psychiatry.

This research falls in-line with the work of Spandler and Carr (2022), King and Bartlett (1999), and Davison (2020), by validating the fact that aversion therapy spread into Commonwealth countries in much of the same way deinstitutionalization spread from the United Kingdom and into the Commonwealth (Moon et al., 2015). Aversion therapy was the primary form of therapy used by Canadian psychiatrists in the treatment of sexual deviancies, occurring in over three-quarters of hospitals treating sexual deviancies (Borzecki and Wormith, 1987, p. 36). It also falls in-line with Foucault's research into the psychiatrization of sexual deviancy/perversion- Canadian psychiatrists, in seeking more "humane" treatments for sexual offenders (Hutchison et al., 1961), worked in-tandem with the criminal justice system to provide a host of treatments in hospitals and prisons, generating diagnoses that marked perversion as something offenders *were*, rather than something they did (Taylor, 2016, p. 100). Furthermore, they build "pathological" and "normal" states of transness, sorting bodies into those in need of transgender treatment (access to changing the body) and those who were pathological transvestites (who should not have access to changing the body) (Foucault, 2012, p. 105). Certain trans subjects, in turn, internalised this gender logic by the medical model, giving courses on presenting the internal gender identity "properly" (i.e., according to gender-normative standards that would appeal to psychological professionals) and mandating that transsexuality was along the "heterosexual range" of sexual dysfunctions, as with the early Metamorphosis publications.

This is remarkably in-line with Butler's heterosexual matrix as well, using heterosexuality as a marker of gender conformity and representing a kind of discourse of normativity and deviance.

Foucault and Butler

When applying Foucauldian and Butlerian thinking to the results of this thesis, the concept which best applies to the transsexual/transvestite discourse is that of governmentality. For Butler, sex and gender are both social constructions, enacted as the internalisation of sexualised norms. We can only understand sex and gender as co-constitutive, both being deployed as sexualised discourses (because sex is a discursive construction deployed for the regulation of sexuality- as such, all our interpretations of bodies as "sexed" objects can only be interpreted through a gendered lens). The transsexual/transvestite discourse represents an attempt to include those deemed "gender dysphoric" into the governmentality of gender. Predetermined sexual/gender norms already ingrained into Canadian society (which came from European sources) have been reified by psychiatric discourses, the language of psychiatry used to ingrain the subject's body with gender; when the subject declares that their internal sense of identity does not align with this ingraining of gender, psychiatrists (and physicians) utilise technologies to "correct" the body to align with the "mind" or "brain." Gender, in this discourse, is simply a psychological sex, an internal experience of sex assumed to be "out of alignment" with the body (evidenced by F.A.C.T.'s discourses concerning transsexualism; Benjamin's definitions of transsexualism, utilised by transsexual activists; and by statements made by psy-aligned professionals, including Doreen Kimura's statements on the idea of being "behaviourally" on sex but "genitally" the other) (Kimura, 1987).

But there is tight control over who should have access to these technologies of change. It must be protected by gatekeepers (psychiatrists) who decide who occupies the narrow category

of identity which "needs" transitional/body-change technologies. Hence, the transsexual/transvestite divide. Psy-aligned professionals are posited to be professionals who can diagnose the psychic interiority of the trans person to determine which category they occupy in truth, when transsexuals and transvestites can present as very similar subjects. This is done through a psychiatrized and sexualised process- markers of other mental illnesses (like schizophrenia and alcoholism) can call the subject's testimony (or confession of their sexualised life) into question and provide justification for labelling the subject as a "transvestite" (*Doctors' Changing Community,* 1972). Similarly, the presence of sexual deviancy- cross-dressing for pleasure, exhibitionism and other fetishes, etc.- marks a supposedly "true" masculine gender identity within the transfeminine subject, regardless of any other aspects of their story.

Gender is also internalised in this process- as evidenced by the fact that the Gender Identity Clinic of the Clarke Institute required patients to live as their preferred gender *before* they could receive treatment as a standard practice, without the assistance of hormones or surgeries or legal documentation changes (Steiner, 1985, p. 330). This is a process that was assumed to be "natural" for transsexuals, who could already "pass" for women before seeking assistance, while transvestites were interpreted as bad at passing. And the transsexual activists of this time, in writing advice for other trans people to actualise their "true" gender, wrote of how the transsexual woman would "naturally" pose as feminine as a "true" transsexual (Ghoush & Benjamin, 1979, p. 7). Other gender norms were called upon as essential to transsexual identities, heterosexuality being an indicator of a true transmasculine identity for transsexual men (Raj, 1987, p. 7). Through this internalisation of gender norms, transsexual subjects could maintain access to gender transition technologies, in itself a form of biopower (biopower over the self, over the means of controlling one's body and gender expression through medicalised

and legal means, as the Gender Identity Clinic could provide assistance to patients who wanted to legally change their gender (Steiner, 1985)). The prescription of gendered movements, behaviours, and poses which should be "natural" to the transsexual woman; the assumption of heterosexuality in the transmasculine subject (therefore, conforming to the heterosexual matrix of gender); and the conferences and gatherings meant to teach trans people how to "actualise" their internal gender, all represent a form of governmentality, a self-surveillance of gender norms to access the biopower of gender transition. In this case, gender transition is not just the transition from one body into another, but the transition from gender deviance into gender normativity, which is alignment with the logic of "sex, conceived as a brave but thwarted energy waiting for release or authentic self-expression" (Butler, 2007, p. 129).

I find the second discourse as highly in-line with the psychiatrization of perversity covered in Foucault's *the History of Sexuality,* but applied to a specific, sexualised identity category. The psychiatrization of perverse pleasure involved the following processes:

> "the sexual instinct was isolated as a separate biological and psychical instinct; a clinical analysis was made of all the forms of anomalies by which it could be afflicted; it was assigned a role of normalization or pathologization with respect to all behavior; and finally, a corrective technology was sought for these anomalies" (Foucault, 2012, p. 86).

I believe this discourse represents an application of this process to the figure of the heterosexual and the criminalised queer. (Remember, homosexuality was "decriminalised" before the publications of the documents I found and grouped into this research). As a separated, biological/psychical instinct- one which could be changed, under the thinking of behaviourist theory-it was theorised that humans had an inherent, natural, and normalised "path" of sexuality which they would follow if socialised "correctly" (Tillier, 1988). But if socialised incorrectly, via

conditioning or trauma, the sexual instinct could be knocked off its natural path and imprinted upon, creating a perversion off of its original, heterosexual course. Much like the sexologists and psy-aligned professionals Foucault studied, the psychiatrists of Canada attempted to typologise all the different forms of sexual perversions under their purview, grouping commonly-criminalised behaviours and constructed identities under the label of the "sexually anomalous male" (Langevin et al., 1978). The "sexually anomalous male" emerged soon after the debates over Bill C-83 occurred, as a broader umbrella term which included many behaviours criminalised under "dangerous sexual offender" legislation. This discourse served to provide a commonality among all these disparate categories, aligning homosexuals, transvestites, exhibitionists and fetishists together due to their common behavioural pattern of "femininity" (at least, until critiques sprung about the definition of femininity used in these studies in 1987) (Langevin et al., 1978; see also, Lang et al., 1987). By suggesting that all these disparate categories of "sexual perversions" had something "quite important in common," psychiatry provided a common, but contested, source of sexual perversions in the male (Marshall, 1984, p. 235). Furthermore, this served to separate the "perverse heterosexual" from the "normal" heterosexual- those exhibitionists, rapists, and paedophiles which caused sexual harm could be considered a separate category than normal heterosexuals, due to their identifiable behavioural and relational differences which could be seen clearly by the psychiatrist.

Furthermore, corrective technologies were proposed and tested to re-constitute the sexually anomalous male. Most so-called sexual offenders (which would have included those who caused actual sexual harm, and adults having consensual sex and criminalised ways) would have experienced aversion therapies, as nine out of twelve Canadian hospitals which treated sexual offenders had employed these techniques (Borzecki & Wormith, 1987). This aversion

therapy included electroconvulsive therapy (ECT), the use of noxious gases, and psychotherapy, to recondition the sexual offender away from their deviant behaviour and towards normalised, heterosexual behaviour. Activists also alleged that aversion therapy was used in prisons, with a policy implemented that meant "no aversion therapy, no parole"(Phillips, 1976, p. 5) Another corrective technology was proposed- heterosocial skills training, which argued that males who could not develop the "skill" of obtaining consensual sex with a female would "resort" to rape and sexual assault against children (Whitman and Quinsey, 1981, p. 105). By training the sexually anomalous male in how to socialise with females, psychiatrists theorised that they could correct sexually-anomalous behaviour and help sexual offenders to behave "normatively," which would improve their sex lives to the point that they would not "need" to resort to deviant sexual behaviours. This theorisation implies that 1) there is a sexual instinct that "needs" to be satisfied, and 2) that males who could not satisfy their sexual instincts would be "perverted" off their normative course and, essentially, be forced by their instinct to obtain sex in harmful ways.

The third discourse, I would argue, represents the resistances and contestations activists and psychiatrized laypersons took up in response to the governmentality of sexual, gender, and behavioural norms. Just as power is decentralised and relational, occurring at nexus points of nonegalitarian relations, resistance to power presents as a multiplicity of strategies, for where there is power, there is resistance (Foucault, 2012, pp. 77-79). This represents a form of counter-conduct, which is necessarily de-centralised in response to centralised conduct programs (Foucault, 2009, p. 215). Similarly, a variety of actions and statements presented themselves, in groups and within individual encounters with power. This is because power is relational, and where there is power, there is resistance to power- and so, resistance is relational and contextual, based on the individual sites and forms within which it emerged (Foucault, 2012, pp. 78-79).

Resistance to psychiatrized power, in this case, is resistance to the internalisation of power and norms within the body. Organisations focused on aiding ex-mental patients and resisting mental hospitals, naturally, would form an anti-psychiatric praxis, rejecting the notion of mental illness altogether, as the concept of mental illness constituted the major axis of their oppression (see, *In a Nutshell* and *Phoenix Rising*). The LGBTQ organisations I analysed (and I do exclude the "2S" from this acronym intentionally in this case- the organisations I reference, by and large, were not concerned with Indigenous people and their oppression), however, took on more of a critical psychiatric praxis, rather than being totally anti-psychiatry. Though certain organisations critiqued the APA for their inclusion of "sexual orientation disturbance" following the removal of "homosexuality" from the DSM, others did not critique the decision and do not wholly reject psychiatry as a practise. Susan White (whose story was outlined previously) similar wrote an article (right below her article on her experiences with abuse in psychiatry) on how to choose a "good" therapist as a gay or lesbian person, outlining various forms of therapy which were more or less "friendly" to gays (White, 1979, p. 22). This is further proof of counter-conduct, as counter-conduct does not reject the conditions which generate conductance wholesale (Foucault, 2009, p. 215). The strategies I outlined in the "Maddened Queers and Queered Crazies" section all represented varying forms of counter-conduct, which were generated in decentralised ways to re-utilise certain psychiatrized discourses while resisting the "inappropriate relating-and-reacting" assumption of normative psychiatry.

Resisting the assumptions of gender, sexual, and behavioural norms took other forms. Sheila Gilhooly, for example, fully embodied these norms during her stay in the psychiatric ward for the express purpose of getting out of her encounter with psychiatric power quicker. Once out, she embraced her lesbian identity, which psychiatrists attempted to keep her from expressing.

Similar stories were in *Phoenix Rising,* with Iris Shimrat rejecting both gay and straight therapists (who told her to conform, read: internalise norms concerning gender and behavioural expression, which represents a kind of power) to embrace liberation politics and enact a liberationist subjectivity (Shimrat, 1990). In an overarching observation, women who experienced psychiatrization used their discourses to affect a critical consciousness on psychiatry, as a whole, and used that to subvert their gender roles, for which they were psychiatrized in the first place.

Other forms of subversion occurred within Tom Pollock's experiences with the psychiatric ward, where he encountered both psychiatric power and the internalisation of that power within other mental patients. I would argue this is not an outright resistance to psychiatric power, but still represents a subversion of it, or a counter-conduct to a normalizing, psychiatric conduct program. Pollock's realisation of the agency of the other patients (when he was punched by one of them, after he attempted to make fun of him) clued him in to a different interpretation of the behaviours of his peers. By interpreting the mental ward as a culture- a culture that was both intentional and ritualised- he realised that so-called mentally defective behaviours (defecating on the floor, eating with one's hands, same-sex sexual acts) were generated in response to both the stressors of the outside world (which the patients could not handle) and the temporary reprieve from these stressors the psychiatric ward presented. By taking on mentally illness signifiers, ward patients could maintain access to resources in the ward (among other goals- experiencing intimacy, for instance).

As far as the fourth piece of my results section, my application of Foucauldian theory can only be tenuous, as there is little connecting these documents together and to the other discourses in this thesis. However, if I were to interpret Rushton's racialised discourses, I would argue that

Rushton (and his fellow scholars) were engaged not just in a process of studying sexual perversions (early-life sex, rape, and assault), but were also engaged in the sexualised racial project Foucault outlined as an attempt to identify and protect the germ line of the race (Foucault, 2012, p. 97). By linking Black, white, and Asian sexual behaviours to the sexual instinct of the species (via differential rK theory), Rushton theorised that the sexual behaviours of these different populations were passed down over lines of descent. The sexual dysfunction of the population is identified as genetic and passed down through evolutionary processes. This is much like how the argument of "degenerescence" explained the heredity of perversion, how the wrong kinds of sex acts could degenerate the line of descent and devolve the species as a whole (Foucault, 2012, p. 98).

Under the auspices of naming differences between the races, Rushton implied that the fundamental differences between these races was a sexual one- and that sexualised differential was the cause of issues faced by Black populations across the world, including "fatherless homes" and higher rates of sexual assault. This analysis is, of course, racist- across the world, Black communities are criminalised, surveilled, and regulated at higher rates than other populations, contributing to higher rates of criminalisation not experienced by white populations. This could also represent a concern over the figure of the child and its sexuality, considering Rushton's emphasis on the effects of "fatherless homes" on Black children (who he measured as having sexual encounters earlier than other populations). Degenerescence, similarly, required the state to monitor and surveill "dangerous" or "endangered" children- if this is not the logic of degenerescence, explained and repeated in the 1990s Canadian context, then Rushton's racial discourse is degenerescence's natural outcome, utilising the tools of surveillance (INTERPOL

data) and an evolutionary/genetic discourse (differential rK theory) to justify a racist ordering of sexuality (where Asians > whites > Black people) (Foucault, 2012, pp. 97-98).

In terms of the references to racialised peoples within the Madness Canada archives, the discussion of eugenics and forced sterilisation is, obviously, another natural outcome of degenerescence- eugenics is the technology developed to combat the empty problem of degeneracy and the "threat" racialised populations pose to white settler-colonial systems of power (Foucault, 2012, p. 97). Clearly, further research is needed to know the extent of eugenics' reach into the discourses surrounding race and sexuality in Canada, and how those discourses intersected/overlapped with the larger discussion of sexuality and psychiatry in Canadian psychiatric history.

Discourses in the Present

In modern contexts, sexual-sanism continues, with discourses of sexuality marking people as sexually deviant and, because of that, both mad and invalid in their identities and subject-positionings. This is most prominent in current discourses of transgender identities and requires a particularly transfeminist interpretation of psychiatry and sexualization to understand. Julia Serano argues that sexualization is the process of using sexuality to leverage power over a person (Serano, 2007, p. 254). For Serano, sexualization as a trans woman is much more aggressive, explicit, and sudden than the sexualization she experiences when people assume she is cisgender, and this is because trans women are seen as enabling their own sexualization- after all, they are choosing to transition from male to female (Serano, 2007, p. 266). This leads to a mischaracterization, that trans women are specifically transitioning to lure men into sex with them- in practice, belittling transfemininity and centering heterosexual male desire (Serano, 2007, p. 259). We can see echoes of this in characterizations of effeminate homosexuals present

in Canadian literature, who are interpreted as cross-dressing purely to attract men (Beitel, 1985, p. 191).

Serano also discusses the transvestite/transsexual split in psychiatry and places the role of sexuality in differentiating the dichotomy. ". . . psychiatrists required transsexual women to be willing and able to become desirable sexual objects in the eyes of men. For many decades, those MTF spectrum trans people who failed to meet any of these criteria. . . were denied their requests to physically transition and were often presumed to be 'merely' transvestites" (2007, pp. 263-264). She points to the vague definitions of transvestism in history, which somehow still excluded homosexual crossdressers from its diagnosis, because their desired sexual objects were not women (Serano, 2007, p. 264). In essence, transvestites are portrayed as fetishizing femininity/womanhood when their sexual attraction is not directed towards men, configuring them as predators in a normative predator/prey dynamic where women are always passive sexual "prey," and those who desire women have an innate "predator" nature (Serano, 2007, pp. 266-267). All these theories, dichotomies, and configurations serve to sexualize transwomen and, in turn, delegitimize their gender identities (Serano, 2007, p. 271).

This has a sanist undertone. Transvestites were not just sexually deviant, but mentally ill in the psychiatric discourse. Just as much as sexuality constitutes biological (or psychological) sex, so too does "mental illness." In diagnosing the gender-deviant subject as schizophrenic, psychiatrists used the deviant relating-and-reacting assumption to define the subject as "merely" a transvestite- someone who cannot transcend their innate, biologically determined psychological sex. The idea that schizophrenics- or alcoholics, in Alcorn's case- are merely "confused" about their sex role implies that the only treatment which can be prescribed is a corrective one, rather than giving them control over their own bodies by giving them the means to physically

transition. To be a proper transsexual- one of the few allowed to cross the psychological gender divide- means being "sane," which means relating appropriately (heterosexually and without fetish) and re/acting appropriately (not presenting other mental problems).

The sexualization of transness continues to be used as a tactic of delegitimizing and, further, rendering trans people as sexually dangerous and mad of mind. In 2022, the terms "groomer" and "pedophiles" increased by 406% on X (formerly Twitter) after Florida passed the "Don't Say Gay" bill, in a coordinated effort to paint LGBTQ+ folks as sexually dangerous (Berg-Brousseau, 2022). Politicians have called those who denounce the school censorship of trans-centred curriculum, as well as the outing of transgender kids to their parents, "groomers," and their schools are grooming centres for "gender identity radicals" (Natanson & Balingit, 2022). Seemingly, this sexual-sanist assumption has moved beyond separating trans people from each other to lumping ALL trans people into the "predator" category. More recently, bills have been introduced to restrict gender-affirming care for people with autism and other "mental health conditions," (Rummler and Lutermnann, 2023), mimicking the way in which schizophrenia was used to differentiate mentally ill people from "true" transsexuals.

There is also something to be said of the "dangerous sexual offender" discourse, which bleeds into transgender discourse but has much wider implications. The psychiatrists who marked DSO's as feminine did not just observe, objectively, some personality characteristic in a sample of a population; they were seeking a common signifier among sexual predators, a way to pick out the dangerous, perverse heterosexual from normal heterosexuals. Further, by using Freund's sexual deviancy model and Money's Love Map theories, psychiatrists implied that something must have "gone wrong" in the sexual predator's development, that they learned their sexual predation through conditioning that could be undone by, essentially, becoming a "nice

man" and learning to socialise with women "properly." Now, this social skills training might have been effective in some contexts- the populations they tested these treatments on were, already, markedly behaviourally challenged, as indicated by their diagnoses- but it is flawed to assume that all who are sexual predators could be represented in a sample pulled from a prison ward of psychiatrically challenged prisoners. Many men who cause harm sexually never set foot in a prison- in 2019, only 6% of sexual assault cases were reported to police in Canada, and in the past decade, at least 90% of cases went unreported (Vilkhov, 2023). Furthermore, only one in nine reports to police receive a conviction (Ruze, 2021). This thinking also assumed that men would resort to rape or child molestation because they did not know how to obtain consensual sex with a woman, hence the heterosexual skills training. This focuses the goal on simply obtaining sex "properly," which ignores the context in which most sexual abuse occurs.

The literature on causes of sexual assault is incredibly varied and takes a variety of approaches to the subject. However, generally, institutional, systemic, and power structures are implicated in perpetuating sexual violence. One study, in attempting to research the associations between alcohol use and sexual assault on campus, suggested (based on their findings) that college policies concerning alcohol could aggravate situations which could give those with intent to cause sexual harm more power and control over their intended victims. Especially for freshmen and sophomores (first-year and second-year university and college students), parties present a major risk factor for encountering people with intent to cause harm; institutional arrangements concerning alcohol, particularly, the rigorous enforcement of alcohol use on campus, can drive people to drink off-campus, which gave fraternity members control over the party atmosphere and women's vulnerability (Moylan & Javorka, 2020). Universities with major athletic cultures, as well, are prone to protecting athletic team members, as sports bring in money

and scandals can ruin that money flow (Moylan & Javorka, 2020). Teammates of perpetrators, in particular, are encouraged to protect the team from consequences, allowing perpetrators to act with impunity in college contexts (Moylan & Javorka, 2020). Fraternities, generally, foster aggressive, hypermasculine, and hypersexual cultures, encouraging sex with vulnerable people and protecting those perpetrators in the process (Moylan & Javorka, 2020).

Unwittingly, the psychiatric literature of the time period studied reified the rape myth of the "sex-starved perpetrator," an aggressive, degenerate figure that attacks women when his sex starvation reaches a tipping point. In reality, the statistical profile of the average perpetrator is a man with an active, consensual sex life outside of the perpetration, who attacks the woman in her own home, without a weapon, and without the woman fighting back- often, because she has been scared into submission (Sweeney, 2020, pp. 137-138). Few survivors sustain physical injury from the event, which leads to judges disbelieving their story because if it was nonconsensual, why wouldn't she fight back (Sweeney, 2020, p. 138)? We see here that the profile of the perpetrator is actually fairly average, and hard to pick out.

It reminds me of the literature on batterers within family systems. The entire thesis of Bancroft et al.'s (2012) handbook on batterers- men who commit physical, sexual, and psychological abuse against their partners- is that batterers are difficult to pick out from a crowd. While violent behind closed doors, batterers know how to present as "normal" to the outside world, and set up systems within the family dynamic to isolate individuals from each other, turn children against their mothers (and each other), and prevent anyone, including the victim, from speaking up and revealing the violence outside of the home (Bancroft et al., 2012).

Furthermore, 90% of abusers are people "who children know, love and trust," with 30-40% of victims being abused by a family member and 50% being abused by a family friend or

trusted person (*Child Abuse Statistics*, n.d.). These are, of course, contexts in which adults have a significant amount of power and authority over children. As we can see, the myth of the sex-starved perpetrator- the predator hiding in the bushes- is, indeed, a myth and displaces blame for sexual assault away from the way we structure power and power dynamics in our society and towards individualizing, identifiable behavioural characteristics, so that we do not have to believe sexual assault could happen to us and is not a random act (Sweeney, 2020, p. 137).

The kind of "dangerousness" produced by these discourses- backed by psychiatric opinion, most often deployed for folks being both psychiatrized and criminalised- is also reminiscent of Judith Butler's theorisations of abjection and dangerousness. Butler discussed at length the military tribunals and public engagements that occurred in the wake of the September 11 attacks on the Twin Towers in the United States, and the decision to put certain prisoners away at Guantanamo Bay. (Note that not all of the imprisoned were involved in the 9/11 attacks.) The decision to place these people in prison is based on a standard of "dangerousness," a concept Butler critiques at length.

> The danger that these prisoners are said to pose is unlike dangers that might be substantiated in a court of law and redressed through punishment. . . Establishing dangerousness is not the same as establishing guilt. . . A certain level of dangerousness takes a human outside the bounds of law, and even outside the bounds of the military tribunal itself, makes that human into the state's possession, infinitely detainable. What counts as 'dangerous' is what is deemed dangerous by the state, so that, once again, the state posits what is dangerous, and in so positing it, establishes the conditions for its own preemption and usurpation of the law (Butler, 2004, pp. 74-76).

Now, the situations which determined sexual offenders to be "dangerous" were not the same as the military tribunals which determined terrorists (or those culpable with terrorists) to be dangerous. Nevertheless, "dangerousness" proves still to be a nebulous concept, occurring at the exact intersections of psychiatry and criminality. And it is this dangerousness that makes those subjects deemed "dangerous" abject. Abjection is a rendering of subjects- of bodies- into non-meaning, to make bodies into bodies which do not matter- which are not worth mourning- which are not valued (Meijer & Prins, 1998, p. 279). They are bodies which are not legitimate, politically or normatively (Meijer & Prins, 1998, p. 279). Though not reduced to heteronormativity, it can often be produced by typology as part of the process of pathologisation. Sexualities get rendered as abject when they are considered improper, but that is simply the starting point- abjection gets rendered when we investigate outside of the im/proper binary, outside of binaries in general (Meijer & Prins, 1998, p. 284). For the victims of the United States carceral state, this abjection gets rendered first by their dangerousness- rendering them non-people, too dangerous to remain exposed to outside society- and then actualised by their incarceration, which keeps them in a site of abjection, separated from society in a maximum-security prison, permanently non-subjects because the larger society cannot view them.

In the context of broader Foucauldian studies, abjection is a form of subjectivity. Pulled from Kristeva's concept of discursive abjection, Butler originally used abjection to explore "how normative heterosexual identities are circumscribed via a process that rejects and excludes 'figures of homosexual abjection'" (Phillips, 2014). In essence, heteronormativity is defined, in part, by defining what it is not, via encounters with the non-subject of homosexuality- heterosexuality is defined by not being homosexual. Though abjection is the rendering of people into non-subjects, it still requires definition, borders surrounding the subject with which to cast

out the abject (Phillips, 2014). So it is a kind of subjectivity which denies subjectivity. Though abjection has its roots in psychoanalytical thinking, we can ground the theory of abjection in material reality by looking at what happens when people are labelled, discursively, as abject, through discourses of dangerousness and disgust- they are cast out of society, into jails, prisons, hospitals, etc- they are rendered non-subjects via their exclusion from public life, is sites of high surveillance. Abjection can also be reclaimed as a subjectivity. "Trans activists have taken up abjection as a constructive political strategy, which can disrupt and confound long-standing systems of power that are sustained by the methodical exclusion, repression, and silencing of certain others" (Phillips, 2014).

I would argue, in the context of my research, that the unifying process occurring here is abjection. The transvestite gets sorted into the "predator" category and has her gender rendered abject, when her sexuality *and* psyche is outside of what a transsexual woman "should" be, thereby excluding her from renderability as a woman. The homosexual becomes a "dangerous offender," and therefore a predator, when he is caught in an act of gross indecency, charged by the carceral state, and deemed "dangerous" by two psychiatrists who decide he might commit the act again; this renders him abject to the point of needing to be locked away indefinitely, held by the state. It is only by rendering oneself as "normal" within the psychiatric ward that psychiatric patients can escape abjection and become renderable citizens in society outside of the site of abjection- the psychiatric ward.

This is not a perfect application. I believe that abjection is best illustrated in the DSO/sexually anomalous male discourse, which represents the nexus of criminalisation and psychiatrization. It is the combined weight of a psychiatric diagnosis/psychiatric opinion and carceral policy that fully renders the DSO as so abject to be non-subject- to be so dangerous as to

need to be locked away- to be so dangerous that he cannot be a "normal" heterosexual, must embody some perverted form of heterosexuality. Abjection can still be applied to these other discourses though, on smaller and more individual scales. To be "just" a transvestite is to be a predator who cannot overcome "his" biology and have access to body-changing procedures, gender identity now being rendered null and not proper. Abjection has blocked the transvestite from receiving the treatment she desires. Abjection in the third discourse represents more of a site than anything else, a place where people become abject for a period of time (sometimes indefinitely). This abjection allows the general public to not think of those who relate or re/act "improperly," kept out of public life through confinement to a hospital or ward. As well, this abjection allows the staff to conceive of the patient as a non-person (as in Pollock's ward, where the guards regarded the patients as "pigs" they could mistreat at will) who need to prove their personhood through normalcy (smiling in hell), who the state and hospital must "take care of" against their will and consent.

Limitations- Frayed Threads and Incomplete Discourses

As a historical project, this research has limitations. It cannot measure the effects of the historical treatments presented over time in the individuals whose testimonies were found. An oral historical project would round these results out and, further, provide first-hand validation for the history covered in this thesis project.

Another glaring aspect of this thesis is a lack of discussion on race. This is partially due to a lack of discussion of race as it intersects with sexuality, gender, and psychiatrization within the archives I searched. I did find a couple of articles in newsletters which concerned the overlapping of queer and mad oppressions, including an article in Volume One, Number Four of *Phoenix Rising.* This article discussed the involuntary sterilisation of women in Canada,

highlighting the eugenics project taken against Indigenous, Black, sex worker, and Eastern European women across the country (Sawyer, 1981, pp. 15-18). Discussions of racism were short, but more prevalent, in ex-mental patient archives (in contexts divorced from discussions of 2SLGBTQIA+ oppression by Canadian psychiatry)- drapetomania appeared as proof of the invalidity of mental illness as a concept, for instance, and many of the volumes I found in the *In a Nutshell* collection had at least a passing mention racism in terms of class and/or psychiatric oppression. Future archival research would benefit from searching for archives on QTBIPOC (Queer, Trans, Black, Indigenous, and People of Colour) activism and ex-mental patient movements with prominent BIPOC leaders to analyse the role of race and ethnicity in shaping psychiatric discourses of sexuality. As it stands, the archives I searched through highlighted more mainstream lesbian, gay, bisexual, and transsexual movements, which would have centred white queer activism and advocacy, even among the more left-leaning, radical papers like *the Body Politic.*

Further research, in turn, should dig into provincial archives to 1) uncover local contexts, and 2) make ties between Canadian psychiatry and eugenics, especially in provinces with prominent eugenics programs. Ladelle McWhorter (2009) discussed at length the eugenics movement in United States politics and medical programs, which naturally included psychiatry. Through her analysis of eugenics, she was able to highlight the inherent interconnections of racism and white supremacy, queerphobia, classism, and sexism and patriarchy in the racial project that is the United States of America. Research needs to be done to see if similar processes- specifically, the eugenic targeting of queer and trans bodies, especially those queer and trans bodies which were also marked as Black, Indigenous, poor, and disabled- occurred across so-called Canada, under which contexts, and why. The specific search for the

interconnections of eugenics and psychiatry in Canada would, likely in turn, provide more data for the specific analysis of race in this research.

Conclusion

This thesis used a Foucauldian genealogical method to understand the history of 2SLGBTQIA+ psychiatric treatment in Canada between 1962-1991. It was conducted because there is a relative lack of literature on the subject of 2SLGBTQIA+ relationships with psychiatry in Canada, compared to regions like the United States and the United Kingdom. Five archives were assessed in total. Three of the archives represented queer (*Archives Unbound: Social Politics and Community Support* and *Archives of Sexuality and Gender*) and ex-mental patient (*Madness Canada: In a Nutshell* and *Phoenix Rising* collections) activism, and two of them represented the perspectives of psy-aligned (Canadian Psychological Association publication archives: *Canadian Journal of Experimental Psychology, Canadian Journal of Behavioural Sciences,* and *Canadian Psychology*) and sexological (*Sex and Sexuality*) professional perspectives. By tracing the discourses within/among professionals, within/among activists, and between those two groups, I was able to trace three forms of the discursive construction of "queerness" (as an abnormality; as a resistance to normative identity constructions; and as breaks from cis-heteronormativity) during the time period analysed. The following two questions guided the research:

1) How did the Canadian psychiatric institution construct "queerness" within sexual and mental health discourses from the 1960s-91? Conversely, how did they construct "successful" sexual/gender identities?
2) How did queer laypeople (2SLGBTQ+ people not trained in psychiatry and psychology) in Canada respond?

By conducting an archival study of previous psychiatric and sexological publications and professional correspondences, and of 2SLGBTQIA+ and ex-mental patient literature and organising, I found that psychiatrists often defined "queerness" through a particular framework of sexual-sanism. Sexuality could be used to mark someone as insane, and insanity could be used to mark someone as sexually deviant. This discourse carried out in the development of a transsexual/transvestite binary; legislation around criminalised queer activities, and literature concerning dangerous sexual offenders as a subset of sexually anomalous males; and the resistance to this discourse/appropriation of it by queer and non-queer subjects placed within psychiatric wards. In this way, I was able to show how psychiatrists defined queerness as pathological through a framework of "inappropriate relating and reacting" assumptions which appeared in two forms of discourse and was resisted through a third discourse which was generated by laypersons resisting their treatment as "mad" due to their queerness. They did this by reclaiming labels placed on them (lesbian, gay, transvestite, and mad) and creating a "pride" in their identities that was both sane and insane, legible and illegible, generating a form of counter-conduct to the conduct programmes of psychiatric hospitals.

I chose to approach this research through a Foucauldian genealogical strategy due to genealogy's ability to trace discursive constructions over time. By tracing these constructions, one can see how power and shifts in power affect discursive constructions and, in turn, the subjectivities of people affected by the discourses. Foucauldian genealogy asks us to view individual documents as written within a particular context in time and location, and written by people with particular affiliations and motives. I aimed to honour this by placing each document within its context, gathering contextual information as part of my data-gathering process. Genealogy also asks us to re-contextualise these documents, placing them in context of larger

processes of power; I aimed to do this by placing these documents in the context of the most common themes I could find across my sample and, further, placing those themes in the context of an overarching framework of understanding pulled directly from the text of the documents I gathered.

My archival analysis was informed by Foucault's theories of sexuality as a social construction- our sexual identities being discursive constructions generated by power and responses to power- and Butler's approach to understanding gender, gender being a discursive construction alongside sex, rather than the two constructions being two separate contexts where sex is more "biological" (read: permanent) than gender. Sex and gender are both discursive constructions, and this holds true in my analysis: sexuality affected the ability of certain subjects deemed "transvestic" to "transcend" their biology, their pathological sexualities evidence that they needed to remain their "biological sex." Furthermore, a form of perverse heterosexuality emerged from my analysis, informed by Foucault's understanding of a discourse of psychiatry which psychiatrised "perversion;" perverse heterosexuality was assumed to be heterosexuality knocked off its "natural" course and in need of correction, in the form of confinement, aversion therapy, and heterosocial skills training which could revert the perverse heterosexual into its normative form. The conceptualisation of perversion as "mad," in need of psychiatric intervention, justifies a range of psychiatric practices and programs in this way. The third discourse allowed me to explore different forms of counter-conduct, in which subjects embraced the identities they were subjected to (mentally ill, queer) through embracing their inappropriate relating/reacting (homosexuality, schizophrenia, etc.). In all, these three discourses, though appearing in different contexts across time, all intertwine around this relating and reacting framework. In this way, sanism is the cause of this discourse- this assumption which makes up

my framework for understanding the discourses I analysed was driven by an understanding of mental illness as a problem which needed to be solved, marked by behaviours (reactions to the world, ways of relating to others) which needed to be "corrected" for the subject to be "sane." In effect, this sanism drove various beliefs, like "dangerous sexual offenders" being more feminine than their non-offending counterparts (and criminalised queer people being more dangerous than their heterosexual counterparts), and that trans people who present deviant forms of sexuality cannot be "true" transsexuals, and similarly, trans people who present certain mental illness diagnoses cannot be trusted to convey their genders, in effect, blocking them from gender transition technologies. By understanding these discourses as being driven by sanism, we can understand the ways in which mental health/madness, sexuality, and gender co-constitute each other, in history and in contemporary discourses.

My research was limited by the sample I gathered from my archives. In particular, the activist groups I pulled documents from were majority-led by white people who, naturally, in the settler-colonial Canadian state, would prioritise issues faced by white LGBTQ people in psychiatry. People of colour were rarely represented in the discourses I found concerning the intersection of sexuality and psychiatrization, save for a few, disparate documents with little commonality in terms of statements or sources. Furthermore, the method I utilised itself has limited scope- though one traces discursive constructions to the present through a genealogy, the lived experiences of people undergoing aversion therapy for their queerness are missing outside of their appearances in written documents. Future research into this topic would benefit from utilising oral history to measure out the effects of aversion therapy over a long period of time (more effectively connecting this history to the present in the process). Studies which focus on race as a variable by seeking out QTBIPOC archives, as well as provincial archives containing

significant eugenic material, would assist in the gap in racial analysis in this thesis, as it only engaged in mainstream activist discourses across the nation. This approach would also explore better the issue of Canadian psychiatry's connections with eugenics, expanding the discourse to new contexts and providing an opportunity to validate or challenge the conclusions of this research study.

This research is in-line with Foucault's theories of the psychiatrization of perversion, continuing Foucauldian studies of sexuality into the particular Canadian context and showing how queerness, perversion, and madness were intertwined and co-constitutive within Canadian discourses. Additionally, I have filled in a research gap in previous, historical research into the subject of anti-queer psychiatry and treatment for queerness. This was explored in places like the United Kingdom, the United States, and the Soviet Union, but not in Canada. This is in spite of the fact that anti-queer aversion therapy spread from the United Kingdom into Commonwealth countries like Australia and New Zealand, which is well-documented. Furthermore, literature on deinstitutionalization shows that Canada followed in the same psychiatric trends in other Commonwealth Countries. This research filled in that research gap concerning anti-queer aversion therapy in Canada by revealing the influence of aversion therapy on Canadian psychiatry. Furthermore, I connected these discourses are continued in our current, modern discourses of transmisogyny and moral panics about youth being "groomed" into becoming transgender, as well as in the ways we understand sexual dangerousness as something that can be easily seen and marked, rather than something that occurs in abusive power dynamics. In this way, we can understand that the psychiatrization of queerness has not ended with the condemnation of practices like anti-queer aversion therapy and conversion therapy by psychiatric institutions. Modern discourses continue to sort sexual practices into "perverse" and "normative"

categories, in many of the same ways in which they occurred from 1962-1991, with “perverse” sexual practices being considered “queer” and, in turn, having consequences for the treatment of queer people in modern North American society.

Bibliography

Alberta Teachers' Association. (2018). A Timeline of Alberta's Indigenous History [Digital]. *Stepping Stones*, 1–12.

Alcorn, D.E. and Gebherd, P.H. (1960, December 5-1965, April 5). [Mutual correspondence letters]. Institute for Sex Research Collection. Sex and Sexuality Archive, digital.

Ali, N., Fleisher, W. & Erickson, J. Psychiatrists' and Psychiatry Residents' Attitudes Toward Transgender People. *Academic Psychiatry* 40, 268–273 (2016). https://doi.org/10.1007/s40596-015-0308-y

An Act respecting Mentally Disordered Persons, SA 1964, c 54. 1964. https://www.canlii.org/en/ab/laws/astat/sa-1964-c-54/latest/sa-1964-c-54.html#document

Anderson, J. L. (1991). Rushton's racial comparisons: An ecological critique of theory and method. *Canadian Psychology*, *32*(1), 51–62. https://doi.org/10.1037/h0078956

Archives of Sexuality and Gender | Gender History Research Sources. (2023). Gale Primary Sources. https://www.gale.com/primary-sources/archives-of-sexuality-and-gender

Archives Unbound. (n.d.). *Politics, Social Activism, and Community Support*. GALE Primary Sources. https://www.gale.com/c/politics-social-activism-and-community-support-selected-gay-and-lesbian-periodicals-and-newsletters

Askey, T. (1970, November). *Letters to the Editor: Women in mental hospitals,* in *Pedestal* [digital scan of a newspaper]. Archives of Sexuality and Gender, digital.

Bancroft, L., Silverman, J. G., & Ritchie, D. (2012). *The Batterer as parent: Addressing the Impact of Domestic Violence on Family Dynamics*. SAGE.

Barker, J. (2008). Gender, sovereignty, rights: Native women's activism against social inequality and violence in Canada. *American Quarterly,* 60(2): 259-266.

Bayatrizi, Z. (2009). Counting the dead and regulating the living: early modern statistics and the formation of the sociological imagination (1662–1897). *British Journal of Sociology*, *60*(3), 603–621. https://doi.org/10.1111/j.1468-4446.2009.01260.x

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

Beamish, D. (1974, March). *King of the World (or look what they've done to my manic depression, ma,* in *In a Nutshell, Volume 3, Number 2)* [digital scan of a newsletter]. MPA - In a Nutshell Collection, 1971-1981. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1974-2/

Beckman, L. (1974, February). *Psychiatry's first scientific breakthrough: Millions of homosexuals cured. . . instantly!* [digital scan of a newsletter]. MPA - In a Nutshell Collection, 1971-1981. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1974-2/

Beitel, A. (1985). 6: The Spectrum of Gender Identity Disturbances [PDF]. In B. Steiner, *Gender Dysphoria: Development, Research, and Management* (pp. 189–206). Springer. https://link-springer-com.login.ezproxy.library.ualberta.ca/content/pdf/10.1007/978-1-4684-4784-2_6?pdf=chapter%20toc

Benjamin, H. (1967). THE TRANSSEXUAL PHENOMENON*. *Transactions of the New York Academy of Sciences*, *29*(4 Series II), 428–430. https://doi.org/10.1111/j.2164-0947.1967.tb02273.x

Berg-Brousseau, H. (2022, August 10). *NEW REPORT: Anti-LGBTQ+ Grooming Narrative Surged More Than 400% on Social Media Following Florida's 'Don't Say Gay or Trans' Law, As Social Platforms Enabled Extremist Politicians and their Allies to Peddle Inflamatory, Discriminatory Rhetoric*. Human Rights Campaign. https://www.hrc.org/press-releases/new-report-anti-lgbtq-grooming-narrative-surged-more-than-400-on-social-media-following-floridas-dont-say-gay-or-trans-law-as-social-platforms-enabled-extremist-politicians-and-their-allies-to-peddle-inflamatory-discriminatory-rhetoric

Body politic home. (n.d.). The WebDom. All Rights Reserved. Go to http://thewebdom.com. https://www.uwo.ca/pridelib/bodypolitic/bphome.htm

Borzecki, M., & Wormith, J. S. (1987). A survey of treatment programmes for sex offenders in North America. *Canadian Psychology*, *28*(1), 30–44. https://doi.org/10.1037/h0079881

Boucher, G. (2006). The Politics of Performativity : A critique of Judith Butler. *Parrhesia*, *1*, 112–141. http://dro.deakin.edu.au/eserv/DU:30003873/boucher-politicsofperformativity-2006.pdf

Bowman, B., & Hook, D. (2005). Foucault's 'philosophy of the event': Genealogical Method and the Deployment of the Abnormal [Digital]. In D. Hook, *Foucault, Psychology, and the Analysis of Power* (1st ed., pp. 138–177). Palgrave Macmillan London. https://link.springer.com/book/10.1057/9780230592322

Bracken, P. (1995). Beyond Liberation: Michel Foucault and the Notion of a Critical Psychiatry. *Philosophy, Psychiatry, & Psychology*, *2*(1), 1–13. https://muse.jhu.edu/article/245067

Bracken, P., & Thomas, P. (2010). From Szasz to Foucault: On the Role of Critical Psychiatry. *Philosophy, Psychiatry, & Psychology*, *17*(3), 219–228. http://www.psychiatry.freeuk.com/PatPhilFoucault.pdf

Brown, W. G., & Walker, C. (1963). Mental Hospitals Legislation in Ontario. *The University of Toronto Law Journal*, *15*(1), 208–213. https://doi.org/10.2307/824917

Burrows, S. (1984, March). *Sexual Abuse in Psychotherapy,* in *Kinesis* [digital scan of a newsletter]. Archives of Sexuality and Gender, digital. link.gale.com/apps/doc/WAXMUQ632059061/AHSI?u=edmo69826&sid=bookmark-AHSI.

Butler, J. (1995). "Conscience doth make subjects of us all." *Yale French Studies*, *88*, 6. https://doi.org/10.2307/2930099

Butler, J. (2004). *Precarious life: The powers of mourning and violence*. verso.

Butler, J. (2007). *Gender Trouble : Feminism and the Subversion of Identity*. Routledge.

Byrd, J. A. (2020). What's normative got to do with it? Toward indigenous queer relationality. *Social Text*, *38*(4), 105-123.

Canadian Psychological Association. (2021, August 4). *Now in CPA's Journals - Canadian Psychological Association*. Canadian Psychological Association - the National Voice for Psychology in Canada. https://cpa.ca/journalalert/

Carr, N. and Serisier, Tanya and McAlister, S. (2020) Sexual deviance in prison: Queering identity and intimacy in prison research. *Criminology and Criminal Justice, 20*(5), pp. 551-563. ISSN 1748-8958.

Carroll, William & Ratner, R.. (2001). Sustaining Oppositional Cultures in `Post-Socialist' Times: A Comparative Study of Three Social Movement Organisations. Sociology-the

Journal of The British Sociological Association - SOCIOLOGY. 35. 605-629. 10.1177/S0038038501000311.

Chaimowitz, G. (1991). Homophobia Among Psychiatric Residents, Family Practice Residents and Psychiatric Faculty. *The Canadian Journal of Psychiatry*, *36*(3), 206–209. https://doi.org/10.1177/070674379103600309

Chaiton, M., Musani, I., Pullman, M., Logie, C. H., Abramovich, A., Grace, D., Schwartz, R., & Baskerville, B. (2021). Access to Mental Health and Substance Use Resources for 2SLGBTQ+ Youth during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health*, *18*(21), 11315. https://doi.org/10.3390/ijerph182111315

Chiang, H. (2010). Liberating sex, knowing desire: scientia sexualis and epistemic turning points in the history of sexuality. *History of the Human Sciences*, *23*(5), 42–69. https://doi.org/10.1177/0952695110378947

Child abuse statistics. (n.d.). Indiana Center for the Prevention of Youth Abuse & Suicide. https://www.indianaprevention.org/child-abuse-statistics#:~:text=More%20than%2090%25%20of%20abusers,that%20they%20have%20been%20abused.

Clarke, A. E. (1998). Disciplining reproduction. In *University of California Press eBooks*. https://doi.org/10.1525/9780520310278

Comeau, D., Johnson, C., & Bouhamdani, N. (2023). Review of current 2SLGBTQIA+ inequities in the Canadian health care system. *Frontiers in Public Health*, *11*. https://doi.org/10.3389/fpubh.2023.1183284

Davison, K. (2020). Cold War Pavlov: Homosexual aversion therapy in the 1960s. *History of the Human Sciences*, *34*(1), 89–119. https://doi.org/10.1177/0952695120911593

Dean, M. (1994). *Critical and effective histories : Foucault's methods and historical sociology*. Taylor & Francis Group.

Dexall, M. & Randall, N.D. (1978). *Screaming in the Wind,* in *Makara, Volume 3, Issue 1* [digital scan of a newsletter]. Sex and Sexuality Archive, digital.

Dickinson, T., Cook, M., Playle, J., & Hallett, C. (2012). 'Queer' treatments: giving a voice to former patients who received treatments for their 'sexual deviations.' *Journal of Clinical Nursing*, *21*(9–10), 1345–1354. https://doi.org/10.1111/j.1365-2702.2011.03965.x

Doctors' Changing Community: the Brave New World of Transsexuals (1972, February 21) [digital scan]. John Money Collection, Sex and Sexuality Digital Archive.

Drescher, J. (2008). A history of homosexuality and organized psychoanalysis. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, *36*(3), 443-460.

Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences*, *5*(4), 565–575. https://doi.org/10.3390/bs5040565

Drescher, J., & Merlino, J. P. (2007). *American Psychiatry and Homosexuality: An Oral History*. Routledge.

Driskill, Q. L., FINLEY, B. J. G., & MORGENSEN, S. L. (2011). Cherokee two-spirit people reimagining nation. *DRISKILL, Qwo-Li; FINLEY, Brian Joseph Gilley; MORGENSEN, Scott Lauria. Queer indigenous studies: critical interventions in theory, politics, and Literature. Tucson: Arizona Press/University of Arizona*, 97-111.

Durling, J. R. (2022, June 18). *ABA: Inside the controversy surrounding the most popular therapy on autistic children in Ontario*. The Pointer. https://thepointer.com/article/2022-

06-18/aba-inside-the-controversy-surrounding-the-most-popular-therapy-on-autistic-children-in-ontario

Ellis, R. (2020). amiskwaciy-wâskahikan (Edmonton) History — Edmonton & Area Land Trust. *Edmonton & Area Land Trust*. https://www.ealt.ca/indigenous-connections-blog-list/amiskwaciy-wskahikan-edmonton-history

Eng, D. L., & Puar, J. K. (2020). Introduction. *Social Text*, *38*(4), 1–24. https://doi.org/10.1215/01642472-8680414

Evans-Campbell, T., Walters, K.L., Pearson, C.R., and Campbell, C.D. (2012). Indian boarding school experience, substance use, and mental health among urban Two-Spirit American Indian/Alaskan Natives. *The American Journal of Drug and Alcohol Abuse,* 38(5): 421-7.

Evelyn (1973, May-June). *On Being a Mental Patient,* in *In a Nutshell, Volume 2, Number 3* [digital scan of a newspaper article]. MPA- In a Nutshell Collection, 1971-1981. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1973-2/

Feinberg, L. (1996). *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman*. Beacon Press.

Feldman, M. (1966). Aversion therapy for sexual deviations: A critical review. *Psychological Bulletin*, *65*(2), 65–79. https://doi.org/10.1037/h0022913

Foucault, M. (1995). *Discipline and punish: The Birth of the Prison*. Vintage.

Foucault, M. (2001). *Madness and civilization* (2nd ed.). Routledge. (Original work published 1961). https://scholar.google.com/scholar_lookup?title=Madness+and+civilization&publication_year=2001&

Foucault, M. (2005). *The order of things: An archaeology of the human sciences*. Routledge.

Foucault, M. (2009). *Security, territory, population: Lectures at the Collège de France 1977--1978*. Macmillan.

Foucault, M. (2012). *The history of sexuality : An introduction*. Knopf Doubleday Publishing Group.

Frank, L.R., Lapon, L., Gotkin, J., de Marulanda, R.L., & Weitz, D. (1985, August). *Survivors Speak Out at Shock Doctor Conference,* in *Phoenix Rising, Volume 5, Numbers 2 and 3* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/vol-5-1985/

Freeman, E. (2010). *Time binds: Queer Temporalities, Queer Histories*. Duke University Press.

Gaytide (1973). *Laws Used Against Us, Number 16.* Archives Unbound, digital. link.gale.com/apps/doc/SC5108743055/GDSC?u=edmo69826&sid=bookmark-GDSC&pg=166.

Gaytide (1973, August). *Gays & the Criminal Code, Volume 2 Number 4.* Archives Unbound, digital. link.gale.com/apps/doc/SC5108743055/GDSC?u=edmo69826&sid=bookmark-GDSC&pg=84.

Gaytide (1974, March). *Editorial: U.S. Shrinks Reverse Policy; Nomenclature Changed- but not much else* [digital scan of a newsletter]. Archives of Sexuality and Gender, digital. link.gale.com/apps/doc/MVUIXC227918701/AHSI?u=edmo69826&sid=bookmark-AHSI.

Gebhard, A. (2017). Reconciliation or Racialization?: Contemporary Discourses about Residential Schools in the Canadian Prairies. *Canadian Journal of Education / Revue Canadienne de l'éducation*, *40*(1), 1–30. https://www.jstor.org/stable/90002340

Gebherd, P.H. (1965, September 15). [Letter to Ramona Humphreys.] Institute for Sex Research Collection. Sex and Sexuality Archive, digital.

Geerts, E., & Van Der Tuin, I. (2013). From intersectionality to interference: Feminist onto-epistemological reflections on the politics of representation. *Women's Studies International Forum*, *41*, 171–178. https://doi.org/10.1016/j.wsif.2013.07.013

Gemini (1971, August). *Psychotherapy and Homosexuality,* in *Gemini: Waterloo Universities' Gay Liberation Movement* [digital scan of a newsletter]. Archives of Sexuality and Gender, digital. gale.com/apps/doc/EZIHWO032370648/AHSI?u=edmo69826&sid=bookmark-AHSI.

Ghaziani, A., & Brim, M. (2019). *Imagining Queer Methods*. NYU Press.

Ghoush, N.C., Foundation for the Advancement of Canadian Transsexuals, and Benjamin, H. (1978, June 15-1979, January 2). [Mutual correspondence]. Dr. Henry Benjamin Collection. Sex and Sexuality Archive, digital.

Glendenning, R. (1990, July). *Nightmare in New Brunswick,* in *Phoenix Rising, Volume 5, Numbers 3/4* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/resources-voices-phoenix-rising-1980-1990-vol-8-1988-90-1987-2/

GOInfo (1974, February). *U.S. Shrinks Shrink from Stand* [digital scan of a newsletter]. Archives of Sexuality and Gender, digital.

link.gale.com/apps/doc/MVUIXC227918701/AHSI?u=edmo69826&sid=bookmark-AHSI.

Greenland, C. (1984). Dangerous Sexual Offender Legislation in Canada, 1948-1977: An Experiment that Failed. *Canadian Journal of Criminology*, *26*(1), 1–12. https://doi.org/10.3138/cjcrim.26.1.1

Hanemaayer, A. (2018). Doing Archival Research [Digital]. In S. W. Kleinknecht, L.-J. K. Scott, & C. B. Sanders (Eds.), *the Craft of Qualitative Research* (pp. 225–231). Canadian Scholars.

Hirsch, J. A., Nicola, G. N., McGinty, G., Liu, R., Barr, R. M., Chittle, M. D., & Manchikanti, L. (2016). ICD-10: History and context. *American Journal of Neuroradiology*, *37*(4), 596–599. https://doi.org/10.3174/ajnr.a4696

Hirschfeld, M. (1991). *Transvestites: The Erotic Drive to Cross-dress* (M. A. Lombardi-Nash, Trans.).

Hopkins, J. (1977, December 23). [Letter to Eugene LeBlanc, PhD]. John Hopkins Collection. Sex and Sexuality Archives, digital.

Hotchkiss, R. (1990, July). *School of Hard Knocks,* in *Phoenix Rising, Volume 5, Numbers 3/4* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/resources-voices-phoenix-rising-1980-1990-vol-8-1988-90-1987-2/

Hunt, S. (2016). *An Introduction to the Health of Two-Spirit People: Historical, contemporary, and emergent issues*. National Collaborating Centre for Aboriginal Health. https://www.nccih.ca/34/

Hutchison, H., Gagnon, J.H., Mohr, J.W., and Pomeroy, W.B. (1961, March 7-1964, December 30). *Correspondence sharing research news and publications between staff at the Toronto Psychiatric Hospital and Institute for Sex Research* [digital scan of multiple letters written between the institutions of Toronto Psychiatric Hospital and the Institute for Sex Research, Inc.]. Sex and Sexuality digital archive, digital.

Irving, D. (2008). Normalized transgressions: Legitimizing the transsexual body as productive. *Radical History Review*, *2008*(100), 38-59.

Jackson, E. (1981, November). *The Report: Stereotypes, Privacy, Loss of Respect,* in *The Body Politic, Number 78* [digital scan of a newsletter]. Archives of Sexuality and Gender, digital. link.gale.com/apps/doc/QLCSQW219418898/AHSI?u=edmo69826&sid=bookmark-AHSI.

Joan & In a Nutshell (1973, May-June). *the myth of mental illness/THE REALITY OF FEELING HORRIBLE,* in *In a Nutshell, Volume 2, Number 3* [digital scan of a newsletter]. In a Nutshell, Collection, 1971-1981. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1973-2/

Johnson, A. H. (2019). Rejecting, reframing, and reintroducing: trans people's strategic engagement with the medicalisation of gender dysphoria. *Sociology of Health & Illness*, *41*(3), 517–532. https://doi.org/10.1111/1467-9566.12829

Kadziora, M.B. and Money, J. (1975, July 22-August 5). [Mutual correspondence.] John Money Collection. Sex and Sexuality Archive, digital.

Kartal, H. B. (2021). An Essay on the Background of Experimental Psychology and Behaviourism. *Psychology Research on Education and Social Sciences*, 2(1), 55-62.

Kidd, S. A., Howison, M., Pilling, M., Ross, L. E., & McKenzie, K. (2016). Severe Mental Illness in LGBT Populations: A Scoping Review. *Psychiatric Services*, *67*(7), 779–783. https://doi.org/10.1176/appi.ps.201500209

King M., Bartlett A. (1999) 'British Psychiatry and Homosexuality', *British Journal of Psychiatry* 175(2): 106–13.

Kimura, D. (1987). Are men's and women's brains really different? *Canadian Psychology*, *28*(2), 133–147. https://doi.org/10.1037/h0079885

Kinitz, D. J., Goodyear, T., Dromer, E., Gesink, D., Ferlatte, O., Knight, R., & Salway, T. (2022). "Conversion Therapy" Experiences in Their Social Contexts: A Qualitative Study of Sexual Orientation and Gender Identity and Expression Change Efforts in Canada. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, *67*(6), 441–451. https://doi.org/10.1177/07067437211030498

Kinsman, G. (2024). *The Regulation of Desire, third edition: Queer Histories, Queer Struggles* (3rd ed.) [Print]. Concordia University Press.

Korinek, V. J. (2018). *Prairie Fairies: A History of Queer Communities and People in Western Canada, 1930-1985*. University of Toronto Press.

Lang, R. A., Langevin, R., Checkley, K. L., & Pugh, G. W. (1987). Genital exhibitionism: Courtship disorder or narcissism? *Canadian Journal of Behavioural Science*, *19*(2), 216–232. https://doi.org/10.1037/h0080011

Langevin, R. (1983). Sexual Strands: Understanding and Treating Sexual Anomalies in Men (1st ed.). Routledge. https://doi.org/10.4324/9781315825670

LaTorre, R. A. (1987). Book Review: Gender Dysphoria: Development, Research, Management. *Canadian Psychology*, *28*(1), 71–72.

Law, N. (2021, August 23). *A legal timeline of LGBTQ+ Rights in Canada - Nelligan Law*. Nelligan Law. https://nelliganlaw.ca/a-legal-timeline-of-lgbtq-rights-in-canada/

LeFrançois, B. A., Menzies, R., & Reaume, G. (2013). *Mad matters: A Critical Reader in Canadian Mad Studies*. Canadian Scholars' Press.

Lewis, V.G. (1975, August 5). [Letter to Max B. Kadziora]. John Money Collection. Sex and Sexuality Archive, digital.

Lorde, A. (2018). *The master's tools will never dismantle the master's house*. Penguin UK.

Madness Canada. (2021, October 14). *ABOUT US | Madness Canada*. Madness Canada |. https://madnesscanada.com/about-us/

Madness Canada. (2021a, January 21). *In a Nutshell Collection, 1971-1981 | Madness Canada*. Madness Canada |. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/

Madness Canada. (2021b, January 21). *Phoenix Rising, 1980-1990 | Madness Canada*. Madness Canada |. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/

Madness Canada. (2022, February 26). *After the Asylum*. After the Asylum |. https://aftertheasylum.ca/

Matte, N. (2004). *Putting Patients First: Harry Benjamin and the Development of Transgender Medicine in the Twentieth Century* [MA Thesis, University of Victoria]. https://dspace.library.uvic.ca/bitstream/handle/1828/502/matte_2004.pdf;sequence=1

Marshall, W. L. (1983). Book Review of Sexual Strands: Understanding and Treating Sexual Anomalies in Men. *Canadian Psychology*, *25*(3), 234–236.

McCleod, S. (2024, February 1). *Behaviorism in Psychology* (O. Guy-Evans, Ed.). Simply Psychology. https://www.simplypsychology.org/behaviorism.html

McKague, C. & Weitz, D. (1980). *Phoenix Rising Publication #1: Myths of Mental Illness* [digital scan of a typescript document]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/vol-1-1980-81/

McWhorter, L. (1999). *Bodies and pleasures: Foucault and the politics of sexual normalization*. Indiana University Press.

McWhorter, L. (2009). *Racism and Sexual Oppression in Anglo-America: A Genealogy*. Indiana University Press.

Meijer, I. C., & Prins, B. (1998). How Bodies Come to Matter: An Interview with Judith Butler. Signs, 23(2), 275–286. http://www.jstor.org/stable/3175091

Mental Patients Association (1971, December 7). *The Mental Health Act: Instalment One,* in *In a Nutshell, Volume 1, Number 9* [digital scan of a newsletter]. MPA - In a Nutshell Collection, 1971-1983. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1971-2/

Mental Patients Association (1977, September). *Weitz on Rights,* in *In a Nutshell, Volume 5, Number 4* [digital scan of a newsletter]. MPA - In a Nutshell Collection, 1971-1983. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1977-2/

Mental Patients Association (1978, March). *Local Hospitals Deny Psychosurgery,* in *In a Nutshell, Volume 6, Number 1* [digital scan of a newsletter]. MPA - In a Nutshell

Collection, 1971-1983. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1978-2/

Mills, S. (1984, November). *Smiling in Hell,* in *The Body Politic, Number 108* [digital scan of a newsletter]. Archives of Sexuality and Gender, digital. link.gale.com/apps/doc/LGUSKY880910842/AHSI?u=edmo69826&sid=bookmark-AHSI.

Moon, G., Kearns, R., & Joseph, A. (2015). *The Afterlives of the Psychiatric Asylum: Recycling Concepts, Sites and Memories*.

Morgensen, S.L. (2011). *Spaces between us: Queer settler colonialism and indigenous decolonization.* Minneapolis, MN: University of Minnesota Press.

Moylan, C. A., & Javorka, M. (2020). Widening the Lens: An Ecological Review of Campus Sexual Assault. Trauma, Violence, & Abuse, 21(1), 179-192. https://doi.org/10.1177/1524838018756121

Namaste, V. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. University of Chicago Press.

Natanson, H., & Balingit, M. (2022, April 8). Teachers who mention sexuality are 'grooming' kids, conservatives say. *Washington Post*. https://www.washingtonpost.com/education/2022/04/05/teachers-groomers-pedophiles-dont-say-gay/

Nature and Scope. (2023). Sex & Sexuality. https://www-sexandsexuality-amdigital-co-uk.login.ezproxy.library.ualberta.ca/Introduction/NatureAndScope

Ninnis, D. (2016). Foucault and the madness of classifying our madness. *Foucault Studies*, 117–137. https://doi.org/10.22439/fs.v0i0.5016

Noiriel, G. (1994). Foucault and History: The Lessons of a Disillusion. *The Journal of Modern History*, *66*(3), 547–568. http://www.jstor.org/stable/2124485

Other histories. (2023, February 13). Trans Ottawa. https://transottawa.ca/other-histories-5/

Penn, K. (1980, May). *Schizophrenia: Schizophrenia as a Positive Disintegration,* in *In a Nutshell, Volume 6, Number 7.* [digital scan of a newsletter]. In a Nutshell Collection, 1971-1981. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1980-2/

Pepper, S. (1983, July 19). *Miracle Surgery Helps Nature's Freaks: Men are changed into women so they can have a normal sex life* [digital scan of a newsletter]. Vertical Files Collection. Sex and Sexuality Archive, digital.

Perlin, M. L. (2013). Sanism and the law. *AMA Journal of Ethics*, *15*(10), 878–885. https://doi.org/10.1001/virtualmentor.2013.15.10.msoc1-1310

pervert. (2024). https://dictionary.cambridge.org/dictionary/english/pervert

Phillips, R. (2014). Abjection. *Transgender Studies Quarterly*, *1*(1–2), 19–21. https://doi.org/10.1215/23289252-2399470

Phillips, T. (1973, August). *Document: Gays Behind Bars,* in *GayTide, Volume 3, Number 1* [digital scan of a newsletter]. Archives Unbound: Politics, Social Activism, and Community Support, digital. link.gale.com/apps/doc/SC5108743055/GDSC?u=edmo69826&sid=bookmark-GDSC&pg=100.

Pike, L. (1983). *A Survey of Feminist Publishers and Periodicals in Canada*, in *in the feminine: women and words/les femmes et les mots conference proceedings 1983*, Longspoon Press.

Pilling, M. D. (2021). Sexual Violence and Psychosis: Intersections of rape culture, sanism, and Anti-Black Sanism in Psychiatric Inpatient Chart documentation. In *Springer eBooks* (pp. 137–163). https://doi.org/10.1007/978-3-030-83692-4_6

Pisces Health Spa — Edmonton Queer History Project. (2024). Edmonton Queer History Project. https://www.edmontonqueerhistoryproject.ca/pisces-health-spa

Pollock, T. (1974, March). *Tread Softly As You Enter,* in *In a Nutshell, Volume 3, Number 2* [digital scan of a newsletter]. MPA - In a Nutshell Collection, 1971-1983. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1974-2/

Poole, Jennifer. (2012). Sanism, 'mental health' and social work/education: A review and call to action. Intersectionalities. 1.

Popa-Wyatt, M. (2020). Reclamation: Taking Back Control of Words. *Grazer Philosophische Studien*, 1–15. https://philarchive.org/archive/POPRTB

Provincial Archives of Alberta | Provincial Archives of Alberta. (n.d.). https://provincialarchives.alberta.ca/

Raj, R (1982, February-October). *Metamorphosis: the Newsletter Exclusively for F-M Men.* [digital scan of a newsletter]. Selected Periodicals and Newsletters from the Gay, Lesbian, Bisexual, Transgender Historical Society (Folder: 14100). Archives Unbound: Politics, Social Activism, and Community Support, digital.

Rand, D. (1976). *M.P.'s Duck Issues,* in *GayTide, Volume 3, Number 3* [digital scan of a newsletter]. Archives Unbound: Politics, Politics, Social Activism, and Community Support, digital. link.gale.com/apps/doc/SC5108743055/GDSC?u=edmo69826&sid=bookmark-GDSC&pg=132.

Raymond, V., Lear, D., Bostick, R., Bradford, L., Rag, B.M., Chamberlin, J., Price, S., & Dumont, J. (1985, February). *Mental health and violence against women: a feminist ex-mental patient analysis,* in *Phoenix Rising, Volume 5, Number 1* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/vol-5-1985/

Rice, M. E. (1983). Improving the social skills of males in a maximum security psychiatric setting. *Canadian Journal of Behavioural Science*, *15*(1), 1–13. https://doi.org/10.1037/h0080683

Rose, D. (2021). Critical qualitative research on 'madness': knowledge making and activism among those designated 'mad.' *Wellcome Open Research*, *6*, 98. https://doi.org/10.12688/wellcomeopenres.16711.1

Ross, L. E., Gibson, M. F., Daley, A., Steele, L. S., & Williams, C. C. (2018). In spite of the system: A qualitatively-driven mixed methods analysis of the mental health services experiences of LGBTQ people living in poverty in Ontario, Canada. *PLOS ONE*, *13*(8), e0201437. https://doi.org/10.1371/journal.pone.0201437

Rossdale, C., & Stierl, M. (2016). Everything is dangerous: Conduct and Counter-Conduct in the Occupy movement. *Global Society*, *30*(2), 157–178. https://doi.org/10.1080/13600826.2015.1133569

Rummler, O. & Luterman, S. (2023, May 30). *Anti-trans laws are targeting autistic youth and those with mental health conditions*. The 19th. https://19thnews.org/2023/05/trans-laws-autistic-youth-mental-health/

Rushton, J., & Bogaert, A. F. (1987). Race differences in sexual behavior: Testing an evolutionary hypothesis. *Journal of Research in Personality*, *21*(4), 529–551. https://doi.org/10.1016/0092-6566(87)90038-9

Rushton, J. P. (1991). Do r-K strategies underlie human race differences? A reply to Weizmann et al. *Canadian Psychology*, *32*(1), 29–42. https://doi.org/10.1037/h0078957

Rushton, J. P. (1991b). A rebuttal to Weizmann et al. and Anderson. *Canadian Psychology*, *32*(3), 545–546. https://doi.org/10.1037/h0084640

Ruze. (2021, March 15). *Statistics about Sexual Assault and the Canadian Criminal Justice System*. Vancouver Rape Relief & Women's Shelter. https://rapereliefshelter.bc.ca/statistics-about-sexual-assault-and-the-canadian-criminal-justice-system/

Salway, T., Kinitz, D. J., Kia, H., Ashley, F., Giustini, D., Tiwana, A., Archibald, R. C., Mallakzadeh, A., Dromer, É., Ferlatte, O., Goodyear, T., & Abramovich, A. (2023). A systematic review of the prevalence of lifetime experience with 'conversion' practices among sexual and gender minority populations. *PloS One*, *18*(10), e0291768. https://doi.org/10.1371/journal.pone.0291768

Sawyer, A. (1981). *Women's bodies, men's decisions,* in *Phoenix Rising, Volume 1, Number 4)* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/vol-1-1980-81/

Sciana, J.V. (1990, July). *Mad Love,* in *Phoenix Rising, Volume 8, Numbers 3/4* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/resources-voices-phoenix-rising-1980-1990-vol-8-1988-90-1987-2/

Scott, A. G. (1972). Bill 83: Alberta Mental Health Act--1972. *Canadian Psychologist/Psychologie canadienne*, *13*(3), 267.

Selected Atrocities: Nuts and Volts from the E.C.T. Mailbag, in *In a Nutshell, Volume 4, Number 1* (1978, February) [digital scan of a newsletter]. MPA - In a Nutshell Collection, 1971-1983. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1976-2/

Serano, J. M. (2007). *Whipping Girl: A Transsexual Woman on sexism and the scapegoating of femininity*. http://ci.nii.ac.jp/ncid/BA83320895

Servant, P. (1972, December). *Who's Insane?* In *In a Nutshell, Volume 1, Number 16* [digital scan of a newspaper article]. MPA - In a Nutshell Collection, 1971-1981. Madness Canada, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1972-2/

Shimrat, I. (1990, July). *Editorial,* in *Phoenix Rising, Volume 8, Number 3/4* [digital scan of a newspaper article]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/resources-voices-phoenix-rising-1980-1990-vol-8-1988-90-1987-2/

Smilges, J. L. (2022). *Queer silence: On disability and rhetorical absence*. U of Minnesota Press.

Smith, S. (2018). *(De)pathologizing Discourse: The Problematization of Trans and Gender-Nonconforming Mental Health in Ontario* [MA thesis]. University of Ottawa.

Smith, G. E., Bartlett, A., & King, M. (2004). Treatments of homosexuality in Britain since the 1950s--an oral history: the experience of patients. *BMJ*, *328*(7437), 427–0. https://doi.org/10.1136/bmj.37984.442419.ee

Spandler, H., & Carr, S. (2022). Lesbian and bisexual women's experiences of aversion therapy in England. *History of the Human Sciences*, *35*(3–4), 218–236. https://doi.org/10.1177/09526951211059422

Spargo, T. (1999). Foucault and queer theory.

Steiner, B. (1985). 10: The Management of Patients with Gender Disorders [PDF]. In B. Steiner, *Gender Dysphoria: Development, Research, and Management* (pp. 325-350). Springer. https://link-springer-com.login.ezproxy.library.ualberta.ca/content/pdf/10.1007/978-1-4684-4784-2_10?pdf=chapter%20toc

Stephenson, E. (2023, September 22). *Mental disorders and access to mental health care*. https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm

Stoler, A. L. (2016). *Duress: Imperial Durabilities in Our Times*. https://muse.jhu.edu/book/68720

Stoppard, J. M. (1984). Book Review of Gender and Psychopathology. *Canadian Psychology*, *25*(1), 60–61.

Sweeny, JoAnne. (2020). "Brock Turner is not rapist": the danger of rape myths in character letters in sexual assault cases. *UMKC Law Review, 89(1),* 121-160. https://heinonline.org/HOL/Page?collection=journals&handle=hein.journals/umkc89&id=143&men_tab=srchresults

Taylor, C. (2016). The Routledge Guidebook to Foucault's The History of Sexuality. In *Routledge eBooks*. https://doi.org/10.4324/9781315727158

Terrill, W. C. (2023). Dudes, Decadence, and Degeneracy: criminalisation of absinthe in the United States. *Cultural and Social History*, *20*(1), 43–59. https://doi.org/10.1080/14780038.2022.2109977

The Mental Health Act: Instalment One (1971, December 7). [Digital photograph of a typescript document]. In a Nutshell collection (Folder: 1971, Volume 1, Issue 9), Madness Canada Archives, digital. https://madnesscanada.com/resources/voices/mpa-in-a-nutshell-collection-1971-1981/1971-2/

The Pedestal – Rise Up! Feminist Digital Archive. (n.d.). https://riseupfeministarchive.ca/publications/the-pedestal/

Thomas, P., & Bracken, P. (2004). Critical psychiatry in practice. *Advances in Psychiatric Treatment*, *10*(5), 361–370. https://doi.org/10.1192/apt.10.5.361

Tillier, W. (1986, June 23). [Digital scan of a letter to Dr. John Money]. Dr. John Money Digital Collection, Sex and Sexuality Archive, digital.

Tillier, W. (1988, September 12). [Digital scan of a letter to Dr. John Money]. Dr. John Money Digital Collection, Sex and Sexuality Archive, digital.

Tiwana, A., Salway, T., Schillaci-Ventura, J., & Watt, S. (2023). Geographic distribution of conversion therapy prevalence in Canada. Findings from a national cross-sectional survey, 2020. *F1000Research*, *12*, 844. https://doi.org/10.12688/f1000research.134292.1

Tprestianni. (2023, August 17). Behaviorism in education: What is Behavioral learning Theory? *National University*. https://www.nu.edu/blog/behaviorism-in-

education/#:~:text=Behaviorism%20in%20education%2C%20or%20behavioral,process%20of%20reinforcement%20and%20punishment.

Trollope, P. (1978, August). *Gay prisoners get "special treatment,"* in *The Body Politic* [Digital scan of a newsletter]. Archives of Sexuality and Gender, digital. link.gale.com/apps/doc/XNLHFV015035369/AHSI?u=edmo69826&sid=bookmark-AHSI.

Veltman, A., La Rose, T., & Chaimowitz, G. (2024). Mental health care for people who identify as two spirit, lesbian, gay, bisexual, transgender, and (or) queer (2SLGBTQ+). *the Canadian Journal of Psychiatry/Canadian Journal of Psychiatry*, *69*(2), 140–155. https://doi.org/10.1177/07067437231195727

Vilkhov, I. (2023, September 15). How the Sexual Assault Investigation Process Works in Canada. *Vilkhov Law*. https://vilkhovlaw.ca/how-the-sexual-assault-investigation-process-works-in-canada/#:~:text=Statistics%20Canada%20recently%20reported%20that,in%20the%20country%20go%20unreported.

Von Krafft-Ebing, R. (2006). *Psychopathia sexualis: with especial reference to the antipathic sexual instinct; a Medico-Forensic study*. https://ci.nii.ac.jp/ncid/BA75612181

Walters, W. (2012). *Governmentality: critical encounters*. https://openlibrary.org/books/OL25122166M/Governmentality

Warner, M. (1991). Introduction: Fear of a Queer Planet. *Social Text*, *29*, 3–17. http://www.jstor.org/stable/466295

Weitz, D. (1983). *Schizophrenia: Exploding the Myth,* in *Phoenix Rising, Volume 3, Number 3* [digital scan of a newsletter]. Phoenix Rising Collection, 1980-1990. Madness Canada, digital. https://madnesscanada.com/resources/voices/phoenix-rising-1980-1990/1982-2/

Weizmann, F., Wiener, N. I., Wiesenthal, D. L., & Ziegler, M. (1990). Differential K theory and racial hierarchies. *Canadian Psychology*, *31*(1), 1–13. https://doi.org/10.1037/h0078934

Weizmann, F., Wiener, N. I., Wiesenthal, D. L., & Ziegler, M. (1991). Eggs, eggplants and eggheads: A rejoinder to Rushton. *Canadian Psychology*, *32*(1), 43–50. https://doi.org/10.1037/h0078958

What is transsexuality (1973, September 1) [digital scan of a typescript document]. Vertical Files collection, Sex and Sexuality Archives, digital.

White, S. (1979, October) [digital scan of a newsletter]. *Therapy: inside and out,* in *The Body Politic, Issue 57.* Archives of Sexuality and Gender, digital. link.gale.com/apps/doc/JOGXQD452698709/AHSI?u=edmo69826&sid=bookmark-AHSI.

Whitebook, J. (1999). Freud, Foucault and 'the dialogue with unreason'. *Philosophy & social criticism*, *25*(6), 29-66.

Whitman, W. P., & Quinsey, V. L. (1981). Heterosocial skill training for institutionalized rapists and child molesters. *Canadian Journal of Behavioural Science*, *13*(2), 105–114. https://doi.org/10.1037/h0081163

Wilkinson, S., & Kitzinger, C. (1994). The social construction of heterosexuality. *Journal of Gender Studies*, *3*(3), 307-316. https://doi.org/10.1080/09589236.1994.9960578

Wolframe, P. M. (2012). The Madwoman in the Academy, or, revealing the invisible straightjacket: theorizing and teaching saneism and sane privilege. *Disability Studies Quarterly*, *33*(1). https://doi.org/10.18061/dsq.v33i1.3425

Zahavi D. (2022). Individuality and community: The limits of social constructivism. *Ethos (Berkeley, Calif.)*, *50*(4), 392–409. https://doi.org/10.1111/etho.12364