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Psychiatry, psychology and homosexual prisoners in New Zealand, 1910–1960

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Abstract

Psychiatry, psychology and psychotherapy played an important role in attempts to regulate and rehabilitate New Zealand men imprisoned for sodomy and indecent assault between 1910 and 1960. Little attention has, so far, been paid to the specific psychological ‘treatment’ of such incarcerated men in the international context, but New Zealand’s archives offer up much valuable detail. This article adopts a Foucauldian approach and explores shifting epistemic beliefs alongside the specific practices of key medical officials, and it considers how prisoners’ subjectivities were shaped in the process. Attempts to displace homoerotic desire gradually gave way to the articulation of same-sex sexuality. New possibilities emerged: when the psychologising of homosexuality in prisons opened the door to self-expression it showed an affinity with the organised resistance of the 1970s.

Keywords: Homosexuality; New Zealand; Psychiatry; Psychology; Prisons

Introduction

Until recent decades, men who had sex with boys, or other men, risked imprisonment in New Zealand and most other Western countries. No age of consent existed for New Zealanders until 1986; until then all male–male sex was illegal and men were jailed for the crimes of sodomy and ‘indecent assault’ even if the sex was mutually desired. Rather a lot has been written about the circumstances that caused men to be imprisoned in New Zealand and elsewhere, but there is much less on what happened to them once they entered the correctional institutions.¹ This article focusses on one aspect of the latter: the shifting roles of psychiatry, psychology and psychotherapy in official attempts to regulate and rehabilitate New Zealand men imprisoned for sodomy and indecent assault between 1910 and 1960.

In one respect, New Zealand was relatively unusual internationally. In 1917, a single prison, New Plymouth, was set aside for this group of men, and most of those convicted of homosexual crimes were sent there until 1952. At the same time, those responsible for prisoners’ psychological wellbeing at New Plymouth, and in other New Zealand prisons after 1952, drew upon a range of ideas circulating internationally. There was a variety of concerns, none of which proved particular to any one society: the aetiology of male homosexuality, the lines between normative and criminal behaviour, what characterised an acceptable mentality, and how prisoners’ desires and actions might be morally regulated. The New Zealand example provides many useful insights into the development of psychology,

¹See, for instance, Matt Houlbrook, *Queer London: Perils and Pleasures in the Sexual Metropolis, 1918–1957* (Chicago: University of Chicago Press, 2006); Jens Rydström, *Sinners and Citizens: Bestiality and Homosexuality in Sweden, 1880–1950* (Chicago: University of Chicago Press, 2003); Yorick Smaal, *Sex, Soldiers and the South Pacific, 1939–1945: Queer Identities in Australia in the Second World War* (Houndmills: Palgrave, 2015). One of the most comprehensive accounts of men’s homosexual experiences in prisons is Regina Kunzel, *Criminal Intimacy: Prison and the Uneven History of Modern American Sexuality* (Chicago: University of Chicago Press, 2010). See also Andy Kaladelfos and Yorick Smaal, ‘Sexual Violence and Male Prisons: An Australian Queer Genealogy’, *Current Issues in Criminal Justice* 31, 3 (2019), 349–64.

and its role in shaping the meanings given to homosexuality and responses to it in the global context. Modes of regulation would later give rise to new possibilities beyond the prison. The psychologising of homosexuality helped activists prise open the door to a certain degree of self-expression and gestured towards the organised resistance of 1970s gay liberation. There was a perceptible affinity between what went on in prisons and broader political shifts.

Michel Foucault's writing on the shaping of subjectivity in regulatory contexts, especially prisons and asylums, provides a productive framework for exploring questions of imprisonment, psychology and sexuality.² So too does his work on the ways knowledge systems operate and change over time. His concept of the episteme is especially useful here. As historically specific sets of 'structural relations exist between concepts', epistemes provide frameworks for governing scientific thinking at a given point in time.³ Often adhered to and reproduced unwittingly, epistemes sit beyond individual or group contexts and define which statements and beliefs are regarded as true within a 'field of scientificity'.⁴ But epistemic shifts are complex. Foucault did not mean to suggest that epistemes lurch from one to the other and that subsequent versions completely supplant their predecessors. An episteme does not arise 'with the mission of effacing all that preceded it', Foucault wrote: 'it is a constantly moving set of articulations, shifts and coincidences that are established, only to give rise to others'.⁵

The period between 1910, when the New Zealand government began to focus on classifying prisoners in a general sense, and 1960, 8 years after the end of segregation at New Plymouth, witnessed some crucial epistemic shifts. From the beginning, the New Plymouth regime was a version of the 'moral therapy' deployed in New Zealand's state mental hospitals during the late nineteenth century, and this approach persisted until after the Second World War. Psychological and psychoanalytic approaches made an early appearance in New Zealand during the 1920s, including in the universities, but not until the 1950s were techniques that drew upon Freudian analysis and in-depth interviewing taken up inside the prison system.

There is a reasonable body of scholarship on the emergence and development of psychiatry in New Zealand, especially in mental hospitals, and some historians have explored the emergence of academic psychology as a discipline.⁶ The history of moral therapy, particularly in the context of the asylums, describes a non-pharmaceutical approach to subjectivity that began in the late eighteenth century and could readily be carried over into New Zealand's penological settings.⁷ There is rather less discussion of the experiences of men imprisoned for homosexual offences, and practically nothing on the history of psychology in prisons.⁸ Much the same is true in the international context. Regina Kunzel offers a comprehensive account of 'prison sexual culture' in the United States during the nineteenth and twentieth centuries, but the psychologist, or psychiatrist, appears solely as an external observer of that culture, a report-writer rather than someone who intervenes directly.⁹ Even those who have written on

²Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Random House, 1977).

³Mark Bevir, 'Foucault, Power, and Institutions', *Political Science*, 47, 2 (1999), 345–59, esp. 347.

⁴Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977* (New York: Pantheon, 1980), 197.

⁵Michel Foucault, *The Archaeology of Knowledge* (New York: Pantheon, 1972), 192.

⁶On psychiatry, see Warwick Brunton, "'A Choice of Difficulties': National Mental Health Policy in New Zealand, 1840–1947' (PhD thesis, University of Otago, 2001); Matthew Philip, 'Scientific Pastors: The Professionalisation of Psychiatry in New Zealand', in Barbara Brookes and Jane Thomson (eds), *"Unfortunate Folk": Essays on Mental Health Treatment, 1863–1992* (Dunedin: Otago University Press, 2001), 185–199. On the history of psychology, see Ross St George (ed), *The Beginnings of Psychology in New Zealand: A Collection of Historical Documents and Recollections*, Delta Research Monograph No. 2 (Palmerston North: Massey University, 1979).

⁷Brunton, 'The Scottish Influence'; Cheryl Caldwell, 'Truby King and Seacliff, 1889–1907', in Brookes and Thomson (eds), *"Unfortunate Folk": Essays on Mental Health Treatment, 1863–1992* (Dunedin: Otago University Press, 2001), 35–48; Philip, 'Scientific Pastors'; Paul Stock and Chris Brickell, 'Nature's Good For You: Sir Truby King, Seacliff Asylum and the Greening of Health Care in New Zealand, 1889–1922', *Health & Place*, 22 (2013), 107–114.

⁸On homosexual men's experiences in prison, see Peter Boston, "'A Caged Tiger": The Regulation of Male Sexuality in the New Zealand Penal System, 1917–1952', Paper presented to the Postgraduate Students' Association Conference, Wellington, 1998; Chris Brickell, *Mates and Lovers: A History of Gay New Zealand* (Auckland: Random House, 2008).

⁹Kunzel, *Criminal Intimacy*, passim.

prison psychology, including Janet Weston in Great Britain and Lisa Featherstone and Andy Kaladelfos in Australia, have found it difficult to isolate the specific goals of psychological ‘treatment’ and, more specifically, what it actually consisted of.¹⁰ Comprehensive primary sources have been hard to find.

A range of New Zealand material provides useful insights, however. Several government files at Archives New Zealand include details of official views on homosexuality, as well as practices inside the penal system, including therapy sessions, during the period from 1910 to 1960. A set of private papers in the Hocken Collections tells of the experiences of Ernie Webber, a businessman jailed during the late 1950s, including his interactions with prison psychologist, Donald MacKenzie. A manuscript written by Webber’s fellow inmate, Bert Pimley, offers up further details about prisoners’ responses to MacKenzie’s methods. When taken together, these sources tell us of the changing epistemic field, officials’ engagement with the available structures of knowledge and their active shaping of policy and practice, as well as the impact of these shifts on prisoners themselves.

The epistemic shifts in New Zealand between 1910 and 1960 tell of much more than prison practices and inmates’ responses to them; they also speak to the ways in which prisoners’ subjectivities were shaped. Those in authority were not merely concerned with containing prisoners within the walls of the penal institutions, but they also sought to reconfigure aspects of prisoners’ conduct and their self-perception to a greater or lesser extent. Inmates were meant to interiorise the values and expectations of the wider society and constitute themselves as the moral subjects of their own actions.¹¹ Important shifts took place as the decades wore on. Self-control was the key aim of moral therapy during the first half of the century: a healthy and cultured man would have some hope of governing his basic impulses. Mid-century psychology, in contrast, aimed to encourage prisoners toward self-mastery by confessing their inner secrets and gaining useable insights into their own motivations. Self-controlled subjects gradually became self-aware ones.

Beginnings: segregation and moral therapy

During the early twentieth century, the state began to classify prisoners according to their crimes. Men convicted of sexual offences received little systematic attention during the decades immediately after colonisation and were imprisoned in gaols across New Zealand. John Findlay, the liberal-minded Minister of Justice who gained some knowledge of psychiatry during his university studies, devised a new scheme in 1910.¹² ‘Sexual perverts’ constituted one category while drunkards, professional criminals and those of unsound mind were classified separately.¹³ Foucault points out that the tendency to classify sexual behaviours had been growing since the eighteenth century.¹⁴ The New Zealand scheme, an early twentieth-century iteration of this general principle, was properly institutionalised in 1917 when the authorities set aside the prison at New Plymouth for the almost exclusive use of men who had been convicted under Sections 153 and 154 of the Crimes Act. This law proscribed ‘buggery’ (anal sex) and ‘indecent assault on a male’, a category that encompassed every other form of sex between male persons, whether consensual or not. In July 1917, the gaolers in each New Zealand prison prepared a list of such inmates for transfer to New Plymouth.¹⁵ The handful of local prisoners who had been convicted for other

¹⁰See, for example, Janet Weston, *Medicine, the Penal System and Sexual Crimes in England, 1919–1960s: Diagnosing Deviance* (London: Bloomsbury, 2018); Lisa Featherstone and Andy Kaladelfos, *Sex Crimes in the Fifties* (Melbourne: Melbourne University Press, 2016), chapter 5.

¹¹Thomas Lemke, ‘Foucault, Governmentality, and Critique,’ *Rethinking Marxism* 14, 3 (2002), 49–64; Paul Rabinow, *Michel Foucault: Ethics, the Essential Works 1* (Middlesex: Allen Lane, 1997), 263.

¹²On Findlay, see J.L. Robson, *Sacred Cows and Rogue Elephants: Policy Development in the New Zealand Justice Department* (Wellington: Government Printing Office, 1987), 18.

¹³Donald MacKenzie, *While We Have Prisons* (Auckland: Methuen, 1980), 46.

¹⁴Michel Foucault, *History of Sexuality*, vol. 1 (London: Penguin, 1990), 24.

¹⁵Appendices to the Journal of the House of Representatives (AJHR), 1917, ‘Report on Prisons’, H-20, 9. See the lists in *Sexual Perverts to be Segregated in One Prison – New Plymouth*, 1917, C437 021, J40 199, 1917/15/32, Archives New Zealand (ANZ).

offences, typically less than ten men, were kept in a separate wing at New Plymouth and the sexual prisoners' section, by far the larger, was 'worked as near as possible as if it were a separate prison'.¹⁶ The institution's total number of prisoners remained fairly stable between 1920 and 1950, approximately fifty to sixty at any one time.¹⁷

Who were the men whom authorities moved to New Plymouth? Cross-checks between the (incomplete) archived lists of prisoners and available newspaper records reveal that many were convicted for sexual relations with boys in their early-to-mid teens. Some were arrested for sexual assault, while others had been caught engaging the services of the telegraph boys in the larger towns and cities who occasionally had sex with men for money.¹⁸ Some men sent to New Plymouth had sought out sex with 16- and 17-year-olds, a form of connection that became legal in 1986 when the Homosexual Law Reform Act instituted 16 as the age of consent for sex between males.¹⁹ A small number of prisoners involved themselves solely with adults. There is no suggestion these different groups of men were understood or treated any differently from one another once inside the prison system.²⁰ Between 1917 and 1952, approximately ninety per cent of men sentenced to prison for 'unnatural offences' were sent to New Plymouth Prison, along with a few homosexual men arrested for other crimes.²¹ One of the most well-known was Charles Mackay, the one-time mayor of the town of Whanganui who was arrested for attempting to murder a blackmailer in 1920. Although not convicted for sexual activity, Mackay's homosexuality was widely discussed during his trial and the authorities deemed that 'New Plymouth is the place to which he belongs'.²²

A range of views about segregation competed for attention. Some officials presumed that separating homosexual prisoners from the rest of society was the best that could be done. Berkeley Dallard, Controller-General of Prisons between 1925 and 1949, wrote that short-term imprisonment would achieve little in the case of 'sexual perverts', many of whom he judged to be 'slightly defective':

It is certain that punishment, as a rule, is impotent to deter them. They apparently cannot resist their disordered impulses, and so far [sic] are to be pitied, but they constitute a nuisance and a danger from which the public ought to be protected. Sooner or later the question of their permanent segregation will have to be faced.²³

Of the ninety-nine submitters to the government's Committee of Inquiry into Mental Defectives and Sexual Offenders in 1924, a dozen addressed the question of homosexuality and proffered a range of opinions.²⁴ Arthur Fitt, a professor of education, wanted to send men suffering from 'sexual perversion' to prison but he advocated they be given 'social assistance' until they became 'normal'.²⁵ Mrs Watson, a private citizen who had visited several gaols, suggested the appointment of prison psychologists who

¹⁶General Order No. 145, 7 June 1917; Inspector of Prisons to Minister of Justice, 5 June 1917; Gaoler to Inspector of Prisons, 17 October 1917, C437 021, J40 199, 1917/15/32, ANZ.

¹⁷See the reports of the Prisons Department, H-20, AJHR, for a range of years.

¹⁸There is a list of prisoners for transfer in C437 021, J40 199, 1917/15/32, ANZ. On sexual transactions between men and telegraph boys, see Brickell, *Mates and Lovers*, chapter 2.

¹⁹Cameron Pritchard, 'The Discourses of Homosexual Law Reform', in Allison Kirkman and Pat Moloney (eds), *Sexuality Down Under: Social and Historical Perspectives* (Dunedin: Otago University Press, 2005), 79–96.

²⁰For a discussion of the ways the sexual encounters between men and youths were understood during these decades, see Chris Brickell, "'Waiting for Uncle Ben": Age-structured Homosexuality in New Zealand, 1920–1950', *Journal of the History of Sexuality*, 21, 3 (2012), 467–95.

²¹Boston, 'Caged Tiger', 1.

²²<https://www.annshelton.com/texts-and-media/beyond-the-barricades>

²³AJHR, 1926, 'Report on Prisons', H-20, p. 9. On Dallard, see Peter Clayworth, 'Prisons in a Changing Society, 1949–1990', *Te Ara – The Encyclopedia of New Zealand*, <http://www.TeAra.govt.nz/en/prisons>

²⁴Tony Taylor, 'Thomas Hunter and the Campaign Against Eugenics', *New Zealand Journal of History*, 39, 2 (2005), 195–214.

²⁵Arthur Fitt, Submission to Committee of Inquiry into Mental Defectives and Sexual Offenders, ADBZ 16164W1628 H3W1628 1/13, ANZ, p.166.

could study each case and design ‘remedies’ to suit each one.²⁶ Other submitters were less forgiving. Most of the medical staff at the country’s mental hospitals regarded ‘homosexuality’ as the result of an interaction between physiology and tainted heredity, and they advocated castration.²⁷ They drew upon wider eugenicist arguments about degeneracy and racial purity, and conflated the categories of ‘mental defective’ and ‘sexual offender’.²⁸ Sterilisation was not routinely adopted as a strategy in New Zealand, although it was the subject of spirited debate in the inquiry and during the 1920s and early 1930s more generally. Some half-a-dozen prisoners, three of whom were convicted of homosexual offences, requested and were granted it.²⁹

Mrs Watson’s testimony was ahead of its time, and psychological approaches to sexuality were rarely articulated in late nineteenth-century and early twentieth-century New Zealand, or in nearby Australia, and they would not be taken up in prisons until later in the century.³⁰ There were two interconnected reasons for this. The first concerned the basis of desire, the second the role of key personnel. Even though the law was concerned with sexual acts rather than aetiologies, judicial courses of action reflected the ideas about sexuality in circulation at the time.³¹ Fitt and Watson suggested wayward desires could be redirected, but the influential Dallard thought the opposite. Dallard believed homoerotic inclinations were mostly congenital in origin, and psychology had no remedy. In 1939, he wrote:

There is no “known cure” for homo-sexuality. Certain types react satisfactorily to the scheme of “occupational cum psycho cum suggestive therapy”, devised with a view to helping inmates gain an insight into their emotional lives, and to stimulate habits of industry; but with other types no effectual form of treatment is known. Included in the latter group are cases of persons who are of sexually perverted personality and devoid of heterosexual desires.³²

Dallard was convinced that social control imposed by a regime of segregation, combined with attempts to foster a degree of self-awareness among the inmates, was the only realistic solution.

Psychological methods simply did not find favour among those who made therapeutic decisions. New Zealand’s population stood at only 1.4 million in 1926 and 2 million in 1953, and its network of relevant professionals was very small.³³ As a consequence, a limited number of jailers, psychiatrists and bureaucrats held a considerable amount of power, and, until the late 1940s, the most important figures remained sceptical of psychology and psychoanalysis. These men, including Dallard, controlled staff appointments and the minutiae of prison regimes, as well as communications with government ministers and the general public.³⁴

²⁶Mrs Watson, Submission to Committee of Inquiry, 148.

²⁷Taylor, ‘Thomas Hunter’, 200–1.

²⁸Taylor, ‘Thomas Hunter’, 200.

²⁹Secretary for Justice to Deputy Director of Mental Hygiene, 29 January 1952, Treatment of Inmates Imprisoned for Sexual Offences 1949–72, C396 680 J1 W2304 38 12/17/1 part 1, ANZ. For a general discussion of debate over sterilisation in the New Zealand setting, see Hamish Spencer, ‘Eugenic Sterilization in New Zealand: The Story of the Mental Defectives Amendment Act of 1928’, in Diana Paul, John Stenhouse and Hamish Spencer (eds), *Eugenics at the Edges of Empire: New Zealand, Australia, Canada and South Africa* (Houndmills: Palgrave MacMillan, 2018), 85–106.

³⁰On the situation in Australia, see Lisa Featherstone, ‘Even More Hidden from History? Male Homosexuality and Medicine in Turn-of-the-Century Australia,’ in Yorick Smaal and Graham Willett (eds), *Out Here: Gay and Lesbian Perspectives VI* (Melbourne: Monash University Press, 2011), 56–68.

³¹Yorick Smaal, “It is One of Those Things That Nobody Can Explain”: Medicine, Homosexuality, and the Australian Criminal Courts during World War II, *Journal of the History of Sexuality*, 22, 3 (2013) 501–24, especially 506.

³²B.L. Dallard, 3 August 1939, ‘Questionnaire re New Plymouth Prison’, Medical – Special Treatment for Homosexual Prisoners, J1 W2304 Box 12 9/2/2 part 1, ANZ.

³³Statistics New Zealand, ‘Historical Population Estimates Tables’, http://archive.stats.govt.nz/browse_for_stats/population/estimates_and_projections/historical-population-tables.aspx

³⁴For a vivid illustration of this process in the mental health field in New Zealand, see Warwick Brunton, ‘The Scottish Influence on New Zealand Psychiatry Before World War II’, *Immigrants & Minorities*, 29, 3 (2011), 308–42.

Sydney Allen and Frederick Truby King were also influential. Appointed Medical Officer at Seacliff Asylum in 1902, Allen went on to hold a similar job at New Plymouth Prison.³⁵ While at Seacliff, he worked closely with superintendent King who was wary of psychology and psychoanalysis but who, unlike Dallard and many of the eugenicists, privileged environmental interventions over the impact of heredity.³⁶ King enthusiastically endorsed moral therapy, and Allen followed his lead.³⁷ Like other adherents of this philosophy, King and Allen treated their patients with healthy food and regimes that involved gardening, farming, fresh air and exercise. They believed that ‘elevating, refining and soothing influences’ would ‘repress the lunatic’s selfish instincts [and] cultivate self-restraint’.³⁸ Self-control was the key: ‘[I]n the power to curb or bridle, and not in the power to let loose, lies the true strength of man’, King wrote in 1891. ‘Defective control is at the root of most cases of insanity’.³⁹ He thought this was true of sexuality, in particular, and his views – and Allen’s – echoed the writing of German psychiatrist, Richard von Krafft-Ebing, who explained that the powerful sexual instinct needs to be controlled so that ‘nobler feelings’ arise and then ‘expand into a world of beauty, sublimity, and morality’.⁴⁰ King and Allen believed the control of sexuality lay in the redirection of the sexual impulse into cultural pursuits.

Allen carried his enthusiasm for moral therapy from Seacliff to New Plymouth Prison. He advocated a regime of concerts, ‘improving talks’ and Bible study, believing that classes in history, economics, civics and science ‘provide healthy food for thought during solitary hours and tend to prevent morbid introspection’.⁴¹ Cold showers were important, and so too was physical culture:

Almost every inmate, unless prevented by physical infirmity, joins voluntarily a class of organised physical exercise under the guidance of a trained instructor, who is himself an inmate. Again, any inmate with a bent for public entertaining is encouraged to cultivate his individual gift, whether in singing, recitation, or instrumental music. A fine band with piano has been established for some years, which is capable of giving public performances to the enjoyment of the inmates and a selected invited public. Individual prisoners are encouraged to develop any special artistic aptitude. We have examples of inmates who have become good at freehand drawing and painting and others more studious have undertaken some serious study, e.g. the physical drill instructor had acquired a good knowledge of anatomy from the books and guidance given by officials.⁴²

Dallard approved of Allen’s approach and its emphasis on moral behaviour. ‘Many of the men [at New Plymouth] are of highly-strung nervous dispositions’, he wrote, ‘and these entertainments have a very fine influence on their conduct’.⁴³ Allen gave further details of his approach in a 1936 report quoted in the *Evening Post* newspaper in 1944: ‘I spend hours outside my duties as physician in getting to know the individual psychology of the inmates, and keep in close psychological contact with the inmates during

³⁵Caldwell, ‘Truby King’, 44.

³⁶Diane Paul, ‘Truby King, Infant Welfare and the Boundaries of Eugenics’, in Diane Paul et al. (eds), *Eugenics at the Edges of Empire: New Zealand, Australia, Canada and South Africa* (Houndmills: Palgrave MacMillan, 2018), 243–65. Paul’s compelling argument counters some scholars’ assumptions that King was himself a eugenicist, at least in any straightforward way. He repeatedly stated that ‘environment could knock heredity into a cocked hat’, cited 244. On King’s rejection of psychoanalysis, see Caldwell, ‘Truby King’, 40; 48.

³⁷For a background discussion of moral therapy, see Suzanne Peloquin, ‘Moral Treatment: How a Caring Practice Lost Its Rationale’, *The American Journal of Occupational Therapy*, February 1994, 48, 2 (1994), 167–73.

³⁸Philp, ‘Scientific Pastors’, 189.

³⁹F. Truby King, ‘A Plea for Stringent Legislation in the Matter of Corrupt and Immoral Publications’, *New Zealand Medical Journal*, January 1891, 145–158, esp. 152.

⁴⁰Richard von Krafft-Ebing, *Psychopathia Sexualis* (Philadelphia: FA Davis, 1892), 1. Krafft-Ebing influenced other New Zealanders too: see, for instance, J.L.A. Kayll, *A Plea for the Criminal* (Invercargill: W Smith, 1905); ‘The Flogging Ferocity’, *NZ Truth*, 20 February 1909, 1; ‘Criminal Germany’, *Woodville Examiner*, 4 April 1919, 2.

⁴¹AJHR, 1926, H-20, 11.

⁴²‘Psychiatry and Homosexuality’, 1936, J1 W2304 Box 12 9/2/2 part 1, ANZ, 2.

⁴³AJHR, 1926, H-20, 14.

the period of their detention'.⁴⁴ He claimed that 'prison methods have so changed the invert's mentality that he has gained sufficient control of his tendency towards sexual abnormality that he no longer offends against the law'.⁴⁵ Allen and Dallard agreed that men's behaviour could be improved even if their sexual instincts could not. Willpower, developed under a regime of close supervision, was the basis of the prison's regimen.⁴⁶

Not everybody was convinced about the efficacy of this type of intervention, and dissenting voices grew louder at the end of the Second World War. In 1946, an article appeared in *Truth*, a tabloid newspaper, alleging there was no effective psychological support for prisoners at New Plymouth. The Prisons Department defended itself by pointing out that Allen, the 'mental specialist', 'submits each offender upon arrival to a complete psychological examination' before telling him he must go and see him about any mental difficulties he may experience.⁴⁷ In the face of criticism, the New Zealand government talked up Allen's methods. Rex Mason, the Minister of Justice, told an enquirer that 'a special milieu has been devised to meet the particular needs of the inmates. The medical officer is an experienced psychiatrist, and by individualised study endeavours to assist the prisoners to resolve their behaviour difficulties'.⁴⁸ However, neither the government files nor Allen's own accounts contain any mention of individual study programmes or therapy sessions. Instead, the situation in New Zealand prisons closely resembled that in Australia and Britain: for all the talk of individual consultations, the penal institutions were not geared up to facilitate this to any degree.⁴⁹ Allen's approach involved little more than fostering cultural appreciation and self-restraint through the range of activities offered at New Plymouth. He suggested that these pursuits had 'an important mental effect on the inmates, and it can truly be asserted that the inmates are under continuous psychological treatment. They are enabled thereby to take their place in the world again with the minimum of discomfort when they have served their period of detention'.⁵⁰ In other words, Allen regarded moral therapy as a treatment regime in and of itself.

Labels – and their intersection with professional practice – cut to the heart of Allen's professional status. In his mind, the practice of moral therapy, and the activities it entailed, was the only acceptable form of psychology; all else was suspect – especially psychoanalysis. At the end of the First World War, a few New Zealand doctors had engaged shell-shocked soldiers in one-on-one 'therapeutic conversations discussing the causes of the condition, and using suggestion and persuasion for self-cure', and Stuart Moore, a doctor who made a submission to the 1924 inquiry, suggested that severe 'sexual perversion' was occasionally 'curable by psychoanalysis'.⁵¹ Allen, however, dismissed Freud's views, declared psychoanalysis 'a cult' that 'puts ideas in the minds of the patient which might lead to greater depths of depravity'.⁵² He also claimed 'every crank and quack' called themselves a psychologist.⁵³ Even though he reluctantly referred to 'psychological treatment' at New Plymouth, Allen defiantly asserted his

⁴⁴Sydney Allen to Controller General of Prisons, 24 May 1936, J1 W2304 Box 12 9/2/2 part 1, ANZ; 'Sexual Offenders', *Evening Post*, 1 June 1944, 6.

⁴⁵'Sexual Offenders', *Evening Post*, 1 June 1944, 6.

⁴⁶Sydney Allen to Controller General of Prisons, 24 May 1936, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁴⁷'Treatment of Perverts', *NZ Truth*, 20 February 1946.

⁴⁸H.G.R. Mason to N.A. Barrer, 11 November 1947, Treatment of Inmates Imprisoned for Sexual Offences 1921–1948. C365 533, J1 1431, 12/17/1, ANZ.

⁴⁹Weston, *Medicine, the Penal System*, 104.

⁵⁰'Psychiatry and Homosexuality', 1936, J1 W2304 Box 12 9/2/2 part 1, ANZ, 2.

⁵¹Susan Fennell, 'Psychiatry in New Zealand, 1912–1948', in Brookes and Thomson (eds), *"Unfortunate Folk": Essays on Mental Health Treatment, 1863–1992* (Dunedin: Otago University Press, 2001), 137–152, especially 145; See also D. Eardley Fenwick, 'The Neuroses and Their Treatment', *New Zealand Medical Journal*, 19, 94 (1920), 213–4; Moore, Submission to Committee of Inquiry, 499.

⁵²On Allen's antipathy, see 'Psychiatry and Homosexuality', 1936, J1 W2304 Box 12 9/2/2 part 1, ANZ, 1; HR Unger's 1955 dissertation, which examined 55 case files, adopted a Freudian approach: Unger, 'Some Aspects of Criminal Homosexuals in New Zealand', Diploma of Social Science dissertation, Victoria University of Wellington, 1955.

⁵³Sydney Allen to B.L. Dallard, 3 May 1937, J1 W2304 Box 12 9/2/2 part 1, ANZ. Use of the term 'psychologist' was not regulated until the passage of the *Health Practitioners Competence Assurance Act* 2003.

own identity as a psychiatrist rather than a psychologist. He had studied the topic of ‘insanity’ for his M.D. thesis, which the eminent Thomas Clouston examined, and he constantly restated his commitment to moral therapy.⁵⁴

It is not surprising that penological practice drew upon asylum psychiatry. Not only did New Zealand’s small pool of medical experts serve more than one type of institution, but, as Foucault pointed out, shared forms of knowledge and institutional mechanisms of self-discipline flowed between both asylums and prisons. ‘The power to punish is not essentially different from that of curing or educating’, Foucault wrote, and all patients and prisoners were expected to interiorise the discipline of social institutions.⁵⁵ The long-serving Sydney Allen embodied this confluence, beginning his career at Seacliff Asylum and insisting that New Plymouth Prison should draw upon the approaches used in the mental hospitals.⁵⁶ Theodore Gray, Head of the Mental Hospitals Department and another believer in moral therapy, supported Allen in his approach. As a young man, Gray had also worked with Truby King at Seacliff, and he tenaciously clung to ‘practical’ ways of teaching psychiatry while rejecting what he called ‘high-falutin’ psychodynamic ideas’.⁵⁷ Allen, Gray and Dallard all left their posts during the late 1940s, and only then, pushed along by the currents of epistemic change, did the hold of moral therapy weaken and newer psychological approaches came to the fore in the prison system.

The final years at New Plymouth Prison

Ormond Burton, a conscientious objector who had served a custodial sentence, wrote a book about New Zealand’s prisons in 1945. He relayed what he had heard about New Plymouth:

The prison doctor takes a keen interest in [prisoners’] welfare, and does what he can to give psychological treatment. The place is clean and as beautiful as a prison can be, polished up to the nines, and with much taste in the decoration of the cells. There is a beautiful garden ... Love affairs between prisoners are the rule ... I should think it is a heaven for homosexuals.⁵⁸

The prison was far from heavenly – in fact, the buildings were old, cells cramped, and sanitary arrangements rudimentary – but men did forge intimate attachments in spite of the warders’ best intentions. They passed notes, mingled in the exercise yard and used the prison kitchen as a nightclub on at least one occasion.⁵⁹ It is not clear whether or not Burton visited New Plymouth’s cells himself: he was never an inmate there. Although attempts to offer psychological intervention remained limited during the 1940s, the new language of ‘treatment’ began to displace older ideas about moral improvement and self-control.

Epistemic shifts had been taking place within the broader field of psychology for some time. Victoria University of Wellington offered courses with psychological content, including social and abnormal psychology, by the 1920s. During the 1930s, students at Otago University studied Freud’s books, *Introductory Lectures on Psychoanalysis* and *Psychopathology of Everyday Life*, along with Hugh Crichton-Miller’s *Psycho-Analysis and its Derivatives*.⁶⁰ Even though psychoanalysis was still regarded

⁵⁴‘Psychiatry and Homosexuality’, 1936, J1 W2304 Box 12 9/2/2 part 1, ANZ, 1.

⁵⁵Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage, 1979), 303.

⁵⁶Sydney Allen to BL Dallard, 3 May 1937, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁵⁷Brunton, ‘The Scottish Influence’, 323.

⁵⁸Ormond Burton, *In Prison* (Wellington: Reed, 1945), 125.

⁵⁹Boston, “‘Caged Tiger’”, 6.

⁶⁰T.A. Hunter, ‘The Development of Psychology in New Zealand’, in St George (ed), *The Beginnings of Psychology in New Zealand: A Collection of Historical Documents and Recollections*, Delta Research Monograph No. 2 (Palmerston North: Massey University, 1979), 35–44, esp. 41; Henry Ferguson, ‘Psychology at the University of Otago and Beyond’, in St George (ed), *The Beginnings of Psychology in New Zealand: A Collection of Historical Documents and Recollections*, Delta Research Monograph No. 2 (Palmerston North: Massey University, 1979), 18.

as a somewhat marginal concern during the early 1940s, the approach grew in popularity after the war and staff in the mental hospital system adopted Freud's ideas during the 1950s. They emphasised 'getting to know the patient as an individual, and listening carefully to his or her story, to facilitate recovery'.⁶¹ Most New Zealand universities set up stand-alone departments dedicated to the teaching of psychology where Freudian thought became increasingly influential.⁶²

New epistemic impulses also influenced government officials. In response to a 1948 letter from a member of the public, Berkeley Dallard, until then a supporter of moral therapy, reported that his department 'is closely watching the experiment being conducted in England with shock treatment and psychotherapy, and should such treatment show practical results the matter of making provision for applying the treatment to certain prisoners in New Zealand will be considered'.⁶³ Shock therapies, including forms of aversion therapy that employed emetic drugs or electric currents, made an appearance in the mental hospitals during the late 1950s. These methods were never taken up in penal settings, although some prison officials became interested in psychotherapy.⁶⁴

At the end of the 1940s, and in parallel with the growing academic interest in psychoanalysis, several new appointments helped to propel change. Sam Barnett, a liberal lawyer and reformer, became Secretary for Justice in 1949 and displaced Dallard. A moderniser with a keen 'reforming zeal', Barnett embarked on an evidence-gathering trip to England and the United States where he studied 'modern penological treatment'.⁶⁵ He quickly concluded that insufficient attention had been paid to the psychological needs of inmates at New Plymouth and that Sydney Allen's minimal therapeutic approach was barely effective. As a stop-gap measure, Barnett directed the almost-retired Allen to interview prisoners with greater frequency. He also asked Lawrence McNickle, the recently appointed superintendent at New Plymouth Hospital, to put in some hours at the prison.⁶⁶ McNickle's sessions with the men lasted around an hour and followed a definite pattern:

The majority of those seen will require several interviews, except those who can be written off as hopeless ... The effects of alcohol are discussed ... We reveal our repressed true natures under alcohol and do things that we normally would not do. This is stressed to greater or less length as appropriate. The normal development of conscience is explained when appropriate. The absolute certainty of being found out is stressed again and again. Owing to the jealousies and deep friendships that occur among homosexuals, heartburnings and tale telling must follow ... Where appropriate, sublimation is suggested, but this has not been very practicable in most cases so far. A patient who is overcome by heated desires is told to walk several miles, write furiously, take a very hot bath – and if such desires continue, to communicate with me after discharge for hormone treatment, rather than give way as discovery and reimprisonment are inevitable. In each interview, the patient asks questions and talks for rather less than half the time – I talk for half the time. The

⁶¹Susannah Grant, 'A Separate World? The Social Position of the Mentally Ill, 1945–1955', in Brookes and Thomson (eds), *'Unfortunate Folk': Essays on Mental Health Treatment, 1863–1992* (Dunedin: Otago University Press, 2001), 235–254, especially 238.

⁶²Hunter, 'Development of Psychology'. Unger, 'Aspects of Criminal Homosexuals', 10.

⁶³BLD, Controller-General of Prisons, to MW Hayman, 7 September 1948, Treatment of Inmates, 1921–1948.

⁶⁴On aversion therapy in New Zealand, see James Bennett and Chris Brickell, 'Surveilling the Mind and Body: Medicalising and De-medicalising Homosexuality in 1970s New Zealand', *Medical History*, 62, 2 (2018), 199–216. An extensive British discussion can be found in Tommy Dickinson, *'Curing Queers': Mental Nurses and their Patients, 1935–74* (Manchester: Manchester University Press, 2015), 64 and passim. A few homosexually inclined boys and men, especially those who suffered from depression, received electroconvulsive therapy (ECT) in New Zealand's mental hospitals: Noel Virtue, *Once a Brethren Boy: An Autobiography* (Auckland: Vintage, 1995), chapter 9.

⁶⁵Chris Brickell, conversation with Tony Taylor, 8 May 2020. Taylor was at one point a colleague of Barnett. On Barnett's study tour, see Robson, *Sacred Cows*, 10.

⁶⁶A.B. Scanlan, *Hospital on the Hill: A Centennial History of the New Plymouth Hospital 1867–1967* (New Plymouth: Taranaki Hospital Board, 1967), 89; S.T. Barnett to Minister of Justice, 17 December 1951, J1 W2304 Box 12 9/2/2 part 1, ANZ.

elementary facts of homosexuality and bisexuality are explained. Marriage is discussed, not recommended to homosexuals. Warm friendships with males are warned against.⁶⁷

McNickle's talking cure took elements drawn from two epistemes. On the one hand, the doctor (loosely) mobilised newer Freudian ideas about repression and sublimation, while his suggestions for action – brisk walking and furious writing – hinted at a continuation of an older type of moral therapy. This epistemic overlap spoke, in part, to a point of connection between pre-Freudian and post-Freudian approaches. Both methods proposed that men should gain increasing control of their impulses and project sexual instincts inwards. The desire for sexual activity would be redirected to non-sexual outlets.

McNickle added another remedy into the mix. The 'hormone treatment' he referred to was not part of New Plymouth Prison's regime, but a few New Zealand doctors used Stilbestrol and Ethinylestradiol, oestrogen compounds, to depress libido in male patients. A medical student's public health dissertation, written in 1956, concluded that the use of such compounds was limited to 'cases of acute tension in the presence of uncontrollable sexuality' and that such therapies 'do not effect heterosexual redirection in a homosexual.'⁶⁸ McNickle did not appear to share this pessimism, and he was happy to offer hormone therapy to ex-prisoners in his own private practice. The limits of medical practice inside the state prisons clearly did not preclude him carrying out his own entrepreneurial activity outside the gates.

Desegregation and the diffusion of 'treatment'

Sam Barnett was not convinced that the long-running New Plymouth experiment could ever be successful. He wrote that segregation was an attempt to stop 'men so disposed from contaminating other prisoners', but in actual fact 'the treatment of the few hopeful cases is prejudiced by their being thrown so closely into the company and the lives of the irredeemable'. As it was, he added, 'we were really doing nothing in the way of medical or psychotherapeutic treatment' and there was a shortage of psychiatrists to be had. This was most unfortunate because 'correction' for 'homosexuals' can only come about through 'sound counselling and by the exercise of their own strength of character'.⁶⁹ Although the comment about 'strength of character' echoed the views of both Dallard and Allen, Barnett placed a much greater emphasis on 'counselling'. He deemed this crucial for prisoners convicted of homosexual offences. Barnett decided New Plymouth Prison should revert to its original role as a local prison and he directed the dispersal of sexual offenders 'in line with the practice in almost all overseas penal administrations'.⁷⁰

Before it was decided to which prison each inmate would be transferred, a psychiatrist assessed whether he was a remediable or a custodial case. The most hardened men were sent to Mt Eden, the country's highest security prison at the time, and intermediate cases to medium-security Papanui Prison. The more hopeful and well-behaved cases went to Waikeria, a semi-open institution. 'Where psychiatric treatment could conceivably be of some avail', then it would be given by the mental hospital nearest to each prison.⁷¹ Concerns about the mixing of hardened older men and naïve younger ones constituted an

⁶⁷L.C. McNickle, 'General Plan of Discussion at New Plymouth Prison', 1 February 1952, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁶⁸N.R. Perrett, *Homosexuality: A Public Health Survey During the 1950s*, Preventive Medicine Dissertation, 1956, University of Otago, 20–21. For further discussion in the international context, see Romeo Vitali, 'Anabolic Steroids in the Treatment of Homosexuality', in David Newton (ed), *Steroids and Doping in Sports* (Santa Barbara: ABC Clio, 2013), 143–146.

⁶⁹Barnett, cited in speech by DR, 1966, J1 W2304 Box 12 9/2/2 part 1, ANZ. Other suggestions 'there was no particular treatment given to the inmates' can be found in 'Placement of Homosexual Prisoners', unattributed memo, J1 W2304 Box 12 9/2/2 part 1, ANZ, 1.

⁷⁰Secretary for Justice, 29 September 1965, Memo to Minister of Justice, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁷¹Barnett, cited in speech by DR, 1966, J1 W2304 Box 12 9/2/2 part 1, ANZ.

important motivation for desegregation.⁷² Barnett believed the treatment would meet the greatest chance of success if young offenders were not diverted in their resolve by ‘confirmed homosexuals’, so they should be housed with first-timers convicted of a range of other crimes.⁷³ A trial placed first offenders at Wi Tako Prison and gave them a ‘psychological examination, counselling and therapy’.⁷⁴

Officials remained interested in the causes and treatment of the desires that led men to break the law. A late-1950s memo titled ‘The Segregation of Sexual Offenders’ claimed that ‘it is now generally accepted that homosexuality is in the main of psychogenic origin’.⁷⁵ The memo’s unnamed author, most likely a psychologist or government official, noted the possibilities. ‘With this in view I propose to expand and strengthen the present psychological services in order that individual treatment may be extended to all hopeful cases including those on probation’. The writer felt that, while most cases fell into the ‘hopeful’ category, ‘medical treatment’ should be offered to ‘that minority whose abnormality is thought to be due to inheritance or glandular disturbance or dysfunctions’.⁷⁶ Unfortunately, the nature of this ‘medical treatment’ for innate cases was not spelled out. For members of the ‘hopeful’ group, however, psychotherapy held some promise.

James Caughley, the new Department of Justice psychologist, had a postgraduate diploma in psychology from the University of Cambridge and he drew upon Freudian concepts.⁷⁷ He presumed some individuals to be trapped at an early stage in their psychosexual development, unable to proceed from an undifferentiated sexual object choice to heterosexuality. Like his international counterparts, Caughley frequently presumed that weak fathers and overbearing mothers were at fault.⁷⁸ He claimed that ‘psychotherapy aims to bridge the gap between maturity and immaturity’, and, for this reason, he suggested treatment was usually effective on younger men rather than middle-aged and older ones.⁷⁹ ‘In the case of homosexuals’, he wrote in 1956, ‘it would seem that few cases respond to treatment after the age of 30’.⁸⁰ If the ‘deviation’ is picked up at an early stage, however, ‘the prognosis is reasonably good’.⁸¹

Together with the unlearning process, a process of re-education takes place, the therapist attempting to assist the individual to resolve those conflicts which he earlier dismissed as either being irrelevant or insoluble. Psychotherapy then is the treatment of disorders by psychological methods to enable an individual to live effectively and positively in a world of reality. The methods involved are mainly verbal and include such techniques as counselling, discussion, explanation and elucidation. A fair amount of insight plus co-operation is necessary on the part of the client.⁸²

⁷²Peter Boston, ‘A Heaven for Homosexuals: A Brief History of the New Plymouth Prison for Sexual Offenders, 1910–1952’, unpublished paper. See also ST Barnett to Minister of Justice, 10 September 1952, Special Treatment for Homosexuals at New Plymouth 1930–1973, J 1 Acc 2304, 9/2/2, ANZ.

⁷³‘Segregation of Homosexuals in Prison’, unattributed memo, c.1960, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁷⁴‘Placement of Homosexual Inmates’, unattributed memo, late 1950s, J1 W2304 Box 12 9/2/2 part 1, ANZ. For a first-hand account of the life of a sex offender at Wi Tako, see John Justin, *Prisoner: My Sixteen Months in Wi Tako* (Christchurch: Whitcombe and Tombs, 1973).

⁷⁵Unauthored memo, late 1950s, ‘The Segregation of Sexual Offenders’, J1 W2304 Box 12 9/2/2 part 1, ANZ, 2.

⁷⁶Unauthored memo, late 1950s, ‘The Segregation of Sexual Offenders’, J1 W2304 Box 12 9/2/2 part 1, ANZ, 2.

⁷⁷On Tony Taylor offers an account of his time as a prison psychologist, although not one who worked with homosexual prisoners in particular, in Tony Taylor, *Cockney Kid: The Making of an Unconventional Psychologist* (Wellington: Silver Owl Press, 2009), chapter 18.

⁷⁸A thorough discussion of Freud and sexual development can be found in Jeffrey Weeks, *Sexuality and its Discontents: Meanings, Myths and Modern Sexualities* (London: Routledge and Kegan Paul, 1985), chapter 6.

⁷⁹J.G. Caughley, ‘Homosexuality’, J1 W2304 Box 12 9/2/2 part 1, ANZ, 3. For a little on Caughley’s background, see *Transactions and Proceedings of the Royal Society of New Zealand*, 77 (1948–49), 351. For context, see Emily Wilson, ‘“Someone Who Is Sick and in Need of Help”: Medical Attitudes to Homosexuality in Australia, 1960–1979,’ in Shirleene Robinson (ed) *Homophobia: An Australian History* (Sydney: Federation, 2008), 148–71, especially 153.

⁸⁰Caughley, ‘Homosexuality’, 5.

⁸¹Caughley, ‘Homosexuality’ 10.

⁸²Caughley, ‘Homosexuality’, 8.

Caughley elaborated upon his methods in a 1958 article in the *Journal of Criminal Law and Criminology*. 'Usually it is a matter of going back through the person's life to try to find the cause of the abnormality. If the cause, which has nearly always been repressed, can be found, treatment can be started from there'.⁸³ Caughley suggested the therapist's office, rather than a prison, might be the appropriate setting for some men. 'In order that the earliest possible treatment might be instituted, the matter of setting up a treatment centre for potential sexual offenders might be worthy of consideration', he wrote in his report.⁸⁴ 'The purpose of such centres would be advisory and educational, as well as therapeutic. The full-time staff of the Treatment Centre would comprise a Psychologist and a Social Worker'.⁸⁵

During the 1950s, the newly prominent helping professions, which included social work as well as psychology, sought greater influence over the treatment of social problems.⁸⁶ Chris Waters, a British historian, refers to the rise of a 'therapeutic state' in which attempts to reconstitute offenders into appropriately self-disciplined subjects took place.⁸⁷ Even though Sam Barnett was not keen to establish special therapeutic centres, practices within the judicial system began to change.⁸⁸ By the late 1950s, in New Zealand as well as the United Kingdom, some judges referred men to psychologists instead of sentencing them to prison.⁸⁹ Any who did find themselves behind bars had more access to psychological expertise than those who came before them. Barnett described the process for new arrivals:

Every inmate has a medical examination when he enters a penal institution. Within a few days the majority of those serving a sentence of more than 3 months appear before a Classification Board which includes a psychologist who is a full-time member of the staff. The psychologist's report recommends further treatment, either psychological or psychiatric, if this appears to be necessary. Psychotherapy is usually carried out by the psychologist and, in some cases, by the psychiatrist, who is used mainly as a consultant for assisting in the diagnosis of difficult and obscure cases.⁹⁰

Barnett tried his best to increase the amount of psychological assistance available to inmates, and he was determined to appoint specialist psychologists into New Zealand's prisons.⁹¹ During the early 1950s, at Mt Eden Prison in Auckland, a part-time psychologist undertook some work 'on an honorary basis', a local psychiatrist was paid a 'retaining fee for part-time services', and a few incarcerated men received psychotherapy.⁹² The part-time staff relied on their private practices for most of their income, but change was coming.⁹³ Barnett appointed Donald Finlay MacKenzie as an assistant welfare officer at Mt Eden in 1954, and 3 years later MacKenzie was employed as the full-time – and properly paid – prison psychologist. He would be the first person in such a post in New Zealand.⁹⁴ A former parson, MacKenzie had a social work degree from Victoria University, and his dissertation titled 'The Habitual Criminal and

⁸³J.G. Caughley, 'Correctional Psychology for Law Enforcement Officers', *Journal of Criminal Law and Criminology*, 49 (1958), 184–188.

⁸⁴Caughley, 'Homosexuality', 8.

⁸⁵Caughley, 'Homosexuality', 10.

⁸⁶Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994), 37.

⁸⁷Chris Waters, 'Disorders of the Mind, Disorders of the Body Social: Peter Wildeblood and the Making of the Modern Homosexual', in Becky Conekin, Frank Mort and Chris Waters (eds), *Moments of Modernity: Reconstructing Britain 1945–1964* (London: Rivers Oram, 1999), 134–51, esp. 151.

⁸⁸F.C. Jordan to Secretary for Justice, 12 February 1968, Treatment of Prisoners, 1949–1972; Secretary for Justice to FC Jordan, 1 April 1968, C396 680 J1 W2304 38 12/17/1 part 1, ANZ.

⁸⁹Dickinson, 'Curing Queers', 77; on this shift in New Zealand, see Brickell, *Mates and Lovers*, chapter 4.

⁹⁰Secretary for Justice to Mrs B Muir, 15 July 1958, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁹¹Greg Newbold, 'Justice Ministers, the Justice Ministry, and Penal Reform: The First 100 Years', Seminar presented to the 'Justice Horizons' Seminar Series, Ministry of Justice, 27 July 2007. Online: https://ir.canterbury.ac.nz/bitstream/handle/10092/727/12606949_Ministers%2C%20the%20Ministry%20and%20Penal%20Reform.pdf?sequence=1. Caughley, see Taylor, *Cockney Kid*, 230.

⁹²Secretary for Justice to Mrs B Muir, 15 July 1958, J1 W2304 Box 12 9/2/2 part 1, ANZ.

⁹³Winterbourn, 'A Review of Psychology', 51.

⁹⁴Donald MacKenzie, *While We Have Prisons* (Auckland: Methuen, 1980), 11, 13.

Offender in New Zealand' drew upon prisoner case files.⁹⁵ MacKenzie later wrote about the psychotherapy and group therapy sessions he offered at the tough Mt Eden Prison, 'a very unlikely therapeutic community'.⁹⁶ He managed to persuade other prison staff 'that theirs was not only a custodial but also a therapeutic function'.⁹⁷ Psychotherapy became reasonably widely used in the prisons over the following decade as the wider community of psychotherapists turned its attention to the corrections system.⁹⁸

MacKenzie's published writing reveals his views about homosexuality. He was neither dogmatic nor condemnatory on the topic, regarding sexual desires as neither totally fixed nor wholly malleable. MacKenzie did think prison life sometimes made homosexuals out of otherwise heterosexually oriented young men, and that situational homosexuality involved 'an adaptation to the abnormal compression and sexual frustration of an all-male or all-female population'.⁹⁹ He described Mt Eden's overcrowded cells as 'bridal suites' and told of affairs, jealousies and the institutional power of the aggressive 'stags', the most dominant men.¹⁰⁰ Conversely, he wrote of one man incarcerated for a homosexual offence who later returned to his wife and children following some 'good counselling' and marriage guidance.¹⁰¹ MacKenzie did not think changing a man's sexuality would be an easy matter, however.

Ernie Webber, Donald MacKenzie and Oscar Wilde

One prisoner's story reveals more about Donald MacKenzie's approach. Ernie Webber, a disgraced company director, found himself at Mt Eden Prison in 1957. An estranged business associate reported him to police, and, at trial, he faced twelve charges of committing homosexual offences. Some of Webber's sexual partners were aged in their late teens, others were grown men. These included Derek Douglas, Webber's twenty-something personal secretary, and Stewart, a farmer in his thirties. The Crown's lawyer asserted Webber was 'the organising homosexual' within a 'perverted circle', the jury found Webber guilty of nine of the twelve charges, and the judge sent him to Mt Eden for 4 years.¹⁰² A further conviction for fraud saw Webber's sentence extended, and he was finally freed in 1962. Among his archived papers is a typescript that details his time in prison. The document tells of Donald MacKenzie's approach to counselling, as does a further unpublished manuscript written by Webber's friend and fellow inmate, Bert Pimley.

When Webber arrived at Mt Eden he faced a panel of four men: the welfare officer, an officious man who had once been a London police officer; the prison chaplain; the deputy superintendent; and MacKenzie, whom Webber variously referred to as the 'prison psychoanalyst' and 'the psycho'. All four men 'exuded a somewhat bogus air of unreal importance', Webber wrote, and the welfare officer demanded a salute from the new prisoner. 'Gentlemen, I'll salute no man. I'll observe fair rules. And pay respect where earned', Webber responded, resisting attempts by the prison authorities to subjugate him to the whims of institutional power. 'Leave me alone, and you'll have no bother'.¹⁰³ In speaking back to the authorities in this way, Webber mobilised the privilege he had as a middle-aged Pākehā (European) businessman of a similar social status to the members of the prison committee. A prisoner of lower

⁹⁵Donald MacKenzie, 'The Habitual Criminal and Offender in New Zealand', Diploma of Social Science dissertation, Victoria University of Wellington, 1953.

⁹⁶MacKenzie, *While We Have Prisons*, 30.

⁹⁷MacKenzie, *While We Have Prisons*, 30.

⁹⁸Tony Taylor, *Cockney Kid*, chapter 18; Ruth Manchester and Brian Manchester, *The New Zealand Association of Psychotherapists, Te Roopu Whakaora Hinengaro: Notes Towards a History: A Chronology of the First Fifty Years, 1947–1997* (Wellington: The Association, 1996), 39–47.

⁹⁹MacKenzie, *While We Have Prisons*, 69. For a detailed account of situational homosexuality in prisons, see Kunzel, *Criminal Intimacy*.

¹⁰⁰DR, Speech, J1 W2304 Box 12 9/2/2 part 1, ANZ; MacKenzie, *While We Have Prisons*, 15.

¹⁰¹MacKenzie, *Community and the Criminal*, 3.

¹⁰²Newspaper clippings, MS-3333/183, Hocken Collections (HC).

¹⁰³'Short Preface', MS-3333/184, HC.

socio-economic standing, or one who was Māori, for instance, would hardly have been in as strong a position. Webber was not punished for his defiance.

Although Webber refused to talk to MacKenzie in front of the panel, he later agreed to visit the psychologist's 'private sanctuary' for 'a yarn and a smoke'. Webber was wary of having his mind intruded upon, and he stated that the prison had custody of his body but 'nothing more'. MacKenzie quickly concluded that Webber's sexuality was not for turning, for this prisoner was 'too robust minded' to be successfully 'interrogated on subjects of impulse and all the tricks and routine of this trade'.¹⁰⁴ Contemporary psychological thinking would have judged Webber too old to change anyway: he was 52 when he arrived at Mt Eden. This was not the only consideration, however. By the late 1950s, some psychiatrists, in New Zealand and elsewhere, encouraged their patients to live with their sexuality rather than attempt to change it.¹⁰⁵ MacKenzie seems to have been content with this approach in Webber's case.

Even though MacKenzie showed little interest in reshaping Webber's desires, he did attempt to keep open the lines of communication. The psychologist was intrigued by several apparent similarities between Webber's case and that of Oscar Wilde, the playwright imprisoned in England in 1895 for his sexual relationships with Alfred Douglas and other men. Both trials attracted considerable public interest: Wilde's was reported around the world and influenced popular understandings of same-sex desire, while Webber's garnered significant attention in the New Zealand news media.¹⁰⁶ Webber went so far as to insist, somewhat grandiosely, that he had been the protagonist in 'the most famous homosexual trial in the annals of New Zealand's Supreme Court history'.¹⁰⁷ MacKenzie and Webber talked about further similarities. Both Wilde and Webber had been the subject of blackmail and there had been young lovers, both of whom had the surname of Douglas. Intrigued, MacKenzie handed Webber a copy of Wilde's book, *De Profundis*, and 'stated he would like a review of it'.¹⁰⁸ He wanted to know what Webber made of the parallels and whether something might be learned from them. MacKenzie's approach marked a significant shift in the way prison staff worked with prisoners convicted of homosexual offences. Prisoners of the 1920s and 1930s were expected to avoid sexual talk and distract themselves by engaging in physical culture and cultural activities. No longer, however, was talk of same-sex sexuality and relationships sublimated or redirected: now it was actively encouraged.

De Profundis is a published edition of the long letter Oscar Wilde wrote to Alfred Douglas from Reading Gaol in 1897. A year passed before Webber considered the work in any detail because, he wrote, he needed 'some time to reflect upon [my] own experiences'.¹⁰⁹ After some contemplation, Webber concluded there were many differences between his own life story and Wilde's. These he recorded in his own piece of writing, 'De Profundis 1957', which has survived in several drafts. Webber concluded that his own relationship with Derek was very different from that of Wilde and Douglas. Webber regarded the latter as a one-sided, 'ill-fated and lamentable' friendship. His own lover, Derek, on the other hand, was 'the invert private secretary, intelligent, competent, affectionate, temperamental in a mild way, and the loved one of several thousand nights and more'. Webber could not have been more emphatic: 'Everything that Lord Alfred Douglas was to Wilde, Derek Douglas was not to me'.¹¹⁰ MacKenzie's task caused Webber deep introspection, and ultimately led him to conclude that his own relationships, unlike Wilde's, were noble and fulfilling.

Webber does not record whether or not he showed 'De Profundis 1957' to MacKenzie or discussed it with him. Prisoners tended to be wary of MacKenzie who, by his own account, had a reputation as someone who put forward a 'Freudian interpretation of everything' – even if he was sceptical about the

¹⁰⁴'Short Preface', MS-3333/184, HC.

¹⁰⁵Brickell, *Mates and Lovers*, 2008, chapter 4. On this approach in Australia, see Robert Reynolds, *From Camp to Queer: Remaking the Australian Homosexual* (Melbourne: Melbourne University Press, 2002), 19.

¹⁰⁶For an account of the Wilde trial and its wider context, see Morris Kaplan, *Sodom on the Thames: Sex, Love, and Scandal in Wilde Times* (Ithaca: Cornell University Press, 2005).

¹⁰⁷Ernie Webber, 'De Profundis for Today', Typescript, MS-3333/184, HC, unpaginated.

¹⁰⁸'Short Preface', MS-3333/184, HC.

¹⁰⁹'Short Preface', MS-3333/184, HC.

¹¹⁰Webber, 'De Profundis', unpaginated.

need for sublimation.¹¹¹ Many inmates resented prison psychologists prodding and poking about in their minds and dredging up old family dynamics.¹¹² ‘Rock Orchid’, the manuscript produced by Bert Pimley that documented daily life in Mt Eden Prison, claimed MacKenzie took a rather-too-close interest in prisoners’ sexual lives in particular. They saw him as a cross between marriage guidance writer Marie Stopes and sex researcher Alfred Kinsey. Pimley noted that ‘very few interviews lasted very long before he inquired into men’s habits’ and frequently proffered the helpful advice that ‘masturbation was the cure of all ills’.¹¹³ MacKenzie was also loath to take no for an answer when he sought insights on a prisoner. Pimley wrote: ‘Those who maintained their silence usually left [MacKenzie’s] interviews congratulating themselves, unaware that he would promptly write a letter to the inmate’s mother for the information he required’.¹¹⁴

Donald MacKenzie’s inquisitive methods and frank conversations – combined with a loosely articulated Freudian curiosity about men’s early lives, including their relationships with their parents – signalled an important shift in the shaping and management of prisoners’ sexual subjectivities.¹¹⁵ A secular form of confession had displaced the quiet self-control that was moral therapy’s overriding goal. By the 1950s, in the confessional of MacKenzie’s office, inmates were required, in Foucault’s words, to ‘transform ... every desire into discourse’ and ‘tell everything’.¹¹⁶ Inmates were expected to provide accounts of their lives to MacKenzie and the other psychologists in the prison system.¹¹⁷ Psychologists, who guided conversations about sexuality and intimate relationships, encouraged their subjects to, in Tina Besley’s words, ‘develop self-mastery as a form of care of the self’.¹¹⁸ Therapeutic confession led to self-inspection that helped patients in general, and prisoners in particular, to develop a self-aware subjectivity that would be personally fulfilling as well as socially responsible.¹¹⁹

MacKenzie’s book review task, an analysis of Wilde’s *De Profundis*, encouraged Webber to think about his experience in terms of wider historical connections and to carefully interrogate the significance of his relationships rather than deny them. In many ways, this confessing type of psychology brought forward the consciousness of desire and encouraged its articulation. The new approach had differing impacts on inmates. Not all could read, let alone write, in a prison system whose population demonstrated significant levels of illiteracy.¹²⁰ Webber, who had come from a reasonably well-off family, had an aptitude for writing and a detailed knowledge of Wilde and other literary figures. As a man with a high degree of cultural capital and who liked to commit his thoughts to paper, Webber could see the appeal. Other prisoners, including Pimley’s informants, were suspicious of the exhortation to tell all and resisted it as best they could.

Webber’s twenty-page typescript, ‘De Profundis 1957’, was a revelation and the beginning of a new trajectory for him. He wrote several other stories with homosexual themes after his release from prison. Like ‘De Profundis’, none of these manuscripts was ever published. ‘Aslan: A Strange Indian Love Story’, from 1964, tells of the intense male friendship between a white New Zealander and a Muslim man in Calcutta, and it includes intimate bathing scenes as well as such phrases as: ‘I am content to be your man’, and ‘his hand lightly and accidentally touched [his] warm smooth thigh’.¹²¹ Writing ‘De Profundis 1957’

¹¹¹MacKenzie, *While We Have Prisons*, 69.

¹¹²Justin, *Prisoner*, 25.

¹¹³Pimley, ‘Rock Orchid’, C10 P3.

¹¹⁴Pimley, ‘Rock Orchid’, C10 P3.

¹¹⁵For a good analysis of the conservative and radical potentials of Freud’s writings on homosexuality, see Weeks, *Sexuality and Its Discontents*, chapter 6.

¹¹⁶Foucault, *History of Sexuality*, 21.

¹¹⁷A.C. (Tina) Besley, ‘Self-denial or Self-mastery? Foucault’s Genealogy of the Confessional Self’, *British Journal of Guidance & Counselling*, 33, 3 (2005), 365–82, esp. 370; 375.

¹¹⁸Besley, ‘Self-denial’, 375.

¹¹⁹Besley, ‘Self-denial’, 376.

¹²⁰Jill Bowman, ‘Assessing the Literacy and Numeracy of Prisoners’, *Practice: The New Zealand Corrections Journal*, 2, 1 (2014), 39–41.

¹²¹Ernie Webber, ‘Aslan: A Strange Indian Love Story’, unpublished manuscript, MS-3333/185, HC, C/12/6; C/16/8.

was a highly productive self-development exercise that helped Ernie Webber hone creative talents he would subsequently deploy elsewhere. But there was more. By providing space for self-expression and reinforcing Webber's identity as a homosexual man, this and the other writings hinted at a degree of affinity between the new psychology and the politics of gay liberation that emerged during the late 1960s.

Conclusion: towards liberation

Several different kinds of sources – government records, the writings of psychiatrists and psychologists, and the productive output of prisoners like Ernie Webber and Bert Pimley – all attest to changing technologies of pathology and health over five decades. Key personnel put their views into practice, and some of them ultimately changed the direction of travel. Psychiatry made an impression as early as 1910 when John Finlay put his ideas into action, and Lawrence McNickle and James Caughley ushered psychological approaches into the prisons during the late 1940s and 1950s. Perhaps, most significantly, the weakening of moral therapy in New Zealand coincided with Sydney Allan's retirement from New Plymouth Prison and the arrival of Sam Barnett as Secretary for Justice. Barnett sought to improve prisoners' access to psychological expertise and opened the door to Donald MacKenzie and his Freudian ways. The building blocks of this epistemic shift had been slowly assembled since the 1920s when Freudian analysis first appeared in the laboratories and lecture theatres of New Zealand's universities, even though those in charge of prisoners' affective lives resisted such developments at the time. Later penal personnel did not take up a pure form of Freudianism. Instead, they wove together Freudian impulses – ideas of sublimation, child–parent relations and the malleability of sexuality – and other related narratives in a syncretistic way.

Calls to redirect or sublimate sexual desires died away as an ever-increasing incitement of sex took place in the offices of the psychologists. To use Foucault's phrase, these professionals 'offered their ears for hire'.¹²² Therapeutic conversations about erotic histories and desires lay at the heart of the new sexual psychology, and the idea of treatment appeared more often – even though psychologists were wary of insinuating that homosexuality could somehow be 'cured'. MacKenzie moved away from the older exhortations to take brisk walks and cold showers, or focus on Bible study, and he encouraged reflexive thought and frank discussions of intimacy. This new psychological approach encouraged a much greater degree of introspection and set prisoners on a path to a new kind of self-awareness and self-mastery. Ernie Webber's writing, for instance, began with Oscar Wilde as its starting point and ended up by asserting the dignity and intensity of Webber's own relationships with men.

By the late 1950s, psychological techniques became increasingly subtle and gave rise to new possibilities: such methods could be appropriated by prisoners in ways that gestured towards liberation. The effects of medicine and its allied professions were far from uni-directional, or uniform.¹²³ In an assessment of the medicalisation critique that first appeared in the 1970s, Deborah Lupton draws upon Foucault's work to point out that the objects of psychological expertise could embrace those elements that offered useful new ways of thinking, or spoke to the way they understood their lives. Conversely, lay people also tended to resist those aspects they understood as oppressive, or irksome.¹²⁴ Psychology gave rise to novel discourses and, in Foucauldian fashion, its power helped to produce new modes of life. Sydney Allen, who died in 1960, would have been most surprised – and alarmed – had he known Donald MacKenzie was inviting prisoners to write about their sexuality in self-affirming ways, and that a few eagerly grasped the opportunity.

¹²²Foucault, *History of Sexuality*, 7.

¹²³Karen Ballard and Mary Ann Elston, 'Medicalisation: A Multi-Dimensional Concept', *Social Theory and Health*, 3, 3 (2005), 228–41.

¹²⁴Deborah Lupton, 'Foucault and the Medicalisation Critique', in Alan Petersen and Robin Bunton (eds), *Foucault, Health and Medicine* (London: Routledge, 1997), 94–112, esp. 105.

By the 1970s, in New Zealand and elsewhere, the gay liberation movement mounted a concerted effort to de-medicalise homosexuality, challenge entrenched norms and legalise sex between adult males.¹²⁵ Psychology underwent further epistemic shifts. The notion that the homosexual person was somehow defective, promoted internationally by such psychoanalysts as Charles Socarides and Irving Bieber, came under sustained attack.¹²⁶ In 1973, this challenge culminated in a successful campaign to remove homosexuality from the American Psychiatric Association's Diagnostic Services Manual.¹²⁷ After that, an emerging gay and lesbian affirmative psychology identified the individual and collective costs of state repression and societal hostility.¹²⁸ Although there was little interest in Freudian analysis among gay liberationists, possibly on account of its association with Socarides and his fellow travellers, lesbian and gay psychologists drew from a broader set of intellectual and practical interests when they sought to reduce stress, improve fulfilment and encourage social connectedness in their own communities.¹²⁹ Imprisonment had become a figurative trope as well as a literal mode of confinement: social norms as well as jail walls were understood to trap those who transgressed, depriving them of personal freedom in the process.¹³⁰ As Waters writes in the British context, there would be a profound shift from 'the social problem of homosexuality [to] the problems faced by the homosexual in society'.¹³¹ By the early 1970s, gay and lesbian psychologists and their allies spoke out against 'homophobia' and exhorted men and women to 'come out' and embrace their same-sex desires and identity.

What of the ex-prisoners themselves? Charles Mackay was released in 1926, having served 6 years of a 15-year sentence; he moved to Berlin and worked as a reporter until he was shot in the street, apparently by mistake. Having failed to get 'Rock Orchid' published, a book that would have revealed prison life – including its homoerotic aspects – in extensive detail, Bert Pimley disappeared from public view. Ernie Webber died in 1983, 3 years before reform of the laws governing sex between men, but during his last two decades he embraced his gay identity by avidly collecting books, pamphlets and media clippings about gay rights from around the globe.¹³² Webber's experiences, both inside of Mt Eden and outside of it, brought together elements of the history of psychology and the new concerns of gay and lesbian politics. During the decades that followed, psychology and the politics of sexuality would prove themselves to be far from separate.

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¹²⁵Laurie Guy, *Worlds in Collision: The Gay Debate in New Zealand, 1960–1986* (Wellington: Victoria University Press, 2002); Brickell, *Mates and Lovers*, chapter 5.

¹²⁶Jack Drescher, 'A History of Homosexuality and Organized Psychoanalysis', *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 36, 3 (2008), 443–60.

¹²⁷Abram Lewis, "'We Are Certain of Our Own Insanity': Antipsychiatry and the Gay Liberation Movement', *Journal of the History of Sexuality*, 25 (2016), 83–113.

¹²⁸Bennett and Brickell, 'Surveilling the Mind and Body', *passim*.

¹²⁹Linda Garnets and Anthony D'Augelli, 'Empowering Lesbian and Gay Communities: A Call for Collaboration with Community Psychology', *American Journal of Community Psychology*, 22, 4 (1994), 447–470, especially 453. On the disinterest in Freudianism in gay liberation politics, see Weeks, *Sexuality and Its Discontents*, 149.

¹³⁰Brickell, *Mates and Lovers*, 2008, 307. There is a good discussion of this use of metaphor in the American context in Kunzel, *Criminal Intimacy*, 195.

¹³¹Chris Waters, 'The Homosexual as a Social Being in Britain, 1945–1968', *Journal of British Studies*, 51, 3 (2012), 685–710, especially 696.

¹³²See, for instance, MS-3333/56; MS-3333/345; MS-3333/437, HC.