

THE
NETWORK
AGAINST
COERCIVE
PSYCHIATRY

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New York, NY 10024
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Note from Judi:

A three-page position paper is
available at the address shown.

I did not have the courage to risk my own career
by refusing to give electroshock during
my hospital training. I have regretted that
cowardice for more than a decade.

Peter Breggin, MD,
psychiatrist and author of *Electroshock: Its Brain Disabling Effects*, 1979

My own head was used for a wall socket.

It was as if I was being
murdered many times and during the last one I was
conscious. ECT left me with terrible headaches,
memory loss, learning disability, and seizures.
A grand mal seizure is not an act of compassion.
No one should be able to steal our memories. We
need them to work through, to find the dignity of
our humanity. No one has the right, though they
have the power, to burn, batter, and blast some-
one's head into convulsions.. Please don't let our
city pay any money to these Dr.Mengele doctors for
shock treatment, and try to get it banned at the
state level... We need our right to say no
to being tortured.

Camille Moran, November 27, 1990
describing her experiences with ECT as a child.
This testimony was given at public hearings
on electroshock held by San Francisco's
Board of Supervisors.

If the body is the temple of the spirit, as I believe, the brain must
be seen as the body's inner sanctum, the holiest of holy places.
To invade, violate and injure the brain, as electroshock unfailingly
does, is a crime against the spirit, a desecration of the soul.

Leonard Roy Frank, shock survivor and author of *The History of Shock Treatment*



NETWORK AGAINST COERCIVE PSYCHIATRY

172 West 79th Street, #2E

New York, NY 10024

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The Network Against Coercive Psychiatry is an organization comprised of psychotherapists (including psychiatrists), survivors of psychiatric incarceration (commonly known as "mental patients"), scholars and other concerned citizens. Our position is uncompromising. We believe the "mental health" Establishment has conned the American people. The idea of "mental illness" is a misleading and degrading metaphor. "Psychiatric treatments" in mental hospitals are for the most part forms of physical and emotional abuse. Psychiatric "diagnoses" are demeaning labels without any scientific validity. The psychiatric Establishment is pushing dangerous drugs which they euphemistically term "medication." Treatments in this century have ranged from revolving chairs to lobotomies to electrical assaults on the human brain to neurologically damaging drugs. There has been no revolution in the treatment of individuals who are psychiatrically labeled: it is an unbroken history of barbaric practices, justified by professionals as medical procedures designed to control patients' ostensible mental diseases.

The Network is emerging at an historical juncture that constitutes a time of potential danger as well as opportunity. The danger lies in the continued expansion of psychiatric power and of the merger of the "mental health" system with the American government. This forebodes a social control apparatus as totalitarian as that foreseen by George Orwell in 1984. In this case conformity to social norms would be enforced by mental health professionals playing the role of Big Brother.

For well over thirty years a number of theorists and therapists have been writing devastating critiques of the medical model of human behavior. Thomas Szasz was the first to argue that to describe individuals who are having "problems in life" as "mentally ill" is to use a metaphor that is misleading and demeaning. It obscures the individual's real problems and it serves to justify psychiatric coercion and the gratuitous deprivation of individual liberty. R.D. Laing, the British psychiatrist, argued that "psychiatric treatment" of "schizophrenia" typically aborts what is essentially a natural process tending toward the reconstitution of the self on a more mature level. Theodore Sarbin and James Mancuso conclude in their exhaustive study that despite over 80 years of popularity the "disease model" has failed to establish its value as either an explanatory theory or a practical tool. Family therapists like Jay Haley, Salvador Minuchin and the Mental Research Institute have demonstrated the extraordinary success of an approach that is not based on the metaphor of mental illness. These theorists/practitioners have had virtually no effect on public policy.

The American public is aware through exposure to a variety of documentary materials — including such realistic works of the imagination as *One Flew Over the Cuckoo's Nest* by Ken Kesey — that "mental health" professionals in the public sector in another era abused the authority vested in them. The public has not confronted the fact — and the media has not exposed the fact — that the same kind of monstrous abuse of power is occurring right now. If the radical humanitarian changes advocated by the critics of the mental health system are to be implemented, it will be because the American people will begin to realize that they have been abused and mystified by the mental health professions and because they will seize the opportunity to assert their rights and to demand accountability from those who claim to serve them.

Psychiatric survivors have been organizing for human rights and against psychiatric oppression since the mid-1970s. George Ebert, a psychiatric survivor, recently described the reason for his twelve year involvement in the movement against psychiatric oppression. "As long as the psychiatric state remains, as long as people are being tortured, oppressed, dehumanized, and denied ownership of their lives, we who have survived are obligated to struggle to break the silence." The Network Against Coercive Psychiatry calls upon all socially conscious persons to join the movement.

For more information: Manhattan (212) 799-9026

SPEECH BEFORE BOARD OF SUPERVISORS
DECEMBER 6, 1994
Camille Genderella Liberty

The latest version of the book of labels spends a perversely inordinate amount of words demeaning feminine transsexual children as gender identity disordered, but their real problem is gender oppression.

Many gay, lesbian, bisexual, and transgender kids are still being assaulted on psych wards with electroshock, drugs, and genital wiring, simply because they were born different.

I am desperate for them to know that they have nothing to be ashamed of, that they are part of the glorious bio-diversity of nature, and I won't allow anyone to wipe out their history and forget the crimes against the dignity of their [REDACTED] existence.

I hope that all gay, lesbian, bisexual, and transgender people will refuse to sacrifice any of our own to the coming madness of eugenics, and that with the Queer transcendence of our Queer creative powers we will climb our mountains of death and rise against the face of the wind together, so that every Queer child who will ever be born will have the heritage of unity.

Thank you, and I bless you from my alien spirituality for saying our name without spitting.

The God of Whips

I saw the god of whips go down like thunder
and a cry fall across his long body of sorrow.
I saw the desecration of his beauty and the
powerful arms of his supreme sex weaken and
become fragile as petals and vanish into air.

Why should a slave of love have to rage
because the strength of the world was shoved
into a box of fire, when I would have remained with
a vocation of whispers in his room of dominion forever.

Sometimes these dreams of the infinities of love
are bigger than crashing stars and timeless matter,
and holes that swallow illusions of reconciliation.
I turn to all the beautiful eyes that are not his and
my body hungers for his sweet pain on my back.

-- Camille Moran

Away from Me

Touch my body into blossom
as we move among the dead
imagining the paintings without hands
and counting the rainfall of their numbers.

Touch me as we walk through worlds of lost visions
remembering the sweetness of their hard bodies
and the sad eyes that wandered away and moved
through the prophecy of the pain of their bodies
as if it was air or stone.

While we have mouths and bones in the light
and watch their ashes float into some other sky
touch my skin and we will honor the dead of our own.
They are dead with passion and you have become
all that I have ever loved in them.

Kiss my body on earth with the consolation of sex
for a communion of remembrance in their names.
I need you, and they have gone away from me.

---Camille Moran

Camille

TESTIMONY AT HUMAN RIGHTS COMMISSION HEARING

MAY 12, 1994

I had surgery in a garage on Lombard street because at the time we weren't allowed in hospitals, even for recovery. A few days before surgery I was kicked out of a psychiatric clinic for being transsexual. Once I was thrown out of another clinic for complaining about my shrink coming to my place to have sex. I once was rejected by a rape crisis clinic when I informed them that I was a transsexual woman.

When I was a child I was given electroshock against my will. I spent years in a state hospital and was given the requisite tortures for being feminine.

Today there are kids being locked up in psych wards, being shocked, drugged, and having wires attached to their genitals, simply because they were born different.

We may be genetic but we are not genetically defective sub-human creatures. If some of us have mental problems it is because we are human beings and not because of our birth status in the glorious bio-diversity of nature. It diminishes the reality of our existence to be defined by the language of eugenics in a book of labels.

I wish for everyone the transformational creativity of an utterly beautiful madness, and I bless you from my alien spirituality for saying our name without spitting.

APRIL 18, 1995 PRESENTATION BEFORE GLBT COMMITTEE HUMAN RIGHTS
COMMISSION BY CAMILLE GENDERELLA LIBERTY

Psychiatric oppression is still very much part of queer history for gay, lesbian, bisexual, and transgender children and youth.

If they survive the ultimate indoctrination of self hatred they may still be automatic throwaways, susceptible to suicide and having unsafe sex, and they may have been subjected to some psychiatric drugs that may be immuno-suppressant.

Any child would be lost in a world where denial of their experience is as wide as the sea.

Any young person is confused when living in that space without language to describe that what you are in your heart and mind and feelings and dreams is the true sky, and the image of your soul the world wants to force on you is the real delusion.

Calling a child of difference a sickness instead of a natural occurrence is humanity's loss and they are missing the gift of us on earth.

If there were counselors made available to reinforce the dignity of the humanity of children and youth no matter how different they are from the rest of the crowd, that would be fine.

The gender identity disorder label is profiteering child abuse that comes with the human rights violations of behavior modification. It is power smashing against a powerless child, and it is intended to murder the spirit, to make the child conform to shadows and silence, to be ashamed of existing, and to accept oppression as justified.

Gender identity disorder implies feminine boys and masculine girls. The more feminine the child is the deeper they are buried in the nightmare vision and the more brutal the treatment is. To look away from this mirror that projects the fears of the world diminishes the identity of every human being.

The statement we make that sexual orientation and gender identity are not the same is not the truth for some of us. It wipes out history, and it ignores the reality of the plight of young people. Whether gay or transsexual, the assault on their bodies, brains, and souls is deeply homophobic.

To be willing to sacrifice any of our own to gain acceptance, especially the most vulnerable and powerless, is the pit of assimilation, and it won't make anyone safer longer. We are all locked inside the pink triangle together forever.

*This is the first presentation of the Children and
Youth Issues Committee of the Transgender Community Task Force.*

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Gay youth, activists slam psychiatric abuse

by DENNIS MCMILLAN

The Children and Youth Issues Committee of the Transgender Community Task Force gave a presentation April 18 on the abuse of queer youth within the psychiatric system.

The presentation was held in the offices of the Lesbian/Gay/Bisexual/Transgender Advisory Committee of the Human Rights Commission.

Speakers included queer youth who had been institutionalized because of their sexuality, queer rights activists and members of the HRC.

Notes from the Inside, a 'zine published by Students and Teens Opposing Psychiatric Abuse Network, was included in the presentation. "Queer youth by the thousands are being locked up, forced to undergo therapy, homophobic counseling and sometimes even aversion therapy," asserted an article written by one teen, whose name and institution was withheld.

Shannon Minter, a staff attorney with the National Center for Lesbian Rights and volunteer with the Project to Stop Mental Health Care Abuse of Lesbian, Gay, Bisexual and Transgender Youth, said, "Although the American Psychiatric

Association removed homosexuality from its official list of mental disorders in 1973, lesbian, gay, bisexual and transgender adolescents are being committed to psychiatric facilities and subjected to mental abuse in unprecedented numbers, in an attempt to change their sexual orientation or gender identity."

Minter cited the definition of Gender Identity Disorder, from the 1994 Diagnostic and Statistical Manual of Mental Disorders published by American Psychiatric Association. The manual describes lesbian and gay youth as veering from the norm.

"In boys, the cross-gender identification is manifested by a marked preoccupation with traditionally feminine activities; there is a strong attraction for the stereotypical games and pastimes of girls.

"Girls with GID display intense negative reactions to parental expectations or attempts to have them wear dresses or other feminine at-

ture. They prefer boys' clothing and short hair, and share interests in contact sports and rough-and-tumble play. They show little interest in dolls or any form of feminine dress up."

Minter pointed out that the APA admits "there is no diagnostic test specific for GID..." but "the adolescent may be referred [committed] because the parents or teachers are concerned about social isolation or peer teasing and rejection." Minter said that such reasoning "basically pathologizes anyone who in any way deviates from what is considered normal."

Camille Liberty, of the TCTF, described the dangers faced by lesbian and gay youth. "Even in a haven such as San Francisco we find terrible oppression of lesbian, gay, bisexual and transgendered children ... If they survive the ultimate indoctrination of self hatred, they may still be automatic throwaways, susceptible to suicide and having unsafe sex, and they may be subjected to some psychiatric drugs that may be immuno-suppressant. Assimilation won't make anyone safer. We are all locked inside the pink triangle together forever."

Cynthia Goldstein, a commissioner with the Lesbian/Gay/Bisexual/Transgender Advisory Committee, said the group will seek more information on the issues presented.

Excuse me, but is that *normality* we're all stepping on together?

Transgender Nation joins protest, of A.P.A., slams psychiatry!

JOINING IN ORGANIZING THE NATIONAL PROTEST of the American Psychiatric Association in San Francisco in May '93 was an articulate, radical-as-hell organization of "transgender" folks. When you make a list of gender minorities as "gay, lesbian and bisexual," be sure to add "transgender," because this little-known oppressed group — often forgotten by their own allies — sure didn't leave us out. They created a committed, energetic bridge in reaching the enormous gay/lesbian community of San Francisco.

One key helper was a Transgender Nation leader, Anne Ogborn, who as a child appeared to be "male" to psychiatrists, but she defined herself as female... so psychiatry tortured her with aversive therapy. Anne later obtained sex-characteristic altering surgery and drugs, and discovered that the same profession that had tortured her now acted as belittling gatekeepers for all such procedures and insurance.

On Saturday, May 22nd, the A.P.A. in San Francisco was voting on Anne's life through their label bible, DSM-IV, which lists clusters of "gender disorders."

The day after this vote, in the early morning hours before the national protest, Anne and two other Transgender Nation activists were arrested for spraying artfully-done stenciled letters all around the A.P.A.'s Moscone convention center, such as "A.P.A. Go Away!" While in jail over the weekend, the activists were variously harassed for being transgendered.

Several Transgender Nation members managed to stay out of jail, and spoke to the media and at the rally on Sunday. On Monday, Transgender Nation's uniting with our protest were to be rewarded with one of their best breaks in Bay Area media, a prominent article in Northern California's biggest paper, the San Francisco Chronicle, which also mentioned demands to end forced drugs and shock.

One speaker at the Sunday rally was fiery, long-time activist for psychiatric survivor rights Camille Moran, who each week volunteers many hours with the NAMES Project AIDS Quilt, composed of 24,000 panels.

When Camille was a child she explained to adults she was a girl, and psychiatry's answer was repeated forced electroshocks to her brain, apparently when she was as young as six or seven, breaking her bones. Later as a teenager she received the "new-improved" electroshock procedures, sparing her bones, and she describes that shock as just as horrendous.

Such atrocities are not from the long-ago past. Professor Thomas Szasz has exposed that psychiatry has conducted medical experimentation with electroshock on depressed AIDS survivors, and A.P.A. medical literature recommends it.

Why A Transgendered Woman Calls for Psychiatry's Destruction by Camille Moran

My name is Camille. I am a born transgendered woman. When I was a child I said that I was a girl but the world called me a "faggot." Under the sky of pain called psychiatry I was locked away for many years and had the requisite tortures: the terror of electroshock, my bones broken, my body drugged and raped. I was not raised as a gender but as a bug of a child to be smashed.

I am nobody's victim. My body belongs to me & so does my holy brain. I am the ghost of the untapped conscience of shrinks, a lurking justice, a part of the gathering truth that is rising with a common voice out of the wake of their evil blue fire.

Transsexuals are born into the book of labels. We may be genetic but we are not genetically defective sub-human creatures. By the very nature of our difference, the independence of our alien spirituality, and the passion of the power of our will, we are a threat to the ruling delusions of the mental death profession.

No one has our permission to debate the validity of our existence, to define our reality, to dismiss our pain, and to name us. We name ourselves.

If you could look into the collective genetic memory of your humanity you would find us in the rivers of your dreams, for we were always here, we were here when Earth was a green spirit. We were a natural occurrence in a singing world. In times of absolute horror and destruction I wish for you all the transformational creativity of an utterly beautiful madness, and I offer you the blessing of a holy human freak.

[Dendron #30 incorrectly listed Camille's address. It is: Camille Moran; 1280 Pine #504; SF, CA 94109.]

Transgender liberation

Susan Stryker, a founding member of Transgender nation, also spoke at the our protest at the American Psychiatric Association May 23rd. Here are excerpts:

"Like many of you here today, transgendered people — we who are transsexuals, transvestites, butch women, drag queens, who are physically intersexed, or who embrace any behavior or identity that crosses over or moves between the dominant culture's notion of male and female — we have been abused by the medical and psychiatric professions. Babies born of ambiguous genitalia have had the following...

...ally altered without their consent, and often without even the consent of their parents. Children who exhibit gender or sexual behaviors that challenge the rigidity of conventional sexual or gender roles have been subjected to coercive behavior modification techniques in psychiatric clinics in order to prevent them from becoming gay or transsexual adults...

"We have been arrested, institutionalized, drugged, shocked, beaten and emotionally assaulted just because we insist on expressing ourselves the way we choose, leading the lives we want, being the people we want to be. These are things we transgendered people share with many of the non-transgendered survivors of psychiatric abuse. We, too, get fucked over by power because we're different. We stand with you in solidarity to protest. We raise our voices with yours to demand that this mistreatment stop. We work along side you to bring these crimes to an end."

[For the full text, along with a report of the whole protest by C. Walsh, send \$1 for the Summer '93 newspaper. Sling-shot; 700 Bshleman Hall; Berkeley, CA 94720.]

Gay/Les/Bi/Trans Psychiatric Survivor Alert! Fantastic news!

A super fantastic splendiferous special issue of a main Northwest's gay/lesbian publication — *Lavender Network* — has published a special August issue focused on psychiatric survivor called "Embracing the Crazy in Queer," these articles are national in scope. Get a copy!

It includes a brief history of lesbians and psychiatry, transgender personal testimonies, an interview with a Depresso Club member (for lesbians feeling depression), "Milestones in Psychiatric Homophobia," and more. Not since a special issue by Phoenix Rising of Toronto a few years ago have our two movements merged so eloquently in a periodical.

One of the individuals interviewed is gay socialist Steve Holochuck of Massachusetts who is organizing a national "Fruit & Nut Bar." Steve has been a radical psychiatric survivor activist for 15 years, and has attended Support Coalition protests. Steve recounts his escape two-and-a-half years ago from his seemingly "humane" therapist, and gives a brilliant analysis connecting all oppressions. Lately, he's been through some transitions: Steve accepted a high-level position in the Mass. Dept. of Mental Health as their new Director of the Office of Consumer & Ex-Patient Relations. For info call him at work: 617/727-5500 x 406. One of his first activities was attending the founding meeting on June 24, 1993 of a new Mass.-wide coalition of survivor groups.

Lesbian computer professor Sarah Douglas of Univ. of Oregon — who is also a CHRP Board Member — edited this *Lavender Network* issue. She is now gathering more material on psychiatric survivor oppressed sexual minorities, and perhaps will create a book of it. Contact her via *Dendron*.

In the Northwest U.S., pick up a free copy of *Lavender Network* August issue. Elsewhere, mail \$2. today for a copy to: *Lavender Network*; PO Box 10262; Eugene, OR 97440. Tell them *Dendron* sent you!

SPEECH FOR THE ALTERNATIVE FAMILY PROJECT PANEL DISCUSSION
ON GENDER DEVELOPMENT IN CHILDREN - APRIL 29, 1996

by Camille Genderella Liberty

If only the eyes and nothing else of a child was visible, people would zero in and attack the vulnerability in the eyes that is the heart of the spirit of the feminine child.

To look into the mirror at the endurance of fragility causes fear as big as the sky. A child's ability to go through pain and violence with resurrection and still be vulnerable and feminine is like leaves falling upwards and is not allowed on earth.

For some of ~~us born queer bashed sissy transsexuals~~, ^{children} ~~our~~ ^{their} gender identity is also a necessary survival technique in a world where the features of a child, and a child's beautiful desire to nurture, and the natural movements and mannerisms connected to the physical brain, are obsessively scrutinized and condemned. To protect the crown of the bully, ~~all doll-roeking daydreamers must be stopped.~~

Some transsexual gay kids are sacrificed to the nightmare vision of psychiatric blame and torment, sexual violation, and physical torture at a very young age because sometimes misogyny is homophobia, and sometimes sexual orientation is gender identity. And with the hatred of the feminine comes power smashing against the powerless.

If these children survive, they may spend the rest of their lives looking for similar pain like a returning stone, and it is only the illusion of the consolation of identity that gives witness to their existence.

The alternative is for genuine parents to develop their own intelligence of consciousness to enable them to create an environment that sustains the safety of the soul in a needed home of refuge for a child of difference.

I have no concept of what the luxury of having gender issues means. I only know what gender oppression is, and sometimes gender joy. But I do know that reconciling identities is a natural and perpetual process that gathers emotional light and does not diminish being.

1. a violation of human rights, and an invasion of a child's spirit.

Gay & Lesbian Medical Association
459 Fulton Street, Suite 107
San Francisco, CA 94102

August 7, 1997

Dear Gay & Lesbian Medical Association Board Member:

I believe one of the reasons you are able to be proud members of a gay and lesbian medical organization is because the diagnosis of adult homosexuality as a mental disorder no longer exists.

I beg you to give hope to gay children for the future, to restore some dignity to the Hippocratic oath, and to realize the potential of your spiritual gay heritage as shamans by working to get rid of the diagnosis Gender Identity Disorder in Children (GIDC) and Adolescents.

GIDC is specifically gay peoples' business because it was invented to stop kids from growing up to be gay, to get funds to use behavior modification and aversion therapy on gay kids, and because most of the children tortured under this label are gay, including the ones who grow up to be transsexuals, if they survive.

GID as a diagnosis for transsexual adults and older youth and GIDC are separate issues. The children suffering from the effects of the terrible attempted cures do not deserve to have the devastation of their experience mixed up with and obscured by the issues of GID.

It is a violation of human rights to experiment on children simply because they are naturally gender variant. In a world that allows the features of a child, and a child's beautiful desire to nurture, and the natural movements and mannerisms connected to the physical brain to be obsessively observed, relentlessly condemned and punished, I am sure that if only the eyes of a feminine child were visible, power would smash against the powerless.

There is nothing sane about gay bashing but it is not labeled a disorder; only the youngest victims of it are.

A feminine boy is like leaves falling upward, and a child of difference is not allowed to exist on the face of the earth.


If you take responsibility for these children you will be claiming them as your own. They are not a threat to anyone's assimilation, and no one will lose their manly manhood because you acknowledge that even if they are not your mirror image they still belong to you.

There is no healing place for the survivors, young and old, of the psychiatric abuse that is a perpetual thread of gay history. I have come to understand that gay and lesbian people are the only ones with the power to change this. The art of healing is a political act, but it is also an intelligence of consciousness that gathers emotional light.

I am a transsexual woman but I am an extension of you, and I will always be gay. I will never live to see my civil rights, but if you take care of the children, that is the inclusion that matters to my personal heart, and I will feel that my soul has been blessed retroactively, for I have waited for you all my life.

Love,

Camille Moran



The Cradles of Homophobia
Proper and Improper Modes of Treatment for the Feminine Child
by Camille Maran

All children are sacred human beings born into the world to give and receive the blessings of the humanity of love in an environment of tolerance and the safety of respect.

A child should be provided with the basic needs of food, health care, freedom, a roof under the stars, a refuge of arms, the transcendence of fun, the triumph of learning, an abundance of colors and light and paper dolls, crayons that prophesy and deepen into oils, and a safe place to lay a head into dreams. All others should assume that each child is the owner of their dreams.

Children have bodies to never be violated, minds to be appreciated and developed without being struck into hiding, individual personalities to be considered, preferences to not be intruded upon, and talents to be encouraged. They have hopes and wishes to be lifted over the gravity of shame. There are desires forming within them that will evolve with conscience into shimmering vision.

A child's universe of feeling is wondrous and fragile and deserves the fiercest protection. The eyes of a child with the power of a tender heart should not be made afraid to move in the world. A feminine child should be permitted to sing out loud while rocking with cradling motions, to dance over stars of glass with astonishing silent grace, and to paint a life of value beyond the blows to the head, body, and spirit of a broken child.

A feminine child is like leaves falling upwards — not allowed to exist on the face of the earth. The earth should turn in its ashes with sorrow and weep for shamans because of the volume of retribution directed at the small spaces of little feminine boys.

There is nothing sane about gay bashing but it is not found in the book of labels — only the youngest victims of it are — and the treatments for them are a more clever form of gay-bashing. Only a dead child could be protected from ostracism by being stigmatized and degraded with treatment designed to force children to give up the nature of their being, to despise themselves. It is simply a violation of human rights.

In a world that allows the features of a child, and a child's beautiful desire to nurture, and the natural movements and mannerisms connected to the brain to be obsessively observed and relentlessly condemned with psychological and sometimes physical abuse, I am sure that if only the eyes of a feminine child were visible, power would still smash against the powerless.

It is never love or genuine concern when parents hand over their own to the political torture of children in the shadows. The parents may not want their children to grow up to be gay or transsexual, but nothing can stop them from becoming who they truly are, if they survive to grow up at all.

The proper modes of treatment for feminine boys are to abandon rejection and fight like mother lions and defending fathers to get laws passed to protect

children from violence, to have HIV and suicide prevention available for the throwaways, to save a sweet child's soul from being officially described as a defective monster, to give the consolation of safe, enfolding arms to those who were thrown from cradles of homophobia into a world of knives of words and blueveined fists, to impart the knowledge of the right to have the will to exist just as they are, and to enable them to push open the earth to light even if the moon is cold and the wind is a blow stone.

A mother will feel the relief of joy if she is open to what her child can teach her. A father will not lose his manly manhood if he becomes close to the love of his own child.

Funds for research experiments, behavior modification, aversion therapies, and multiple diagnoses used to drug GIDC kids must be stopped. GID should be used for the treatment needs of older adolescent and adult transsexuals until it is replaced with a purely medical model.

Most of the children treated for GIDC will turn out to be gay men, a sign of genius; others are primary transsexuals — rare, precious stones — who will never lose their feminine ways; and a handful — a tiny minority — are straight, merely caught in the gender web because they do not stomp around hard enough.

Gay and primary transsexual children exist, but they have no need to be named by grown-ups' fears and desires. Their own spirit will define them, and with loving help and understanding, the sky will clear. Discovering and reconciling identities is a natural and perpetual process that gives emotional light. No one should label a child from political will, spiritual bigotry, ignorance, gender panic, or mercenary, contradictory, deceptive, and expanding professional definitions. A child should only be collected to learn the survival skills of a celebration of being, and not to a closet of invisible death, murdered tears, shuttered eyes, and the silencing of the language of an awakening heart.

Counseling should be a refuge of approval that directs a child to beautiful windows. A healing place for survivors of the terrible attempted "cures" should be offered, with validation for the reality of the damaging experiences of their lives. No one should have to be afraid to seek help because of the way they were treated before.

A child's eyes are waiting for acceptance and guidance, but they may turn away forever and float in silence when the longing for love is answered with the gift of pain. If a cry for justice is hanging between absent hearts, not even a dead child could stir the ashes of the ghost of love.

Camille Maran is a Community Advisor to the GIDC Working Team of the Gay & Lesbian Medical Assn. The above essay is a personal viewpoint.

Camille Maran, February 27, 1998

Resolution: 103-97
Title: Gender Identity Disorder in Children and Adolescents
Author: Marj Plumb, Director of Public Policy
Introduced by: Bob Cabaj, MD
Jerry Polansky, MD
Roy Sanders, MD
Endorsed by: Mark Townsend, MD
Christopher Harris, MD
Anne Lawrence, MD
Board Review: August 20, 1997

- 1
2 WHEREAS, the listing of Gender Identity Disorder (GID) in the Diagnostic
3 and Statistical Manual of Mental Disorders (DSM), published by the American
4 Psychiatric Association (APA), is a complex and sometimes misused diagnosis
5 for children and adolescents who are so identified; and
6
7 WHEREAS, some psychiatrists and parents have misused the GID diagnosis
8 in an attempt to prevent adult homosexuality in children who do not
9 conform to traditional gender roles; and
10
11 WHEREAS, children and adolescents who have been subjected a GID
12 diagnosis are legally under the power of their parents or other adults and thus
13 have little or no control over their treatment; and
14
15 WHEREAS, the concept of GID has also been appropriated by conservative
16 groups and others who oppose legal protections for lesbian, gay, bisexual,
17 transgender and questioning children and adolescents as it enables them to
18 argue that such children and adolescents suffer from a psychiatric disorder
19 and need psychiatric treatment rather than civil rights and social support; and
20
21 WHEREAS, the APA Committee on Gay, Lesbian and Bisexual Issues has
22 already begun a review of this issue; therefore be it
23
24 **RESOLVED:** That the Gay and Lesbian Medical Association calls for the
25 review of Gender Identity Disorder by the American
26 Psychiatric Association, with the goals of evaluating the
27 assumptions that inform this diagnosis and assessing the
28 implications and abuse of GID for children and adolescents,
29 and be it further
30
31 **RESOLVED:** That the Gay and Lesbian Medical Association supports and
32 offers ongoing assistance to the APA Committee on Gay,
33 Lesbian, and Bisexual Issues in their efforts to have the
34 diagnosis of GID reviewed by the American Psychiatric
35 Association.

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Background of Issue:

Gender Identity Disorder (GID) is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA). GID has become the subject of widespread discussion and debate in the media and within the gay and lesbian movement as transgender visibility and activism continue to grow.

These discussions have been shaped, and to some extent polarized, by the different needs and divergent implications of the GID diagnosis for transsexual adults, vs. children and adolescents. For transsexual adults, the GID diagnosis has often been helpful or even essential in obtaining hormones, surgeries, and reimbursement for transition-related care. For children and adolescents, however, GID has often been a mechanism for coercive and extremely harmful treatments which aim to prevent adult homosexuality and transsexualism.

Given these complex issues and needs, many advocacy efforts have focused on creating alternate means of ensuring continued access to and reimbursement for hormones and surgeries while eliminating GID as a psychiatric diagnosis. These strategies have been developed and pursued through coalition work by the National Gay and Lesbian Task Force (NGLTF), the International Conference on Transgender Law and Employment Policy (ICTLEP), the National Center for Lesbian Rights (NCLR), GenderPAC, and other LGBT organizations and individuals.

In addition, Kerry Lobel, Executive Director of the National Gay and Lesbian Task Force, in December, 1996 requested a meeting between members of the American Psychiatric Association staff and representatives of the LGBT communities to discuss the impact of the psychiatric diagnosis of GID on transgendered adults and gender variant children and youth.

Recently, the Human Rights Campaign, in coalition with NGLTF, GenderPAC, NOW, NYAC, and others, have redirected their efforts to focus on getting the APA to address the diagnosis of GID in youth and adolescents. The Lesbian, Gay, and Bisexual Issues Committee of the APA (Mark Townsend is a member) has been reviewing this issue and is preparing to move the debate to the APA.



Gay and Lesbian Medical Association

459 Fulton St., Suite 107 • San Francisco, CA 94102 • 415-255-4547

Fax: 415-255-4784 • gaylesmed@aol.com • www.glma.org

Founded in 1981 as the American Association of Physicians for Human Rights

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January 14, 1997

Camille Maran
GLMA
459 Fulton Street, Suite 107
S.F. CA 94102

Dear Camille,

Thank you so much for taking the time out to present at the Gay and Lesbian Medical Association's inservice on January 13. We really appreciated your insights and learned valuable information on GIDC issues.

Again, thank you for your time and expertise, and we hope we continue to learn from and partner with you in the future.

Sincerely,

The GLMA Staff.

*Thank you dear.
You are the most
courageous person
I know! Love,
Therese*

*I'm so glad you've chosen
to spend time with us, Camille!
We've all learned from you!*

Steve

*Camille -
you were - and are -
brilliant & wonderful.
Thank you,
Marj*

*Thanks Camille!
You are a
compelling speaker!
Grace*

*Gracias! Gracias!
For your passion &
commitment. You
are truly an
inspiration.
Angela*

*Thank you!
Susan*

*Camille -
You did an excellent
job & greatly helped
this issue. Thank for
being here.
Sue*

*Thank
Camille
Your were really helpful
to my understanding GIDC
- Peter*

*Thanks dear - you
were excellent.*

*Thanks Camille
for showing your
passion for us, and
extending the urgency
for us to feel too.
Your work is very
important to medicine
GISE
Melissa*

*Camille - you did
a great job and have
made an impression on
me that will last always!
Koko, Stephen*

*It was
 terrific -
 thank you,
 JJ*

1998 Women in Medicine: June 4-7, Northampton, Mass. • 1998 Annual Symposium: August 27-29, Chicago

Beggar's Blood

I could be rain out of town when you
are sunlight on someone's mountain
If you told me to run away and return
Like a child into your arms of pain.

Until we fall away from earth into air
and our bodies are stones gasping for wings
I will ask nothing much of you except
that you never give love the name of fear.
There are all kinds of love. Pick one.
And I'll stop until you say go.

I dream in a sky of water, it is
the rain of autumn that creates emotions.
But what do the dead know?
Haven't I been murdered many times?
It is your eyes that make me feel
As if I am approaching life.
I don't expect you to breathe my soul back.
Just teach me a silence without fear.
And I will make you laugh.

Camille Mars

25 Reasons

"Why I Had Myself Mutilated,"
by Camilla Marien Rose, the Sequel

1. Because my body belongs to me.
2. I never stood up to pee.
3. I never had any power to lose.
4. The dictionary says that's what transsexuals want.
5. The surgeon fancied me and it was free.
6. My fake vagina is delicate and it fits the rest of my body better. And it has fabulous orgasms.
7. So I could sexually reject powerful men.
8. To support the gay rights movement. It was a gay sunuck that kept Alexander the Great going.
9. Gender is not just a social construct. It is also a neuron.
10. I'm not obligated to overthrow the gender system. I exist and it creates gender panic.
11. I don't regret what I did to survive the depth of homophobia.
12. To be turned away from a rape crisis clinic even if I was a real woman to the creep on top of me.
13. To blot out the fact that I was ever a feminine boy child.
14. Because I was too feminine to be allowed to exist on the face of the earth.
15. To try to forget being tortured with electroshock, thiorazine, etc. because of my sexual orientation and gender variance.
16. So straight people could pretend that there was one less gay person even though I still feel their homophobia. Flovering, pouncing.
17. So I could be ghettoized as a transgender issue.

18. To recite the mantra that gender identity has nothing to do with sexual orientation even though mine couldn't be separated by a knife.
19. So transgender polemics could dictate that I was a heterosexual just to benefit everyone else's identities.
20. To make manly gay men be afraid that their penises would fall off if they allowed me to call myself gay? Never.
21. Because my ass was tired of being a bridge. But I'm glad that I could help some gay men along on their way out of the closet.
22. Not because I was attracted to straight men. But because a gay man could never love someone as feminine as me. I can't blame them for that.
23. Because I never dreamed that one day there would be inclusion in the gay community. Inclusion has been the best thing that ever happened in my life. And if we're dumped it will be *deja vu* grief.
24. So I could apologize for failing the genital inspection for the Advocate's assimilation quota? For not passing the economic litmus, the lip detector test, and the swish swab? For being lower than effeminate or androgynous? For being born feminine? Not likely I will.
25. So I could tell the world to kiss my fag pussy.

July

Mr. Galway Kinnell:

Please let a stranger tell you that the beautiful poem you wrote for your daughter, which ends "the wages of death is love", is my very favorite.

It is life assuring to know that in a moment of eternity those human and tender emotions were translated with the ink of the heart.

I do enjoy reading Emily and Dylan but I'm glad to find a role model still living among us.


When I saw you and the other writers on PBS' "Poets in Person", I knew that was the planet where I belonged, so swim towards, and may dare seek out a poetry group in my area and start saving to go to a seminar.

Here is a poem that I have written in your honor in my uneducated vocabulary. I hope that you don't mind.

Sincerely,

Camille Moran

Camille Moran



A QUIET POEM AT YOUR BLUEVEINED SIDE

Ethereal mutations rise dreamy-eyed and palmed
Peeling the violet steamings from the patched air
Through the city scorchings of your strange murmurings
With a quiet poem at your blueveined side

In the common days of the fierce clowns of Gadara
It will dance in the syllabic colors of your humanity
You may reconcile clarities in quick pangs, chameleon
Beneath the towers of the mammonites

When the monster fathers of the ages come creeping
Dragging their chains across the fusions of my dreams
Where I lay my fitful head on a goose wing grave
Is a seeded poem folded into an opal pain

And you with father love in your sad arms
Will map the beggar eyes on a thumb of worlds
Turn your compassion against the sky and bleeding wall
Pulling the stars topaz across the quiet face

Camille Moran
July 1988

Squam Valley August 7 1988

Dear Camille -

That is a wonderful letter that fell into my hands
last night; reassuring me of usefulness.

But I'm really writing to tell you I do
very much like the poems you sent.

I love the vocabulary you somehow call
"uneducated" - and especially the poetry
of feeling that shines from and in the
words.

Yours truly,

Oliver Sauer

Send me some poems sometime, will you?
to Sheffield Vt. 05866; and let me know a
little about yourself. (Though I'm not a good correspondent
I should pt. at now...)

HEALER

You were hoodless, and the pleasure on your face
As you lashed me was the coming of the new world.
Shirtless, the power of your skin was myth
Dwelling among flesh as you circled
The holy fires in my body of light.
Being whipped is like prayer before sleep,
I shake, and come, I smile, and dream into
Your magic hands that rub aloe on my welts,
I would never use the safe word
When I am with you. The only pain
That could destroy me is if your eyes turn away
With that silence that is death before life.

-- Camille Genderella Liberty

Transsexual News Telegraph
h • Summer/Autumn 1995

THE FLYING LIGHT

A child is shaking as the hush moon rises,
The cornered spirit flees within the mind,
A foot on the stair, a giant leans over her,
He nibbles her ear, tickles her, pinches her all
Over, smothers her confusion, his shining threat
Is the knife in the universe of falling cradles.
The flying child is floating in terror, has flown
Under hope, is falling through the faces of God,
And the night and the sky are filled with pain.
In the light of a yellow morning only pieces of
Wonder sing in cries and throats of whimpers,
Sing the rape of light down.

A child is silent with terror in her eyes,
The cornered spirit shakes within her heart,
An evil god has the exact grin of a rapist as he
Electroshocks her head of clouds for daydreaming,
Rolls her eyes into her body of ashes, blows pain
Into her light of glass. Through smoke and fire
She goes down invisible, becomes dizzy with wingfall.
In the blue light of endless bloody mornings
The slow child dreams the dream of the dead, and
Only gray, lonely moons drift down her darkness as her
Flying light moves away from the sad and tortured earth.

Camille Moran

cr 1992

THE FEMININE CHILD
by Camille Genderella Liberty

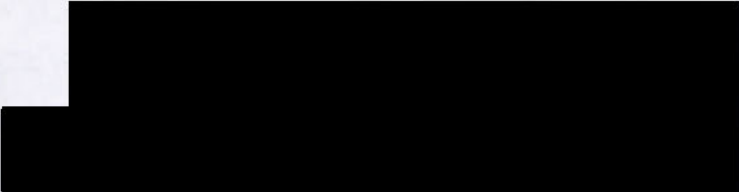
TRANSSEXUAL CHILDREN BANNED FROM FOSTER
CARE: GO DIRECTLY TO PSYCH WARDS 1994

she thought of irons and waxed paper
that seal the colors of cold music
as she walked through leaf blood calling
the children out of their buried caves
and climbing from their glowing cells
as the sky was full of souls flying
to escape over the naked trees.

once tender shamans came morning dancing
on dawn's feet, and the magic child
blew palms of changing light across all
waters, and time wept into its own raining.
the feminine child born not constructed
came singing fire to worlds on earth, and
variously named, accused by others tongues,
men raped them before they killed them
and afterwards occasionally asked for
blessings from the dead in secret.

girlchild is a good name to gather fury,
her survival as a ghost depends on it.
the faces of children floating through
mirrored images reveal the turnings back
of an old girlchild at the end of the world,
or until they are out and safely sleeping,
for the sky is full of wings without bodies.

Camille Moran



CR
May 29, 1994
Camille Moran

ARTS & REVIEWS

FILM

Ma Vie En Rose (My Life In Pink)
review by Camille Maran

Directed by Alain Berliner, written by Chris vander Stappen, produced by Carole Scotta.
Available on video. 88 minutes.

Ma Vie En Rose is a film from Belgium about a little boy, Ludovic (Georges Du Fresne) who is really a little girl and wants to marry the boy next door when she grows up.

It is an amazing movie because it acknowledges that feminine primary transsexual children really exist, that they have the human right to be loved and accepted for whom they are, and to love whom they want to.

The plot deftly traces the emotional devastation heaped on the child by the kiss/slap abuse of parents, the escalating verbal and physical violence perpetrated by family, neighbors, peers, school officials, and a tiresome behavioral modification therapist, all because of homophobia and the

The film reveals the weakness and delusions of the nuclear family, with its requirement of the human sacrifice of a child's life.

gender panic that is manifested by the arrogant and ignorant assumption of the two majority genders.

It reveals the weakness and delusions of the nuclear family with its requirements for the human sacrifice of a child's life. The film also recognizes the power of the spirit of the child to persevere.

The film emotionally captures the first inclination of a child to not be ashamed of the

purity of first love and how hard it is for the child to understand why that rightful human emotion is defiled as something ugly by the whole world around you. A child has the innocent feelings of a natural heart while others conjure a despised future of sex. The natural desire of a feminine child to want to have pretty clothes like other girls is touched on, as is the mindless persecution it draws.

The acts and attitudes of homophobia are shown as especially unseemly and irrational when directed at its most powerless victims.

The film also shows how those who may grow up to be attracted to transsexuals are stigmatized and trained early on to hate whom you love and to destroy whom you want.

There is also queer joy in the movie. There are beautiful, fantastic, flying escapist fantasy scenes done in pastel primary colors that represent an

authentic feminine sensibility, romance, a fabulous queer creativity, and the only survival technique available to the child each time she realizes that abuse is imminent.

This is a movie that I never believed I would live to see because it is the first one about a transsexual where I saw my own emotional truth reflected on the screen, and it was a gift of dignity.

Ma Vie En Rose is extremely well acted (especially by George Du Fresne), directed and written. Whether or not it was made by transgender people is irrelevant to me because it is a beautiful work of art.

One final note: the third time I saw this movie, there were a bunch of straight guys in the theater who applauded the scene where the mother is beating up her child. They wouldn't applaud the physical abuse of any other kind of child. So, as passive femmes will, I stood up and cussed out the motherfuckers. They can kiss ma vie en rose. ■



here reads the SF Bay Times.

I'd love to have your autograph, especially on a picture.

Michael Dennis Urbach
Kalamazoo, Mich.

Trans Nan Fan

It's an honor to finally make the Nan column, Nan, you are such a cool liberal for letting transfolk half label ourselves thisthat and whatever, and Nan, you are such a role model for us queer femme pseudo-straight trans gals I just know you're not Kim Corsaro in Sandra Dee drag! And, sister, please stop referring to yourself as *just* a housewife, you're also a *published authoress* and I consider you *the* real feminist and not those people who go around screaming about our genitals and telling Congress to legislate us out of existence and trying to marginalize us by calling us a third sex which we are not, *we are sex!*

Anyway, Nan, it doesn't take courage to get surgery it takes lots of money, and yes we do know what we want and Nan I want the same thing you do and that is *someone to watch over*

me but not too closely! What do we want? Love and orgasms! When do we want it? Anytime someone touches our surgical glory and hurls us into trans-space to create new planets, like in that dream I had about that macho hunk pictured in a flyer for a fetish party whatever that is! But in waking hours I'm a good trans girl and sorta like you, Nan, by the way, why don'tcha include a picture of your hubby in your column he sounds like a real cute and fun guy. I've heard the word bent bandied about by gay and bi guys maybe Doug could choose to define himself as Circum-Bent!

Anyway, I think you should listen to Ghislaine she seems to know whereof she speaks, and don't worry about Timmy's curiosity, if he was going to be a trans gal she would probably have identified as such at an earlier age like six months old so please don't haul him to a gender problem emergency crisis unit, some of us transfolk think curing methods used on gender-dumped trans kids are physical torture and crimes against humanity, and this lamb will not be silenced! Isn't that kooky!

I call upon the great intersexed Spirit in the trans-sky (if others can create deities in the image of their own crotches why can't we?) to deliver unto you Nan and Doug a magical born transxual child to bless the earth that once was green! Anyway, Nan, your Grace Kelly trans Mamie Van Doren hairdo is so chic and I even used rollers on the day of our hearing isn't that wild! Except my hair's not blond yet and I don't have two kids but that's science's problem not mine.

Anyway, Nan, did you know that some trans lesbians think they are real enough to date each other imagine that and some have even been in LTRs! And I know some queer non-trans gals who love their FTM guys no matter what stage the guys' bodies are in isn't love funny? And I've even heard of bisexuals' lives being destroyed simply because of their love for one or the other and probably the other, and I thought about dating a bi guy but they might not want me because that would make them a trisexual or a tri-whatever. Anyway, before surgery lots of straight guys wanted to do it to me and after surgery a coupla gay guys flirted with the idea, oh *boxes shmoxes, labels shmabels whatever!* Don't you agree Nan? And my trans lesbian sisters better not give me any queerer-than-thou lip!

Anyway, Nan, sometime when you're in the City maybe we could go window shopping at thrift stores, and if you're nostalgic for wincing I could show you some trans gals in the Tenderloin having the hell beat outa them by thugs and then by the cops and if that's not enough wincing for you I could show you some trans gals dying in the street which is safer than being rejected at holy shelters or harassed at clinics, and do me a favor will ya Nan, do you mind not using the word effeminate, queer is cool but effeminate really *pushes my button!* for some strange reason, and for some of us trans gals pre-op or post-op, the word feminine feels more natural, isn't that odd? So thanks for the inclusion, sister. Anyway.

Camille Maran alias Genderella Forever!
San Francisco

from Mark Leno

IN HONOR OF THE LEADERSHIP OF
CAMILLE MORAN *

NAME(S)

ADDRESS

CITY, STATE, ZIP

PHONE (day)

(evening)

E-MAIL ADDRESS



for psychiatric survivors memorial
Please make check payable to THE COMMUNITY CENTER PROJECT

The Community Center Project of San Francisco is a 501(c)(3) non-profit organization.
Donations are tax-deductible to the full extent of the law.

YES! We support The Community

ERIC

Carmelle -

Thanks for yr. note. I hope
to help but don't have much
money. Please accept this as
a donation honoring your work on
the psychiatric survivors memorial.

Best.

Er. Roff

Community Center Project Approves Plans For A Psychiatric Survivor Memorial

By Camille Maran
Guest Columnist

The Board of Directors of the LGBT Community Center Project has approved a volunteer project to raise funds for a psychiatric survivor memorial. It is being planned for a small skylight.

It will be in remembrance of the many gay men and the few transsexuals who wore the pink triangles. Some of them were tortured by the Nazi psychiatrists with insane experiments to eradicate gay desire and feminine mannerisms from the brain and body.

It is also for the lesbians forced to wear the same black triangles as the people labeled mental defective. Mental patients were among the first to be gassed. That included children.

At the same time, across the sea, there were children receiving abusive treatment in locked wards for having "pre-existing homosexual gender deviant disorder."

Years ago, it was commonplace occurrence for even many gay men to be picked up, labeled, and incarcerated in state hospitals, along with lesbians and gender variants.

In 1973 gay psychiatric survivors and their allies succeeded in getting homosexuality as a mental disorder removed from the diagnostic manual. Homophobia, however, was not removed from the mental health profession.

There are still people in many countries languishing in horrific institutions because of political oppression.

In the western world the

focus was shifted to trying to stop children and youth from growing up gay and gender variant. The psychic devastation left by abusive behavior modification has contributed to the high rate of suicide of our youth. When youth have fled the hidden worlds they come looking for sanctuary. A small memorial could be validation, and encourage them to keep fighting with a new voice. And to be what they really are. Not error, not disorder. Stars. And it would be vigil for the children too young to escape. The invisible ones, hidden away. They have always been part of this history, yet never liberated with the others. Those who try to save them will be stoned by evil tongues.

In 1989, The American Psychiatric Association endorsed the use of electroshock to relieve the depression of people suffering with AIDS. So there were gay psychiatric survivors spending their last strength resisting the threat of the instrument that was used to torture them because they existed.

Does anyone believe that body paralyzers, muscle relaxers and grand mal seizures caused by a box of lightning is good for the immune system?

When AIDS came along it stole the lives of many witnesses of history. Heroes who could slay words from the book of labels with better words. They lay down in a new horror. Suddenly, their voices were as cold and silent as burned books. But did their whole pain ever obliterate the other pain? They were the natural teachers. The masters of this shadow glass. So it will have to be beautiful, even if no human eye ever sees it.

I was a fairbird child. Now I'm a post-tart transsexual. I could entertain you. But since stigma is irrelevant to my mouth I'll tell you what I want to forget. Like relentless electroshock because of my sexual orientation and for being feminine.

A blast of white fire. The convulsions of my eyes. The blockaded tongue. The falling of my brain. The collapsed and shaking leaf of my body. The nauseous pit in my soul. Then fog for days. So was I begging for inclusion or simply asking to come home? I know where gender falls away, and I know where I came from.

Paul was a young gay man. He committed suicide. When he was fourteen, his keepers attached wires to his genitals because he wanted to fall in love with his own kind. Then he was cast out into a hostile environment with a rock of pain and no healing place.

This memorial is for Paul and all of the others. Gay him,

gay them, gay me, gay history and gay us. It is for ashes of sky, it will invite the fist of ghosts, it is grief expressed, blessing for the dead, a declaration that nothing is to be hushed, and maybe hope for something new.

I hope that gay and lesbian therapist will be supportive of this memorial.

The following is the descriptive text for the plaque...

The skylight memorial was created to honor gay, lesbian, bisexual and transgender people who have suffered psychiatric abuse and oppression because of their sexual orientation and gender variance. It is a large part of gay history. The aversion therapies that have been used included electroshock to the brain or genitals, drugs, insulin shock, lobotomy, seclusion, restraints and various forms of behavior modification. People of all colors and many languages, and even children and youth have experienced the depth of homophobia as practiced professionally. Some are still subjected to the dreaded 'cure'. AIDS, breast cancer, suicide, hate crimes and the effects of the damage done by the treatments have taken many people. Some of them carried the trauma of this part of their lives in silence. Others were able to speak across the stigma. They fought to bring an end to the desecration of our humanity so there could be a safer future for all of us. This memorial is intended to be a validation of the reality of our experience and an acknowledgment of an unresolved collective grief. Though there may never be any justice for psychiatric survivors, perhaps for some there could be a beginning of healing, like light filtering through and eventually eclipsing the terror of a pink triangle.

I'll help !! Psychiatric Survivor Memorial

I would like to become a member of the Community Center Project.

Enclosed is my contribution for the Psychiatric Survivor Memorial:

\$1000 \$500 \$250 \$100 \$50 \$25 Other: _____

I will volunteer to help the project with: _____
(please note special skills or interest)

I will like further information

name: _____

address: _____

city: _____ state: _____ zip: _____

phone: _____ evening phone: _____

Return this form to: Community Center Project, 1748 Market St. #204, San Francisco, CA 94102
Call: (415) 437-2257 Fax: (415) 437-2259 E-mail: sfgaycenter@poboxes.com
www.sfgaycenter.org

Community Center Construction Timeline



At 20% complete, the metal reinforcements are being put in place for the concrete foundation and in preparation to start erecting the steel structure.

NEW BUILDING

Site Grading	February 2000
Soil Removal	April/May 2000
Concrete Piles	June 2000
Concrete Foundation	July 2000
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Punchlist	May 2001
Completion	June/July 2001

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Nobody's Debate

The following letter was sent to Nan Parks:

I hope you ignore those huffy letters trying to get you fired. I don't agree with you about much except housekeeping, but you seem intellectual, like a genetic ethicist or queer theory professor.

People say you're not real and if that's true I empathize with you because I know how it feels to not exist, or to exist at the whims of others.

Anyway, you would be a better breeding partner for Dave Ford than your butch sister Carol because it was your idea and you have lots in common with him but he's gay so his wouldn't work for you as well as Doug's or Jon Paulk's. Hah!

Since Dave and Carol's pheromones are not compatible, they would have to go the supermarket route, where he deposits his sperm in the freezer department and she purchases it generic because it doesn't have a brand name.

Besides, Dave and Carol are gay people, so they're not allowed to marry each other except for those Exodus nuts who fake it or are half bisexual.

Some of us transsexual gals can't legally marry men even if we have surgical vaginas because the majority genders say we're still gay, but what the hey, my back door wasn't nailed shut. Que sera, sera.

And I don't want any rights other queers don't have, I think we should get them together, but that may be one of my delusions that guppies don't like. I don't know why they're so ashamed of us, leather people aren't and it wasn't me who gave the president a blow job, you couldn't pay me, yuck!

Anyway, if Dave and Carol want to have children, but naturally not with each other, they can also adopt before the Nazis pass laws forbidding it.

There are lots of LGBT and straight children who need homes. There are queer youth who have fled abusive psychiatric hospitals and aversion therapy and are in desperate need of foster care with clean sheets and nutritious food, and people who are intelligent enough to give love.

I was hoping that gay doctors would try to stop the political torture of children and create a healing place, but I guess not.

The *Examiner* can shove their Exodus ads up their basic editorial instinct.

Anyway, lesbians make really cool moms when they're not suing each other for custody. And gay men are wonderful fathers, tender and strong. And even straight people could possibly become good parents after they have been educated by PFLAG and have assimilated into gay culture.

If I could have had gay fathers when I was a child, it would have been like sleeping in heaven, because they wouldn't have let shock doctors blast my brain relentlessly because of my gender variance and sexual orientation, and maybe I would have been protected, because sometimes a passive, feminine, transsexual gay child draws pedophiles like flies, and all of these fuckers were straight men.

Anyway, I hope the cure for AIDS is found before the gay gene is isolated and sliced into oblivion by the next pack of

And I demand that queers be born forever and fill the earth and moon and stars and universe.

Sure, there has never been a day in my life that I have not wanted to jump out of the window, and retroactive fantasy is as hopeful as future dreams. But I'm glad I was born because of salvage, and spurts of love, and interruptions of the floating dreamy pain of alienation.

In all of history, our existence has been dependent on *their choice*; our breath of life is nobody's goddamn debate. They can kiss my *vie en rose*.

Camille Moran
San Francisco

Terrorism & Quackery

I am writing in response to Nan Parks' naive encouragement for gays and lesbians to take the "cure" peddled by various Christian groups throughout the country (*Bay Times*, Aug. 20, "Let's Be Reasonable," p. 13). I have my own story I would like to share. For 15 years (1970-1985) I was involved in a desperate struggle to "cure" my homosexuality. Being a devoted religious person, I believed those in my religious community who claimed I could be "cured and happily straight." I tried the "prayer cure," aversion shock therapy, behavioral modification, and I even married and fathered five children! In short, after receiving "treatment" from eight therapists, various religious leaders and counselors using every therapeutic modality offered, I realized that I was still a homosexual and was not going to be "straight."

I cannot fully describe the emotional and spiritual damage done by "taking such cures." Today, though, after the help of many, I have realized that I didn't need to be cured in the first place; that my sexual orientation is neither sinful, sick or criminal. Finally I have concluded that the same old "cures and treatments" I went through years ago, and currently offered by groups like Exodus International and other Christian organizations, are nothing more than psychological terrorism and spiritual quackery and must be exposed as such.

Mitch Golden
San Francisco

A Credit To The Paper

Well I just wanted to add my two cents worth to the brouhaha that some people in our community continue to make about the presence of Nan Parks as a columnist in the *Bay Times*. My goodness there sure seem to be some people (and you know who you are) in the gay, lesbian, bisexual, transgender (which includes bisexuals since now that there's a cure for gayness they've probably realized that there isn't much point to being gay anymore and so now they can start to be normal like everyone else and also the transgenders which just everyone else is since if you have a relationship with someone from "across" your side of the great gender divide then of course that makes you transgendered and if our community can have a special place for gay ladies in the title we use to call ourselves--and we really couldn't call ourselves the lesbian/gay/bisex-ual/transgender community now could we because then no one

The Gay Eunuch Society

by Camille Moran ■ San Francisco

Last year at the parade I marched three times, the last time going the wrong way. The crowd stared silently as I raised my sign that read, "Stop the psychiatric abuse of gay kids."

When I heard the roar of the crowd, I knew PFLAG was approaching, so I stood in the middle of the road battling the sign against a blaze of sky, because I knew these parents-of-our-dreams could be a bridge on earth. When I moved aside to let them pass by, some of them raised a supportive fist, and I claimed it as a gesture of retroactive nurturance for all of us.

Down the road, a magical young drag-queen nun came up to me and thanked me, and I was embraced by a gown of many condoms, and child-pain like fire under a blue-painted face.

Then the youth groups such as LYRIC and LYFE rushed by, and some of them turned and jumped up and down, cheering as witness.

I don't carry a sign at our parade to offend people. I would prefer to paint my body as gold as a hermaphrodite sun, wear a crown of feathers on my head, or dance over the stars of glass in a white-flame cloth like Alexander's beloved eunuch.

But I am just not able to lay down my sign until all the children of the rainbow are safe. There is no grief counseling for the survivors of this perpetual thread of gay history. And there is always someone in the crowd who will secretly rejoice to see a glimpse of validation for the reality of the damaging experiences of our lives, and that is a genuine exchange of communal celebration. There is room among the splendor.

I was asked to speak with a group of gay youth at LYFE. I am not an educated role model. I have run after pain like a revolving stone. So I wonder what someone like me has to offer young queers that will illuminate the brilliant hope on their beautiful faces and nourish a profound sense of the power of the holiness of their gay existence.

They will teach me what to give them in the silence between the words. They will take what belongs to them, carry words like water, for light and fire, for solace in a day of alienation. And maybe one day they will remember that I loved them.

She was an old child with visions, driven to madness. She remembered when the town was full of sailors. Half the men in the world bonked her sweet booty because it was given in the spirit of hospitality. And when she painted her face in the light of the stars, sometimes they paid her.

Later, when the wind picks up, I will rise and

go to see the future of our history. But in my room I move through the desolation place, being visited by memories, and it is the cries and wings of the lost that are falling before my eyes.

My heart feels like the grief of an animal circling its dead and skulking away with hunger pangs for a dangerous survival that blasphemes loss.

It seems as if it were the voice of Forever, these benedictions over the ashes and rivers of the dead of our own, ashes of bones for the sea's mouth, with only love left.

The transgender femmes have been devastated by a cloud of AIDS as big as the sky, and they have vanished in the streets where men wanted to fuck them and murder them. FTMs stride across a killer planet bucking the face of death. Lesbian friends' lives have been struck down by breast cancer. Bisexuals have been lost to despair because they were forced to choose between love. LGBT parents have had their children taken away, and that must be an endless kind of death of its own. There is no healing place for the survivors of the terrible attempted cures, so many have killed themselves, and in so many ways.

And all of the strong gay men who have died of AIDS have not only taken with them art, culture, history, leather, music and books. But they have been my refuge, and when I have fled into the arms of my gay fathers, I was a child of their soul, and, briefly, the wild pain was hushed together. It was not always so, but out of the plague came beginnings of resurrections of reconciliations.

As a gay eunuch, she was trained in the arts of love from the age of three, prepared to serve at the pleasure of warrior kings.

I remember first love. We were teen-age "homosexual inverters" standing and flirting in the hall of a state hospital. A nurse overheard us. The next day I was given electroshock, and he was transferred from the ward, and I never saw him again. It must have been the beginning of love in his eyes that had to be destroyed. Because when I was a child and truly insane men wanted to do it to me, no one did anything about it if your name was "The little fag who looks like a girl." But I had the ability to fly away into a perfect nothingness.

He was standing in the open doorway of a bar. I tried to wedge myself between him and the cold howling wind that tore through his frail body that had been as strong as the god of whips.

I asked him to have unsafe sex with me, to diminish that look of rejection in his eyes, but he refused to allow me to be a dancer of follow. And I could not fly away from this pain as big as the sky. So we watched the music of winter with infinite sadness.

And after he died, I may have had sex with someone in remembrance of his name. But whoever thinks they have seen the face of God where love never was has never seen the face of him whom I have loved. And if it rains on his grave, I will spin out space to find him.

We are sitting in a circle talking together. I am fierce with pride at the strength of their tenderness, astonished at the intelligence, perception, compassion, acceptance, articulation and determination of these youth.

I give them fragments, shattered like glass and glued together, and pieces of dreams. And from this continuum of desperation, they take my dot of history and turn it into a part of the whole of gay history, of their history.

I am an alleged transsexual woman, but I was born gay and I will die gay, and that is a fine leaf in the wind. And when I look at their faces, I know the reassurance of reconciling identities, because if I could not, it would rob them of heritage.

The only advice I have to leave them with is to nurture each other. And to stand up and fight like a real sissy. They may live to see liberty, and I have lived to see imaginings of beginnings.

Perhaps when we are gathered together in our community center, we will see the clarity of vision forming. And we will celebrate the end of AIDS.

In my daydreams, I have seen the tribes within tribes gathering herbs for healing, and I have heard the clicking of the bells on the shamans' feet, and I have felt the cosmos of our longing transcend our human desires. And though it may be only a breath of illusion on rainy air, it has kept me.

They will scatter into the night, and I will go home and light a candle and pray to someone I do not know to keep the 10,000 threats from falling on their heads. I am afraid for them, but I am sure of them.

And I will lay awake, drifting with requiems, because bitter flowers fall on earth. But there were shamans in their eyes, and there are shamans in my dreams. Sometimes when you close your eyes in pain, you can fly away, into the heart of the spirit. ♣

The Lavender Network

Oregon's Lesbian & Gay Newsmagazine
August 1993

EvENTually I began to beLIEve I really WAS CRAzy

Psychiatric Survivors

Embracing the Crazy in Queer



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Psychiatric Survivors: Embracing the Crazy in Queer

Guest Editor—Sarah Douglas

In a profound sense any lesbian, gay man, bisexual or transgendered person is a psychiatric survivor. Our history is the transformation during the 19th century of criminal and immoral same-sex actions into the notion that we were mentally sick people, in fact, psychopaths and sexual deviants. When caught under anti-sodomy laws we could be subjected to the most awful "treatments" to "cure" our "illness" including surgical sterilization, chemical sterilization, institutionalization, electro-convulsive shock, lobotomy (surgical removal of brain), psychoanalysis, aversion therapy and finally, in the most extreme case in Nazi Germany, eugenic euthanasia. (See the June 1993 *Scientific American* article "Eugenics Revisited: The Dubious Link Between Genes and Behavior" debunking the modern version of eugenics.)

By 1950 some 50,000 surgical sterilizations for medico-legal reasons were on record in the U.S. Most of these were gay men.



(Oregon was one of the first four states to pass a eugenic sterilization law in 1909.) In addition untold millions of persons who were not heterosexual in their affectional and sexual desires absorbed the concept that they were indeed mentally sick, and only curable through medical psychiatric treatments. The emotional stress of shame, fear, guilt and anger shut and bolted the closet door. Finally, in 1973 after three years of confronting the American Psychiatric Association (APA), gay liberationists succeeded in having homosexuality *per se* deleted from the legal classifications of mental illness.

To better appreciate this history Mary Wood has written for *TLN* "A Brief History of Lesbians and Psychiatry." Readers more interested in the gay male experience should examine Martin Duberman's book *Cures* reviewed in the Book Shelf.

In retrospect it seems easy to see our history as an abusive and misguided use of medical science. But if that struggle is over why should we care about psychiatric survival as the topic for a whole issue of *TLN*?

First of all, the struggle not over. Remaining in the APA classification of "Other Sexual Disorders" is "Sexual Orientation Disturbance"—intended for people who experience discomfort

regarding their sexual orientation. (And how many lesbians, gay men, bisexuals and transgendered persons do not experience such discomfort given a homophobic society?) This psychiatric disorder has been used by Joseph Nicolosi, Ph.D. author of the book *Reparative Therapy of Male Homosexuality* to advance a conservative political agenda. Nicolosi appears on the 1992 OCA Measure 9 video, "The Gay Agenda," and argues that the gay rights agenda can be defeated by showing that homosexuals can be cured—that homosexuality, unlike race and gender, is not an inborn trait and thus not deserving of civil rights protection. The video showcases two previously "desperate" gay men who have indeed been cured and have gone on to happy normal heterosexual lives.

In this *TLN* issue we present articles by individuals who are part of this continuing struggle. Lyn Duff, now 17, writes about her forced institutionalization by her parents at age 15 to cure her lesbianism. Transsexuals Ann Ogborn and Camille Moran write about their treatment as mentally ill "gender dysphoric (confused)" persons.

A second, more difficult recognition is that at some point most people suffer overwhelming emotional and spiritual crises due to the stresses, losses, traumas, abuses and oppressions of living. As individuals we look to psychology and psychiatry for solutions to these very difficult problems. (I must add that psychiatry and psychology as institutions of "professional experts" have helped create this situation of power for themselves.) Both psychiatry and psychology offer non-medical therapy. However, only psychiatrists can prescribe psychoactive drugs. For example, according to Peter Breggin in *Toxic Psychiatry* approximately one-third (70 million) of our population takes tranquilizers, anti-depressants, neuroleptics and amphetamines. All of these drugs have serious side-effects and no well-documented scientific basis for how they work. Many are completely experimental. A less common solution offered by psychiatry is isolation through

institutionalization. Close to one million people are in mental hospitals. Once there they are given neuroleptics to make them easy to control (along with 50% of the 2 million nursing home patients who have "dementia"), electroconvulsive shock (ECT), physical restraints and confined to padded cells.

Every member of our community has either had direct contact with the psychiatric system or has family and friends that have. The issue is not "them" but "us" and we are everywhere. I had been called in jest—"crazy," "odd," "mad," "a part of the lunatic fringe"—but it was not until 1992 that I was officially labeled a "mentally ill" person. As I remember last year, I wonder how I finally had the strength to seek help. I was very close to successful suicide. After four months of this unbearable state I finally talked with a counselor with whom I had worked for five years. She supported my decision-making process as I finally came to name my experience "depression." I was very angry and ashamed about this label as well as very scared. I didn't want to have a "mental illness" but I was slipping further and further away from life and I was desperate to stop it.

I was officially diagnosed in my medical and insurance records with clinical depression. This is a major mental illness and considered life-threatening since 15% of persons suffering from clinical depression successfully commit suicide. I ended up designing my own path back to life. I chose to take Prozac, an anti-depressant, for 9 months on a minimal dosage that a psychiatrist helped me determine; I worked with my counselor to detect what situations and self-talk trigger my depressions; I read my writings and looked at paintings I did when I was 18 and suffered what I now know to have been a real departure from reality; I got bright lights that simulate dawn during the dark winters; I read extensively about depression research and treatment; I created the support of loving strong friends; and I discovered the psychiatric survivors movement.

I have since learned that my experience of (see page 12)

- 1794 Prussia abolishes burning at stake.
- 1837 Prussia abolishes banishment for life.
- 1869 Benkert invents term "homosexuality", claims conduct is inborn.
- 1880 Hysterics & epileptics of both sexes castrated (removal of the ovaries or testes): Theories relate convulsive disorders to gonads & sexual activity.
- 1890s Krafft-Ebing, leading psychiatrist publishes *Psychopathia Sexualis*. Says homosexuality "physiologically based psychiatric pathology" attributed to congenital weakness of nervous system.
- 1909 New cure: Oregon passes eugenic sterilization laws to incriminate male homosexuals as sex offenders. Purpose:

- to prevent passing tainted genes & reduce sex drive. Lesbians committed directly into asylums.
- 1929 22 states with eugenic sterilization laws. Oregon applies it to few hundred people a year.
- 1930 New cures applied to homosexuals: insulin shock, electro-convulsive therapy (ECT), and surgery of the brain (prefrontal lobotomy).
- 1933 Nazis pass eugenic sterilization law for schizophrenics, epileptics, alcoholics, drug addicts, hysterics, homosexuals, etc.
- 1935 Nazis have sterilized 56,000 people.

- 1938 Nazi concentration camps hold millions, mostly Jews, & other polluters wear black triangle (mental patients, asocial elements & lesbians) & pink triangle (gay men).
- 1939 Nazis gas first group: 70,000 mental asylum patients.
- 1940s Sex hormones discovered. New cure: large doses of testosterone to make men more "masculine" in sexual urges. Result: increased sex drive still directed to men. Surgical castration, ECT, insulin shock & lobotomy continued.
- 1950s US total: 50,000 surgical sterilizations

MILESTONES IN PSYCHIATRIC HOMOPHOBIA

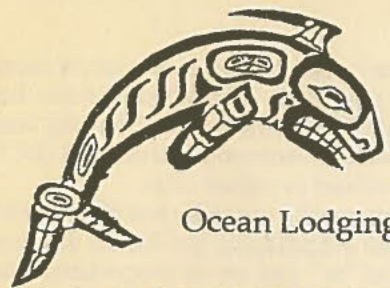
- mostly applied to gay men. Western world total: hundreds of thousands. New cure: "chemical" castration to reduce male "urges" by administering large doses of female hormone estrogen. American Psychiatric Association (APA) lists "homosexuality" as "sexual deviation" under "Sociopathic Personality Disturbance" in *Diagnostic and Statistical Manual of Mental Disorders (DSM) first edition*.
- 1960s Psychiatrists Bergler, Bieber and Socarides claim heterosexuality norm & homosexuality pathological deviation. New cure: aversion therapy using plethysmograph—electronic device attached to penis or clitoris & measures changes in size. "Patient" shown same-sex erotic material. If erection occurs he or she given shock, forced to inhale a

- noxious smell such as ammonia or forced to take substance to induce severe vomiting. Result: stops behavior but not thoughts and desires.
- 1968 *DSM II* lists homosexuality as full-fledged personality disorder.
- 1970-73 Gay liberation fights APA. APA withdraws homosexuality as mental disorder. New homophobic diagnosis invented—"sexual orientation disturbance"—experience of discomfort with sexual orientation.
- 1980 *DSM III* renames "sexual orientation disturbance" as "homosexual conflict disorder."
- 1987 *DSM III-R* (revised) places "Discomfort about one's sexual orientation" under category "Other Sexual Disorders."

- 1989 Psychiatrists at Johns Hopkins University in June *American Journal of Psychiatry* recommend electroshock as treatment for depression "caused by the HIV virus," unaware people facing life-threatening illness often have depression. Article mentions sexual orientation of patients.
- 1990s Aversion therapy still used especially on children. In Beaverton, Oregon: Center for Behavioral Intervention headed by Steve Jensen.
- 1993 May 1993 annual APA convention votes PMS as mental disorder & refuses to delete sexual orientation disorder. Picketed by National Organization for Women, Transgender Nation & several psychiatric survivors organizations.

—Sarah Douglas

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Embracing the Crazy in Queer

(continued)

"depression" is not uncommon. I have learned that I was lucky: In my caution to reach out for help, I found good caring people where others have found abuse. I am fortunate to have survived the "cure" itself. I do not have the memory loss of shock treatments (ECT), or the permanent shaking and paralysis of neuroleptic drugs such as Haldol. I know that "coming out" about mental illness is part of my struggle for health.

In this TLN members of our community share their involvement in the psychiatric system, their resistance to it and their search for alternative ways of healing. Susan Gregg talks about her depressions and the peer-support group, The Depresso Club. Steve Holochuck shares his political involvement with a gay and lesbian psychiatric survivors group and his views on the role of the mental health system in society. Larry Downard, a psychiatric mental health nurse practitioner, talks about psychiatry from the inside. We also present excerpts, including the TLN cover, from *Still Sane*, a photo-essay of sculpture done by Sheila Gilhooly and Persimmon Blackbridge about Gilhooly's institutionalization for being a lesbian. (*Still Sane*, authors Persimmon Blackbridge and Sheila Gilhooly, photos by Kiku Hawkes, ISBN 0-88974-028-3, \$12.95, from Press Gang Publishers, Vancouver, Canada.)

Many of the voices I would have liked to include are not here. Many persons who are trapped in the endless rounds of drugs and institutions become self-fulfilling prophecies—they become violent against themselves and others. They do not share the concerns of the readers of TLN. They are too alienated and too damaged. They are the homeless shuffling along the streets who returning from mental institutions are physically and mentally damaged by neuroleptics, without material resources and outcast by family, friends and those of us who pass them on the street. They are also the queer street kids of Outside/In, a talk group meeting in Portland.

When the psychiatric system becomes abusive, it is a means of social control for young people, old people, queer people,

women, people of color, poor etc. Why are between 2/3 to 3/4 of those suffering from mental illness women? Why are 53% of the shock victims in California elderly women? Why are blacks 3 to 5 times more likely to be committed against their consent to mental hospitals in the South? And why are blacks three times more likely to be diagnosed with severe mental illness like schizophrenia?

The combination of mental status with sexual identity and other factors such as race makes those on the "fringe" more vulnerable to attack and allows dismissal of real "homo"cide. Sept. 26, 1992 at the height of the Measure 9 campaign Hattie Mae Cohens, a black lesbian, and Brian Mock, a gay man—both psychiatric survivors—were killed in Salem.

In another case, the June 1993 *Just Out*, reported the murder of Bobby Lee Britt, a Native American gay man in Portland. Police held Robert John Monterrossa without bail who had said, "That fag deserved to die."

Just Out reported that, "Police aren't sure to what extent bias was a factor in this case. Shortly after the arrest, Deputy District Attorney Dave Peters said *hate could be one of many factors* in the murder. Britt, a Native American, was HIV-positive and had a brain malfunction called *bi-polar disorder* at the time of the murder." (emphasis mine.)

We should ask ourselves these questions each time:

How do we create a caring, non-abusive society in the first place?

How do we care for and support people who have pain and ask for help?

As I close I would like to thank my friends for giving me the love that knows no bounds and encouraging me to speak my piece. If any of you wish to take more action, I encourage you to work to make electroshock voluntary in Oregon by supporting HB 2919, join with other psychiatric survivors in speaking out against abuses of the psychiatric system (call the Council for Human Rights in Psychiatry 503-341-0100), and give love and support to your friends, family and lovers when they pass through painful difficult times. ☺

FEATURE

Incarcerated for Being Queer

by Lyn Duff

I lay on the concrete floor, dazed, my head throbbing where it had hit the wall. Drying the tears from my eyes, I slowly pulled myself into sitting position. It was sometime in the afternoon on December 20th, 1991—that was all I knew. Or maybe it was the 21st already. How could I tell? This place had

no windows, no way to see the outside world, if there still was one. What was this Place? I looked around at the bare block walls. They were painted pepto bismo pink, with dirt, blood and other unidentifiable substances smeared all over. I paced; three steps to one wall, six to the other. Then I sat. And sat. And sat. Where am I?! The question echoed through my head. Only 24 hours before, I had been in the ACT UP Los Angeles office, discussing condom distributions in the high schools. This Place, wherever, whatever it was, was a world away from my suburban Pasadena home. Would I ever see my friends, my books, my mother again? Why had she brought me here? And where was here anyway? I sat and paced some more. I had been dumped in this room after being strip searched by first one woman and then another. Funny, as a child, They always said not to let people touch your private parts, and then my mother brought me to this place where They paid to have strangers stick their gloved hands up my vagina. I sat and paced and stared at the wall; bumps and cracks in the paint were never so interesting before. I sat and paced.

Then I saw it...Scatched in the paint on the Seclusion Room floor was a triangle—a small, pink triangle. We are everywhere, even in this Place.

So went my first day at Rivendell Hospital (known fondly by the inmates as Rivenhell). I was here, in this place because I am gay. And the whole idea was to make me heterosexual. I was diagnosed

first with ego-dystonic homosexuality, even though I was comfortable with my orientation and had been out for over two years. My diagnosis was then changed (presumably because my mother argued that I was not *really* a lesbian, I was just saying that to hurt her). So They said I had major depression, even though the

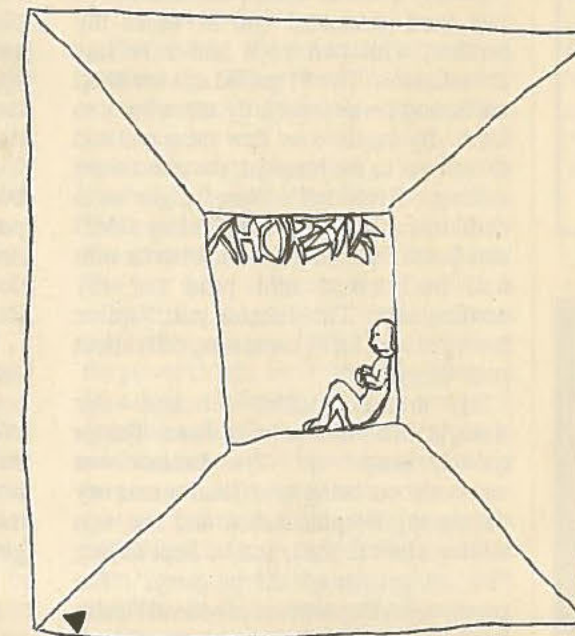
tried to escape. They climbed up through the ceiling in a bathroom and crawled through the ventilation system. Twelve feet from freedom, the ceiling fell through. Talk about desperation. They had both been in Rivenhell for over a year and a half. Then a boy tried to crawl through the sewage system through a drainage hole in the courtyard. He didn't make it.

I soon discovered why everyone was trying to run away. "Therapy" consisted of hypnosis, aversion techniques, and a bizarre therapy called "holdings," where a kid was held down on a mattress and was yelled at ("you're hurting your parents because you're gay" and "repent, homosexuality is a sin") until they were crying and screaming to be left alone, often for hours at a time. A former missionary who worked at the hospital also taught us visualizations (imagine putting all those dark, sinful thoughts about girls into a closet, now close the door, lock it, and throw away the key). And a doctor did the word associations—where he would have us associate the word "girls" with "gutter" and "sex" with the "hot fiery pits of hell."

We were also given medication to make us nauseous and then shown pornos of girls. And you had to cooperate, because if you didn't and your plethysmograph scores didn't go down, you'd never get out.

At one point I wrote in my diary "if there is no other option, then I will become a statistic. I will join the 30 percent of youth suicides that are committed by gay and lesbian teens. I don't want to die, but if I can't escape, even death is better than Rivendell." I was afraid that it would work, that they were making me heterosexual.

And here I was, a fifteen year old dyke who never really did anything "bad" beyond the usual adolescent fights with mom and a messy room. Needless to say,



"Thorazine" by Lyn Duff


psychiatric reports done by two of their doctors said that there was no evidence of even minor depression.

So. Here I was in a psych hospital in Utah, with a bunch of Mormon doctors who were saying I was insane and would try to "seduce other girls into my lifestyle." I had practically no contact with the outside world. Newspapers, magazines, TV, radio, were all forbidden. Letters and phone calls were limited to family members only. My mother sent me (of all things!) a get well card. I soon discovered how to get mail in and out of the building, through higher level kids and a few staff whom I paid off. Shortly after I arrived, two kids

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(continued)

Rivendell scared the shit out of me. I had to get out of there. But as I mentioned before, all who had tried to escape had failed. I was determined to be gay and proud and most of all, *free!!!*

I was released to my mother's custody for two days to have jaw surgery. She took me to Los Angeles and a few hours later, after spending 178 days in hell, I managed to run. I stayed with friends, and after a week of hiding, I took the bus to San Francisco. On June 28, 1992, twelve days after escaping from a mental hospital, I marched in San Francisco's Pride Parade.

Nearly a month later, I was sitting in a fast food restaurant and in walks my mother, with two cops and a Private Investigator. The PI pulled out her hand cuffs, and I was forcefully taken back to Utah. By the time we flew there and had driven out to the hospital, the press were calling. Rivendell's director got on a conference call with LA County DMH and South Pasadena School District who had authorized and paid for my confinement. The director said, "we've been getting a lot of interesting calls about your daughter."


My mother looked shocked—she thought no one knew I was there. Things quickly heated up. The director was worried about being sued (I had an attorney during my hospitalization and she was talking class action), and he kept saying "no, no, get her off the property." The person from Department of Mental Health kept saying I needed a "secure placement" and my mother was crying that I was out of control. Funny, it seemed that the situation was out of control, not me.

To make a long story short, I was sent back with my mother until another hospital could be found. I ran away and lived underground, staying with a different person every few days, for the rest of the summer. Then on September 11, I took my mother to court and won. Her parental rights were terminated and custody was granted to a lesbian couple, Ora and Rena, whom I live with now.

Years before I was ever hospitalized, I had seen a film about state hospitals and the horrible conditions there. It was produced by the Network Against Psychiatric Assault (NAPA) and Madness Network News. The idea that there was a group, somewhere on the outside that was opposed to what they were doing to me is one of the things that kept me going. A few months ago I found NAPA and joined. It's been a year since I escaped, and I've been becoming more active in the mental patients rights movement. Recently, at a demonstration against the APA, I saw a doctor who did ECT (shock treatments) to the gay kids at Rivendell.

With a few friends, we've started a network for teens who have been or are in psych hospitals and mental institutions. We're even starting a newspaper aimed at reaching those youth who are still institutionalized. And we're fighting the laws so that no kid, gay or straight, ever gets locked up again.

Lyn Duff is a seventeen year old queer youth activist from San Francisco. She writes for the Tenderloin Times, a community newspaper, and is dedicated to stopping all forms of discrimination.



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FEATURE

Mad, Queer and Proud!

Psychiatric Survivor and Activist Steve Holochuck Speaks Out

TLN: Define the term "psychiatric survivor."
Holochuck: Being a psychiatric survivor is based, in my opinion, on three criteria: (1) A significant and usually life changing experience of the mental health system as a so-called "recipient of services." (2) Out of that coming a consciousness of the oppressiveness and sometimes involuntary and violent nature of the mental health system. (3) A willingness to come together with others to oppose psychiatric oppression, to break the silence about it, and to work to build alternatives to support and help people in intense psychological distress or altered states of consciousness.

TLN: Do you feel that there are useful therapies available?

Holochuck: I think there are some that are better than others. When we get into fees for service, we get into certain problems because caring, concern and compassion by their nature can't be sold, are not commodities; they can only be freely given, because this way there is no doubt about their genuineness and authenticity. Useful ways to help would be people who come together for self-help, not taking involuntary or coercive

action against one another, not exchanging money, but sharing caring and knowledge freely with one another.

TLN: Now that homosexuality per se is no longer defined as mental illness, what are the justifications being used for forced therapy?

Holochuck: It's not really a gay issue, particularly. The grounds for involuntary commitment in Massachusetts are that you are perceived as a danger to yourself or to others or incapable of caring for yourself independently in the community. You can be swept off the streets without due process if a psychiatrist so deems. The key word is "perception," which is subjective; a psychiatrist is just as subjective as anyone else. Yet, they have the power to take away your civil liberties for a time, subjecting you to the trauma of institutionalization, drugs and physical restraint before you have the opportunity to present your case before the court system. I think that clearly is oppression and assault in anybody's definition of the term. I think this is a basic paradigm of the problem, in that certain people who are just the same as anyone else, have their own biases coming from their own particular niche in society have the power to define and control other people's lives.

That is the basis of psychiatric oppression and what we in the movement are struggling against.

On a personal level, something happened to me about two and a half years ago, that pushed me to a much more radical perspective: I was having an appointment with my therapist. I was very distressed. The therapist brought in a psychiatrist. They decided I was potentially suicidal; it became clear that they were going to commit me.

I said, "The ambulance is on the way?" They said, "Yes."

My therapist had to go unlock the door to let them in with a stretcher that I would be strapped to.

I said to myself, —Am I going to allow myself to be made a victim and allow them to assault and violate me in this way, because I know I'm not suicidal or a danger to anyone else.

I got up, looked down the corridor, saw him letting in the EMTs with the stretcher at one end and a door to the outside at the other. I decided to take my life into my own hands.

As I ran down the corridor, the therapist shouted, "That door is locked."

"I bet it's not," I shouted back. I made my way to the (see page 16)

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Mad, Queer and Proud!

(continued)

outside and hid in the nearby woods for about 45 minutes. Then I hid out for 10 days, because that was the period of time for which the commitment order would be enforced and I would be subject to police pickup.

It was the best, liberating, health-promoting thing I ever did within the context of mental health treatment—defying it, acting boldly according to my own definition of reality, and taking responsibility for my own life and well-being.

This therapist was a nice man; he had done many heartfelt, caring things for me over the years which had promoted my well-being. But when push came to shove, he had the power to take action to assault, violate and incarcerate me because his perception of my mental state differed from my own.

That forever changed my relationship to the mental health system: the social control, the violence was laid bare.

TLN: *Explain how you see the mental health system as oppression and social control.*

Holochuck: The icon of the rich, WASP, heterosexual, "psychologically normal," able-bodied man represents the power elite who control society. Those characteristics are the most valued and represent the core values of our society and the values around which it is organized and functions. Whatever deviates from that becomes a problem for the system and the system will use the resources and forces at its command to bring people into line, whether that be subtly through

education or therapy or through more violent, coercive means such as police violence against people of color, forced drugging and incarceration or fag-bashing.

TLN: *How does the role of therapists relate to the overall system?*

Holochuck: The job of mental health professionals is to force people to fit the norms of the ruling elite and to function within the society that they have defined. The spectrum of methods used run the gamut from "friendly" psychological influencing to the rawly coercive and violent actions I've mentioned. Some people enter the field with the intention to help and even empower. However, they can't help but get caught up in and implicated in the system of social control and violence.

TLN: *What can be done?*

Holochuck: All the oppressions that exist in this society are interlocking. The analysis of those oppressions and the program for action for liberation need to be interlocking. Our vision of a just and free society needs to come out of that analysis and struggle. "None of us is free until all of us are free." The liberation of gays and psych survivors cannot take place in isolation. It takes place in the context of a broad united struggle for the liberation of workers, women, the poor, people of color and all oppressed people.

TLN: *Is change happening?*

Holochuck: The mental health system is always changing. Unfortunately, its oppressive, coercive and violent basic nature remains constant. The abolition of

the homosexual diagnosis is a case in point: Forced treatment, drugging, electroshock "therapy" and incarceration didn't stop as a result of that change. An isolated reform happened and the structure of psychiatry remained oppressively intact. In fact, some things started to get worse: biological psychiatry has been increasingly successful in convincing many people that intense psychological distress rooted in oppression, abuse and human misfortune is a "biological mental illness" caused by "chemical imbalances in the brain" originating in "bad genes." The answer: potent, toxic psychiatric drugs and other dehumanizing interventions.

However, abolishing the homosexual diagnosis opened a potentially revolutionary door: the fact that a group of oppressed (and sometimes distressed and distressing people) who had historically been defined as "mentally ill" could as a result of a majority vote of a convention of psychiatrists be redefined as "mentally healthy" laid bare the powerful social role and function of psychiatrists as the biased, ruling-class serving definers and enforcers of "normality."

Psychiatrists define and exercise social control over the thoughts, feelings and behaviors which are necessary (rather than subversive or problematic) to the capitalist, racist, patriarchal status quo. That they would respond to a popular movement like gay liberation and changes in social climate by making an isolated, bureaucratic reform (like abolishing a diagnosis) is a phenomenon oft-repeated in the confrontation of activist organizations with the establishment. Certainly the horror stories regarding the mental health system's treatment of sexual minority people (and everyone else) continue unabated to the present. The preceding evidence effectively debunks the validity of psychiatry and its self-serving claims to scientific objectivity and health-promoting "clinical efficacy."

The mental health system's theories and practices have always reflected developments in the wider society of which it is such an integral part. Compassionate, empowering and totally voluntary

community responses to people who are psychologically distressed and/or distressing will never become the basic societal norm (rather than an occasional, though significant experiment) until we have made the revolutionary move forward to build a society based on the popular, democratic and cooperative control of social and economic life in the interests of the development and well-being of each and every person.

TLN: *Talk about the stigma of the label "mental illness" within the gay community.*

Holochuck: In the organization I helped form in Massachusetts, GLeBiT'S APPLE (Gay males, Lesbians, Bisexuals, Transgendered persons and Supporters in Action as People with Psychiatric Labels Everywhere), that was paramount when we started. We talked about how in the lesbian/gay community, we had to be closeted about being psych survivors. In the mental health system, we had to be closeted about being a sexual minority. There was no place we could feel at home, not be guarded because of fear of ridicule and rejection, and fully share who we are. Although the psychiatric survivor community is oppressed and the lesbian/gay community is oppressed, as communities we are not immune from prejudice towards our own internal minorities. For major portions of my life I have been and still am closeted about being a psych survivor when with the gay community, unless I know a person very well and know their values. In the psych survivor movement, we talk more and more about "coming out," which is very analogous to the gay and lesbian experience.

Isn't it ironic that as psych survivors we have such a difficult struggle in coming out in the gay community, the community where the term and experience originate? One would hope, instead, for heightened empathy and support. We want to be accepted and supported as part of the gay community. We don't want to be oppressed by the norm of "straight-acting, straight-appearing, no fats, no fems, no psychos." Instead, as sexual minority psychiatric survivors, we are working together to claim an identity we were taught to despise: *We are mad, queer and proud!*

Steve Holochuck is currently involved in providing aid and empowerment to mental health consumers and ex-patients. He has long been active in the psychiatric survivor, gay and lesbian and social justice movements.

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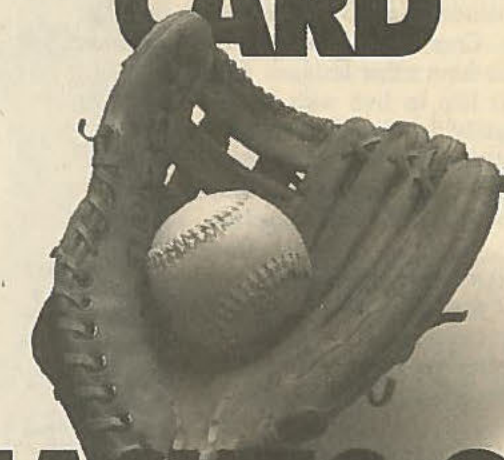
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Coming Out on Depression

An Interview with the Founder of the Depresso Club

by Sarah Douglas

Sarah Douglas: Tell me about the Depresso Club.

Susan Gregg: The Lesbians with Depression Group (The Depresso Club) was founded in Nov. 1992 when I placed a notice in *Just Out*. I was amazed by the response, despite the fact that I was not all experienced at writing such notices and I worded it rather poorly. I apologize to anyone in the lesbian community who may have been put off by the original notice. There are some wonderful women in the group and I really hope it will get larger as a result of this article. The group is intended to evolve to meet the needs of the members. Currently the group seeks support and validation from other lesbians who understand what it is like to live with severe depression. Unfortunately those of us who have these illnesses encounter people who "don't get it" on almost a daily basis. Such people are fairly insistent that if we would just "pull ourselves together" we'd be fine. [Interviewer's note: Call 771-0348 or 236-8850 for more information.]

SD: What does it feel like when you are depressed?

SG: I wrote the following on Nov. 26, 1992 when I was in the midst of a terrible depression:

Notes On Pain:

I don't know why I am still alive. I dwell on suicide even when I am not depressed. I am out of control of my emotional self. I find myself sobbing and wailing several times each day. I sound like a wounded animal. I am a wounded animal. I am isolated with my pain. I allow no one to know what I am feeling. I want to die. But, there is still a flame burning inside me—the fire of life. I wish I could extinguish it. Die, you beast and let me die with you."

SD: Would you talk a bit about suicide?

SG: I know this is a very difficult subject for a lot of people but I feel it's time that we bring it out into the light of day. Being closeted about mental health problems and suicide is just as detrimental as being closeted about being queer. Keeping these very serious problems hidden just adds to the stigma attached to them. Suicidal feelings are usually an inevitable symptom of major depression. Suicidal feelings are self-perpetuating in that the more suicidal one feels, the guiltier one feels, the more suicidal one feels and on and on. It is a nightmarish state of mind. Often, as the depression becomes deeper, thoughts of death actually become comforting, a way out of the suffering. Unfortunately these thoughts are usually uncontrollable in the same way as the symptom of physical pain would be after some sort of accident. I've tried suicide myself

and my mother attempted it several times and finally succeeded by hanging herself. I don't recommend it, although sometimes when in a depression, I feel like death would end the incredible pain and anguish I feel. Although I believe euthanasia may be the answer in a very few cases, usually depression can be dealt with



Photo by Kiku Hawkes, from *Still Same*

"Thorazine Mellaril Serenitil Stelazine Haldol Cogentin Elavil Lithium Serax Valium Miltown Serenace Equinil Tolnate Surmontil Nembutal Fenzol and others I had to take without even knowing their names."

in more positive ways.

SD: Have you ever tried to commit suicide?

SG: Yes. At the age of 30, 31 I was first hospitalized at OHSU for approximately 10 days for suicidal depression. I was given the diagnosis of unipolar depressive disorder, probably inherited from my mother. Then one year later I tried to commit suicide with one of the drugs I had been given earlier and spent three days in Intensive Care at Eastmoreland General Hospital. While I was there I became psychotic.

[Interviewer's note: *Psychosis is an inability of the person to distinguish between the real and*

the delusional. Psychotic depression may involve delusions of persecution, disease, etc.] Eastmoreland had no psych unit so I was shipped to Dammasch, the Oregon State Mental Hospital, in an ambulance in four point restraints, spread-eagled. [Interviewer's note: *Four point restraint ties down the four limbs.*] No one I knew was permitted to accompany me in the ambulance. Once at Dammasch I was kept in restraints for several more days; I was too disoriented to recall how many days. I was released after seven days. The following year I was hospitalized twice for suicidal depressions.

SD: What should a person do that is experiencing suicidal thoughts?

SG: In my opinion the depressed person should try not to feel guilty about the thoughts. But, when the thoughts become so strong that acting upon them seems inevitable, hopefully the sufferer can find the strength to seek help. It's not at all easy to tell a close friend or partner that you are afraid you might try to take your own life. But the possible alternative—actually attempting suicide—is such destructive behavior. Suicide attempts sometimes are successful and even when they aren't they can ruin important relationships, cause loved ones huge amounts of guilt and pain and often bring even more anguish to the depressed person. Serious attempts almost always involve involuntary hospitalization on a psych ward for at least three days. [Interviewer's note: *Suicide is a life-threatening issue. All such thoughts, statements or behaviors, no matter how indirect, must be taken seriously. Because suicide is often viewed in our society as a shameful, cowardly and dishonorable act, the person who has suicidal thoughts adds shame to an already heavy emotional burden, and could therefore be reluctant to bring up the subject. Feelings are revealed to those who can be trusted and those who reveal are very sensitive to the reactions of the person in whom she or he has confided.*]

SD: How do you understand your own depression?

SG: I think now that I may have suffered my first depression at 13. My mother was having all kinds of problems, she was diagnosed clinically depressed, and later hung herself when I was 16. I was rebellious. I dropped out of high school six months short of graduation. I became a hippie and came out as a lesbian at 19. I was going to a psychologist at the time and was very scared because I was attracted to Janis Joplin instead of Jimi Hendrix. When I was about 30 I became very depressed, but I didn't know what it was. I was anxious and my memory became poor. I had thoughts about suicide. I was scared and didn't want to die. I sought help by going to a psychiatric hospital (OHSU). I was shocked to learn that I had clinical (unipolar) depression: that was what killed my mother. After that first diagnosis, I was put on meds (i.e., drugs). I have had 12 years of treatment with the "wrong" meds prescribed by five different psychiatrists over the years: sedatives when I needed stimulants; treatment for mania when depressions were the problem. [Interviewer's note: *anti-depressant drugs sometimes cause other psych-ological*

distress such as anxiety or mania.] I've had Tofranil, Elavil, Deseryl, Wellbutrin, Prozac, Parnate (anti-depressants); Lithium, Tegretol (anti-mania); Valium, Klonopin, Ativan, Librium (anti-anxiety, anti-insomnia). Shrinks typically gave up after trying two to three drugs. Most said "learn to live with it." The problem was that I was so severely depressed I couldn't "live with it." All I was capable of doing was lying in my bed trying desperately to figure out how to kill myself. Shrinks are typically condescending. They have very drug-oriented treatment and are rarely good therapists. New patients need to recognize this and work with them accordingly.

SD: So how are you today?

SG: By July 1992 I went to live as a research patient at an out-of-state hospital. I was having depressions almost every month. I had been diagnosed as bipolar (manic-depressant), although now I believe that the mania was caused by the other drugs. I was only able to hold a job on and off. I intended to stay in the research hospital for 12 to 18 months while they found a good drug combination. Three months was more than enough for me. I was unable to tolerate having other people completely control my life in a punitive environment. Between depressions I can be quite assertive and because of this lack of passivity I found the environment unacceptable. My own psychiatrist there said that she would not have been able to be a patient on that unit. When I returned to Portland I went into a non-stop deep depression and became suicidal. In April of this year in desperation I decided to have ECT at Holladay Park Hospital (Electro-Convulsive Therapy involves the passage of an electrical current through the brain to produce a major epileptic seizure). I had one nightmarish treatment during which I did not receive enough drugs to prevent my body from undergoing physical spasm.

I refused to continue the remaining eight treatments. It doesn't seem to have affected my memory. [Interviewer's Note: *ECT is legal in Oregon and is regularly performed at Sacred Heart. Loss of memory is a common side effect.*] After the ECT I went to another psychiatrist who prescribed a drug which I had not had before. I was amazed when in four days this drug stopped my depression. I have not had a recurrence of depression for five weeks.

SD: Thank you for being so courageous and coming out loud and clear.



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One of Us Is Sick: It's Not Me!

by Ann Ogborn—Transgender Nation San Francisco

If you woke up tomorrow (if you're a woman) with a penis, flat chest and the other sex characteristics of a man, you would be faced with a complex decision: Live as a man, or try to repair your body via plastic surgery, hormones, etc.

Who should decide what you do with your body? You, or a psychologist or psychiatrist (shrink)? I have the right to control my body, and to express my gender identity as I see fit. For someone else to control my body makes me vulnerable to a variety of abuses.

Every transsexual (TS) today must obtain a letter from a therapist in order to obtain hormones and from two to obtain surgery. "Care providers" have us by the balls, quite literally. They have not been slow to misuse that power.

Although homosexuality *per se* was removed from the American Psychiatric Association's list of mental disorders, we—transsexuals, crossdressers, leather-folk, and anyone with a fetish—are still labeled "mentally ill." This damages us and gays and lesbians. The Christian Right continues to deliberately mislabel gays and lesbians as "gender confused," the psychiatric label for the "illness" of transsexuality.

Nontranssexuals lead lives very different from my life as a TS woman. Shrinks—only a few are TS—do not approach us with any sense of equality or sensitivity to that difference and generally haven't a clue about the real dynamics of being TS. But most of us, not knowing where to turn when we come out, turn to the mental hell professions. What the non-TS therapist doesn't tell us is that he or she knows nothing about us, and has nothing to offer. To shrinks, we are "sick." How do you develop an understanding of your life when the experts aren't TS?

Some transsexuals turn to the now notorious "gender clinics." Christina Hollis in *Chrysalis Quarterly*, a transgender magazine, wrote a letter describing her experiences in one such clinic. For two years shrinks delayed giving her

hormones until in desperation she finally obtained them on the black market. She was put "on trial," found guilty and ejected from the clinic. This sort of experience is so common that transsexuals have a phrase for it, "jumping through hoops." I know a half dozen people with experiences like Christina's who were so disheartened they killed themselves.

One danger of approaching shrinks for hormone referrals is the fear that one may be sent to a mental hell facility instead.

Stories of trading sex for services and other sexual misconduct by shrinks are common in the TS community. In my experience, most "care providers" treat transsexuals because they are sexually turned on by us. One shrink frankly said in a scientific paper that he gave surgical referrals only to those women who turned him on!

Besides the turned-on shrink, there's also the squeamish shrink. The period between making a decision to begin reassignment (changing sex) and actually

starting hormones is very painful. Yet over and over again I have seen shrinks drag this period out, apparently to resolve their own inner conflict between our psychological needs and theirs.

Shrinks make TS women buy into very narrow sex role stereotypes in order to obtain medical care. I was told that I had to change jobs and move before I could reassign. Transsexuals have had care withheld because the shrink didn't like the way they dressed, either because they weren't femmie enough, or too femmie. Sometimes the racism and classism buried in these decisions about personal appearance are obvious, as when a working class woman was told she "dressed inappropriately." She was, to my Kansas-raised eyes, dressed perfectly appropriately for what she was, a Kansas farm woman. Shrinks want transsexuals to "pass" as a "normal" person and not be honest about who one is. They think that is a better way of dealing with transphobia (fear of transsexuals) from non-

Testimony at Protest of American Psychiatric Association Annual Convention, San Francisco, May 23, 1993 by Camille Moran

My name is Camille. I am a born transgendered woman under the influence. When I was a child I said that I was a girl but the world called me a faggot. Under the sky of pain called psychiatry I was locked away for many years and had the requisite tortures; the terror of electroshock, my bones broken, my body drugged and raped. I was not raised as a gender but as a bug of a child to be smashed.

I am nobody's victim. My body belongs to me and so does my holy brain. I am the ghost of the untapped conscience of shrinks, a lurking justice, a part of the gathering truth that is rising with a common voice out of the wake of their evil blue fire.

Transsexuals are born into the book of labels. We may be genetic but we are not genetically defective sub-human creatures. By the very nature of our difference, the independence of our alien spirituality, and the passion of the power of our will, we are threat to the ruling delusions of the mental death profession.

No one has our permission to debate the validity of our existence, to define our reality, to dismiss our pain, and to name us. We name ourselves.

If you could look into the collective genetic memory of your humanity you would find us in the rivers of your dreams, for we were always here, we were here when the earth was a green spirit. We were a natural occurrence in a singing world. In times of absolute horror and destruction I wish for you all the transformational creativity of an utterly beautiful madness, and I offer you the blessing of a holy human freak. ☸

transsexuals. Shrinks often decide who gets surgery by the standard, "Do they pass?"

Until recently, and still in some places, shrinks have demanded that transsexuals be heterosexual. That fits neatly with the perception of us as "men trapped in women's bodies" and "women trapped in men's bodies," a formulation of our existence that does the minimum to rock the gender boat. What nobody told them was that most TS women either are asexual, or sleep with each other, or have lesbian relationships outside the TS community. My shrink tried to make me straight. (I was asexual.) I lost four years to this while she pocketed several grand which I paid for myself. I was a student and very poor.

This all has a devastating effect on the transsexual community. How do you organize when people are counseled that after transition they should lie, pretend it never happened, and stay away from transsexual support groups because we are "women now, we shouldn't advertise we are really transsexuals." In San Jose, CA, there were only two ways for me to meet other transsexuals. There was a crossdressers support group not geared to TS's, but to which a few transsexuals occasionally came. The other way was to join a local therapist's "support group" for which she charged a steep fee. In addition, shrinks protect their interests and maintain professional standards for the "treatment" and "care" of transsexuals through the Harry Benjamin International Gender Dysphoria Association (HBIGDA). I cannot join HBIGDA and I cannot attend their meetings. I have seen these appropriations of TS community over and over again. How can anyone develop pride and a sense of belonging under such conditions?

All of this is unacceptable to me. To the shrinks I say, "We are becoming organized and we are fighting back." To the gay and lesbian community I say, "We are not your enemies. We suffer the same oppression." To transsexuals I say, "Demand your life back. Organize to beat the shrinks."

Transgender Nation San Francisco is a direct action group committed to free surgery on demand, and a focus group of Queer Nation San Francisco. To start a local Transgender Nation, call (415) 863-6717 or write us at 584 Castro, #288, San Francisco, CA 94114.

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A Brief History of Lesbians and Psychiatry

by Mary Elene Wood

In 1926, a woman named Jane Hillyer published her autobiography, *Reluctantly Told*, the story of her institutionalization in a mental hospital after a diagnosis of insanity. According to Hillyer's story, she first became "ill" after she questioned her attraction to another woman, Miss Winthrop, whom she had come to love with feelings of "pleasure and astonishment." Unfortunately, as she was beginning to enjoy these new feelings, a male "friend" and "adviser" pointed out to her that such an attraction was unnatural. He told her, "I would hate to see you twist a friendship that way." Jane responded with confusion and despair, remarking, "I hate the thought of the unnatural. I felt somehow soiled even to be considering it." She eventually comes to see her feelings for Miss Winthrop as "the forerunners of madness."

I wanted to quote Jane Hillyer's own words here to show how powerful the ideas of psychiatry, first spoken by her "adviser," were in convincing her that her love and attraction for Miss Winthrop were the result of something gone wrong, of some "distorted emotionalism" or "twisted" sense of friendship. These words—"distorted" and "twisted"—are not random ones. They hold a special place in the history of psychiatry's efforts to define and control lesbian behavior, a history that goes back beyond the rise of the word "psychiatry" or of the word "lesbian."

While psychiatry itself did not become a recognized field until the early twentieth century, the study and treatment of mental "diseases" began to assert itself as a professional specialty in the first part of the nineteenth century in the United States, England and Europe. For women, being labelled as insane and institutionalized is a particular danger. Within the religious world view of the middle ages, women who did not conform were labelled either as mystics or as witches and could be killed for being either. Within the scientific model of pre-psychiatry, insanity itself was seen as feminine. Historian Elaine Showalter has called insanity "the female malady." To be a woman was already to be susceptible to and associated with insanity. As the term "hysteria"—based on the

root for "womb"—shows, women's bodies have long been seen as posing women on the brink of madness. Women's reproductive organs supposedly needed careful attention and balance. Intellectual work was dangerous because it could draw needed blood and vital energy away from the uterus and ovaries. For this reason, women in nineteenth-century asylums were not allowed to read or write. While men could become mad through bad habits, women would become mad by virtue of just being women. To the extent that men became insane, they became like women.

This view of women helped lay the groundwork for a later connection of lesbians to madness. The fear of lesbians and need to see them as unnatural and deviant were (and are) clearly connected to the fear of women's bodies, which were (and are) seen as unnatural. Fear of lesbians was connected to the view of women as always about to burst out into craziness. The existence of lesbians proved that women could live outside of the heterosexual model so rigidly enforced in nineteenth-century culture. One way to contain such a threat to heterosexuality was to define lesbianism as deviant, degenerate, and insane. In this way psychiatry and its science enforced heterosexuality and its control of women's sexuality.

Interestingly enough, medical literature describing lesbians as deviant and degenerate emerged in the 1880s in the United States, around the same time that middle-class women were choosing not to marry in unprecedented numbers. A growing fear of women unattached to men went along with a panic that middle-class women would stop having babies and the middle class would be overtaken by immigrants, the poor, and African-Americans. Discussions among medical "scientists" about sexual deviancy coincided remarkably, or unremarkably, with descriptions of immigrants and African-Americans as especially prone to insanity.

The new "sexologists" of the late nineteenth century, Richard von Krafft-Ebing, Havelock Ellis and others, further took selfhood and responsibility away from lesbians by presenting them as

"cases" to be studied. Within that scientific literature, the lesbian was called an "invert." She was someone who could supposedly be identified by physical, innate characteristics. She supposedly had a deeper voice, more hair (of course), and a stronger body. Even though they came that way, inverts were seen as unnatural and beastly in their unnaturalness, as was women's sexuality in general. When the OCA describes us as "unnatural" and "perverse," they too intersect in a way with the history of psychiatry in the U.S.

How could Jane Hillyer, whose words we started with, see her way out of this trap once she was encircled by the logic of this way of thinking?

The force of this history and the fear of women that stands behind it help explain why lesbians continue to battle the psychiatric establishment. In the more innocuous cases, therapists ask us with raised eyebrows about our relationships with our fathers and where they went wrong or "diagnose" us with PMS—a fictional "syndrome" reminiscent of "hysteria"—if we express emotions deemed "inappropriate." In the worst cases, psychiatric nurses and doctors drug us into compliance, place us in isolation, and forbid our friends and lovers to visit us behind locked doors. If we are lesbians and legal minors, we are even more vulnerable to the ignorant decisions of parents and the mental health professionals who listen to them.

Amazingly little has changed in the last one hundred and fifty years in the psychiatric treatment of women in general and of lesbians in particular. Contemporary narratives of asylum experiences, some of which appear in this issue, remark on the use of drugs, isolation, restraints, violence, or transfer to more restrictive wards or hospitals as punishment masquerading as treatment. In *Still Sane*, Sheila Gilhooly, who was institutionalized for being a lesbian, writes, "Strackville was this big institution, kind of like a warehouse where they stored people they'd given up on. They used to threaten us with it at the Royal Hospital, especially when anyone did get sent there. They'd say, 'You don't want to end up like her, do you?' and we'd all be scared into submission for a few weeks after" (*Still Sane*, 1985).

Nowadays, drugs have taken over the major role of controlling women patients where Utica cribs and cold baths may have been used a century ago. Sixty-one

million people in the U.S. take tranquilizers for anxiety, 65% of whom are women. Of the 34 million prescriptions written in 1984 for depression, two-thirds were for women. ECT is also used primarily on women, and especially on elderly women. It is crucial for us to look at these numbers and consider this history. I have devoted much of my life to studying this history because of a need I see for us to look beyond our forced isolation and individuality. The main strategy of psychiatry has always been to individualize each one of us, to isolate each of us into our separate lives and psychologies.

This is not to say necessarily that individual doctors are in a conscious conspiracy to control lesbians and other women. It is to say, however, that such control is the outcome of psychiatric beliefs and actions. Because of this, we need to question who and what are really being served by psychiatry. Psychiatrists claim to work with patients so that they can "function" in society. If you can hold a job as a salesperson, or a lawyer, or a dishwasher, you are seen as "functioning," even if you do that job for twenty years in a state of numb, drug-induced or depression-induced disconnectedness.

Fortunately, the voices of women—many of them lesbians—writing their stories of institutionalization and struggle with psychiatry have emerged over the last couple of decades: Marge Piercy in *Woman on the Edge of Time*, Janet Frame in *Faces in the Water*, Kate Millett in *The Loony Bin Trip*, Persimmon Blackbridge and Sheila Gilhooly in *Still Sane*. Each of these narratives is a demand to be heard and taken seriously rather than dismissed as crazy. Each also provides a rallying point for those with similar experiences, a kind of touchstone by which we can affirm our own and each other's right to speak, right to feel, right to express without fear of being called mad. It is by telling and listening to these stories that we can destroy the concepts of sanity and insanity and begin to feel what Jane Hillyer called, in the first flush of her love for Miss Winthrop, the "pleasure and astonishment" of our connections with each other.

Mary Wood teaches women writers courses at the University of Oregon. Her book *The Writing on the Wall, about women's asylum narratives, will be published early next year. Mary learned from her mother, who was diagnosed as schizophrenic, that there are many unique ways to experience and speak about life.*



Drawing: Ryan Hotchkiss

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Gay Nurse Discusses Mental Health and the OCA

TLN: *What type of therapist are you?*

Larry Downard: I'm a PMHNP, a Psychiatric Mental Health Nurse Practitioner with a Master's Degree from OHSU. PMNHPs are one of two groups—along with doctors—who can prescribe medication in Oregon. I have fifteen years experience in psychiatric hospitals and as an outpatient therapist. I do therapy half time in private practice and half time at Phoenix Rising. I am out as gay. I see mostly gay men in my practice.

TLN: *What effect is the outpouring of hatred from the OCA having on gays?*

Downard: Last fall, the major topic in therapy sessions was the anger and helplessness people felt, the fear that people might have to leave the state if the measure passed. There was nowhere to put the anger. A lot of these were out people working on the campaign or contributing to it, but they felt helpless waiting for the election results. They felt violated that it was even put on the ballot. People are not talking about it as openly now, because it is less in the news. But people have a historical sense of discrimination; they carry that baggage always.

TLN: *The attack from the OCA is not really new, is it? We have been under attack for our sexuality all our lives.*

Downard: Oregon is a very out place. People were thinking Oregon was a special place, that it couldn't happen here. I felt that, coming from Kansas City, even living here just a year and half.

TLN: *Is it true that transgendered people are still considered "mentally ill"?*

Downard: The American Psychiatric Association (APA) removed homosexuality from the Diagnostic & Statistical Manual (DSM) as a mental disorder in 1976 because of real hard work by gay psychiatrists. It took a long time; there was lots of resistance.

TLN: *But transsexuals are still listed?*

Downard: Sexual disorders that are listed include pedophilia, sexual sadism and masochism and transvestite fetish-

ism. The list is on pages 74-77 of the DSM if you care to look it up for yourself. A diagnosis that a homosexual could fall under today is "gender identity disorder." That diagnosis is usually used with adolescents who are confused about their sexuality and are having a problem, such as being suicidal or depressed.

TLN: *So you're saying that would not apply to someone who is certain of their sexual identity, but is suicidal or depressed?*

Downard: Only to someone agonizing over the uncertainty of gender identity.

TLN: *But is the conflict about gender identity internal or is it caused by the enormous pressure brought to bear by society against sexual minorities?*

Downard: That is the main problem with psychiatrists and the DSM; it is a system to treat individual disorders without looking at society or family. One of the big advantages to nurse practitioners is that they can look more holistically, rather than at a single event. It is too cumbersome to take everything into account, so the DSM lists disorders with lists of criteria to meet. It is a narrow focus.

TLN: *What types of drugs do you prescribe?*

Downard: Primarily antidepressants for people with major depressions. These drugs are not for everybody. I try to do a real thorough evaluation, to try other things first.

TLN: *Is there ever a situation where drugs should be given involuntarily?*

Downard: It is illegal to do that in Oregon. There must be informed consent, unless a judge rules incompetence and appoints a guardian.

TLN: *That sounds involuntary.*

Downard: It's a difficult process and is rare.

TLN: *Do you believe gay men should see gay therapists?*

Downard: It depends on the issue. If a person is struggling with coming out, it would be helpful. It's easier to trust

someone who has gone through what you're going through. Phoenix Rising has two gay male therapists and three straight therapists. We don't see a lot of difference in the progress someone makes. That depends on the therapist. Quite a few can deal with gay issues.

TLN: *Are you aware of any work being done on unresolved historical grief?*

Downard: No. I think it's important as a component of therapy; that's why a gay therapist is a good idea. I understand to a limited degree the distrust of mental health workers by a segment of the population. I haven't had a lot of experience with blatant discrimination against homosexuals. Because of the gay civil rights movement, now we are much more out than before; that will dissipate some of the fear in straight people in the mental health profession. The OCA is a reaction to us being out more than us to them; they have come up and challenged us. We have to come out more and more.

TLN: *Don't you think that works better for some than others? A gay in a business suit coming out may garner acceptance. Is that going to work for a Radical Faerie?*

Downard: There are fringes on both sides, in the gay world and the straight world, that don't find acceptance by the majority. I think that's part of life. The majority of gays being out to friends, neighbors and workers is a plus. The numbers in the gay pride march is a show of strength: we're here, we want acceptance and civil rights.

TLN: *Doesn't the use of the word "fringes" marginalize people? There's this solid group of people in the middle and then there are those people way out in left field?*

Downard: I hear what you're saying.

[Ed's note: Larry Downard seemed to be a warm, caring individual who did not avoid difficult questions or become defensive or angry, who listened to and showed flexibility concerning criticisms of his position.]

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