

**"Bearded Lady" Quotations / Comments
001 -- 793**

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SCHIZOPHRENIA

The Bearded Lady Disease

001 More than thirty years of intensive investigation of these problems permits me to make the general statement that in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation. Dementing schizophrenia is essentially a regression to the cloacal level of hermaphroditism. I am quite sure that it would be easy to demonstrate these factors in any case and often within an hour of investigation.

["Bisexual Factors in Curable Schizophrenia*," Edward J. Kempf, M.D. (*Presented at the Annual Meeting of the American Psychiatric Association, May 18, 1948), *Journal of Abnormal and Social Psychology*. 1949 Jul Vol 44(3) 414-419.] (The complete E. J. Kempf article is the final item in the book.)

Dr. Edward J. Kempf was a highly-respected and brilliant psychiatrist and psychoanalyst whose productive years encompassed well over half a century, ending with his death in 1971. Thus, when Dr. Kempf makes the claim that "in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation," the world should sit up and take notice. Unfortunately, not enough notice has been taken of his findings, for today investigators profess to be searching still for the "elusive" cause of functional mental illness, up to and including the dysfunction labeled "schizophrenia."

The purpose of this monograph of 790 quotations from various sources is to prove the validity of this theory of Dr. Edward J. Kempf, and to set at rest once and for all any questions about the etiology of mental illness.*

*Dr. Edward J. Kempf was a Life fellow of the American Psychiatric Association and of the Association for Research in Nervous and Mental Disease; a member of the American Medical Association, the American Psychopathological Association, the American Association for the Advancement of Science, the New York Academy of Sciences, and the American Psychological

Association. He was the author of over 30 papers and books, including his famous Psychopathology, published in 1920, and "The Origin and Evolution of Bisexual Differentiation," published in 1947.

Dr. Kempf graduated from medical school at Case Western Reserve University in Cleveland, Ohio, in 1910; interned at the state mental hospital in Cleveland from 1910-1911 and at the state mental hospital in Indianapolis, Indiana, from 1911-1913. He performed his residency at Phipps Psychiatric Clinic, Johns Hopkins University Hospital, Baltimore, Maryland, from 1913-1914. From 1914 to 1920 he was a clinical psychiatrist at St. Elisabeth's Hospital in Washington, D.C.

- 002 There is evidence of sexual upsurge and an intense effort at control, repression and denial. There is also much sexual confusion, especially as regards his own sexual identity, which is very poorly established. The patient is extremely defensive, and his defenses for the most part follow an obsessive – compulsive pattern with a definite tendency toward paranoid ideation.

[*David and Lisa*, Theodore Isaac Rubin, M.D., Ballantine Books, New York City, 1962, p. 141.]

In this case reported by Dr. Rubin, the patient is obviously suffering from severe bisexual conflict, uncertain whether he is male or female. He is in the throes of what is termed a "homosexual panic," caused by his ego's repression of his effeminate, same-sex, sexual cravings which are threatening to erupt from the unconscious into consciousness, which is the only pathway they can use to gain orgasmic satisfaction and consequent diminution of their drive. The "paranoid ideation" is the direct result of this bisexual conflict.

- 003 Such fundamental doubts about their sex, though seldom expressly stated in the literature (Bleuler, 1951; Rosen, 1953) we have found an invariable feature of schizophrenia (Macalpine, 1954; Macalpine and Hunter, 1953, 1954a, 1954b, 1955.)

[Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, pp. 147-148.]

In this quotation, Doctors Macalpine and Hunter (a mother-son team) state an extremely important truth: in essence, that all schizophrenics are basically "bearded ladies" – persons who do not know at a deep unconscious level whether they are male or female. They have very strong homosexual feelings, always repressed, which conflict directly with their conscious hete-

rosexual drives, resulting in a blockage of all sexual satisfaction. It is this situation of total sexual frustration which drives them "crazy," i.e., schizophrenic.

004 The primary delusion of a change of sex may appear in patients in various guises, often as the only symptom: complaint of excessive hairiness in women, lack of hairiness in men, symptoms associated with "change of life" in women, even men. Following hysterectomy, complaints about voice being too high or too low, the breasts being too small or too flat, differences between the right and left halves of the body, etc. Examples could be multiplied *ad infinitum*. Not uncommonly female patients complain that they have a male mind in a female body, and male patients that they have a female mind and request their body be altered accordingly, by surgery or hormones.

[*Memoirs of My Nervous Illness*, Daniel Paul Schreber, Ibid., p. 405.]

It is interesting that Macalpine and Hunter here point out that a great many female schizophrenic patients complain that they have a male mind in a female body and vice versa for male patients. Of course this is also a common complaint among homosexuals and people desiring transexual surgery. Basically, schizophrenia is the negation of homosexuality. The cure for schizophrenia lies in the patient coming to terms with his or her homosexuality, and either remaining at a conscious homosexual level or, through psychotherapy, maturing into heterosexuality.

005 Perversions, alongside the manifestations of normal drives, are much more pronounced in schizophrenics than in neurotics. The homosexual components, especially, play an unsuspectedly large role. But we will not go into further details at this point.

[*Dementia Praecox or the Group of Schizophrenias*, Eugen Bleuler, International Universities Press, New York, 1950, p. 411.]

Eugen Bleuler, the psychiatrist who first made use of the term "schizophrenia" in the monograph cited here, calls attention to the important role homosexuality plays in that condition. Unfortunately, when he said he would "not go into further details at this point" on the subject, he meant it, and even more unfortunately, he never took up the subject again in any depth. This glaring theoretical omission has had the effect of minimizing to a great degree the profound role homosexual, or bisexual conflict, does play in the etiology of schizophrenia.

006 Other patients are in love with a ward – mate with complete disregard of sex, ugliness, or even repulsiveness. (Ibid., p. 52)

Dr. Bleuler here calls our attention to instances of overt homosexuality among his hospitalized mental patients.

007 His basic bisexuality had developed into a true manifest ambisexuality, male and female potentials being equally matched. He was as much both as he was neither. Thus he says 'that I have to imagine myself as man and woman in one person having intercourse with myself.' (S.282) and 'playing the woman's part in sexual embrace with myself' (S.285). These ideas culminated in fantasies of self-impregnation.

In this fundamental doubt Schreber exhibits a common characteristic of schizophrenics. Usually, however, this balanced imbalance of sex has to be deduced from psychotic expression and is not freely accessible. The insight afforded by Schreber on this point gives to his memoirs their unique value.

[*Memoirs of My Nervous Illness*, Daniel Paul Schreber, Ibid., p. 402.]

*Here, for the first time in this monograph, we meet Daniel Paul Schreber, considered by many to be psychiatry's most famous patient. He was first brought to the public's attention when Dr. Sigmund Freud wrote a case history dealing with Schreber's psychosis, wherein Freud made the claim that Schreber's illness was caused by repressed homosexual longings. C.G. Jung had given Freud a copy of Schreber's autobiography, *Memoirs of My Nervous Illness*, and had based his case history on the material in this book.*

Schreber's memoirs were first translated into English in 1955 by Doctors Macalpine and Hunter. In commenting on Schreber's illness, Macalpine and Hunter point out the obvious, namely that Schreber's female, or homosexual side, is so powerful it had overwhelmed his male, or heterosexual, side. His memoirs demonstrate this fact irrefutably. He is truly a "bearded lady."

008 Clearly passive homosexual urges, whether conscious or unconscious, should be sharply distinguished from the confusion about their own sex invariably found in schizophrenia. That in the primary fantasy of change of sex or belonging to the opposite sex, homosexuality is likely sooner or later to play a part secondarily, is undisputed. (Ibid., pp. 404-405)

Macalpine and Hunter attempt to separate homosexuality from "the confusion about their own sex invariably found in schizophrenia." Homosexuality plays a primary, not a secondary, role in schizophrenia, as Macalpine and Hunter would lead us to believe.

009 Zilboorg (1941) says that 'Freud's views on schizophrenia, were based on the Schreber case Later clinical studies corroborated Freud's views that certain aspects of unconscious homosexuality are the determining factor in the development of schizophrenia.' Fenichel (1945) gives a long list of confirmatory publications. (Ibid., p. 11)

Homosexuality's vital role in the etiology of schizophrenia is confirmed by Fenichel's findings, as well as in the "long list of confirmatory publications." When we speak of "homosexuality" in this regard, we are always referring to unconscious, or repressed, homosexuality, never conscious homosexuality. Basically, it is the repression of strong homosexual cravings which drives people crazy, or "schizophrenic."

010 It is instructive that Schreber was diagnosed in his first illness as suffering from severe hypochondriasis; his second illness commenced as an 'anxiety neurosis' with attacks of panic, then hypochondriacal delusions and suicidal depression; later catatonic excitement alternating with stupor. From then on he might well have been diagnosed variously as suffering from catatonic schizophrenia, paranoid schizophrenia, dementia paranoides, dementia praecox, monomania, chronic mania, involuntional melancholia, paranoia paraphrenia, obsessional neurosis, anxiety hysteria, tension state, transvestitism, psychopathy, etc. (Ibid., p. 15)

This quotation confirms what Dr. Edward Kempf said in Quotation 001, namely, that "in man every case of emotional neurosis or psychosis is the result of more or less conflict or confusion involving bisexual differentiation." Daniel Paul Schreber, during the course of his illness, suffered from every named psychiatric syndrome, thereby substantiating Dr. Kempf's hypothesis that not only is bisexual conflict the etiological basis of schizophrenia but of all other emotional disorders as well.

011 For all students of psychiatry, Schreber, its most famous patient, offers unique insight into the mind of a schizophrenic, his thinking, language, behavior, delusions and hallucinations, and into the inner development, course and outcome of the illness Indeed the memoirs may be called the best text on psychiatry written for psychiatrists by a patient.

Schreber's psychosis is minutely and expertly described, but its content is – as Dr. Weber explained to the court – fundamentally the same and has the same features as that of other mental patients. Schreber's name is legion. (Ibid., p. 25)

Schreber's name is legion, in that every mentally ill man suffers from the same bisexual conflict as did Schreber. Furthermore, bisexual conflict forms the etiological basis of mental illness in all females as well.

- 012 M. Bleuler (1953) in a personal communication stated that E. Bleuler would have agreed that 'schizophrenics are almost invariably, if not indeed invariably, in doubt about the sex to which they belong.' (Ibid., p. 25)

Manfred Bleuler, son of Dr. Eugen Bleuler, here confirms the fact that his father had found sexual confusion to be a prominent, if not invariable factor, in the disease he had named "schizophrenia." Unfortunately, Dr. Bleuler had not emphasized this point sufficiently in his monumental textbook on the subject.

- 013 In the prepsychotic phase homosexual tendencies differ from those of the homosexual perversion. The unconscious wish of the pre-psychotic male to be a woman arises not as a defense against the positive oedipus complex but from the constitutional bisexuality of the individual – '..... in its deepest nature schizophrenia arises from bisexual conflicts, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished.' (Katan, 1954) Katan concludes that a part of the personality behaves as if the pre-psychotic phase was still in existence. The non-psychotic part of the personality ('the non-psychotic layer') does not remain constant in size but changes all the time. The extent of the non-psychotic layer is dependent upon the activity of the homosexual conflict. If the homosexual urge is not too powerful the remnants of the ego can function fairly adequately. However, when the homosexual drive increases in intensity, the relative strength of the ego will determine the outcome, i.e. whether or not the subsequent reaction will be in accordance with reality or whether a psychotic symptom will make its appearance. The delusion constitutes the psychotic mastery of the conflict (Katan, 1954). Katan interprets hallucinations from a dynamic – energetic standpoint. He suggests that the energy of the homosexual urge is withdrawn in the psychotic phase, to avoid the danger arising from it, and used to form a hallucination. This releases the tension caused by the homosexual drive and prevents a complete break with reality. This suggests that 'the goal of maintaining contact with reality can be achieved only by abandoning it for a short while through the formation of a psychotic symptom (the hallucination). It is like avoiding a major evil by accepting a minor one' (Katan, 1954).

[*Chronic Schizophrenia*, Thomas Freeman, John L. Cameron, Andrew McGhie, preface by Anna Freud, International Universities Press, New York, NY, 1958, pp. 37-38.]

Dr. Maurits Katan agrees with Dr. Edward J. Kempf that "..... in its deepest nature schizophrenia arises from bisexual conflicts" and adds that "this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished."

Dr. Katan is the only investigator I am aware of who has unearthed the mechanism of delusion and hallucination formation in schizophrenia. He explains that the energy which fuels these symptoms arises from the homosexual libido which is blocked from normal orgasmic genital discharge by the repressive ego. This homosexual libido consequently "converts" itself into the energy force which fuels the delusions and hallucinations of the disease, thus achieving its energetic discharge in a roundabout way, in the manner in which all conversion hysteria symptoms are formed.

014 One of the most widely mentioned transference problems is that of dealing with homosexual impulses which may threaten the therapeutic relationship when working with paranoid schizophrenics. Techniques for dealing with disturbing homosexual elements of the transference have varied from the utilization of a female helper (Federn, 34, 35) to the direct energetic discouragement of such tendencies in the patient, forcing him to recognize the dangers in the fulfillment of his homosexual fantasies, and advising him to have heterosexual intercourse (Eidelberg, 28). It seemed advisable in the latter case to transfer the patient's sexual wishes at least in part to a female object in order to lessen the tension aroused by his homosexual trends and hence make them more analyzable. Some authors have suggested that the prospect of recovery in such patients may actually be better when they are treated by women since discussion of the homosexual tendencies is less likely to provoke a panic-like state than when treated by men.

[*Psychotherapy With Schizophrenics*, edited by Eugene B. Brody and Frederick C. Redlich, International Universities Press, Inc., New York, 1952, p. 54.]

Federn and Eidelberg here point out the enormous tension aroused by the homosexual conflict in schizophrenia, which causes difficulty in the therapeutic setting when therapist and patient are of the same sex. Of course this holds true for female patients as well as male.

015 Federn (34, 35) especially advocated extreme caution in analyzing or interpreting transference manifestations for fear of losing the positive relationship. He emphasized that the experience of a good transference is the chief normal reality to the psychotic in treatment but felt also that optimum results could be obtained only if the psychotic had a helper who served as a sort of harbor for him when his transference to the psychotherapist became uncertain. In

view of the psychotic's tendency to confuse his homo – and heterosexual feelings, Federn felt that this helper should be a woman. (Ibid., p. 48)

Federn's comments apply equally to schizophrenic women, including the fact that it would be best if their "helpers" were men.

- 016 In the Schreber case (1911) Freud demonstrated that unconscious homosexual tendencies were to be found underneath the delusions of persecution. In this paper he gave a detailed account of the mechanism of delusion formation. It is unnecessary here to discuss the minutiae of this mechanism beyond saying that an essential feature is the projection of unconscious homosexual trends.

[*Chronic Schizophrenia*, Freeman, Cameron, McGhie, preface by Anna Freud, International Universities Press, New York, 1958, p. 27.]

Freud used the Schreber case to demonstrate his theory that paranoia is invariably rooted in repressed homosexual longings. He was the first investigator to make this claim, and in so doing pointed the way to solving the problem of schizophrenia, although making the egregious error of believing that paranoia and schizophrenia were different disease entities, which of course they are not.

- 017 Subsequent to the publication of the Schreber case (1911) other reports appeared, e.g., Ferenczi (1914) confirming Freud's theory that delusions of persecution were associated with repressed homosexual tendencies. (Ibid., p. 28)

Since Freud published the Schreber case, the vast majority of investigators have confirmed his findings regarding the essential role played by repressed homosexuality in the etiology of delusions of persecution, as well as in every other manifestation of paranoid schizophrenia.

- 018 Nunberg (1921) followed the development of delusions of persecution in a schizophrenic patient. Initially the patient transferred to him (Nunberg) the remnants of his homosexual libido and tried to maintain a relationship with him. As this failed, the patient, abandoning the boundaries of the self, merged himself with Nunberg. (Ibid., p. 30)

Nunberg confirms the vital role played by homosexuality in schizophrenia.

- 019 This led initially to the recognition of the connection between infantile sexual experiences and the content of later psychotic symptoms (Abraham,

1908). This was extended to the appreciation of unconscious homosexual conflicts in cases of paranoia and schizophrenia in general. (Ibid., p. 41)

Here the role of unconscious homosexuality in the etiology of paranoia is extended to "schizophrenia in general," where it in fact plays the key role, paranoia being but one of the many and varied manifestations of the disease.

020 For example, the female patients often queried their sex in the presence of a male therapist. In an earlier example one patient asked if she was a doctor. She continued: 'Trousers. Each man and woman has trousers on.' Another patient would frequently stand in front of the fire holding a poker in front of her genitals. When asked about this she said she was 'a man standing up.' (Ibid., p. 54)

The desire to be a man and have a penis has gone from unconscious wish to psychotic wish-fulfillment for the woman holding the poker in front of her genitals.

021 One of the female patients (Emily), who frequently confused herself with the male therapists, would on these occasions begin to remove hairgrips from her hair or take off her stockings, muttering angrily about women's clothing. This type of activity ceased at times when her speech and behavior indicated her identification with the nurse. (Ibid., p. 56)

This patient shows obvious signs of sexual confusion, at times identifying herself as male, at other times as female.

022 As already mentioned, Andrew Gray experienced hallucinations of a voice which whispered obscenities in his ear and urged him to masturbate and swear. At other times he experienced visual images, mentioned above, which were again sexual in nature. These experiences were often of a manifestly homosexual type. The genesis of this patient's hallucinations becomes evident when his past history is considered. From his early youth Andrew had participated in a number of incidents with older men involving fellatio and other homosexual stimulation. The beginning of his psychotic breakdown occurred when he was posted by the R.A.F. to a lonely station on the Orkneys where, it can be suggested, the intense pressure of a small closely knit all male culture proved too strong for his basic homosexual conflicts. The voices and visual images the patient now began to experience represented his own homosexual urges which were unacceptable to the ego, and so lost the ego cathexis necessary to identify them as originating within the psyche. The externalization of his own thought processes, concurrent with the break with objective reality, led to the further adjustment which reunited outer reality

and the inner processes that had become the psychotic 'reality.' This adjustment took the form of an unknown individual who tormented him with 'a machine' that communicated to him the oral and visual obscenities so repugnant to his own ego. On occasions he would declare his suspicions that the operator of this 'F-ing machine' was an older man who had first persuaded him to indulge in fellatio. His description of the machine itself being like 'an old granny blethering away' has also significance as the patient was reared for the most part by his rather prim grandmother. The reality adjustive function of this delusion became evident when the patient was faced with interpretations which threatened its existence, when his reaction was to refuse further attendance at the groups. (Ibid., p. 67)

Andrew Gray illustrates the clinical fact that homosexual feelings that were once conscious can, after repression by the ego, lead to classic schizophrenic symptomatology.

- 023 Barbara, for example, denied the existence of two sexes and produced long abstract arguments to the effect that each person was bisexual. This further distortion of reality enabled her to be the mother of her phantasy children while still denying that they were the product of any sexual activity on her part. The fact that others declared that they could not see the children was answered by Barbara's assertion that they were so tiny as to be invisible to the casual observer. (Ibid., p. 68)

Barbara, of course, is correct when she says that everyone is bisexual. Barbara's schizophrenia is the direct result of her bisexual conflict, as is true with all schizophrenics.

- 024 Within a few days Mary again became depressed and developed the delusion that she had venereal disease and had infected the nurse in the treatment center to whom she was deeply attached. Her concern in this case was not for her own condition but for the nurse whom she believed she had infected. (Ibid., p. 70)

For Mary to believe she had infected the nurse with venereal disease must mean that in her delusion Mary was a man and had been sexually intimate with her nurse. Mary's intense repressed homosexual love for this nurse is further shown by the fact that she was "deeply attached" to her and was more concerned about the nurse's condition than she was her own.

- 025 On one occasion Andrew had been speaking of an experience involving fellatio which he had had in the Air Force. David, a very demented patient, was behaving in a restless and disturbed manner, making sucking noises with

his mouth. A therapist asked him if he were upset because of remembering some similar experience. David replied, 'That's a horrible thing to say to a man.' It is difficult to convey to the reader the startling incongruity of such a remark coming from a very disturbed man like David who had not previously produced one intelligible statement in several months of work. (Ibid., p. 90)

It is very obvious that David's schizophrenia is the direct result of having repressed very powerful homosexual oral cravings.

- 026 It will be recalled that in examples given earlier it was shown how the patients, through confusion of themselves with others, frequently were unsure of their sex. This phenomenon occurred particularly in relation to staff members. On one occasion, when the patient had been speaking in a confused and perplexed way on this subject, she said suddenly and quite clearly, 'There are no differences in sex. The difference is only individual. There was a time in the history of mankind when all people were the same and they have evolved differently – each one unique.' The confusion of identity remains clear despite the elaboration by the secondary process activity. (Ibid., p. 92)

This is another example of the sexual identity confusion always to be found in schizophrenics.

- 027 Federn (1953), speaking of this, states: 'While every neurotic patient easily transfers from his mother to the psychoanalyst, the psychotic does not do so to a male analyst. This demonstrates how the psychotic depends on reality more than does the neurotic, that is, when he is forced to transfer his mother-relationship to a man, he confuses homo – and heterosexual feelings and becomes more perturbed.' (Ibid., p. 108)

Every person who becomes functionally psychotic has been driven to this state by his or her confusion and conflict over homosexual versus heterosexual drives.

- 028 Patient B, a married man of German descent, was 40 years of age at the time I became his therapist. He has been admitted to two psychiatric hospitals previously – once for a period of one and a half years, and the second time for a period of six months. His symptomatology during his stay at each of the two previous hospitals had been, as it was when I first saw him, typical of paranoid schizophrenia.

During the first interviews with me, he allowed silences of no more than a second or two. He kept up an almost incessant stream of conversation, consisting in a melange of references to books he had read, interspersed with

comments reflecting self-misidentification, such as, 'Of course I'm Cortez ... I died in 1920 as Tolstoy I was Esther Williams in [name of a motion picture]'..... He apparently considered himself to be, from one moment to another, a limitless number of prominent persons, present and past, including Alexander the Great, Pericles, General Lee, Lincoln, Goethe, Senator Vandenberg, various movie actors and actresses, and so on, and made references to various supernatural powers which he possessed.

[*Collected Papers on Schizophrenia and Related Subjects*, Harold F. Searles, M.D., International Universities Press, New York, 1965, p. 80.]

The bisexual conflict in Dr. Searles' Patient B is made obvious by his stating that he is both a man – Tolstoy, Cortez, etc. and a woman – Esther Williams and other "actresses." It would be difficult to find a more obvious example of sexual confusion in a schizophrenic.

029 For example, on one or two occasions in my years-long work with a physically attractive and often very seductive paranoid schizophrenic woman, I have felt hard put to it to keep from going crazy when she was simultaneously (a) engaging me in some politico-philosophical debate (in which she was expressing herself with a virile kind of forceful businesslike vigor, while I, though not being given a chance to say much, felt quite strongly urged to argue some of these points with her, and did so); and (b) strolling about the room or posing herself on her bed in an extremely short-skirted dancing costume, in a sexually inflaming way. She made no verbal references to sex, except for charging me, early in the hour, with having 'lustful,' 'erotic' desires; from there on, all the verbal interaction was this debate about theology, philosophy, and international politics, and it seemed to me that the non-verbal interaction was blatantly sexual. (Ibid., p. 258)

This paranoid schizophrenic woman acts out her bisexual conflict by being "simultaneously" a "virile" and "forceful" debater on "politico – philosophical" matters and an extremely provocative woman in a "sexually inflaming way."

030 One of my earlier experiences with what I think of as oedipal love in the counter-transference occurred in the course of the analysis, several years ago, of a woman in her middle twenties. Initially, she had manifested a poorly established sexual identity; her femininity was considerably repressed, with an overlay of much penis envy. But over the course of four years of an unusually successful analysis, she developed into a woman whom I found very likeable, warm and sexually attractive. I found myself having, particularly during about the last year of our work, abundant desires to be married to her, and fantasies of being her husband. (Ibid., p. 289)

Every schizophrenic woman manifests the same psychodynamics as does this analysand of Dr. Searles, and each could similarly be transformed into a healthy, feminine woman by the right kind of psychotherapy with a dedicated psychotherapist.

031 After an initial two-year period in which negative feelings seemed to predominate in the transference and the counter-transference, I began finding myself feeling surprisingly fond of him, and to be having not infrequent dreams of a fond and sexual nature about him. One morning, as I was putting on a carefully selected necktie, I realized that I was putting it on for him more than for any of the several other patients I was to see that day.

He referred to us now in the third and fourth years of our work, as being married, and at other times expressed deeply affective fantasies of our becoming married. When I took him out for a ride in my car for one of the sessions, I was amazed at the wholly delightful fantasy and feeling I had, namely that we were lovers on the threshold of marriage with a whole world of wonders opening up before us. I had visions of going upon innumerable rides with him, going to look at furniture together, and so on. When I drove home from work at the end of the day I was filled with a poignant realization of how utterly and tragically unrealizable were the desires of this man who had been hospitalized continually, now, for fourteen years. But I felt that, despite the tragic aspect of this, what we were going through was an essential, constructive part of what his recovery required; these needs of his would have to be experienced, I felt, in however unrealizable a form at first, so that they could become reformulated, in the course of our work, into channels which would lead to greater possibilities for gratification. (Ibid., p. 295)

What this quotation illustrates above all is the incredible power of the unconscious drive in the schizophrenic person. In this particular case the drive is so strong that it draws Dr. Searles into a homosexual counter-transference with his patient. In the transference this patient identifies himself as a female in love with a male, and in the counter-transference Dr. Searles perceives the patient in this role. As he explains, this transference and counter-transference between himself and the patient is a necessary part of the healing process for the schizophrenic, who is thereby provided the opportunity to come to grips with his feminine, homosexual cravings within the therapeutic setting.

032 My whole paper is written, purely for the sake of simplicity of presentation, on the assumption that the child's Oedipus complex is normally a 'simple' one, whereas actually we know that it is really a 'complete' one, as Freud pointed out in 1923 in the first edition of *The Ego and the Id*. He mentioned here that '..... one gets an impression that the simple oedipus complex is by

no means its commonest form, but rather represents a simplification or schematization which, to be sure, is often enough justified for practical purposes. Closer study usually discloses the more complete Oedipus complex, which is two-fold, positive and negative, and is due to the bisexuality originally present in children; that it to say, a boy has not merely an ambivalent attitude towards his father and an affectionate object-choice towards his mother, but at the same time he also behaves like a girl and displays an affectionate feminine attitude to his father and a corresponding jealousy and hostility towards his mother' (Ibid., p. 297)

Dr. Searles does an excellent job in explaining the theory of the positive and negative oedipus complexes as first elucidated by Sigmund Freud. What he does not tell us, however, is that the negative oedipus complex is the one which lays the foundation for future schizophrenic manifestations in both the sexes. For when the negative oedipus complex becomes too powerful, due to faulty parental attitudes, it sets up the severe bisexual conflict which is always the etiological root of schizophrenia.

Again, by negative oedipus complex is meant the situation where the boy develops a feminine, affectionate, passive attitude towards the father, along with a jealous, hostile attitude towards the mother, and the girl develops a masculine, aggressive, libidinal attitude towards the mother and a hostile, competitive attitude towards the father.

- 033 Particularly does the child bear the brunt of the mother's various massive dissociations, and from our own experience in therapy, we know how alone and anxious it makes us feel to be aware of powerful emotions in the other person of which he himself is unaware. It took me several years to realize that, for example, the rape which schizophrenic women fear is, above all, rape by the mother who unconsciously fantasies herself as possessing a penis – a fantasied penis, that is, which is dissociated in the mother herself. (Ibid., p. 322)

Dr. Searles here makes the profound and totally accurate observation that schizophrenic women invariably have mothers who themselves are very deeply disturbed, at an unconscious level, about their own sexual identity, thereby providing sexually confused role models for their daughters.

- 034 She has become, over the years, partly by dint of much hard work on the part of both of us, much better integrated. Life for her now involves more continuity, less anxiety, more genuine happiness; and I feel vastly more comfortable in the hours with her. But we have lost much, too. Just how much, I tend to forget until I look back through my old notes concerning our work. The beer-hall bouncer I used to know is no more. The captured

American pilot, held prisoner by the Germans but striding proudly several paces ahead of the despised prison-camp guard, is no more. The frightening lioness has gone from her den. The incarnation of paranoid hatred, spewing hostility at the whole world, has mellowed into someone unrecognizably different. (Ibid., p. 346)

The powerful masculine strivings of this patient become obvious in her choice of self-fantasies as a beer-hall bouncer and a captured American pilot "striding proudly" in front of the prison guard.

035 By the end of four years of work, when she was finally able to move to a ward for undisturbed patients (though still in a locked building), she had become appreciably freer in revealing fond feelings towards me, towards certain of the nurses and some of the other female patients, although not able as yet to divulge any fond memories about, or fond current interest in, her mother. A little less than one year later (at the end of four and three-quarters years of work) my patient, who throughout these years had been manifesting deep confusion as to her sexual identity – she had consistently referred to herself as 'a girl' but had misidentified other persons on innumerable occasions in terms of a projected male-female unconscious image of herself – referred to herself for the first time in all my experience with her as 'a woman.' Intense feelings of dependency, loneliness, and grief were now emerging from her in the hours as she began expressing fond memories of transitory acquaintances with various girls and women in the past both at school and in hospitals. Although still maintaining her letter-writing to the tenaciously-clung-to Dr. Jones, she was now addressing these letters in such a fashion as to make it clear that they were directed as much to me as to him. In a fit of pique at feeling snubbed by Dr. Jones, she expostulated, 'Why, I'd rather be married to a woman!'

By now (just one month short of five years) we had become so consciously, but as yet very shyly, fond of one another that we could not look at each other during the session without our faces revealing this fondness. I recall that I fantasied now, and continued to fantasy for many months thereafter on innumerable occasions during our highly productive hours together, that I was giving suck to her from my breast. This was a highly pleasurable experience free from either anxiety or guilt.

She came to express glowingly libiditized memories of various girl friends, expressive of feelings of adoration and sexual desire which were at least as intense as those she had long expressed earlier in our work, with regard to various father figures. These included long-repressed feelings of intense interest in the female breast. (Ibid., p. 369)

This patient's bisexual conflict is vividly described by her therapist. It is so powerful, in fact, that in the counter-transference it causes the therapist to assume the role of a mother suckling her infant daughter. Furthermore, that simple declaration, "Why, I'd rather be married to a woman!", sums up the unconscious mental content of every schizophrenic female, combining as it does extreme confusion of sexual identity with strong homosexual strivings.

- 036 In conclusion, I want to note that the schizophrenic patient responds with great regularity to the therapist's maternal warmth as being a sure indication that the latter is a homosexual or a lesbian. The younger therapist needs to become quite clear that this is, in actuality, a formidable resistance in the patient against the very kind of loving mother-infant relatedness which offers the patient his only avenue of salvation from his illness. I do not mean that the therapist should depreciate the degree of anxiety, referable to the deep ambivalence of the patient's early relationship with his mother, which is contained within this resistance. I mean that the therapist's deep-seated doubts as to his own sexual identity – and what person is totally free of such doubts? – should not make him lose sight of the fact that the patient's contempt (or revulsion, or what not) is basically a resistance against going ahead and picking up the threads of the loving infant-mother relatedness which were long ago severed. (Ibid., p. 379)

Schizophrenics will always project upon those in close contact with them their own bisexual confusion, as Dr. Searles makes very clear in this quotation.

- 037 In my experience, the child defends himself against mutual ambivalence of such degree in the relationship with the mother by the perpetuation, into chronological adulthood of a symbiotic relatedness with her and by the retention – inherent in this same process – of fantasied infantile omnipotence. With, later on, the maturation of the anatomical and physiological sexual apparatus, a sexual differentiation comes to be required at a psychological level, too, the acceptance of oneself as either male or female, which runs counter to the infantile fantasy of being both – of being, in fact, the whole perceived world. (Ibid., p. 433)

The concept of "infantile omnipotence" plays a key role in the understanding of schizophrenia and lesser emotional disorders.

The most important psychological task anyone ever has to face is that of choosing which sex they are going to belong to, both consciously and unconsciously. The schizophrenic, as well as the neurotic, has never made this choice at the unconscious level. Unconsciously, he or she is still both – that is, both a he and a she – an androgynous being, enjoying the best of both

worlds. However, this androgynous freedom in the unconscious world wreaks havoc in the conscious world by creating the severe bisexual conflict which leads to schizophrenia.

Emotional maturity lies in making the irrevocable decision, both consciously and unconsciously, to accept unreservedly the sex which Nature has assigned one, relinquishing forever the "infantile omnipotence" of childhood, with its seductive androgynous freedom.

038 Much later on, in adolescence or young adulthood, the boy's struggle to become a man is hampered by an introject of his mother's warded-off femininity or of her phallically destructive strivings; or the girl's struggle to become a woman is complicated by an introject of the phallic mother, or in some instances, of a father who, for some of the reasons I have already suggested, early usurped the symbiotic mother role. The weaker the ego, the more likely it is that the lust will be experienced as a function not of the self but of the introject – as something alienly lustful and, further contradictory of the person's own sexual identity, such that the boy may sense a lustful female within him, or the girl, a lustful male. (Ibid., p. 435)

Every boy goes through a stage where he senses a "lustful female" within, just as every girl goes through a stage where she senses a "lustful male" within. This is a normal part of the person's growth process. However, if these "opposite" sexual feelings are not fully relinquished, they will lead either to overt homosexuality or, if repressed, to mental illness, represented in its most extreme form by schizophrenia.

039 The great problem of the preschizophrenic person, of course, is that, in keeping with the perpetuation, at an unconscious level, of the undifferentiated mother-infant stage of ego-development, he has not achieved any deep-reaching sexual differentiation of himself and perceived others into *either* male or female. The struggle to achieve such differentiation is probably one of the internal causes of his conception of all possible human feelings and behavior traits as bearing, like all French nouns, some sexual labels. Such judgements have been fostered in his superego development by parents who were themselves insecure about their sexual identities, and who inculcated in the son the erroneous idea that, for example, gentleness and a love for artistic things are feminine qualities, or in the daughter the notion that assertiveness and practicality are masculine attributes. Such notions, when applied not only to these few human qualities but extended over the whole range of psychological experience, and when applied not to the moderate degree found in the background of the neurotic person but invested with all the weight of actual biological attributes, have much to do with the person's unconscious refusal to relinquish, in adolescence and young adulthood, his or

her fantasied infantile omnipotence in exchange for a sexual identity of – in these just described terms – a 'man' or a 'woman.' (Ibid., p. 437)

Dr. Searles here points out, among other things, that schizophrenics invariably have parents who themselves are insecure in their sexual identities. The children of these sexually insecure parents experience an even greater degree of sexual insecurity, at a level intense enough to lead to schizophrenic manifestations.

- 040 Bleuler (1911), Rosen (1953), Macalpine and Hunter (1955), and others note that schizophrenic patients regularly show confusion as regards their sexual identity, and Katan asserts that '..... in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished' (Katan, 1954, p. 121). (Ibid., p. 429)

Dr. Maurits Katan pierces to the heart of schizophrenia when he states that "... in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished." If the schizophrenic person would then shift to a homosexual modus vivendi, a cure would be effected. However, the repression of the bisexual conflict causes both the homosexual factor and the heterosexual factor to be relinquished, leading to total sexual frustration. It is this total frustration of all sexual drives, both heterosexual and homosexual, which results in the enormous increase of undischarged sexual tension leading to the so-called "schizophrenic break."

- 041 Finally, there is the formidable threat to the therapist's sense of sexual identity, arising from the patient's projection upon him of confusion or lack of differentiation in this regard; and, particularly for the male therapist, from the patient's intense reactions to him as a mother in the transference. It takes some of these patients several years to become clear about their own and their therapist's sexual identity. (Ibid., p. 442)

Again, we are reminded of the intense confusion of sexual identity in all schizophrenics.

- 042 Thus, with striking frequency the schizophrenic patient reacts to the development of what is really new ego with the conviction that he or she is pregnant. (Ibid., p. 457)

The key phrase here is the "conviction that he or she is pregnant." For a male to believe he is pregnant is the ultimate in sexual confusion.

043 One patient came to experience herself as a 'baggage car'; another as 'Noah's ark.' Still another experienced herself as a trojan horse filled with a hundred people; and a man portrayed in a dream his own state of being filled with introjects: he dreamt of a man with a belly so enormous that he could scarcely move about.

A woman met me as I walked towards her building, for a therapeutic session with her, and in great agitation showed me a page in a story she was trying to read, a page on which the protagonist, 'I,' was describing a conversation involving several participants. She said: 'Four men and a girl – which one is 'I?' – There's William and George and Peter – maybe Peter is 'I' Which one is 'I?'' And as we walked into the building she said: 'You've got too many people here, Dr. Searles I get overwhelmed by people.' (Ibid., p. 468)

The patient who "experienced herself as a trojan horse filled with a hundred people" obviously is identifying as a male, for the trojan horse was filled not with a hundred "people," but specifically with a hundred male soldiers. Unconsciously this patient would like to be one hundred male warriors, with all their physical and mental attributes.

And the man who dreamt he had a huge stomach was clearly identifying himself as a pregnant female.

044 Another patient required several years of therapy to become free from her long held, though previously unconscious, self-concept as a 'snow man in a glass' – one of those little snow men in a glass globe, with artificial snow – quite outside the realm of living human relatedness, and it was with the keenest pleasure that she finally became aware that 'I'm alive, Dr. Searles.' (Ibid., p. 479)

This patient thought of herself as a snow man in a glass.

045 The threat which his genital lust poses to the paranoid schizophrenic individual can be understood most meaningfully, I believe, in connexion with the structural phenomena of symbiosis, non-differentiation, and de-differentiation which I have already touched upon. His sexual identity is poorly differentiated, and although other areas of his personality are equally poorly demarcated, the culture is particularly punitive in regard to incomplete sexual differentiation. Moreover, his own unresolved infantile omnipotence, a facet of the unresolved mother-infant symbiosis, is directly threatened by the necessity for him to accept a single sexual identity, as either male or female, and relinquish the complementary one; he cannot be wholly a man or she wholly a woman – without relinquishing that tenaciously held fantasied omnipotence. Further, the advent of genital lust at a time when his object-

relations are at a level predominantly of symbiosis with the mother – herself poorly differentiated sexually, with a strongly, though unconsciously phallic body image – means that the sexual drive will be directed either towards the mother, or towards mother-surrogates, with connotations of both incest and homosexuality for the child, whether boy or girl. Another important ingredient, in the threat which lust poses for these young people, is traceable to their greatly thwarted identificatory needs; the young woman's need to identify with an adequate mother-figure is experienced as an utterly unacceptable 'lesbian tendency,' and the young man's need to identify with an adequate father-figure is experienced as an equally shameful 'homosexual tendency.' (Ibid., p. 483)

Again, Dr. Searles emphasizes the importance of relinquishing the sense of "infantile omnipotence" to enable one to become either a male or a female, rather than an androgynous mixture, with its resultant sexual confusion and emotional turmoil.

046 It became very clear (and she herself substantiated this) that she felt herself to be God, selecting various dead leaves and other things to be brought to life. (Ibid., p. 493)

This patient thinks she is God, which is undoubtedly as masculine and as powerful as one can become, according to traditional religious thinking.

047 When one becomes alert to the significance of this phase of the therapy with the schizophrenic person, one is struck by how frequently one hears therapists make, in supervisory sessions or in staff presentations, such comments as 'There's been a lot of anger this past week,' without specifying in whom; or, likewise, 'There's a manicky mood around – there's a lot of giggling'; or, 'There is a very strong dependency there,' without specifying *where*. The therapist may make repeated slips of the tongue concerning the sexual identity of the patient – a response not only to the deep-seated sexual confusion in the patient which has now come to light, but a function also of the therapist's lack of differentiation between his own sex and that of the patient. (Ibid., p. 535)

Dr. Searles reemphasizes the fact that the deep-seated sexual confusion in the schizophrenic patient can cause similar repercussions in the therapist's own sense of sexual identity.

048 For years he had transposed in his comments, and clearly often in his actual subjective experience also, the sexes of persons in his current life and in his remembered past – referring to (or in conversation addressing) a

woman as a man, and vice versa. He explained, now, like a parent explaining to a child, the meaning of hatred: 'To hate means to change a person's sex.' (Ibid., p. 571)

This patient makes a very powerful and meaningful statement when he asserts that "To hate means to change a person's sex."

Every schizophrenic male is the product of a mother who unconsciously "hated" her son's sex, due to her intense penis envy and jealousy of the male sex in general. All mothers of schizophrenic sons suffer from severe cases of "penis envy," to use Freud's terminology. Because this envy and resultant anger towards men is repressed, it must find devious channels for expression, and one of its favorite targets is the defenseless male child. Any masculine attributes this child may display are subtly discouraged by the mother, and his feminine attributes are encouraged. This malignant non-maternal behavior has the effect of creating a serious bisexual conflict in the son, which, subsequent to puberty, leads either to neurosis, psychosis or overt homosexual behavior.

This same type of mother has a similar malignant effect upon her daughter. Because of her own intense, unconscious dislike of being a woman, she discourages feminine tendencies in her daughter and encourages masculine ones, with the result that her daughter experiences severe bisexual conflict at puberty, the precursor of schizophrenia.

049 A fifth analytic student began receiving supervision from me concerning her work with a hospitalized, chronically paranoid, middle-aged woman who presented a formidable demeanor of almost incessant condemnation and reproach, interlarded with sudden eruptions of lustful interests, expressed with a shocking kind of vulgarity, towards the student-analyst. It quickly became apparent to me that the latter reacted to the older woman as being an intimidating parent figure and that in supervision she seemed likewise, during the early months of our work, to feel intimidated by me as an authority figure. (Ibid., p. 599)

The fact this patient is able to show "sudden eruptions of lustful interests" towards her young female analyst is in reality a very healthy sign, since it has been the repression of these powerful homosexual feelings which has made the patient ill. The road to recovery lies in bringing these once conscious (but later repressed) feelings back into consciousness, where they can be assimilated into the total personality by means of the therapeutic process of intellectual and emotional "working through."

050 With a somewhat less deeply ill woman I was able to delineate, piecemeal but quite specifically, various of the affects which one of her former denial-

symptoms had served to keep repressed. She described her never having seen any men during her trips from her suburban parental home into Philadelphia. It developed that this scotoma had at least the following determinants in various different areas of her unconscious: (a) her parents had ingrained in her the deep-seated conviction that it is immoral for a young woman to 'see men'; (b) she was so fully, though at a deeply denied level, absorbed in unworked-through feelings of loss of various girls and women she had known in the past, that men did not exist for her; (c) she was afraid, at another unconscious level, that if a man's face registered in her perception, she would lose control of her rage towards men and hit him on the jaw (for, as she felt it, robbing her of her feminine friends); and (d) the sight of a man's face would bring before her, also, the unresolved grief over the death of a young male cousin whom she had loved. (Ibid., p. 636)

This patient illustrates a very interesting facet of the emotionally disturbed woman's psyche, namely, the anger and rage she feels against men for having usurped her place in the affections and interests of her "girlfriends." The woman who is homosexually inclined must suffer the pangs of unrequited love frequently. She sees one girlfriend after another wooed and won by a male. This, of course, incites in her great rage, envy and hatred towards men. Every schizophrenic woman, at a deep unconscious level, feels the same emotions as does this patient of Dr. Searles.

- 051 Actually, both her mother and Dr. X were remembered by her as being multiple figures, of varying sexual identities. (Ibid., p. 677)

Again we are reminded of the immense sexual confusion to be found in all schizophrenics.

- 052 Several years ago, for example, it dawned on me that the schizophrenic woman's fear of rape is not basically a fear lest she be raped by a man, but rather a fear lest she be raped by a phallic mother-figure – by one or another woman round about, to whom she reacts as possessing a very real and terrifying penis – the projection of the penis which, at an unconscious level, she herself possesses on the basis of identification with the mother who, during the child's upbringing, in various ways acted out her unconscious conviction that she, the mother, possessed such a penis. It is often striking, too, to sense the biological literalness with which the patient perceives the male therapist as having female breasts and a vagina. (Ibid., p. 724)

It is the masculine mother who produces the schizophrenic child, regardless of its sex. The daughter identifies with this masculine mother, and becomes masculine herself, while the son is effeminized by her. Denial by the

daughter of her masculine, homosexual strivings can lead to schizophrenia; denial by the son of his feminine, homosexual strivings can lead to the same result.

053 It was only after several years of therapy, and after her husband had divorced her, that the therapeutic investigation had proceeded deeply enough to reveal the extent to which she had been projecting upon both him and me, as well as upon many other people round about, an unconscious castrated male image of herself. Significantly, as this image became resolved, she came to realize for the first time in all our work that she (who had continually been sexually misidentifying herself and other people) is a woman and that I am a man. (Ibid., p. 726)

Every schizophrenic woman has "an unconscious castrated male image of herself," as Dr. Searles so aptly puts it, and she projects this image onto all her acquaintances, both male and female. She acquired this image from her mother, who is similarly afflicted with this unconscious psychological defect, but to a lesser extent; otherwise she, too, would be schizophrenic.

054 A comparatively simple example comes from the marital-family situation of a paranoid woman with whom I worked for several years. Among herself, her husband and her teenaged daughter, it was evidently generally agreed upon, though at an unconscious level in all three (until this came more into the open in the patient's 'delusional' material), that the husband occupied the role of wife and mother in the family, and that the daughter had succeeded in displacing the patient from the husband and father role. (Ibid., p. 730)

This is an excellent example of the tremendous sexual confusion and role reversal invariably found in the families of schizophrenics.

055 As nearly as I could determine, that person consisted in the mother whom she loved, and the hardboiled person was the mother whom she hated. I had learned long ago that she referred to her mother, more often than not, as 'he.' (Ibid., p. 360)

Again, we find the masculine mother of the schizophrenic daughter, here psychologically correctly identified by the daughter as a "he."

056 One hebephrenic woman, unable as yet to conceptualize her subjective unfeelingness as such, recurrently saw an eerily unhuman 'plastic man' appear, terrifyingly, at her window; another, unaware of her murderous rage as such, experienced instead an hallucination of a line of exploding teeth marching unendingly up one wall of her room across the ceiling, and down

the other side; and a hebephrenic man, whose self concept as a little girl was repressed and projected, saw in his clothes-closet an 8- or 10-year-old girl, swimming in purple liquid, and pleading urgently for me to rescue her. (Ibid., p. 475)

A schizophrenic man unconsciously identifies himself as a prepubertal girl. This is another striking example of the intense sexual confusion which forms the core of schizophrenia. The "eerily unhuman 'plastic man'," which appeared to the hebephrenic woman, was really her unconscious image of herself as a male figure.

057 I am Mr. Papa and not Madame Mama; I am Madame Mama, and not Mr. Papa.

[Schizophrenic patient, sex not stated], *Dementia Praecox or the Group of Schizophrenias*, Eugen Bleuler. (Ibid., p. 195)

The secret of schizophrenia is given to the world by this "insane" man or woman, it matters not which, for the total confusion of sexual identity demonstrated by these two statements could be applicable to either.

058 He was eleven and went to a freak show. He saw a boy who was supposed to be turning into an elephant but that didn't bother him. Then he saw a man who put needles through his skin, and he didn't like that at all. At another platform he saw a dwarfed, hunchbacked man billed as 'the human frog,' and he felt terribly sorry for him. Then he came to Alan-Adele – half man, half woman. He looked, fascinated – one side bearded, the other side smooth-shaved; flat-chested and full-breasted; long hair, short hair. Then he made the error; he thought of himself. He became terrified and ran out of the show shaking and sweating. He still felt odd when he thought about it. But he couldn't talk about the memory to anybody not yet.

[*Lisa and David*, Theodore Isaac Rubin. (Ibid., p. 128)]

David has unlocked the secret of schizophrenia, thanks to his visit to the "bearded lady" in the freak show. In seeing himself in this figure, he can now come to grips with the severe bisexual conflict which forms the basis of his mental illness.

059 Since then I have wholeheartedly inscribed the cultivation of femininity on my banner, and I will continue to do so as far as consideration of my environment allows, whatever other people who are ignorant of the supernatural reasons may think of me. I would like to meet the man who, faced with the

choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and *only such* is the issue for me.

[*Memoirs of My Nervous Illness*, Daniel Paul Schreber. (Ibid., p. 149)]

In this quotation Judge Schreber has unlocked the secret of mental illness in all males. To unlock it for all females he should have added: "And I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me."

What this "gifted paranoiac," as Freud called him, is telling us is that to avoid the ravages of mental illness one must consciously accept his or her homosexual self.

060 The month of November 1895 marks an important time in the history of my life and in particular in my own ideas of the possible shaping of my future. I remember the period distinctly; it coincided with a number of beautiful autumn days when there was a heavy morning mist on the Elbe. During that time the signs of a transformation into a woman became so marked on my body, that I could no longer ignore the imminent goal at which the whole development was aiming. In the immediately preceding nights my male sexual organ might actually have been retracted had I not resolutely set my will against it, still following the stirring of my sense of manly honor, so near completion was the miracle. Soul voluptuousness had become so strong that I myself received the impression of a female body, first on my arms and hands, later on my legs, bosom, buttocks, and other parts of my body. I will discuss details in the next chapter.

'Several days' observations of these events sufficed to change the direction of my will completely. Until then I still considered it possible that, should my life not have fallen victim to one of the innumerable menacing miracles before, it would eventually be necessary for me to end it by suicide; apart from suicide the only possibility appeared to be some other horrible end for me, of a kind unknown among human beings. But now I could see beyond doubt that the order of the world imperiously demanded my unmaning, whether I personally liked it or not, and that therefore it was common sense that nothing was left to me but reconcile myself to the thought of being transformed into a woman. (Ibid., p. 148)

Schreber here rationalizes his intense homosexual wishes to be turned into a woman, stating that it is demanded of him by the "order of the world," whether he likes it or not. If at this point he had been able to accept the fact that he himself wished this transformation to occur he would no longer have

been psychotic, for he would have been acknowledging the reality of his own wishes. He could have dispensed with the necessity of remaining psychotic to shield himself from his own "perverse" desires.

061 These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C. G. Jung of Zurich and Sandor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defense against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief. ¹ [Further confirmation is afforded by Maeder's analysis of a paranoid patient J. B. (1910). The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.] This was certainly not what we had expected. Paranoia is precisely a disorder in which a sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life.

["Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides) (1911)," Sigmund Freud, *The Complete Psychological Works of Sigmund Freud*, Vol. XII, The Hogarth Press and the Institute of Psycho-Analysis, London, 1958, p. 59.]

Freud's discovery that repressed homosexual impulses form the core of paranoia must rank as the greatest contribution anyone has ever made to the field of clinical psychology. The tragedy of Freud's life is that he did not realize that paranoia and schizophrenia are inseparable, and therefore have the same etiological base – repressed homosexual cravings. On page 77 of the above-cited work, he states: "Moreover, it is not at all likely that homosexual impulses, which are so frequently – perhaps invariably – to be found in paranoia, play an equally important part in the aetiology of that far more comprehensive disorder, dementia praecox." (Eugen Bleuler, in his monu-

mental study of the psychoses, first used the term "schizophrenia" in place of "dementia praecox.")

Freud's inability to see the connection between paranoia and schizophrenia resulted in his not being able to consummate his brilliant libido theory of the neuroses and psychoses. From complete ignorance concerning the cause of mental illness, he brought the world ninety-nine percent of the way to a full understanding of it, then failed to take that final step which would have completed his theory by recognizing that paranoia and schizophrenia are inextricably bound, that what forms the etiology of the one also forms the etiology of the other.

062 It is clinically well known that schizophrenics are very sensitive in the area which may loosely be called 'homosexual.' This sensitiveness, however, amounts principally to fears and preoccupations with the thought that someone else might think the patient homosexual or with efforts to determine in self-defense which persons in the environment may be homosexual. The patients make elaborate efforts to avoid the implication of being homosexual. It is so common for the fear of the patient who goes into panic to include some homosexual content that these panics have even come to be known as 'homosexual.'

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., The University of Chicago Press, Chicago, 1955, p. 61.]

It can truly be said that schizophrenia is the negation of homosexuality. A schizophrenic is a person who is strongly homosexual, but would rather "die than admit it," so to speak. Consequently, many do die, from suicide, alcoholism, drug addiction and other self-destructive behavior, all of which are but symptoms of schizophrenia.

063 Also, having arrived, these schizophrenic children appear, none of them, to have been really the preferred children. At least in their own opinion, some other sibling was preferred, and many of these schizophrenic patients set about early in life seriously squelching their own personalities in order to produce an imitation of the envied sibling. It did not matter whether this sibling was of the same or of the other sex. This may be a factor in the high incidence of homosexual preoccupation in schizophrenic patients or, to put it accurately, in their uncertainty as to their sex. (Ibid., p. 114)

If a girl envies her brother, she will identify with him as a male and either become neurotic, psychotic (schizophrenic) or homosexual. The same applies to the boy who envies his sister.

064 The young lady, knowing that he knew she was not averse to or inexperienced in extramarital intercourse, was furious. She counter-attacked in his most vulnerable spot. She knew that he had been preoccupied, while acutely ill, with homosexual fears and had only recently had self-confidence enough to enjoy dancing with a few women patients. So she went to them and told them he was a homosexual and an exhibitionist. They taunted him with this, and he promptly withdrew into a confused and semi-stuporous psychosis lasting some weeks. On learning of this eventual outcome of her talk, the young lady became agitated and then apathetic. She was ill for several weeks. (Ibid., p. 155)

Ironically, the young lady mentioned here has as severe a problem with her own homosexual impulses as does the young man with his, but obviously has not yet come to grips with that fact.

065 For example, there was a psychotic woman, one of whose delusions was that she was a young man who was in love with and going to marry a girl whose name was hers and whose appearance was her own. Failing in the accomplishment of this fantasy, she became mute, retarded, and unresponsive to anyone. She had been in this state for some months when I undertook to treat her. (Ibid., p. 159)

The bisexual conflict in this woman's schizophrenia is obvious.

066 In her first year, however, she fell in love with a classmate, a girl. This girl introduced her to some heavy 'spooning.' This word will date this patient for older readers. The patient felt guilty, ashamed, angry, and fascinated. At the height of her conflict her partner suddenly and contemptuously jilted her. Her story then became confused. She thinks that within a few days her mother took her home, where she was in bed, was spoon fed by the mother, and was untidy. She was ill for about six months. (Ibid., p. 165)

This girl's "schizophrenic break" was due to her severe conflict over her homosexual tendencies.

067 During his professional career this young man went out with his colleagues and, because he did not want them to think him queer, occasionally had intercourse with a party girl. After a few years, the firm for which he worked decided to raise two of its employees to junior partnership. The patient was perhaps the brightest of the five candidates, but he was not chosen. He complained about this and was told that he did not have the personality for executive work. He could stay on as a worker doing technical detail. In the next few months he became aware that strange things went on in the office.

One day six men came out of the boss's office carrying a coffin. The patient looked into it and saw the boss smoking a cigar. Several men, including those who had been promoted, began to sneer at him and to call him 'queer.' They drank together, and he saw one of them kiss another on the stairway in broad daylight. The coffin appeared again and again. The patient appealed to his sister, who recognized his condition. In his anxious tension and near panic he made some effort to embrace her. She was not certain whether he was trying to seduce her or to kill her. On the way to the hospital the patient spent a night with his uncle, sleeping in the same bed with him. He slept very deeply, as if drugged. In the morning he saw a spot of blood on the outside of the seat of his pajamas. It meant to him that his uncle had had anal relations with him. (Ibid., p. 168)

This is a classic case of paranoid schizophrenia resulting from powerful, repressed homosexual drives. The patient's delusion that his uncle had engaged in anal intercourse with him was triggered by unconscious wishes that just such an event had occurred.

068 Both the man and the girl boldly identified with what they feared, with what they had been previously struggling so hard to deny. The principle this implies is *identify with that which haunts you, not in order to fight it off, but to take it into yourself; for it must represent some rejected element in you.* The man identified with his feminine component; he does not become homosexual but heterosexually potent. As he dances wearing the hat and dress of a woman, and the girl the officer's hat and jacket, you would think you are seeing a film of a masquerade. But not at all: none of the villagers who are dancing smiles a bit; they are there to perform a significant ceremony for members of their community, and they partly share the trance-like quality in which the patients are caught up. The girl and the man were emboldened to 'invite' the daimonic by the support of their community.

Particular emphasis should be placed, indeed, on the importance of the backing of the neighbors, friends, and fellow townsmen of the individual as he faces his 'demons.' It is hard to see how this man or girl would have been able to muster up the courage to encounter the daimonic if they had not had the participation and tacit encouragement of their group. The community gives a humanly trustworthy, interpersonal world in which one can struggle against the negative forces.

We note that both of these persons happen to be identifying with someone of the opposite sex. This reminds us of Jung's idea that the shadow side of the self which is denied represents the opposite sex, the anima in the case of men and, in the case of women, the animus.

[*Love and Will*, Rollo May, Dell Publishing Co., Inc., [W. W. Norton & Company, Inc.], New York, 1969, p. 132.]

This is a fascinating example of how a so-called "primitive" culture is so much wiser than ours is about recognizing the vital role bisexual conflict plays in the etiology of madness.

- 069 The classical example for this is Freud's patient who tried to take her clothes off with her right hand while making an effort to keep them on by grasping them with her left. She was identifying herself simultaneously with a man raping and a woman being attacked.

[*The Psychoanalytic Theory of Neurosis*, Otto Fenichel, M.D., W. W. Norton & Company, Inc., New York, 1945, p. 222.]

A clearer example of the etiological function of the "bearded lady" syndrome in mental illness would be hard to find than in this case of Sigmund Freud's.

- 070 A patient with an extreme social fear of the erythrophobic type was afraid that everybody was laughing at him and saying that he was 'feminine.' He was not able to state exactly of what this femininity consisted. Anyhow, people were looking at him and making remarks that he was homosexual. The same patient used to look into the mirror and imagine being in love with himself, fantasizing first that he was a handsome man and then that he was a beautiful woman. (Ibid., p. 430)

This is another excellent example of the "Bearded Lady" syndrome in action, so to speak.

- 071 The normal superego is, as a rule, an introjected object of the same sex. The marked increase of homosexual tension in schizophrenics causes a resexualization of the desexualized social and super-ego cathexes; this is true either because the homosexuality is reached as a midpoint between heterosexuality and narcissism on the regressive road of withdrawal of libido or because it is reached as a result of an attempt to recapture the objects in the process of restitution. (Ibid., p. 431)

In schizophrenics, the "normal" superego is always an introjected object of the opposite sex. It is this unconscious identification with an opposite-sex figure which creates the "marked increase of homosexual tension" invariably to be found in the schizophrenic.

072 Another example of helpful reformulation stems from the experience of one of our associates with a severely disturbed schizophrenic girl. This patient reported to the psychiatrist with whom she had been working over a long period of time: 'I moved up and down and up and down in my bed and was quite upset. I don't know why you told me that I had to wear spikes while doing this.' This patient had been recently moved from the most disturbed ward of the hospital to a less disturbed one. On this occasion she had made the resolution to stop manual masturbation. She was as mixed up about her own sex as most schizophrenics are. The psychiatrist, to whom the patient had previously given information about both these facts, reformulated the patient's statement for her as follows: 'So there was sexual excitement and relief from jumping up and down in your bed. And you were not sure whether or not one had to be a boy ["spikes"] in order to jump around that way. And you do feel that you need the psychiatrist to tell you about it.'

[*Principles of Intensive Psychotherapy*, Frieda Fromm-Reichmann, M.D., The University of Chicago Press, Chicago, 1950, p. 95.]

The key phrase here is: "She was as mixed up about her own sex as most schizophrenics are."

073 After that, she understood what it meant to the patient to fill one of the cavities of his body to capacity, to enjoy the feel of it, and to be gleefully puzzled and intrigued. The patient tried to experience himself as a pregnant female. This interpretation proved to be correct. The patient accepted it avidly, as one would accept a great revelation, and commented instantly upon his envy of his wife, whose privilege it was to experience a third pregnancy. This birth-envy was subsequently discovered to be an important factor in the psychopathology of the patient. (Ibid., p. 93)

Freud wrote extensively about the phenomenon of "penis envy" in women. In this quote we have an excellent example of the phenomenon of "vagina envy" in men. In both cases this opposite-sex envy plays a fundamental role in the development of mental illness.

074 The third example is that of a patient who visualized his blue-eyed female psychoanalyst as bearded and brown-eyed. That is, the distorted picture of the psychiatrist coincided with the appearance of his dead father, who had been brown-eyed and had had whiskers. Concomitantly with the distortion of the psychiatrist's looks, he, of course, also misinterpreted the doctor's reactions and behavior as being similar to childhood experiences with his father. (Ibid., p. 103)

This is another very obvious example of the extreme confusion of sexual identity to be found in schizophrenics.

- 075 Except for seriously disordered patients who were markedly mixed up about their sex role, I have not found any confirmation of Freud's conception that women experience childbirth as equivalent to at last coming into possession of a penis of their own. (Ibid., p. 203)

All "seriously disordered patients" are "markedly mixed up about their sex role."

- 076 In this connection I remember a patient who married hastily two months prior to beginning treatment. Having heard, as she put it, that the psychoanalytic process might entail the discovery and discussion of a person's homosexual problems, she wanted to begin her treatment with the record of a satisfactory heterosexual adjustment. (Ibid., p. 207)

This reminds one of Freud's dictum that a substantial portion of anyone's psychoanalysis should be spent discussing their homosexuality.

- 077 As one's experience with Mr. Y broadened, it became apparent that his illness represented a struggle against homosexual impulses. In his own story he turned from the peddler, who had wreaths of flowers strung along a stick (probably a symbol of sex to the patient), to the strange girl. His choice of the girl was a flight from homosexual temptation to heterosexual activity. After this incident in which the perverse sexual temptation probably came close to consciousness, he reinforced his defenses by suddenly changing from an easy-going, passive individual whose greatest delight was to putter about the house, to an aggressive, drinking individual, who began to go to houses of prostitution and to fight with his friends. Later, in the sanitarium where he was confined, it was observed that he became disturbed when any attempt was made to substitute men for women nurses in taking care of him. His constant insistence upon his potency was also a defense as was his consistent hatred of anyone whom he called a sissy. This was further corroborated by material brought out in dreams; he dreamed that he was being married, but much to his astonishment he was a woman instead of a man, and a man, a friend of his, holding a long stick, persisted in attempting to thrust it into him.

In this case, the various elements determining the vivid martyrdom-asceticism picture are clearly visible. The erotic element was explicit; it was of a confused nature involving heterosexual facades for the denial of homosexual urges.

[*Man Against Himself*, Karl A. Menninger, Harcourt, Brace & World, Inc., New York, 1938, p. 97.]

This is a case where the repressed homosexual element in the etiology of the patient's schizophrenia is very clear.

078 Ego support is implicit in the therapeutic objectives with a young paranoid patient which included supplying him with paternal affection without a homosexual tinge, giving factual sexual information, building up his self-regard and helping him make decisions about his own plans (Knight, 72). (Ibid., p. 52)

What this young man needs most is what the therapist is supplying him with: "paternal affection without a homosexual tinge." The patient is of course very insecure in his masculinity due to his repressed homosexual strivings.

079 One of the most widely mentioned transference problems is that of dealing with homosexual impulses which may threaten the therapeutic relationship when working with paranoid schizophrenics. Techniques for dealing with disturbing homosexual elements of the transference have varied from the utilization of a female helper (Federn, 34, 35) to the direct energetic discouragement of such tendencies in the patient, forcing him to recognize the dangers in the fulfillment of his homosexual phantasies, and advising him to have heterosexual intercourse (Eidelberg, 28). It seemed advisable in the latter case to transfer the patient's sexual wishes at least in part to a female object in order to lessen the tension aroused by his homosexual trends and hence to make them more analyzable. Some authors have suggested the prospect of recovery in such patients may actually be better when they are treated by women since discussion of their homosexual tendencies is less likely to provoke a panic-like state than when treated by men. (Ibid., p. 54)

Again we see the all-important role homosexual impulses play in schizophrenia.

080 Indeed, we have noted, in a few instances, that the acceptance and examination of a dream has led to dissolution of paranoid features. For example, the recounting and acceptance of a dream with homosexual implications directed towards the therapist has removed the need to distort and circumvent to keep the patient and the therapist from becoming aware of impulses of which the patient is already partially conscious. (Ibid., p. 177)

This case illustrates the fact that the cure for schizophrenia is for the patient to become aware of his unconscious, repressed homosexual desires,

and to deal with them on a conscious level where they can be worked through both intellectually and emotionally, thus negating the need for psychotic defenses against them.

- 081 Nedda, whose name already foreshadowed the disappointment of the parents in her sex, was thirty-eight years old when I first met her. She had been hospitalized since 1943, and had apparently settled into the hopeless mold of a posturing, oddly attired, emotionally inappropriate hebephrenic. (Ibid., p. 181)

It is noteworthy that many parents give their children, both male and female, androgynous names. This undoubtedly reflects the parents' unconscious uncertainty as to their own sexual identity, as well as dislike of the gender which nature has assigned their children.

- 082 I remember a patient, a psychotic, who came to me after he had been treated by many other psychiatrists, and told me that once, while being treated by another psychiatrist, he had a dream in which he was cornered by his father and came in close contact with his penis. Then he said, 'Imagine, this psychoanalyst told me that it meant that I have homosexual wishes. I recognized at once that this man was insane himself and I left him.' (Ibid., p. 209)

This is a good example of the ability of the conscious mind to repress unpleasant truths and corroborates Freud's view that "in schizophrenia the victory lies with repression."

- 083 The suffering which she experienced in this regard – suffering which various of her other symptoms made impossible to alleviate at all quickly – seemed fully as immediate and intense as though she were experiencing feelings of loss of parts of her body. In the early months of the therapy she often used to grab at my penis, my glasses, my wrist watch, and my belt, talking fragmentarily of her own desolation at not possessing these, and it was my distinct impression that the watch, the glasses, and other inanimate possessions caused her to feel as painful a lack in herself as did my penis.

[*The Non-Human Environment (In Normal Development and in Schizophrenia)*, Harold F. Searles, M.D., International Universities Press, Inc., New York, 1960, p. 154.]

Dr. Searles misses the point here, by not realizing that his watch, glasses and belt represent his masculinity just as much as does his penis, for men wear different styles of glasses, watches and belts than do women.

084 The patient was an ambulatory schizophrenic young man who was in psychotherapy with me in an outpatient clinic. His paranoid ideation was so formidable that he could barely maintain himself outside a hospital and he lived, of course, an extremely isolated existence. He initially sought psychotherapy partly because of his being tortured by obsessive thoughts of a homosexual nature. After a time, as he began to respond to psychotherapy, I noticed in one of the hours that there were now two indications that he was improving: he no longer referred to his feeling of loneliness as something constant, but rather as being, now, intermittent; and he mentioned that he was no longer having the 'perverted thoughts,' as he called them. But then, during the next hour, in emphasizing to me his loneliness, he said in a distinctly regretful tone, 'I don't even have the fears [that is, the 'perverted thoughts'] I used to have. Sometimes I compare which is worse [the 'perverted thoughts' which he used to have, or the loneliness which he now feels]. Before, I had so much to think about that I didn't have time to think about feeling lonely. Now I haven't anything to think about. It's all loneliness.' (Ibid., p. 168)

This patient is on his way to recovery from schizophrenia now that he has begun dealing with his homosexual feelings, the repression of which had driven him into psychosis.

085 The second patient, a twenty-six-year-old man who upon admission to Chestnut Lodge was suffering from acute catatonic schizophrenia, undertook psychotherapy with another of the therapists on the staff. This colleague, in a presentation of the patient's case before the staff, mentioned a number of points which indicated anxiety on this man's part lest he become non-human. Prior to his hospitalization, the patient had been noted at times to walk stiffly, 'like an automaton.' He manifested, early in his stay in the hospital, a loss of ego boundaries, such that he sometimes felt at one not only with other persons (such as his wife, his hospital roommate, and so on) but also with non human objects. He referred to himself as 'it,' while crouching on the floor in a fetal position. (Ibid., p. 187)

The key phrase in this quotation is that the patient had experienced a "loss of ego boundaries" to the point where he "felt at one" with his wife, and certain other people. If he "felt at one" with his wife, it means that unconsciously he identified himself as a female, which, since he was a male, would result in a severe bisexual conflict leading to schizophrenia. That, of course, is exactly what happened.

086 The head nurse of the ward had the same general sort of impression of this patient, as functioning like an animal. In one of her notes, for example,

many months after the patient's admission, when the animal-like quality had become more of a friendly than a repelling sort, the nurse put the following amused report in her notes: 'Gallop[ing] over the pasture – er, I mean the ward. Being friendly and overactive ' On another occasion the patient was described, in the nurses' notes, as having run out onto the porch, lifted her leg over a waste basket and urinated into it, like a dog. In my work with this woman, I found abundant evidence that she frequently felt herself to be an animal. (Ibid., p. 215)

Dr. Searles misses a key point about this schizophrenic woman's conduct. It is true she felt herself to be an animal, but an animal of which sex? She obviously identified herself as a male because only male dogs lift their legs over objects and urinate on them. Female dogs squat down to urinate, as even the most casual observer of nature knows, and as this schizophrenic woman undoubtedly knew also.

087 A deeply schizophrenic woman, twenty-nine years of age at the time when she began psychotherapy with me, for more than two years showed confusion as to whether she was male or female. This confusion she expressed indirectly, as in the exchange with me which is quoted below. Two words of prefatory explanation: the patient's first name was Nanette, the comments in brackets are mine.

'An âne is a donkey, isn't it?'

['In French, yes'] 'A âne is a donkey in French, yes. It's a game where you're blindfolded and you pin a tail on a donkey. That's my name: *â-n-e* (laughing). The 'a' has that – what do you call it, over it? – an inverted V.'

['Let's see what an inverted V brings up.'] 'My nose is sort of in the shape of a V. I had a pin that was V-shaped – well, I didn't have it. I didn't have any jewelry. It was Ruth's (Ruth: her younger sister) *âne* – I don't know whether it's masculine or feminine. It doesn't have to be either; it's l-apostrophe.'

Note her repeatedly associating *âne* – of which she says, 'I don't know whether it's masculine or feminine' – with herself.

This confusion about her own sexuality she repeatedly projected onto her environment. She once spoke of a 'statue of a woman in Rock Creek Park,' imitating with upraised arms the posture of the statue, and went on to say that she liked it very much because of it's 'masculine grace.' I replied in surprise, 'It's masculine grace?' She nodded and went on speaking. Also, she described on several occasions, during the first two years of the therapy, an incident when, prior to her hospitalization, she had visited, uninvited, the home of a young man with whom she was having an autistic love affair. Each time she spoke of this, it was evident that she was confused as to whether the person who met her at the door was male or female. She was not sure

whether this was the young man himself, or his sister who lived there with him and their father. In one of her accounts of this, she at first said she knew the person was a girl, but she kept referring to the person as 'he,' saying at one point she 'was 60 percent sure' the person was a boy. She described, however, the person as having 'bright red lipstick and lots of powder, and blond hair swept up in back.' This person's name, the patient found upon inquiring, was Janet – very similar to the patient's own name, Nanette; and the patient herself had blond hair. The patient went on to say, giggling tensely, 'He looked like a fashionable sketch,' and then added, 'The other day Dr. _____ [a doctor at the lodge with whom she had, for a long time, an autistic love affair] looked like a fashionable sketch.' This last hinted at her confusion concerning the sex of Dr. _____, a confusion which similarly emerged on various other occasions. All this kind of material from her is suggestive that her confusion about the sexuality of figures in her environment is related to her confusion about her own sexuality.

It is well known that schizophrenic individuals are frequently confused as to their own maleness or femaleness. Some of the material suggestive of this point emerged in one hour when she was again describing her experiences of going to the young man's home. She said, 'When it came out of the bedroom it looked just like Fred [the name of the young man] – bright lipstick, a lot of some kind of powder base, and hair done up. It's eyes and nose and mouth were just like Fred's. It was very tall and broad,' she said with a gesture of revulsion. 'I've never seen anything so broad.'

.... I shall not attempt to provide here any detailed material to show further how terrified this young woman was concerning the subjective threat of sexual activity. In the words of her administrator, she was 'crawling with terror' for several months after her admission to the disturbed ward, and in her hours with me she left no doubt that one of her greatest fears was of being raped. She used to plead for, and demand, reassurance that she would not be raped. The psychotherapy eventually brought to light her very strong homosexual desires to rape other persons, and desires on her own part to be raped. She had, as is perhaps by now obvious enough, intensely conflictual desires to be male plus a hatred of and aversion to, maleness.

In one hour with her I experienced what appears to have been a kind of participation in her own intensely anxiety-laden confusion as to her sexuality. She had come into the hour vividly lipsticked and face-powdered and with a very sexy coiffure, and was lying on the couch with her head propped up and her feet crossed – a posture which impressed me as masculine. I suddenly got a strong conviction that she was a man dressed up as a woman. I kept trying to dismiss the idea as patently absurd, because I knew that the nurses had helped her to change menstrual pads and had given her baths; so I knew it utterly irrational to think that under these circumstances she could have remained on a female ward for many months. But the idea persisted during

the remainder of that session, and was accompanied by an eerie feeling which was most uncomfortable. Within the ensuing week, she produced sufficient verbal evidence (some of which I have given above) of her own confusion as to her sexual identity, so as to suggest to me that, as I mentioned in one of my notes during that week, my feeling about Nanette as a transvestite probably was not entirely 'imaginary,' i.e. self-produced – probably reflected Nanette's doubt as to her own sex, a doubt reflected in her posture, her mannerisms, and so forth.

My belief is that I had experienced here, a taste of the eerily uncomfortable feelings which presumably assailed the patient herself in connection with her uncertainty concerning her sexual identity, and that it was partly to relieve just such anxiety as this that her unconscious conception of herself as non-human arose. (Ibid., pp. 229-232)

This particular quotation, perhaps more than any other, demonstrates the incredible sexual confusion to be found in schizophrenics.

088 The first of these two patients, a woman of forty-two with a hysterical personality structure, had been on the verge of a paranoid psychosis when I began seeing her, after she had already undergone approximately six years of work with a series of three previous analysts. Over the course of the first two years of her work with me, the threat of psychosis gradually subsided. But she retained an abysmally low self-esteem; she showed an intense penis envy and, behind this, a basic despair as to her ability ever to become a woman among women.

The analysis with me was an unusually stormy one, as had been her work with each of the previous analysts. She expressed a tremendous amount of hostility toward me for about three years, and as she became gradually aware of the intensity of her hostility, this awareness seemed, for many months, only an additional burden to her low self-esteem; she despaired of ever becoming a person capable of receiving and giving love. (Ibid., p. 261)

By coming to grips with her intense penis envy, this woman has been saved from paranoid psychosis.

089 The second of these two patients, a twenty-nine year old woman chemist with a character disorder, showed at the beginning of analysis an ingrained harsh and sarcastic approach to other persons; an intense penis envy founded upon despair of becoming, in her own eyes, a real woman; and a severe repression of her tender feelings in her interpersonal relationships in general.

Although married and the mother of three young daughters, she reacted to her own external genitalia with loathing, and was convinced that her

menstrual flow was pathological. She was horrified on more than one occasion, during the early phase of the analysis, to find what she considered to be gruesomely abnormal bits of material in the menses.

In the fourteenth month of the analysis there occurred a dream which marked a significant forward step in her becoming free from all these symptoms:

'I had the persistent feeling that I was trying to be a man, or act like a man, and was getting very tired of it. Didn't think I could go on with it. Then I dreamed – I was thinking that – uh – suddenly I saw a rosebush, blooming with lovely red roses the color of blood.' (Ibid., p. 263)

This is a striking example of how psychoanalysis can be of tremendous benefit in some cases. By coming to grips with her enormous dislike of being a female, this woman can salvage her unhappy emotional life by transforming it into something both productive and enjoyable.

090 For instance, in one of his sessions with me he let me know that he was impatiently awaiting 'my mate – Jupiter or Juno or a pig or a sewer rat, whatever it is.'

..... The patient told me of his fear, during that period, when he would awake at night and his mother would be standing over the bed. She became, as her symptoms rapidly progressed, a raving maniac, would talk about being Circe and turning men into swine, would threaten to kill the two sons, and repeatedly made onslaughts upon them with dangerous kitchen implements. The mother had to be placed in a state hospital, where she remained for what proved to be the last year of her life. She finally died while very deeply and very disturbedly psychotic. (Ibid., pp. 273, 275)

This schizophrenic man is awaiting his mate, either "Jupiter or Juno or a pig or a sewer rat, whatever it is." If his mate can be either Jupiter or Juno, it means he is willing to have either a man or a woman as his mate. Thus his bisexual conflict is made patently clear. Furthermore, his schizophrenic mother's intense bisexual conflict and resultant murderous penis envy is glaringly evident.

091 Interestingly, when she became able, very slowly, to relate herself a bit more closely to other patients, this sometimes took the form of her treating them as if they were dolls. For example, here is an excerpt from a nurse's report sheet, approximately twenty months later on in therapy than the one just quoted:

Ate sandwiches and drank juice constantly all evening. Went into Grace Randall's room. Played with Grace's body some and jumped from bed to dresser, etc. After 11:00 p.m., there was some noise in her room. I went back

and watched. She was using Clara [her roommate] like a baby doll, moving her all over the bed and undressing her and playing some with her breasts. (Ibid., p. 279)

This patient's homosexuality is obvious.

092 During the eight months of therapy – much too short a time, of course, for psychotherapy to establish a solid recovery in so deeply and chronically schizophrenic a person – the patient did not develop a durable sense of individuality vis-a-vis her mother, although she was making a real beginning in that direction when the treatment was interrupted.

The bit of material suggestive of 'phylogenetic regression' was reported to me by her mother. The mother, after a visit with her daughter during the seventh month of the psychotherapy, told me:

She got into the confused idea of who were relatives and who weren't and whether she was man, woman, or child she said we both had been buried deep in the earth and the worms had eaten us (Ibid., p. 260)

This "deeply and chronically schizophrenic" woman did not know whether she was "man, woman, or child." Her bisexual conflict is very apparent.

093 Upon one occasion when I went into the living room on the ward, for a psychotherapeutic hour with her, I found her engaged in a lively, and unmistakably friendly, conversation with another woman patient, sitting near her. The other woman quickly excused herself so that the patient could have the therapeutic session. A few moments later, while talking volubly as she generally did with me, my patient made, to my amazement, some verbal reference to the other woman – with whom she had been sharing an unmistakably friendly togetherness so shortly before – as 'that thing.' Not only this verbal phrase, but also her tone in referring to the other woman, was as utterly impersonal as though the other patient were an inanimate object. This occurrence fit in with other evidence that she had to deny any feelings of fondness, however obvious these feelings might at times be to other persons. Another manifestation of this denial was her adamant refusal to sleep in a dormitory with several other women patients; she endured this sleeping arrangement for two or three nights, but thereafter could stand it no longer. The therapy revealed that she was not yet prepared to face the welter of repressed conflictual feelings, among which intense fondness was a most prominent ingredient, toward other women. She dealt with this by perceiving the other women patients as being sub human, and for that reason she could not endure their proximity during the night. She asserted with chilling scorn, loudly enough for all these others to hear, 'I won't spend another night in that dormitory with those cattle.'

Then in an hour nine days later, she was evidently seeing me, convincedly, as being one of the Jews whom she held responsible for all the outrages which she experienced as happening to her currently; for instance, she was sure that during the previous night something had been stuck into her vagina in order to make a man of her.

... She had great cause, by reason of her past experience with seeing her two brothers to be favored, time and again, over herself, to feel especially envious towards men. ...

It required literally years of intensive psychotherapy before she could begin to acknowledge any feeling of envy.

The overall course of the psychotherapy provided much data which suggested that, as long as she was unable to become aware of her repressed envious desires to, for example, humble the glamorous jet pilots by turning them into lowly bugs, she had to project these repressed desires, and consequently lived in fear and trembling that she herself would be turned into one or another infra-human form of life by supposedly external malevolent powers. (Ibid., pp. 284-285, 287-288)

This woman suffers from severe penis envy, repressed homosexual desires and unconscious wishes to be a man, all of which are the basic determinants of her schizophrenia.

094 She had begun the hour in a characteristic way, bellowing a lot of paranoid material about 'their' trying to make a man out of her, and 'their' raping her; much of this raging was directed toward me, as had often happened. She went on, still in a not unusual vein, to rant that she knew she had again been made pregnant against her will (which, she had long been convinced, happened over and over again), because she could 'feel life' in her abdomen. She most vigorously disclaimed my suggestion that maybe in a way she wished very much that she were pregnant. (Ibid., p. 296)

This patient's severe bisexual conflict is illustrated by the fact that while a part of her wants to be a man, the other part wants to be raped and be made pregnant, like a woman.

095 He describes the extraordinary house constructed, in a play-therapy kind of experiment, by a schizophrenic young man who complained of having no feeling in the front of his body. This house had only a screen rather than a solid front; the solid part of the house was confined to a projection at the back, corresponding with the builder's experiencing his own feelings as being localized to his spine and rectum. Further, in the outline of the house-form could be recognized the posture – i.e. with protruding buttocks – of the young man. (Ibid., p. 318)

This man is repressing very strong anal erotic feelings, which if made conscious would take the form of passive, pederastic desires, placing him in the category of an effeminate, anal-receptive homosexual. This reality is what he is resisting and what forms the basis of his schizophrenia.

- 096 During the period of multiple therapy, in one session he gazed at the other therapist and myself and began talking, 'They take the upper halves of the bodies of two men and attach them to the lower halves of the bodies of two women', convincing both the other therapist and myself, independently, that this was how he was perceiving us – not as really human beings but as the strange kind of, as it were, manufactured combinations which he had described. This fit in with his own manner of walking, which was a grotesque, disharmonious combination of exaggeratedly feminine hip-swinging and mincing gait, plus a carriage of his arms, chest, and shoulders which caused one of my colleagues, seeing him for the first time emerging from my office, to take me aside and ask in astonishment, 'What was that?' I replied, in some amusement, 'What did it look like?' He replied, 'It looked like somebody trying to walk like a gorilla.' (Ibid., p. 361)

This is a classic case of the "bearded lady" syndrome in schizophrenia. It could not be more apparent. In the circus the bearded lady is usually split down the middle, the left side one sex, the right side the other. In this case the patient had made the split across the middle, the top half male, the bottom half female. That is the picture the patient has of himself, half male, half female – both sides competing against each other and neither one able to gain ascendancy.

- 097 For spirits when they please
Can either sex assume, or both; so soft
And un-compounded is their essence pure.

[John Milton, *Paradise Lost*, Book One, Lines 423-425.]

Milton here perfectly describes the mind set of all children, who, in their androgynous freedom, "can either sex assume, or both; so soft/And un-compounded is their essence pure." Unfortunately, it is this androgynous freedom, a characteristic shared with all mammals, which in man is the essential ingredient leading later to severe bisexual conflict and schizophrenia.

- 098 'In the north of Brazil,' she explained, 'they have this superstition, if you pass underneath a rainbow you change sex.'

[Elizabeth Bishop, the poet (as told to James Merrill).]

The fact of man's innate bisexual constitution is intuitively recognized by many cultures.

099 G: There's a nurse on the ward that I'm very fond of, and I've always been very uncomfortable talking to her; and when I would talk to her and she would sit in my room and talk to me, I would notice that my penis was there. With the penis there, that makes it a healthier relationship. I can sit in my room with this nurse and know I'm not having homosexual feelings. I think she would be very appalled and disgusted and everything else if she thought I were having homosexual feelings for her. I am what I am. I'm somebody who sometimes likes women and sometimes doesn't; who sometimes likes men and sometimes doesn't; and who sometimes gets confused about who I am and what I am and sometimes gets scared about who I am and what I am. That's why sometimes I have a penis and sometimes I don't. Is that O.K. with you? What do you want? You tell me what I can give you that will please you, and I'll do that for you.

[*Splitting (A Case of Female Masculinity)*, Robert J. Stoller, M.D., Dell Publishing Co., Inc., New York, 1973, p. 25.]

Mrs. G illustrates the incredible lengths the conscious mind, or ego, will go to deny certain unpleasant realities, such as the fact that one has strong homosexual desires. To deny this obvious reality, Mrs. G has developed the psychotic delusion that she really does have a male penis hidden inside her vagina, thus proving to herself that she is not an ordinary homosexual woman. She would almost rather die than admit to that truth, and actually came close to doing just that during the course of her treatment with Dr. Stoller.

100 G: Why worry about this one little thing? It's not hurting anybody. I'm not hurting anybody with it. And it's not hurting me. It's not a delusion. It's inside of me. This is something I've always known, and I've always felt; and it's there, and it's real, and it's mine; and you can't take it away from me, and neither can anybody else, so you might as well kiss my ass.

S: Does this penis ever show up in your daydreams?

G: How can it show up when it's really there? What are you talking about? You make it sound like it's a dream.

S: Have you ever had sexual daydreams in which you had a penis like a man?

G: No.

S: What's the matter?

G: Nothing.

S: Don't say 'nothing' to me.

G: You're just bugging me, that's all. I've told you all there is to know. [Shouting] I have this. I have it and I use it and I love it and I want it and I intend to keep it, and there's nothing you can do about it. It's mine. It makes me what I am. (Ibid., p. 15)

Mrs. G fiercely defends her delusion rather than admitting she wishes she were a man so she could make love to women as a man would do, that is, with a penis. This is a case of Freudian "penis envy" carried to its ultimate psychotic resolution.

- 101 In the Schreber case, Freud¹⁴ described how the patient tried to deny his homosexual impulses by delusions and hallucinations. Something similar occurred with Mrs. G: she became psychotic, within moments, when other devices failed to protect her from her own accusation of being a homosexual. Schreber's homosexuality was unacceptable to him also. Both Schreber and Mrs. G could consider sexual relations with a person of the same sex only if this were not 'homosexuality,' and both used transsexual delusion and hallucination to enable them to have such relations. (Ibid., p. 289)

Here we see the direct connection between psychosis and repressed homosexuality. The psychosis serves to keep in check the conscious awareness of homosexual impulses, just as it also did in the Schreber case – and in all cases of functional psychosis.

- 102 Moreover, she did not develop the complicated delusions we are used to seeing in schizophrenia, delusions that Schreber exemplifies. Instead, she would explode into a panic state, with confusion, terror, a buzzing, noisy hallucinosis (rather than clear-cut spoken language), poorly formed visual hallucinations such as blood pouring off the walls or black holes appearing in the streets, and an overpowering drive to kill herself. Except for the possibility that she might kill herself, the prognosis of her psychotic episodes was much better than in those of the typical schizophrenic reacting against her homosexuality.

When my relationship with Mrs. G had become strong enough, after several years of treatment, and when I understood her well enough, I began charging in upon the subject of homosexuality. For the first year or so, when I did this I could count on her becoming psychotic – sometimes right before my eyes, and sometimes after an hour or so, initially it would happen even if homosexuality was only implied, later, each time I stated unequivocally that she was homosexual. To what extent she gradually became 'used' to this subject because of growing insight, or because of growing familiarity with not being destroyed by the thought, I cannot say. It seems to have been a combination of both.¹⁵ (Ibid., p. 290)

One of the dangers in a psychoanalysis is that the analysand has the potential of becoming psychotic as a defense against dawning awareness of his or her homosexual tendencies.

103 G: All the girls that I've had something to do with are going through my mind. They've all given me about the same thing – in different ways, I guess. You know, they give me warmth and peace and quiet. When I'm with a girl I don't think crazy – I don't think I think crazy, and it isn't necessary for me to be crazy. I don't need anything really, just that kind of nearness. I don't want to think that's a bad thing. I don't see how it can be bad.

S: I don't either. Will you ever have to go crazy because you love a woman?

G: I don't think so.

S: I think it's time that you be done with that, huh?

G: Yeah. Being crazy after being with a woman spoiled all the good things. You know when I like E, leaving her and vomiting all the way home. All the warmth and good feeling was just spoiled. It really isn't necessary to do that. I wonder why I thought it was necessary. (Ibid., p. 299)

"Will you ever have to go crazy because you love a woman?" That simple question lays bare the core of all insanity in females, just as would the question "Will you ever have to go crazy because you love a man?" lays bare the core of all insanity in males. We have all heard the expression "I am crazy about him (her)," or "I am crazy in love with him (her)." That is where all "craziness" stems from, love. And when love is repressed or denied, because it is thought to be perverted, unnatural, sinful, it can and does lead to "craziness," otherwise known as "schizophrenia."

104 ¹⁶There is an apocryphal story (told to me by Frederick G. Worden), of a ward set up for young, male, acute paranoid schizophrenics in which all the personnel were overt homosexuals: tender, overt homosexuality was encouraged among the patients and staff. The story is that the cure rate was high. (Ibid., p. 372)

The cure for schizophrenics of any age, or either sex, no matter how acute their symptoms, is to cease repressing their powerful homosexual drives and to work through them both intellectually, emotionally and physically, either with the aid of fantasy or in actual homosexual experience. To be truly curative, both methods must lead to orgasmic discharge of the dammed-up homosexual excitation.

105 On the other hand, the women we are now concerned with fully believe and openly state that they do have penises. This is bizarre. Yet, of the three

patients of this kind I have seen, only one, Mrs. G, has had episodes of psychosis. The second has a borderline personality without such episodes, and the third is not even borderline. Psychotics of either sex frequently report either that parts of their bodies are changing sex or that they in their entirety, are changing sex or have done so. But Mrs. G always believed she had a penis, even when she was in remission. As we have seen, her description of her penis, which she felt as a physical object, was independent of her degree of contact with reality, presence or absence of hallucinations, confusion or clarity of thinking, or domination by primary – or secondary – process thinking. (Ibid., p. 390)

Any woman who truly believes she has a penis is obviously psychotic. Dr. Stoller is wrong in saying that one such patient is only "borderline personality" and the other "not even borderline." A delusion is always a symptom of psychosis, and for any woman to sincerely believe she possesses a penis is irrefutable proof of the fact she is schizophrenic.

106 A young man imagines that he is about to be married by the holiest father, even the Pope. He sees himself as being such an attractive young girl that no man can resist him. Having in this way warded off the incestuous possibilities with mother now perhaps mother will love him. Understanding this, I forbade the patient to marry anybody but me, but then continued, *'I want you to be my son.'* Almost a year later, when the patient's unconscious homosexuality came up in his analysis, he revealed this episode in the psychosis and remembered what a relief it was to him when, through me, he accepted himself for what he was, a male.

Often female patients pull their hair out or cut their hair off as soon as they have an opportunity to do so. To these patients I denounce their act with fury, announcing that if they become a boy, I will hate them. As a man, I only love daughters. It is to be borne in mind that this does not complete the interpretation required for the girl who has snipped off her hair. I have to relate her act back to the mother in line with my understanding that if the patient is a boy, she will not be competing with her mother for her father, and then perhaps mother will love her.

In both these instances I take a parental role and with considerable feeling deny that I want either the boy to be a girl or the girl to be a boy and instead that what they are is what I want. If they try to be anything different, I'll hate them, not love them.

[*Direct Analysis (Selected Papers)*, John N. Rosen, M.D., Grune & Stratton, New York, 1953, p. 15.]

This quotation is so straightforward it does not need much interpretation. Dr. Rosen clearly sees that bisexual conflict is at the root of his patients' problems, and he encourages them to accept themselves in their correct biological roles.

107 He was told that there was no monster present, and reassurances were repeated. Thereupon, he burst into gales of laughter. 'She was a girl. She's a man now. The richest man in the world.'

The patient made the motor noise, and the physician shouted to him: '*You can't get away like that anymore. The plane doesn't work. It's broken.*' He replied: 'I love torture. No, I don't. Where is Uncle Ned?' The physician said: '*Here I am.*' 'You mean Ralph wants to fly a P-4. Let's go back. Quick. No. Ned, Ned. I'm not a woman. Where's Ned? He's gone.' The physician interrupted with: '*No, I'm here. I'm Uncle Ned.*' 'Where's Oscar? Can I kill him?' As this question was directed to the examiner, it was assumed that he recognized the latter as a person with authority and power, apparently the beginning of evidence of a positive transference. He continued, 'I don't want Rachel [his baby sister] in me.' At this point he made the motor noise which now seemed to be preponderantly a means of escape. When the material was of a threatening nature, he would use the motor noise to escape it. Here, apparently, he was struggling with the fantasy of being pregnant, an identification with his mother. This might be construed as a defense against passive homosexuality stimulated by the physician's assurance of love. (Ibid., p. 33)

This young schizophrenic's bisexual conflict is very obvious. He fantasizes himself as being pregnant and then denies he is a woman. "I'm not a woman." His sexual confusion is further shown by his statement "She was a girl. She's a man now. The richest man in the world."

108 As if in direct response to this request from the patient's unconscious, the man began: 'Do you mean about that woman? It was around 1926. We were on strike. One of the men took me home. These people were friendly with the trainman, who was a fag. We went to a masquerade fairy ball. I was introduced to a woman and we had a box. We looked down at the fairies dancing. I didn't dance with them. After this experience, my sickness got very much worse. Wherever I went in the street, people looked at me and said: 'That is a woman.' No matter where I went, even in other cities, it was the same thing. I never went even to another fairy ball.' Once at a doctor's office, he had a rectal examination for hemorrhoids. The rubber finger cot broke, and he was seized with a pain that went from his rectum over his entire body. (Probably an orgasm.) At another time, while he was in 'some kind of a hospital,' he received an enema which resulted in the same kind of terrible

pain. After this, he found that he couldn't see things. He thought that his eyes were out of focus. Again, he went to a hospital and they found that his vision was normal. (Ibid., p. 59)

This schizophrenic man clearly has very strong repressed homosexual cravings, centering around his passive anal eroticism.

109 The patient's anger towards the physician mounted in subsequent visits. Each session was: 'Fuck yourself. Kiss my ass,' and so forth and so forth. He seemed constantly to refer to father taking mother from his bed. His fantasy-life was preoccupied with all kinds of thoughts of intercourse with his sister. During the next few days, he described himself as being hypnotized, and he was compelled to walk on his toes and shake from side to side. He was asked to demonstrate this walk for the physician. It was characteristic of theatrical demonstrations of a 'pansy.' He felt that crowds of people were following him, jeering at him. *'The interpretation of this may be painful to you, but what it means is that you want to be a woman and you want to attract a man.'* 'I used to walk for years with my eyes almost shut. When I opened them again, the light actually hurt my eyes. I did it so that I should not see men.' *'Did men tempt you?'* 'I don't know.' *'What about the voice that told you to take men's pricks in your mouth?'* 'That came from me. I don't hear that anymore.' *'If your eyes were shut you couldn't see yourself either.'* 'I was ashamed. Tell him you want to suck his cock.' *'Who?'* 'You. A funny thing happened to me in 1928. The hair fell off my chest and never came back.' The physician examined the patient to verify this psychosomatic compliance. Although his body had more than the usual amount of hair – well distributed – his chest was smooth. (Ibid., p. 62)

This patient reveals to us the etiology of the "voices," or auditory hallucinations, that plague schizophrenics, when he says, in answer to a question from Dr. Rosen about a particular voice which tells him to "take men's pricks" in his mouth, "That came from me. I don't hear that anymore." What the patient is admitting is he now realizes that the voice which told him to perform such an act is only a projection of his own wish to do exactly that. With this insight the patient is well on his way to recovery from his schizophrenia, for he has taken the first step in accepting reality – the reality of his own "perverse" homosexual cravings.

110 Another example is the paranoid schizophrenic, whom I invited in the latter stages of his treatment to assist me in understanding the peculiar behavior of a catatonic patient. What was puzzling to me was the fact that when the catatonic patient was seated he showed hardly any anxiety. On arising, however, he presented a picture of increasing panic. He seemed to

be searching for something. He gazed around the room, looked in his pockets, pulled out his handkerchief, put it back again – all to the tune of increasing distress. I had made many interpretations to the effect that he thought he was castrated and was looking for his penis that had been sacrificed – and so on. None of these proved effective.

It took my paranoid patient to add the ingredient that solved the riddle. He told me:

'He is not worried that he has a penis or not while he is sitting down because when he is sitting down, he is a girl and that is the way girls do it. [Meaning urination]. When he stands up, he is doing it like a boy, but he is not sure that he is a boy and what he is searching for is the answer to this question.'

I felt that if this understanding were valid, my problem was to convince the patient that he was a man, that is, that he had a penis. I tackled it directly at the very next visit. When the patient stood up, I told him to put his hand on his penis and assisted him in this maneuver. As soon as he felt his penis, he was immediately reassured, and the diminution in anxiety was at once apparent. He ceased searching and followed me out of the waiting room with an evident lack of concern. This symptom did not recur. (Ibid., p. 74)

The phrase "he is doing it like a boy, but he is not sure that he is a boy" sums up the psychological dilemma of all schizophrenic males. They act like males but they have such strong unconscious feminine identifications, usually with the mother, that their sense of masculinity is very precarious. Like the patient mentioned here, at the unconscious level they do not really know if they are male or female, homosexual or heterosexual.

111 Another patient, a woman in her early forties referred to herself as 'the Holy Trinity.' Although this patient was raised in a very religious community where all forms of sexuality were strictly forbidden to the 'good girls,' she exhibited herself to her brother and indulged in a good deal of homosexual play with a sister and niece. When she married, she was able to tolerate sexual relations with her husband only if she could imagine he was a negro. She gave birth to a daughter and was horrified to discover that she enjoyed handling the child's genitals. Her homosexual interest in her daughter provoked increasing anxiety and for many years she lived in fear that she would die of heart trouble or of some terrible disease. Doctors could find nothing wrong with her except an ulcer, which cleared up when she was put on a diet. She complained so much about her symptoms that her family finally took her to Mayo Clinic where her complaints were diagnosed as psychosomatic. Several months later she became psychotic.

When the ego can no longer properly defend itself, the unconscious homosexuality threatens to emerge. In the unconscious, homosexuality is the

equivalent of castration because both conditions preclude the continuance of the stream of life. When this homosexual attitude takes over, it constitutes the threat of imminent biological death. At this point, in the case of the patient just mentioned, her *imaginings* gained the force of reality. She became the Holy Trinity, incorporating her masculinity, her femininity, and her child. She dealt with the instinctual drives that seemed to threaten her life, in a well-known paranoid manner, by saying that the tempting devil was responsible for all within herself that she felt to be evil. As the Holy Trinity, she was safe from the devil. (Ibid., p. 109)

The denial and frustration of her strong homosexual nature has driven this woman insane, as is the case with all schizophrenic females.

- 112 The schizophrenic wish to be reborn is nothing new. Girls often try to be reborn into boys. One of my patients said, 'Somebody sewed up my hole. I think the doctor did it when I had my baby and my pee comes out through a tube attached to my belly button.' This phenomenon is by no means limited to women patients. Men seek to become reborn as women, and, although I have had no such specific evidence as this in a male patient, I always find a homosexual fixation with the father figure as the object and the father's penis as the breast. (Ibid., p. 110)

Again we see an example of the severe bisexual confusion and conflict that rages in the mind of a schizophrenic patient.

- 113 On the fifth day of therapy, I insisted for the first time that Joan stay in the treatment room with me. She stayed in the room but when I asked her to sit down on the couch, she gave no indication that she had heard me. She wandered about the room gaily examining my books and furniture. Then, spying a cigarette on the table, she picked it up. When I said, 'Drop the cigarette,' very firmly, she dropped it on the floor and made a dash for the door. I grabbed her, pulled her back in again, and forced her down on the couch. While I held her wrists, Joan squirmed, kicked, and wrestled violently. She kept up a continuous stream of productions which indicated she was fantasizing enormous sexual experiences. The struggle lasted about half an hour, and I made no interpretations until she had quieted down from sheer exhaustion. Very often at the end of this type of struggle the patient seems closer to reality.

P: See saw, Marjorie Daw. [Sings] Mother must get a new master.

D: *Have you got one now?*

P: Brother, you can say that again. Let him guess, he wants it. He threw it away, away, away. He threw it away, away, away. A minute, a moment. Girl,

he broke my bones. I gave it the candle. You put it out. But it's out. Out. Out. Out. Briefnotes. Ooh, brief. Can this be brief? [Hums]

D: *Lie still and don't move.* [Patient lies on stomach and bounces up and down, groaning in the pillow.] Stop it, Joan!

P: They don't know when the lights are out. I don't know when anything can possibly be worth such a bunch of crap.

D: *Stay right where you are.*

P: I don't know where I am. I am a little son out of the cunt. A.K. A.K. Break it again. In and out, in and out. That's what we don't see. We don't see it. Look at her arm [Gasps] Help, help, help, help, help. Pee. Oh, wait brother, I have to pee. If not, on the floor. That's all obvious. Well, look how obvious that object is. Object. Who has to scratch it? Her cunt. Pee on the floor. On the floor. No, there is a dark well that doesn't come back. It doesn't come back. Nice little secretary, please. [Appeals to secretary in wheedling tone]

D: *She is only here to take notes.*

P: You must imagine. Oh – you don't know what you can imagine in the dark, when you are so sick in the dark.

D: *Are you going to lie still now or does the fight go on?*

P: Yes, of course, if you will let me go. It wasn't worth it, was it?

D: *No, it's better to lie down.*

P: Oh, rest. [Sighs] Where is that son? Where is that son?

D: *Put your head on the pillow.*

P: My head on the pillow.

D: *Come on. No more fucking. Lie down. Put your head down here. Pull your skirt down.* (Ibid., p.110)

The age of the 'Seesaw, Marjorie Daw' contains a whole world of discovery which includes the experience of early masturbation and the search for a more specific anatomic knowledge of the genitals.

'Oh, throw it away, away, away,' could be a castration wish. 'I gave it the candle,' is a description of a well-known masturbatory experience. The birth concept of the Marjorie Daw child results in what the patient soon talks about: i.e. 'A bunch of crap,' which is herself being born. And then she states, 'I don't know where I am. I am a little son out of the cunt.' 'I am a little son' clearly indicates that *her wish has gained the force of reality*, and she now thinks of herself as a boy. (Ibid., p. 114)

Her psychotic productions became less irrelevant and now related mainly to her lack of a penis and her confusion regarding her sex. She still spent a great deal of time acting out birth fantasies. I interpreted her symbolic remarks and acts and constantly affirmed her femininity by calling attention to all her attractive feminine qualities, even insisting that her female genitals were far more useful and desirable than a male's. On the twelfth day of treatment, she giggled and said, 'Gee, I think I am a lady, sir. That feels

swell. Did we cut them deep in the groove?' I replied, *'Deep in the groove is your vagina. You have discovered that you are a woman.'*

The next day, when she was all dressed up, Joan asked me if I didn't think she looked nice. Since she was calling my attention to her feminine attractions, I felt it was important to make a direct analytic response which would emphasize the desirability of being a woman rather than a man. *'Imagine how sad it would be if you didn't have your beautiful vagina. Your vagina has great value. It produced your two children. That's something wonderful that could happen only inside of your wonderful body. How I wish I could make a baby inside of my body.'*

I could tell that Joan was impressed with my evaluation of her femininity, because from that moment on she ceased to give me the impression of clumsiness and heaviness. (Ibid., p. 115)

It is of clinical interest that the patient ceases to give "the impression of clumsiness and heaviness" as she begins to accept her femaleness.

114 P: Yes sir. So the eyes in the family is brown eyes. As I said I felt this uncertainty after the war, the more I felt the uncertainty, the more I told myself that it wasn't so. I kicked the uncertainty out. So we're in Boston and life remains pretty tough. It becomes more insecure all the time. So I meet a young lady, she has blue eyes, she has my mannerisms and my own expressions, at the same time, before or while I met her someone was plotting to me in my sleep.

R: Was that a dream?

P: Oh no, this was fact and she was saying the same things that were being said to me in my unconscious mind or some of the things anyway. (Ibid., p. 159)

P: Yes, that's true, that's quite true, that's different. I know that. I know I'm in a turmoil, my emotions are gone, I said my mind isn't my own. My emotions are all gone anyway. Thinking like a woman, talking like a woman. [To make a homosexual interpretation at this time would be a serious error.]

R: *You said this woman had your characteristics.*

P: Some of them yeah.

R: *Well that means you had some of her characteristics.* (Ibid., p. 161)

I hated my mother, but I felt sorry for her. So this time I thought I was subconsciously in love with the father and kept thinking about a father and the father's penis and something like that the way the Freudians put it. So subconsciously it was this love for the fatherly penis that when I met this blue-eyed vixen it enabled me to be completely by empathy, be myself in herself, her in me, she appeared sexual gratification, psychosexual gratification, by the father's penis, is that how you put it?

R: *Be damned if I know what you're talking about.*

P: You know damned well what I'm talking about.

R: *Sounds awfully crazy to me. But I don't know I suppose there are some men who are homosexuals, I don't think you are, are you?*

P: Not that I know of, I don't know, I don't think so could be, could be. (Ibid., p. 162)

P: I have been afraid of being psychically empty here. I have been afraid of emptying my mind psychically and someone would knock me on the head and give me amnesia and there wouldn't be anything left at all.

R: Oblivion? That won't happen. I know too much about your kind of case. You won't find oblivion, that's not the way out The only hope of your recovery is for you to gain a real understanding of this whole mess.

P: Help me get an understanding then.

R: I wish I were up here, I would.

P: Well, how do I get an understanding?

R: There are other doctors here, perfectly well qualified to help you.

P: How am I getting better just sitting in the ward walking back and forth, having everybody gesticulating, sticking a penis up my ass? (Ibid., p. 172)

Dr. Rosen is trying to dissuade this patient from accepting his powerful homosexual cravings, when in reality such acceptance is the patient's only hope of escape from his schizophrenia.

- 115 The patient was a young man who had excelled in athletics, particularly basketball prior to the outbreak of his psychosis. In his illness he manifested strong fear of outwardly direct aggression, feminine phantasies and serious doubt about his masculinity.

[*A Psychotherapy of Schizophrenia: Direct Analysis*, Albert E. Scheflen, M.D., Charles C. Thomas, Publishers, Springfield, Illinois, 1961, p. 97.]

When mothers, or other caretakers, discourage young males' natural aggressiveness, the feminine side of their psyches becomes overly stimulated, leading to future bisexual conflict with consequent emotional disturbance.

- 116 One patient evidenced panic when he became increasingly aware of his strong dependency upon Rosen and revealed homosexual phantasies of the relationship. The patient insisted that he be allowed to go to Florida. The trip was permitted and he drove there with little money and a host of delusions. He called almost daily, describing strong paranoid trends but felt reassured after talking with Rosen. He returned two weeks later much improved. (Ibid., p. 118)

The "paranoid trends" this patient was experiencing were the direct result of the repressed homosexuality which was just beginning to emerge into the patient's awareness through phantasies directed towards Dr. Rosen.

- 117 For several weeks this young male patient had had a delusion that his hands looked like those of a woman. (Ibid., p. 153)

Again we see the "bearded lady" syndrome in schizophrenia.

- 118 His predominant anxieties were his fear of losing himself and me, and his difficulty in differentiating between himself and me, between reality and phantasy, and also between inside and outside. He talked about his fear of losing and having lost his penis: 'Somebody has taken the fork away;' 'Silly woman.' He was preoccupied with being a woman, and he had a wish to be reborn a girl: ¹ 'Prince Ann.' By analyzing material like 'The Virgin Mary was killed,' or 'One half was eaten,' ² and 'Bib (penis) was killed,' we began to realize that he attributed his dangerous, murderous feelings against his mother, and against women in general, to his male half and his penis. We also understood that his fantasies of being a woman were greatly reinforced by his desire to get rid of his aggression. When he began to understand this method of dealing with his aggression, his wish to be a woman lessened and he became more aggressive.

[*Psychotic States (A Psychoanalytical Approach)*, Herbert A. Rosenfeld, International Universities Press, New York, 1966, p. 78.]

Here we see the connection between the denial of natural aggressiveness in males and the consequent stimulation of their femininity, which, when subsequently repressed, leads to emotional disturbance up to and including schizophrenia.

- 119 During the next session the patient talked about her mother as a murderess from Russia who had killed many people. She herself was also a murderer. She said she was very clever and I was stupid and empty-headed. She stressed again that her mother was a man. I said that she wanted to show me that she now was a man herself and had a penis. She responded very quickly 'Yes, I had one until I was twelve years old and then I had a haemorrhage. Harold shot me and pushed my teeth in.' She immediately asked me whether I was Harold. I said she believed that Harold had taken away her penis and made her ill and she felt now that I was Harold and had taken away her penis and her mind. I also interpreted that she was envious of me and my mind and that was the reason why she wanted to enter my

head and wanted to take away my penis. In this session she shouted at me several times that I was mad and prevented me from talking. (Ibid., p. 163)

When this patient "stressed again that her mother was a man," she was being psychologically very discerning, as the mothers of all schizophrenic women have strong masculine drives themselves, otherwise their daughters would not have become embroiled in severe bisexual conflict and sexual identity problems, which form the bedrock of schizophrenia.

120 During the next session the patient was at first manically excited and danced around the room. She declared she wanted to marry me, examined my hand, saw my ring, became furious and shouted that she hated me and my wife. Then she became manic again and very superior and said she was now a doctor of medicine and a man. In her manic excitement she had reversed the situation, in an omnipotent way; however, the manic state did not last long. She quickly became aware of her dependence on me, was overwhelmed by fury, and attempted to destroy the furniture in the room. At the same time she shouted that she wanted to break up marriages. (Ibid., p. 164)

..... During the next day she at first did not want to look at me. She said, 'I don't love you, I myself am married and I love somebody else, I am Hitler and hate the Jews.' In one moment she said she wanted to break in my face; afterwards she tried to tear her own dress. Later on she said, 'Kill me and rape me; I do not want to live any more.'

..... During the next few months many fantasies and situations were repeated in the transference. Sometimes she complained that I visited her during the night. These nightly hallucinations often had a sadistic and persecuting character. She sometimes expressed delusions of being split into a masculine and feminine self. She called her masculine part after the musical play 'Annie Get Your Gun.' Her omnipotent manic impulses and fantasies were often related to this masculine self as an expression of her independence and denial of needs. When she was in the feminine role she often said she was full of blood and spiders and attacked her abdomen in order to press all the bad things out. Sometimes she tried to cut off her breasts or to damage them. She said they were full of blood and I should suck the blood out of them. The bad things which she experienced inside herself were, among others, a stolen penis, blood, children and the breasts of her mother, which she felt she had stolen and spoilt in her fantasies. This made it impossible for her to identify with her good mother and to accept her own femininity. As I explained before, the patient was unable in the chronic mute state of the illness to bear a strong sexual transference to me and acted it out. In the acute state it became apparent why her sexual impulses and fantasies were

so unbearable: they were accompanied by overwhelmingly strong murderous sadistic fantasies. (Ibid., p. 165)

This patient is obviously suffering from severe bisexual conflict, not knowing from one minute to the next whether she is male or female.

- 121 When the patient ate, she thought that her figure altered and increased in size and that her breasts became larger. She then wanted to destroy her body and tear off her breasts. The alcohol addiction seemed to follow these anxieties and impulses. The author believes that in this case there was a psychotic paranoid hatred of women, which was related to the patient's violent hatred of her own body and the rejection of her femininity. She thinks that the driving force behind the urge was the annihilation of femininity or the need to ward off repressed homosexual impulses. (Ibid., p. 233)

This patient's "psychotic paranoid hatred of women" was a projective defense against her repressed homosexual cravings directed towards them. Her hatred of her femininity resulted from her unconscious wishes to be a man.

- 122 Another patient dreamed of being 'grafted on to another person.' The 40-year-old male patient said: 'Why should I be on bad terms with my sister? After all I am my sister,' and then started in some surprise at what he had heard himself say. A young married woman struggling to master a blind compulsive longing for a male relative she played with as a child, said: 'I've always felt he's me and I'm him. I felt a terrible need to fuss around him and do everything for him. I want him to be touching me all the time. I feel there is no difference between him and me.'

[*Schizoid Phenomena, Object-Relations, and the Self*, Harry Guntrip, International Universities Press, Inc., New York, 1969, p. 40.]

These are more examples of the sexual confusion which is always to be found in schizophrenia.

- 123 In the case Winnicott examines he says: 'There was a dissociation [of the opposite sexual element] that was on the point of breaking down. The dissociation defence was giving way to an acceptance of bisexuality as a quality of the unit or total self I was dealing with what could be called *a pure female element* [i.e. in a male].'

He adds: 'In our theory it is necessary to allow for both a male and a female element in boys and men and girls and women. These elements may

be split off to a high degree I wish to compare and contrast the unalloyed male and female elements in the contexts of object-relating.' (Ibid., p. 252)

Every male has "a pure feminine element" in him, just as every female has a pure male element in her. When these opposite-sexed elements become more powerful than they naturally should be, due to noxious societal (parental) influences, the affected person either becomes homosexual, or, if these feelings are repressed (dissociated), emotionally disturbed (schizophrenic).

- 124 Thus a female patient, a spinster in her early fifties, when anxiously depressed, or when she felt she was being 'made into nothing' at work by coercion or undervaluation, would fly into violent rages to master her fears, and scream out: 'I'm not a woman, I'm a man, a man. They cut off my penis and left me with a filthy hole.' It emerged that this 'hole' symbolized her pathological version of the female element, a sense not only of her weakness but of her sense of 'non-being,' of there being nothing there, an emptiness at the heart of her. (Ibid., p. 256)

Each neurotic or psychotic woman feels somewhere deep in her unconscious that "they" have cut off her penis and left her with "a filthy hole." In this particular patient, it is her lack of a penis and her possession of an abhorred vagina which form the core of her feeling that there is "an emptiness at the heart of her."

- 125 Concurrently, he devalued Drs. Clark and Gibson and tried to avoid them. He would say, 'Go away. I'm too busy writing to Lt. Grant to see you.' He accused the doctors of wanting to kill him, of having sexual interests in him and in each other, and of being women who pretended to be men. He complained that Dr. Gibson was dominated by the charge nurse, and said, 'She's more of a man than you are.'

[*Schizophrenia and the Need-Fear Dilemma*, Donald L. Burnham, Arthur I. Gladstone, Robert W. Gibson, International Universities Press, Inc., New York, 1969, p. 127.]

In accusing his doctors of having "sexual interests" in him, this patient is making the paranoid projection onto the doctors of his own homosexual interests in them. And in saying that the charge nurse was "more of a man than" the doctor, the patient is intuitively recognizing and commenting on the nurse's strong masculine component.

126 He was similarly jealous of Dr. Clark's other patients, particularly an older man who had been the doctor's patient longer than himself. He accused this man and Dr. Clark of having a sexual relationship.

Another bout of jealousy was set off when Dr. Gibson became the psychotherapist of Frank Sacco, another Third Floor patient, whose severe autism and limited verbal communicative capacity called for therapy tactics which included play and physical contact. Glen expressed his jealousy of Frank to one of the aides: 'Do you like Frank better than me?' To another he said, 'I don't bother you by asking you to go for a walk with me. Mrs. (sic) Sacco has already bothered you enough by his hollering.' (Ibid., p. 144)

Again we see the paranoid projection of the patient's own repressed homosexual cravings onto the doctor and another patient. He then calls another male patient "Mrs.," a title which could very well apply to his own unconscious image of himself.

127 His bitter complaints about overprotection were counterbalanced by conscious wishes for guidance and regulation by others, as in his stating, 'I feel more my real self when someone gives me clear, strict orders.'

Dan's belief that others literally determined who he was far exceeded normal need for identity confirmation. He said, 'I have a true self and a phony self, and others determine which one I am at any particular time.' This included whether he was man or boy, male or female, and strong or weak, as if these identity elements were fed into him from the outside. He said that rough or insulting responses made him feel more real and manly because they demonstrated that he had no need or wish to be tenderly handled or to return to the sheltered existence of a little boy. (Ibid., p. 182)

Dan was further troubled by his father's inconsistencies, such as dressing impeccably in public but sloppily at home, and proclaiming the ideals of strength and self-determination while deferring to his mother-in-law as the head of the family. Adding to Dan's confusion about masculine and feminine roles was his observation that his father indulged and protected his mother in a manner that Dan envied and desired for himself. (Ibid., p. 188)

Dan's confusion about his sexual identity is glaringly obvious. The fact his father defers to his mother-in-law as head of the family demonstrates the father's own lack of confidence in his masculinity, a trait invariably to be found in the fathers of schizophrenic children of either sex. For children to grow up to have confidence in their biological sexual roles, they need to identify with parents who are comfortable and happy in their own sexuality. The parents of schizophrenic children invariably show evidence of insecurity and dissatisfaction in this vital area.

128 He continued manifold expressions of need toward Dr. Hein. For a time these included undisguised sexual overtures and attempts to embrace the doctor, who, after trying gentle dissuasion, finally quite brusquely repulsed these advances. With a hurt, hangdog look, Alberto responded, 'You needn't be so nasty about it.' Thereafter his sexual overtures were rare, and usually he would stop himself, often by saying, 'I guess I smell bad; I need a bath.' (Ibid., p. 208)

Alberto's powerful homosexual cravings have begun to surface in his transference relationship with Dr. Hein. Once he is consciously able to acknowledge these "perverse" feelings, he will no longer be "schizophrenic," since basically schizophrenia is the negation of homosexuality.

129 At home he repeatedly asked his father to pray with him. Harvey asked his father whether he (Harvey) had had any kind of accident or illness as a child which might have caused the confused feelings he was experiencing. He also said or did something which the father interpreted as a homosexual advance, and which shocked him violently.

The following day Harvey was admitted to a sanitarium in his hometown. During an evaluation interview held a week or so earlier with Dr. Wallis, a psychiatrist at the sanitarium, Harvey had described an organized ring of homosexuals who were trying to influence him. He believed that the ring included social acquaintances and the bartender at his club, and used an elaborate system of hand signals to communicate. When Dr. Wallis had told Harvey that he needed psychiatric hospitalization, Harvey had become angry and stalked out of the office. (Ibid., p. 223)

Harvey's paranoia is fueled by his repressed homosexual feelings.

130 Sarah had become emotionally upset at examination time and had experienced some delusional ideas, such as being the counterpart of Jesus Christ and receiving undeserved help from others. She never told her parents about this experience. (Ibid., p. 242)

Sarah's delusion that she is the "counterpart of Jesus Christ" means she has now identified herself as a Christ-like man, thus fulfilling her unconscious wishes to be male.

131 During his period of identity diffusion, Pete expressed grave uncertainty regarding his sexual identity. He feared that he was being changed into a woman. In rapid sequence during the same day he made a clumsy effort to rape a woman activities worker to whom he had become quite attached and whom he occasionally had addressed as 'Mother,' and a frightened venture

into homosexual play with Tom. He also occasionally brushed against his therapist in a vaguely sexually suggestive manner. His uncertainty about sexual identity undoubtedly was associated with conflicts of activity versus passivity, and dominance versus submission. Many of his attacks on others seemed prompted by a desperate urge to break out from the mire of passivity and to assert manliness. (Ibid., p. 348)

Pete is another obvious victim of the "bearded lady" disease.

132 A few weeks after his return to duty, John began to act peculiarly. He stared fixedly at the post nurses and was convinced of their sexual interest in him. At the same time he startled his commanding officer by the question, 'Are you a woman? Are you what you think you are?' Hospitalization followed shortly with a diagnosis of paranoid schizophrenia. Hallucinated voices accused him of weakness, homosexuality, and failure. He attempted to hang himself. His uncertainty regarding the masculine-feminine component of his identity was strikingly indicated by his hearing voices which classified his gender after each of his actions. Because his every movement was followed by the hallucinated comment, 'That's a man' or 'That's a woman,' he felt that his slightest gesture might alter the judgment of his sexual identity. (Ibid., p. 360)

..... A further gross contradiction of John's assertion of a strong masculine identity was evidenced in his periodic open statements that he wished to be transformed into a woman. He said that women have a better life than men and occupy a position of dominance over everything. Somewhat incoherently he described having attempted between hospitalizations at the Lodge to transform himself by consuming huge quantities of cream and other soft, fattening, and to John, feminizing foods. He had also purchased a large supply of soft pencils with which to 'scratch the muscle fibers to make them female.' The wish to change to a woman was mixed in varying proportions with a fear of such a change. It might be noted parenthetically that in the subsequent course of John's illness the wish gradually predominated over the fear. He seemed progressively to abandon his struggle to achieve a masculine identity patterned after his father and instead to helplessly accept identification with his sick mother. Increasingly his behavior resembles that of his mother in her illness 17 years before, especially in the features of helpless passivity and retreat to bed. (Ibid., p. 363)

John is another obvious victim of the "bearded lady" disease.

133 From the beginning of the illness, patients may seem suspicious and bound to misinterpret things and events in a way derogatory to themselves.

The underlying feeling about oneself is immediately lost and transformed into a symptomatology where projection occurs (that is, attributing to others a negative feeling about the patient). For instance, a patient may consider himself clumsy and ridiculously inadequate. He develops the impression that people are laughing at him. The impression soon becomes certainty. He is sure they think he is no good and inadequate. But to be no good and inadequate means to be homosexual. That is why they refer to him as 'she.' The patient, for instance, heard coworkers saying, 'She is not doing her work as she should.' They used the word she because they think the patient is not a man.

[*Interpretation of Schizophrenia*, Silvano Arieti, M.D., Basic Books, Inc., New York, 2nd ed., 1974, p. 35.]

This patient is another obvious victim of the "bearded lady" disease.

- 134 The delusion of being Moses occurs in both male and female Jewish patients. (Ibid., p. 36)

For a female to believe she is Moses is for her to believe she is a man, which unconsciously is what she would like to be in reality.

- 135 As many authors have described, quite often the preschizophrenic child has also some indecision as to what his sex is going to be In children who tend to become schizophrenic in adult life, the uncertainty about sexuality is of a different nature. It concerns the sex and gender identity. Some of these children do not know what their sex is going to be. Although they know that they are boys or girls, they are not sure that they will maintain their sex throughout their lives. Boys may lose a penis. Girls may grow one. Although even normal children or children who later develop less serious psychiatric conditions occasionally have these thoughts, in the preschizophrenic they assume the form of serious and disturbing doubt. In many cases the doubts are related to the fact that children somehow connect a sense of hostility coming from others with their belonging to a given sex. If they were girls instead of boys, or boys instead of girls, they think their parents would be more pleased with them. If the most disturbing parent is of the opposite sex, the child would like to be of the same sex as this parent, so that he could resist him or her better. (Ibid., p. 92)

More proof of the fact that schizophrenia results from confused gender identity resulting in severe bisexual conflict.

- 136 The child will have difficulties in identifying with the significant adults. Nevertheless he will be able to build up some kind of less undesirable self-image, including identification with one sex rather than the other. Sexual confusion or homosexual tendencies are repressed, and the child's identification with his own sex is achieved. However, this patched-up self-image and these identifications are not deeply rooted in the core of his being. They are more superficial reflections of how he feels people deal with him, rather than a well-integrated vision of the self. (Ibid., p. 101)

In today's society it is the norm rather than the exception for a person to be repressing some sexual confusion with attendant homosexual tendencies. This person is labelled "neurotic." It is only when the repressed sexual confusion is of a more severe nature that the person comes to be labelled "schizophrenic." A healthy, mature individual would be one who has a "well-integrated vision" of the self, that is, of his correct biological sexual identity and that this sexual identity is "deeply rooted in the core of his being" and is not dependent on "superficial reflections of how he feels people deal with him."

- 137 The child who develops a stormy personality has a greater difficulty in preserving a sense of self than does the schizoid person. Like the child who develops a schizoid personality, he could not properly identify with either of his parents, and his sex and gender identity were in many cases not well defined. (Ibid., p. 107)

Here we see that both so-called "stormy" and "schizoid" personalities are linked to bisexual conflict and confusion. In fact, all emotional disturbance is linked to this same pathogen.

- 138 We have already mentioned that one of the most common sexual difficulties consists of the inability on the part of the future schizophrenic to establish a definite and stable sexual identity. Although the occurrence of this difficulty cannot be evaluated statistically with accuracy, I would roughly estimate that it is one of the most common, if not the most common.

In the second period of development, as described in chapter 6, the young individual succeeded in hiding the sexual uncertainty transmitted from the first period and reached some kind of sexual identity; but, as we have already mentioned, this identity was not deeply grounded and was later easily shaken by the events of life. The unfavorable dealings with the world reinforce in the patient the feeling that he or she is not really a man or a woman. He sees himself in an ambiguous position.*

*After the onset of the psychosis, this lack of definite sexual identity becomes manifest in the overt schizophrenic symptomatology. The different

gender identity that the patient may assume and his drawings of human figures with characteristics of both sexes are expressions of this psychosexual conflict. (Ibid., p. 117)

The author of this quotation should have said that "the inability on the part of the future schizophrenic to establish a definite and stable sexual identity" is not just "one of the most common difficulties" of the future schizophrenic, but in fact is the invariable cause of schizophrenia.

- 139 Things are often seen as a composite of A and B. For instance, in schizophrenic drawings one often sees a human figure who is half man and half woman. The person represented in the drawing may be conceived by the schizophrenic as having a characteristic of the opposite sex. Also the emotional difficulty the schizophrenic has in identifying himself with one sex may be revealed formally by his non-adherence to the third law of thought. (Ibid., p. 238)

Again, the "bearded lady" syndrome in schizophrenia is firmly emphasized. However, the author's reference to the "third law of thought" is unclear to the compiler of these quotations.

- 140 In many cases the self-mutilating act has a more specific symbolic meaning. Castrations play a prominent role (Hemphill, 1951). By cutting, or burning, or injuring in any way the arms, legs, fingers, toes, penis, and testicles, often male patients want to castrate themselves in order to punish themselves or because 'they prefer to belong to the other sex.' (Ibid., p. 308)

The fact a schizophrenic patient would actually castrate himself demonstrates the depth of his unconscious hatred for and dissatisfaction with his masculine sexual identity.

- 141 It is common clinical experience to treat schizophrenic patients who have distorted ideas about their own bodies. The face is the most common cause of complaint and preoccupation. A 23-year-old girl described her experience as follows: 'I look at myself in the mirror, and it is not really me that I see. I don't have any definite image of myself, but many different ones, all of them horrible to me. I look like a man.' She demanded that plastic surgery be done on her. (Ibid., p. 328)

This patient unconsciously feels like a man and perceives herself as such when she looks in the mirror.

142 Some authors (for instance, Meth, 1974) have reported among Chinese and Indonesians a phobic condition called Koro. The patient becomes fearful that his penis will disappear into his abdomen and he will die. I have seen in schizophrenics a related delusion (that the penis or testicles have already entered into the abdomen), at times because of some medical treatment allegedly received from unscrupulous doctors. The patient is not afraid to die but to lose his masculinity. Generally the patient with this or similar delusions is afraid of being homosexual, or of being considered homosexual, of having lost his potency. (Ibid., p. 331)

This "phobic" condition called "Koro" is but another name for the so-called "homosexual panic" that many schizophrenics, of both sexes, experience during the course of their illness. In Freud's famous Schreber case, Daniel Paul Schreber experienced similar delusions that his penis was disappearing into his abdomen and that he was becoming a woman, which, of course, was his fondest unconscious wish and the source of his mental illness, as it is also in all victims of "Koro."

143 Lucille portrayed also a desire to escape into a fairytale world different from her reality. In Figure 16, castle and ships, friendly waves, sirens, and moons are put together to signify a world without anxiety, a place where we too, like the girl on the ship, would like to land. But the patient did not land there. Figure 17, made at the beginning of the illness, portrays already the patient's conflict. Woman is the protagonist. The theatrical setting discloses the drama of woman, as lived by the patient. Woman appears in various poses that reveal grace and beauty in the majesty of the stage of life. But let us look at the two couples in the center of the picture. Strangely, each couple does not consist of a woman and a man, but of two women: one more energetic, not fully dressed, and another one typically feminine in a beautiful evening gown.

The illness progresses, as shown by Figure 18. Here athletic women have incongruously masculine physical characteristics. Now the desire to be a man can no longer be repressed by the patient, who has tried to fight her own homosexuality. At this point Lucille ceases to be an artist and becomes a schizophrenic patient. (Ibid., p. 359)

The formula for schizophrenia is this: "Now the desire to be a man (woman) can no longer be repressed by the patient, who has tried to fight his (her) own homosexuality. At this point [name] ceases to be a [occupation] and becomes a schizophrenic patient."

144 To some patients who injure themselves to substitute a physical pain for an emotional one, we may say, 'You want to hurt yourself to remove you're

anguish. If we talk about it, we share the pain; the pain will decrease.' This explanation has to be given with some cautiousness because self-injury is not always an attempted concretization of mental pain or a way to make the pain 'more real.' At other times it is exclusively or predominantly an expression of need for punishment or a way to achieve change in gender or to inflict bodily disfigurements that have a symbolic meaning. (Ibid., p. 579)

The extreme self-injury is suicide, which has been called, with good reason, the most serious syndrome of schizophrenia. It could be said that suicide is the ultimate castration, and is only performed by those who hate their genitals and wish to be of the opposite sex, even though this wish has been repressed and is unconscious.

145 While she was being taken by car to the hospital, she knew that she was going to be committed but felt that her mother, not she, was insane. As John drove, she saw him as a mad monster, a hollow shell of a man whose voice reverberated eerily in his empty skull, a mindless automaton. The first few days that she was in the hospital she felt she had died; as a matter of fact, one day she heard 'the ruffled drums of a large military funeral in her honor.' Lifting her hand, she waved to her admirers.

One night, while she was locked in her cell, she stood at the window with her arms raised to make herself a target, shaped like a cross. She began to think of herself as a Christ, sacrificing herself for others, particularly for her mother and John. (Ibid., p. 625)

While, from the window of her cell, she was looking at the bushes that surrounded the hospital, she believed that some soldiers were hiding behind the bushes, ready to free her because she was their leader. (Ibid., p. 628)

This patient's desire to be a man is shown by her identification with Christ and by her identification as a leader of troops.

146 The patient appeared apathetic, withdrawn, and could not even express his delusions. Occasionally, however, he would make remarks that were very revealing. He could not look people in the eyes because they would find out things of which he was ashamed. He felt he could not get along with people in the hospital; they would laugh at him or make unpleasant remarks about him. They would refer to him as a 'she,' not 'he.' At times they were saying what he was thinking. (Ibid., p. 638)

This patient's deep-seated sexual confusion is apparent from his concern that people would refer to him as a "she" rather than a "he."

147 One procedure employed in exploring this area involves the matching of abstract figures with personal names. If elongated and pointed figures are matched with male names and rounded or containing figures with female names, sexual symbolism is said to be demonstrated. In studies by Starer (120) and Jones (121), there were associations of figures and names as predicted. Normals assessed the figures more 'accurately' than the patients, most of whom were schizophrenics. This could be interpreted as evidence of inadequate social learning, or a deficit in abstract thinking could be emphasized as the basis of the performance. Starer makes the comment that greater clinical severity of psychosis is correlated with less success in this symbolism test.

["Some Psychological Studies of Schizophrenics," C. L. Winder (in *The Etiology of Schizophrenia*, edited by Don D. Jackson, M.D., Basic Books, Inc., New York, 1960, p. 217).]

The reason the schizophrenics did not assess the male and female symbolic figures more accurately is because they are so deeply confused about their own sexual identities.

148 In each family at least one parent suffered from serious and crippling psycho-pathology, and in many both were markedly disturbed. Although none of these parents had ever been in a mental hospital, at least 10 of the 16 families contained a parent who was an ambulatory schizophrenic or clearly paranoid, and our diagnostic cut-off point was arbitrary and conservative. Still others were chronic alcoholics, severe obsessives, or so extremely passive-dependent that they were virtually children of their spouses rather than another parent. Many parents constantly required support for their tottering narcissism that could not be gained from the spouse, and they chronically distorted situations to maintain their self-image and the single, narrow way of life that constituted their adjustment. Insecurity and confusion concerning sexual identity, often with fairly obvious homosexual trends, were common, and many of these parents had difficulty in controlling their incestuous impulses, both heterosexual and homosexual.

["Schizophrenia, Human Integration, and the Role of the Family," Theodore Lidz and Stephen Fleck, (in *The Etiology of Schizophrenia*, edited by Don D. Jackson, M.D., Ibid., p. 333).]

This is probably the most accurate description of the schizophrenogenic parental constellation that has ever been produced by any investigators. As Lidz and Fleck so clearly show, the parents of schizophrenics have serious disturbances of their own with regard to their sexual identities, which

insecurity is markedly magnified in their offspring, leading to the development of schizophrenic symptomatology.

149 The family member who becomes the patient may exhibit more distorted communication, and, in his behavior, more irrationality than do his siblings or parents. But it is the parents who chronically distorted meanings and communications to defend a precarious equilibrium, either within one of them, or within the marriage, or within the family, or in all three spheres, providing, in a sense, training in irrationality.

Confusion of sexual identity is common among the patients, noted particularly in homosexual trends and fears and in delusions of impending change of sex. The parents also suffer from faulty sexual identity, often with apparent latent homosexual tendencies and with some degree of reversal of sex-linked social and parental roles. The parent of the same sex as the patient rarely provided an adequate model for identification; and, even if he could have done so, the worth of this parent as man or woman, husband or wife, father or mother often was seriously undercut by the spouse. Patients' needs to seek to fill the emotional needs of a parent in crossed sexual or asexual ways compounded the difficulties. (Ibid., Lidz and Fleck, p. 340)

Lidz and Fleck again emphasize the role the parents' own sexual confusion plays in creating an even more severe state of sexual identity confusion in their children who become schizophrenic.

150 Observation 6. Age 28, eighth grade, public school education, and was considered to be a quiet, peaceable person of good habits making a satisfactory adjustment in the community until her present age. She suddenly became active, loud, boisterous, sang and talked, misidentified strangers as relatives and friends, and made extravagant claims. At the hospital she promised the doctors and nurses large sums of money, showed flight of ideas with distractibility, and was profane and obscene. At times she was depressed and had visual hallucinations of persons being in the room, and thought that the women patients on the ward were men in disguise.

[*Research in Dementia Praecox*, Nolan D. C. Lewis, M.D., Northern Masonic Jurisdiction of the Scottish Rite, 1936, p. 217.]

Here we see yet another example of severe sexual confusion in a schizophrenic patient, who thought that women patients on her ward were men in disguise. This patient had been behaving in a normal female manner when suddenly her personality changed and she became "active, loud, boisterous," etc. In other words, she started acting in a very "unfeminine" manner. The cause of this change was a strong masculine identification, which previously

had been repressed but which had now broken through this repression and was asserting itself by causing her to act in a masculine, aggressive fashion.

- 151 *Observation 1.* Age 71 years, no formal education, was married several times. Was said to have been 'queer' for a number of years, and for past 10 or 12 years had had periodic spells of praying and singing excessively. In her 60's she was hospitalized for two months, and discharged as improved from paranoid condition. During this period she was hallucinated as to voices and also thought gas had been pumped into her house for purposes of persecution. At the time of her last admission, elation and grandiosity were predominating with pressure of speech, utilizing an extensive but incorrect vocabulary. She had persecutory delusions, thinking her sister had attempted to murder her, and that someone was trying to poison her with paris green. She was keen minded, emotionally active, and for a period of time went about with a powder can tied in her pocket in the position of a penis, which she tried to use on other patients. Later she patted her own abdomen and stated 'there is no little baby in there. There is no p— – there. There was a little p— – there once, but my brother cut it off, and didn't take proper care of it, so it grew inwardly and that is what is in there now.' (Ibid., p. 222)

This patient's wish to be a man is glaringly obvious. She is using her powder-can "penis" as a replacement for the penis she believes she once had but which was cut off by her brother and is now inside her stomach. Her homosexuality is also very apparent, in that she tries to use her newfound penis on other female patients.

- 152 Patient was rather poorly adjusted in her early years, was said to be extroverted in her activities. She made her own living from an early age but changed jobs frequently, usually getting into difficulty with her employers and later becoming heavily addicted to alcohol. Her first actual psychosis occurred at the age of 50 and she had four hospitalizations in rather rapid succession with what were called manic attacks of comparatively short duration and always discharged as recovered with the exception of the last or present admission at the age of 65. On this admission the patient was very threatening and destructive, showing irritability and resistiveness with noisy shouting and scolding. She attempted to bite the nurses and other patients at times. The content of her speech was very religious and she heard voices of the dead. She later took up some work and became comparatively quiet although she could still hear voices at times. She thought she could talk with living people who were located at a great distance. Once she produced a coat hanger, one end of which was wrapped with a bandage until it was phallus shaped. The end was tipped with blood. This she declared came out of her

own body. She said she was going to thrust it into the abdomen of the female physician in charge. (Ibid., p. 241)

This patient's powerful homosexual strivings and desires to be a man, hitherto repressed, are represented by the artificial penis she has constructed from a coat hanger and which she now wishes to thrust into the "abdomen" of her female physician, "abdomen" obviously being the equivalent of "vagina."

- 153 At the age of 28 after a series of quarrels with her husband she attempted suicide by cutting her throat. At the time she was admitted to the hospital she was excited, sang and talked under pressure, and was generally difficult to manage. She was partly out of touch with things, spoke meaningless phrases, was manneristic and irritable and had hallucinations principally of devils and bogies. She remarked, 'Someone has tried to gas me – put croton oil in my cabbage and rose water in my tea.' Her trouble began when 'bull-dike' (neologism) 'smashed a devil into me in a lunch room. Ever since then bull-dikes have been bothering me. They would first love me up and then when I did not love them they would bite me inside. I felt shocks like needles in my arms.' Patient was boisterous, vulgar, obscene and abusive most of the time. She expressed a flash of insight when she remarked 'I am crazier than the others in the hospital and want to teach them more about crazy things.' She would urinate on the floor and make designs out of the puddle. She also made homosexual assaults on the other patients and nurses as she was erotic and sadistic most of the time and claimed she could recognize passive homosexuality at a glance and thus knew whom to assault. (Ibid., p. 244)

This woman's homosexuality is very apparent, even though she is still repressing these feelings, attributing them to others, i.e. the "bulldikes" who keep sexually assaulting her. If she were able to accept her own homosexual feelings on a conscious level, she would no longer be "schizophrenic."

- 154 She was hospitalized one year later during an attack of septic arthritis, duration four months. She had active auditory hallucinations, called the doctors missionaries, stating that they were Catholics and at the same time robbing friends and acquaintances. At times she was noisy, talkative, sang, cried, broke furniture and tried to march about like a soldier. This reaction changed into a quiet, more depressive mood with thoughts of world destruction. (Ibid., p. 259)

The patient's wish to be a man is shown by her activity of marching about "like a soldier."

155 It was the case of a thirty-eight year old woman who manifested the following symptoms: She imagined that her environment had changed, she was no longer respected, she was annoyed, she was watched, and her thoughts were known. Later she thought that she was watched in the evening while undressing. She also experienced sensations in her abdomen which she believed were occasioned by an unseemly thought on the part of the servant girl. Visions then appeared in which she saw female and male genitals. Whenever she was with women alone she had hallucinations of female genitals, and at the same time imagined that the others saw her own genitals.

[*The Psychology of Dementia Praecox*, C. G. Jung, M.D., Nervous and Mental Disease Publishing Company, New York and Washington, D.C., 1936, p. 26.]

The bisexual conflict in this patient of Jung's is very clear. She has strong, repressed homosexual feelings directed towards the servant girl which are manifested as "sensations in her abdomen." Her homosexuality is also demonstrated by the fact that when she is alone with other women she hallucinates female genitalia. These unconscious homosexual desires form the etiological bedrock of her paranoid schizophrenia.

156 Before the present attack she fell in love with a composer from whom she took singing lessons. Her love soon reached a passionate height accompanied by periods of insane excitement. She was then brought to the Burgholzli Hospital. At first she looked upon her confinement and her new experiences in the hospital as a descent into the underworld. She got this idea from her teacher's last composition which was 'Charon.' Then after this purifying passage through the underworld she interpreted everything happening about her in the sense of vicissitudes and struggles which she had to undergo in order to become united with her lover. Patient then thought another patient her lover and for a couple of nights went into her bed. She then thought herself pregnant, felt and heard twins in her womb, a girl resembling herself and a boy resembling the imaginary father. Later she thought that she gave birth to a child and had hallucinations of having a child in bed. With this the psychosis came to a close. (Ibid., p. 74)

When the patient thought another patient was her lover and went into this other patient's bed on several different nights, she was expressing her homosexual love for this other patient.

157 The explanation of her stereotype 'I am Socrates' or 'I am Socratic' lies in the fact that she was the 'best seamstress' 'who never cut a thread' and 'never had piece of cloth on the floor.' She is an 'artist,' a 'professor,' in her

line. She is tortured, she is not recognized as world proprietress, etc., she is considered sick which is a 'slander.' She is 'wise' and 'modest.' She has performed the 'highest.' All these analogies to the life and end of Socrates. She therefore wishes to say 'I am and suffer like Socrates.' With a certain poetic license, characteristic in a moment of strong affect, she says directly 'I am Socrates.' The pathological part of this lies in the fact that her identification with Socrates is such that she cannot free herself from it. She takes her identification somehow as self-evident, and she assumes so much reality for the metonymy that she expects everybody else to understand it. (Ibid., p. 104)

..... By this the patient has reference to the pass key carried by the physicians. With the stereotype 'I am the main key' she solves the complex of her confinement. Here it can very well be seen how obscure her ideas as well as her expressions are; now she is the main key, now she only affirms it; likewise she is not the house, and now it belongs to her. This key, which opens everything and frees her, gives her also the occasion for the analogy with the key to heaven, which opens for her the entrance to bliss. (Ibid., p. 109)

A remarkable figure in this analysis is the 'Roman Mr. St., the most potent deity in heaven.' We have seen above that the patient bestows upon herself the title, 'God,' we have therefore in this connection a firm association with the idea of deity. Here we get another link, the name of the highest deity is 'St.' as is also the name of the patient. The adjective 'Roman' probably has to thank for its origin the vague analogy to 'Pope.' The deity of the Pope is of masculine gender and differentiates itself from the patient as 'God.' (Ibid., p. 125)

..... ⁴ *Maria Theresa* – I belong to the synagogue in Lowen Street since 1886, I am a Jewess since 1886 – world proprietress – I am therefore three empresses – I am also Maria Theresa as von Planta – that is conclusion – in my dream I was at a table with omelets and dried plums – then there was a dam with speaking trumpets in it – then there were four horses with mustaches over their tails – they stood near the speaking trumpets – the third Emperor has already legalized this – I am Emperor Francis from the city of Vienna – in spite of that I am a woman – my Liesel rises early and yodels in the morning – it is also there – every horse stood near a speaking trumpet – (Patient suddenly goes through the gestures of embracing someone and on being questioned she states that she once dreamed that a man took her in his arms.)

..... By 'Maria Theresa' patient again understands a particular quality of her greatness. This part of the analysis therefore interests us no longer. We have here a peculiar formation which ends with 'I am Emperor Francis.' Emperor

Francis was the husband of Maria Theresa. The patient is Maria Theresa and at the same time Emperor Francis, 'in spite of her being a woman.' She fuses therefore the relations of both persons into her own, which in her hazy way of talking probably signifies nothing more than that both persons stand in association to each other and that this has some resemblance to her. (Ibid., p. 129)

This schizophrenic patient identifies herself both as a woman – "best seamstress" – and as a man – "I am Socrates." In fact, her masculine identification seems much stronger than her feminine one. She is also an "artist," a "professor," "God," the "Pope" and the "Emperor Francis." When she says she is the "main key," she is referring to the pass key carried by physicians, which also indicates an identification with them. Symbolically, this key could also stand for the penis she wishes she possessed and which "opens for her the entrance to bliss," a possible allusion to having sexual intercourse with another woman.

When she says "I am Emperor Francis from the city of Vienna – in spite of that I am a woman – my Liesel rises early in the morning – it is also there" – etc., she is showing immense confusion in her sexual identity. First she is a man, then she is a woman, then her "Liesel rises early in the morning" – which is a direct, jocular reference to the well-known fact that men often experience early morning penile erections.

When Dr. Jung says this patient's tendency to fuse both male and female figures into her own persona "probably signifies nothing more than that both persons stand in association to each other and that this has some resemblance to her," he totally misjudges the significance of this woman's severe bisexual conflict and the critical etiological role it plays in her schizophrenic symptomatology.

158 Ambivalence is part of being human, but to be immobilized by the ambivalence, to be caught up in the ambivalence of two opposing pressures for action, to be, like the Cartesian donkey, stuck between two haystacks while starving to death, is truly schizophrenic.

[*Schizophrenia, (The Experience and It's Treatment)*, Werner M. Mendel, Jossey-Bass Publishers, San Francisco, CA, Washington, D.C. and London, 1976, p. 24.]

To paraphrase this quotation: "Ambivalence is part of being human, but to be immobilized by the ambivalence, to be caught up in the ambivalence of two opposing pressures for action – the heterosexual and the homosexual – to be, like the Cartesian donkey, stuck between two haystacks – heterosexual

love and homosexual love – while starving to death – i.e., not receiving sexual satisfaction from either source – is truly schizophrenic."

159 Some other of the major psychotic symptoms can also be understood as attempts at restitution. These symptoms include the megalomania and delusions of grandeur that are restitutive attempts at dealing with severely impaired self-esteem. Bizarre behavior frequently is used as an explanation for impaired interpersonal relationship, thus making meaning out of non-meaning. Polymorphous sexual perversion represents a clumsy restitutive attempt, and hopelessness and catatonia become a final and bizarre way in which the individual removes himself from the arena of interpersonal transactions in which he suffers so much pain and failure. (Ibid., p. 27)

The source of the "severely impaired self-esteem" in schizophrenia is the unconscious knowledge of one's "perverse" or "unnatural" homosexual impulses. The megalomania and delusions of grandeur compensate for these feelings by denying the perversity: "No, I am not a pervert, I am the most important man (woman) in the world." In this way schizophrenics of both sexes try to retain some semblance of their self-respect.

"Polymorphous sexual perversion" represents a great deal more than "a clumsy restitutive attempt" on the part of the schizophrenic patient. It represents his or her only avenue of escape from the bonds of madness, because only by consciously acknowledging their homosexuality and "working through" these feelings – either in actual practice or in phantasy – can schizophrenics be cured of their mental illness.

160 The symptom described as panneurosis, the condition in which many normal techniques of managing anxiety are used at the same time, is a clinical condition characteristic of certain stages of schizophrenia. In this condition the human being is depressed, withdrawn, obsessive, compulsive, paranoid (projecting), and somatizing; he has hysterical symptoms and none of them works. In the area of sexuality, we see the picture of polymorphous sexual perversion. The patient, frequently in a short span of time, enters into heterosexual, homosexual, exhibitionistic, voyeuristic, sadistic, and masochistic relationships. All of them are inadequate. None leads to sexual satisfaction. All of them culminate in interpersonal disasters. (Ibid., p. 34)

This is another pertinent observation on how the schizophrenic, in trying to relieve his (or her) symptoms, engages in homosexual activity. Since the repression of his homosexuality is what caused him to become mentally ill in the first place, to actually engage in this previously abhorred activity is a great step forward in coming to grips with his psychological reality. He can then cease dissociating these "perverse" feelings from his ego and accept

them as a part of himself. When this stage is reached, the schizophrenic no longer has need for the many defenses or symptoms that his mental illness has provided him with, and he can thereby dispense with them and proceed down the road leading to mental health.

161 Then in the midst of all this despair and desolation there arose improbably a Joan of Arc of the Kongo. Her name was Kimpa Vita, baptized Beatriz, and the Capuchin Father de Lucqués describes her for us in this way:

'This young woman was about twenty-two years old. She was rather slender and fine-featured. Externally she appeared very devout. She spoke with gravity, and seemed to weigh each word. She foretold the future and predicted, among other things, that the day of Judgement was near.'

His confrère, a Father Bernardo de Gallo, from an interview he conducted with Beatriz, provides us with her own account of how she discovered her mission:

The event occurred in this manner, she said. When she was sick and on the point of death, at the last gasp, a brother dressed as a Capuchin appeared to her. He told her he was Saint Anthony, sent by God through her person to preach to the people, hasten the restoration of the Kingdom, and threaten all those who tried to oppose it with severe punishments. She died, because in place of her soul, Saint Anthony had entered her head; without knowing how, she felt herself revive She arose then and calling her parents, explained the divine commandment to go and preach, teach the people, and hasten the departure toward Sao Salvador. So as to do everything properly, she began by distributing the few things she possessed, renouncing the things of this world, as the apostolic missionaries do. Having done this she went up into the mountain and in complete liberty fulfilled her duty, as God had commanded her to do, and with great success.

Thus, in the early eighteenth century, the sect of the Antonians was born. Within two years this extraordinary young woman developed a dogma and doctrine, established a rudimentary church, and gathered an immense following. She claimed Saint Anthony was the second God, who held the keys to heaven and was eager to restore the Kongo kingdom. She herself, as Father de Gallo tells us, 'was in the habit of dying every Friday,' in imitation of the passion of Christ, and going up to heaven 'to dine with God and plead the cause of the Negroes, especially the restoration of the Kongo' and being 'born again on Saturday.' She imitated the virgin as well, and when she had a son she told Father de Lucqués, 'I cannot deny that he is mine but how I had him I do not know: I know however that he came to me from heaven.'

[*The River Congo*, Peter Forbath, E. P. Dutton, New York, 1979, p. 137.]

Kimpa Vita is a classic case of religious paranoia. She relates how she died and in place of her soul St. Anthony entered into her and in effect became her. In psychological terms, she gave up her feminine identification and replaced it with a masculine one. This change of sexual identity resulted in a severe bisexual conflict, leading to the development of paranoid delusions of grandeur and omnipotence. Her bisexual conflict is also demonstrated by the fact she further identified with Christ by "dying every Friday" and being "born again on Saturday," while simultaneously identifying with the Virgin Mary by stating her son must have come to her from heaven, implying an "immaculate conception."

Thus this young woman, suffering from a severe case of paranoid schizophrenia caused by her bisexual conflict, was driven to establish a new church and became a very powerful figure in her environment.

- 162 A parent of the same sex with whom the child should identify during latency and adolescence, who is not an acceptable love object to the other parent but is hated and despised, cannot provide a model through which a child can achieve mature identity. Potential homosexual trends, which play a large role in schizophrenia, are opened.

[*Schizophrenia and the Family*, Theodore Lidz, M.D., Stephen Fleck, M.D., and Alice R. Cornelison, MSS, International Universities Press, Inc., New York, 1965, p. 146.]

Again, the key role which homosexuality, or bisexual conflict, plays in the genesis of schizophrenia is noted by three very astute investigators.

- 163 Although Mrs. Newcomb expressed some ideas that she would have liked a husband to provide more guidance, there was ample evidence that she could not relinquish the direction of the family. The sex-linked roles of the parents obviously went askew because of the subsidiary role filled by the husband. In addition, Mrs. Newcomb's own confusions concerning sexual identity and her deep-seated lack of self-esteem as a woman created further complications for her children. (Ibid., p. 303)

Mrs. Newcomb is the typical schizophrenogenic mother, that is, a woman who is very confused concerning her own sexual identity and shows definite signs of homosexual interests. The children of such a mother always tend to evidence even greater confusion in their sexual identity, to such an extent that their severe bisexual conflict leads to the development of schizophrenic symptomatology.

164 The problems presented by fathers who are passive adjuncts of their wives, or mothers who assume the prerogatives of fathers, lead to the topic of the importance of the parents' maintenance of gender-linked roles. The parental adherence to appropriate sex-linked roles not only serves as a guide for the achievement of reciprocal role relationships by parents but also plays a major part in guiding the child's development as a male or female. Of all factors entering into formation of personality characteristics, the sex of the child is the most decisive; and security of sexual identity is a cardinal factor in the achievement of a stable ego identity. Probably all schizophrenic patients are seriously confused in their sexual identity. Clear-cut role reversals in parents can obviously distort the child's development as when a parent is overtly homosexual or when they concern the division of major tasks between the parents. However, the inability of a mother to fill an affectional-expressive role, or of a father to provide instrumental leadership for the family also creates difficulties. Either a cold and unyielding mother or a weak and ineffectual father is apt to distort the family structure and a child's development. Failures to maintain gender-linked roles by parents as well as failures of one parent to support the spouse's gender role were very striking in these families – failures ranging from strong homosexual tendencies through assumptions of male roles by mothers and female roles by fathers to absence of effective parental leadership and maternal coldness and aloofness.

Although the various complications that arise from such deficiencies in parents' adherence to sex-linked roles deserve more discussion, we should note that if a mother is consciously or unconsciously rivalrous with men and denigrating of her husband, a son can readily learn that masculinity will evoke rebuff from her, and fear of engulfment or castration by the mother can outweigh fears of retaliatory castration by the father. The schizophrenic patients' faulty sexual identity, including homosexual tendencies and concerns, are related to the parents' confused gender roles and the resultant imbalances in the family's dynamic structure. (Ibid., pp. 370-371)

This quotation speaks for itself. It would be hard to find a more unerring description of the personalities of parents whose children become schizophrenic.

165 The often-observed fluidity of boundaries between generations and of sexual identity in schizophrenics' families (Lidz, 1963b) seem like further reflections of problems with self definition. (Ibid., p. 420)

Again, note is made of the ubiquitous presence of sexual identity problems in the families of schizophrenics.

166 Simply to indicate the scope of the expansion and reorganization of psychoanalytic theory and psychopathology that appears to be required, we shall briefly consider problems of sexual identity. Whether a person is a male or a female is probably the most important determinant of personality characteristics, and security of gender identity is of critical moment to harmonious personality development. Confusions of sexual identity are basic to most of the perversions, and thereby, if we accept Freud's dicta, contribute to the causation of the neuroses. We have already adequately emphasized the critical role of gender identity confusion in schizophrenia. (Ibid., p. 427)

The truth would have been better served if the authors had said that confusion of sexual identity, or bisexual conflict, is basic to all, not most, of the perversions, and, going beyond Freud's dicta, that this factor plays the basic etiological role not only in the causation of all the neuroses but of all the psychoses as well. In fact, functional mental illness, i.e. the neuroses and psychoses, is but one "disease" process with one fundamental etiological trigger – bisexual conflict. (See Quotation 001 by Dr. Edward J. Kempf.)

167 c: The hypothesis concerning the confused gender identities and faulty sexual role assumptions of parents of schizophrenic patients should also be amenable to experimental testing. Currently, a group of colleagues is seeking suitable ways of measuring objectively confusions in sexual identity, reviewing existing tests and experimenting with new procedures. (Ibid., p. 434)

This hypothesis should certainly be tested, if for no other reason than to convince any doubters of its irrefutable truth.

168 In those societies in which religious functions are marked by ecstatic trance behavior and cross-dressing for both sexes, 'early occurrence of states of catalepsy, dissociation, or hallucinatory experiences may trigger that sex role assignment' (Mead, 1961).

[*Sexual Identity Conflict in Children and Adults*, Richard Green, M.D., Basic Books, Inc., New York, 1974, p. 26.]

This "early occurrence of states of catalepsy, dissociation, or hallucinatory experiences" is actually the early occurrence of schizophrenic symptomatology. The fact that these symptoms may "trigger" opposite-sex role behavior coincides exactly with the "bearded lady" theory of schizophrenia as being caused by severe bisexual conflict.

169 I do have a pencil and enough sheets of paper to last for a while – and as long as this crazy woman that I have become, wants to rave – what matter if

the sound of her raving falls into words on the paper – or goes off into air, and mixes with all the other tumult and uproar that goes on down here. Her thinking is wild – but I have the wilder idea that if I can force her to keep it hitched to a pencil, and hold it down to the slow rhythm of writing things out in long hand – the practice might tame her somewhat. I would rather try to tame a wild bull in a pasture. I know not how to deal with her because she is a maniac. Because she is I – and because I still have myself on my hands, even if I am a maniac, I must deal with me somehow.

The nurse just now picked up one of the sheets I have written. She read it – looked at me oddly – and asked what in the hell I thought I was doing. And because she expected an answer in keeping with my strange occupation – I did not have the heart to disappoint her. So I gave her an answer that fitted. I told her that I was Shakespeare, the reincarnation of Shakespeare trying to sidestep a straitjacket. (I'll admit that I feel queer enough to be the reincarnation of something but I doubt if Shakespeare would claim me.) But hurray! She came back down the aisle with a whole ream of paper and said to me: 'Go to it, Shakespeare.'

Verily, verily, Shakespeare, I had no idea you could be called from your quiet English grave with so little effort. In my present predicament, I know of no one who could be quite such a fortunate choice for a delusion of grandeur. So welcome! I hope you will be as pleased with the arrangement as I am. Poor fellow, this is surely a comedown from your former position.

[*The Inner Word of Mental Illness (A Series of First-Person Accounts of What It Was Like)*, edited by Bert Kaplan, Harper and Row, New York, Evanston, IL and London, 1964, p. 12.]

This patient, in writing that she "would rather try to tame a wild bull in a pasture" than herself, is saying, in effect, she is even wilder than a wild bull, which could also be understood as being more masculine than a bull. An astute therapist at this juncture would definitely want to point out to the patient her very strong unconscious masculine identification, as made clear by her comparison of herself with a wild bull.

Furthermore, this patient then proceeds to identify herself with William Shakespeare, certainly another very strong masculine identification on her part.

170 I feel so close to God, so inspired by His Spirit that in a sense I am God. I see the future, plan the Universe, save mankind; I am utterly and completely immortal; I am even male and female. The whole Universe, animate and inanimate, past, present and future, is within me. [John Custance] (Ibid., p. 53)

John Custance here states unequivocally that he is a "bearded lady" figure when he claims that "I am even male and female." Custance suffered from a very severe case of "manic-depressive" schizophrenia.

171 But once again the causes that had flung me into my own sky continued to eat me up. Sexually unconfident, I went to whores, ate my meals alone, and forced myself to write a few pieces in the loneliest of places, a tiny blank hotel room in the middle of nowhere. For the first time in my life the incentive to live, the isolation and frustration of my existence, grew dim; while the psychologist smiled and smoked his pipe – and did the well-adjusted, tweedy, urbane act behind his tastefully battered desk as he ladled out platitudes – I was saving up the sleeping bombs, and when I had enough to do the trick I burned the letters I had received through the years from the several men and women I had loved, destroyed my journal of 15 years' standing, and one carefully chosen night went to a hotel in Newark, NJ. [Seymour Krim] (Ibid., 65)

There are two clues here which point to bisexual conflict in the writer. The first is when he says he is "sexually unconfident" and visits "whores." A man who is confident in his masculinity and thus without bisexual conflict does not need to rely on "whores" for his sexual satisfaction. The second clue is where he writes that he had burned the letters he had received over the years "from the several men and women" he had loved. It is interesting he put "men" before "women," and that he had "loved" them both, seemingly equally. Combined with the first clue, this definitely points to a bisexual conflict with consequent homosexual overtones. Furthermore, the fact the writer was suicidal means he was suffering from the most dangerous and serious symptom of schizophrenia, i.e. self-destruction.

172 That morning I was transferred to Ward 4. Here I was subjected to a lot of personal questions by a nice-looking young fellow who did not have on a white coat. I was introduced to another patient who was said to be a Harvard professor. His name, I believe, was Nicholls. But I kept getting more and more excited. I was invited to play checkers and started to do so, but I could not go on. I was too much absorbed in my own thoughts, particularly those regarding the approaching end of the world and those responsible for the use of force and for the charge of homicidal intent. By nightfall my head was all in a whirl. It seemed to be the Day of Judgment and all humanity came streaming in from four different directions as in the accompanying diagram. They all came in to a common center. There they were brought before the judgment seat. But it seemed to be an automatic sort of judgment. Each individual judged himself. There were certain passwords and they made certain choices. Each person had three chances: a difficult 'right the first time

affair,' a second choice which involved an element of sacrifice and meant that one would become a woman and not a man. The other was only a seeming chance which sent one at once to the lower regions. These lower regions did not seem to be anything very fixed. [Anton Boisen] (Ibid., p. 118)

Then I found myself in the Moon. The idea of being in the Moon had been present almost from the beginning of the week. Now this became an outstanding feature. The Moon seemed ordinarily quite far away, but really it was very near. The medical men knew about it and they had perfected a way of spiriting people away and burying them alive in a cell in the Moon, while in the meantime some designing person, a sort of double, would take their place in this world. Everything was run in a very strange way in the Moon. It was done in the most scientific manner. It seemed that it was the abode of departed spirits and all the interests were frankly and openly concerned with the problem of reproduction and of sex. Really it was quite appalling. It seemed that upon one's advent in the Moon the sex was likely to change and one of the first things the doctors tried to determine was whether you were a man or a woman. They had certain delicate instruments for determining that. When they examined me I heard them say in great surprise, 'He is a perfect neutral.' It seemed that the needle was not deflected in either direction. I was thus not consignable to either side and thus they had no power over me. [Anton Boisen] (Ibid., p. 122)

In the midst of his psychosis, Anton Boisen finds himself in a delusional situation where he has "a second choice which involved an element of sacrifice and meant that one would become a woman and not a man." In other words, he could choose castration (the element of sacrifice) and become a woman, which the feminine part of himself was strongly tempted to do, or else he could remain a man.

Later, when he imagines that he is examined by doctors on the moon, where upon one's arrival a person's sex "was likely to change," he is found to be neither male nor female, but a "perfect neutral." In other words, he was a perfect "bearded lady," suffering from the "bearded lady" disease – schizophrenia.

173 I am almost convinced that natural instinct could lead a schizophrenic to a cure, when tempered with common sense and a learned ability to test reality. It is another interesting paradox. Living with this illness is a matter of balancing opposites which are enormously incompatible. [Norma MacDonald] (Ibid., p. 179)

Norma MacDonald has intuitively uncovered some basic truths about schizophrenia. First, natural instinct does try to cure the schizophrenic by

means of psychosis. For psychosis is nature's way of trying to abreact the repressed homosexual cravings that the schizophrenic has gone crazy trying to deny. It is a well-known fact that psychotic people often "change sex," i.e., assume the roles and actions of the opposite sex or in other ways display confusion of sexual identity during their psychosis. By living through these feelings, healing occurs, because it is the denial by the ego of these perverse cravings that has brought on the mental illness in the first place.

A good analogy would be the process of lancing a boil (in this case the mass of repressed "perverse" fantasies and cravings) which has the effect of diminishing their pressure and thus their ability to shatter the defending ego. Once this material is allowed to escape through being abreacted in the psychosis, just as the pathogenic pus from the lanced boil drains away, healing begins to take place. Hopefully the ego can now begin to accept the reality of its heretofore repressed, ego-dystonic wishes and begin the process of assimilating all these conflicting cravings into the now strengthened and healthier self.

Secondly, Norma MacDonald is correct when she says of her schizophrenia that "living with this illness is a matter of balancing opposites which are enormously incompatible" – actually, her male and female selves, or her homosexual and heterosexual selves. The cure for schizophrenia is to stop balancing them and allow either one or the other to gain ascendancy, so that the schizophrenic person can begin to enjoy simple sexual gratification again, thereby dispensing with the severe bisexual conflict which has fueled the schizophrenia. Of course, it would take much psychotherapy for the schizophrenic to arrive at this happy conclusion, since it would mean his or her having to make a conscious, rational decision on whether to live as a man or a woman, or as a homosexual or a heterosexual.

174 Mental illness is a emotion the person can not under why he did some things he or she did or craved and could not understand. But with God help an a doctors help they can become well and never will be sick again. [Names of six men patients found attractive.] I am look for someone to love in the wrong sex. Between the Drotors and God we that is I will be able to over come my sex love and be able to live in reality all the time., [Unnamed patient of E. Robert Sinnett, M.D.] (Ibid., p. 187)

..... A schizoid person is a person who has two typ's of forse's going on an unable to make up his mind.

[Unnamed Patient of E. Robert Sinnett, M.D.] (Ibid., p. 189)

"I am looking for someone to love in the wrong sex." This simple sentence tells us what lies at the heart of schizophrenia – bisexual conflict and

confusion, with powerful homosexual cravings. This patient has been his own best doctor, for he knows what has driven him crazy without anyone else telling him. Furthermore, when he describes "a schizoid person" as one who has "two typ's of forse's going on and unable to make up his mind," he is truthfully describing the pathogenic effect of having both homosexual and heterosexual desires and wishes, both equally powerful, to the point the "schizoid" person becomes "paralyzed" and unable to receive sexual satisfaction in either direction. This leads to the extreme buildup of orgasmically undischarged sexual excitement, which is the actual pathogen leading to schizophrenic symptomatology, or that which drives a person "crazy."

- 175 A group of us were trotted off once a week for mysterious injections and blood tests. There was an absolute campaign to find out what they were all about, but nobody ever did. One girl was so oppressed by the dark mystery she left the dinner table one day and sought out Sister. She returned with round eyes and breathed one word: 'Hormones.' There was a concerned clucking and one youngster said softly: 'Oo er.' The gay little nurse I pestered for information told me the idea was to change our sex. In that case, the experiment was a washout, though nothing would have surprised me at the time. [Mary Cecil] (Ibid., p. 228)

This patient says the nurse told her the purpose of her treatment was to "change our sex." It is hard to believe a nurse would actually have told a patient this, except jokingly. More likely the idea came from the patient's own unconscious, where precisely the wish to change sex was operative and was the pathogenic factor in her mental illness, as is invariably the case.

- 176 It is true that life is a tragedy to those who feel. When my Happiness is given me life will be an ineffable, a nameless thing.

It will seethe and roar; it will plunge and whirl; it will leap and shriek in convulsion; it will quiver in delicate fantasy; it will writhe and twist; it will glitter and flash and shine; it will sing gently; it will shout in exquisite excitement; it will vibrate to the roots like a great oak in a storm; it will dance; it will glide; it will gallop; it will rush; it will swell and surge; it will fly; it will soar high-high: it will go down into depths unexplored; it will rage and rave; it will yell in utter joy; it will melt; it will blaze; it will ride triumphant; it will grovel in the dust of entire pleasure; it will sound out like a terrific blare of trumpets; it will chime faintly, faintly like the remote tinkling notes of a harp; it will sob and grieve and weep; it will revel and carouse; it will shrink; it will go in pride; it will lie prone like the dead; it will float buoyantly on air; it will moan, shiver, burst – oh, it will reek with Love and Light! [Mary Maclane] (Ibid., p. 271)

The reason the compiler of these quotations added this particular one to the collection is because he feels it is a powerful example of the way the unconscious works, in this case the unconscious of Mary Maclane, and of the role it plays in her mental illness.

For it would seem that with the substitution of the word "penis" in the second sentence for the word "happiness," the meaning of her words becomes much clearer. To paraphrase: "When my Penis is given me life will be an ineffable, a nameless thing." Actually, penis and happiness are synonymous in her unconscious. That is, she can only find happiness in life by being a man with a penis. And the next paragraph could be called one of the greatest "poetic" descriptions of the various functions and manifestations of a penis that has ever been written. All that needs to be done is to replace "it" with "penis" and the meaning of her words becomes understandable. The fact Mary Maclane is a mental patient, who would not be emotionally disturbed were she not plagued by severe bisexual conflict, makes the interpretation of "penis" as being the equivalent of "Happiness" and "it" extremely plausible.

177 He said he was with a woman that night Tom went the limit that night, but I did not, thank God For the first time in my life I had the desire to kill, to plunge a dagger in her [the other woman's] heart. She's innocent. She didn't know he was married, and even so, she is not to blame. He is all wrong. I wonder if what I feel is jealousy. I think not. It is simply repugnance for the whole human race and their ideas, their unjustness. This is a man's world, ruled by men because they made it. Woman simply fits in for man's convenience Why cannot a woman do all a man does? Because she is supported by him. If she rebels she is put out of her home and her children are taken away from her My God, a woman is a fool and a coward, and by God, sometimes I do believe these puppets of women who bow down to their lord and master ought to be treated as they are. If they don't know enough to stand up for their rights. But how can they stand up for their rights? They have none, or only those men give them Oh, God, why can't these things be made clear to me? Why cannot woman do as man does, or rather man do as woman does? How can the world go on? Oh, God, tell me. Let someone explain Is there any answer but the one, 'Man makes it so?' Doesn't woman count for anything? Is she nothing? What is there a woman can do that a man cannot do? Bearing a child is the only thing I can think of. All this is killing me, but thank God, I want to go. I want and beg to go home, to drop out of this earth where there is no place for me – where I don't want a place I wish to God I could drop off the earth and just end my life, but it is not so. [R. S. Cavan] (Ibid., p. 297-298)

..... Twice during this period of disturbance she wrote of wishing to kill Tom, and almost every entry is filled with questions regarding the inequality of standards of morality between the sexes and requests to God to take her. They decided to separate in May and Marion asked God to take her before she should sink into the mire. (Ibid., p. 299)

'Only trouble, only heartaches. Tom's trunk is on the back porch, waiting to be taken away. He left this A.M. without a word, and don't know where he is going or anything After Tom left it seemed as though the world would end, or as though there would be no end to my pain. Do I want him? Do I want Roy [her most constant man friend]? Do I want both or either? Or am I crazy or am I unhappy simply because I don't love either one? Sometimes I believe that is it. My mind tells me I must love Roy, he is so good.'

Two months later, of Roy she wrote that he 'does so many things I don't like, and never will learn.' Then Marion met Albert Cummings, a married man, and soon her old friends had been discarded in his exclusive favor. (Ibid., p. 301)

April 24, Sunday, 1 A.M. Money, of course, is the all-important thing. I have got to have it. Things are not running smoothly. I don't know how I am going to make enough to keep me, and I can't do what I have done, to love Bert and give myself, or rather sell myself to someone else whom I loathe. I do all men, but my Bert would kill me. I couldn't get drunk enough ever to slip, thank God; and I won't drink without him. The past few days I have been ready to cry any time. (Ibid., p. 304)

'May 6, Saturday, 9:40 A.M. Thursday A.M. Bert phoned, swore at me furiously about phoning the night before. Marjorie raised Cain, he said. I listened to nothing but oaths and hung up. I did not phone yesterday, nor did he. I thought I'd let him cool down, and he knew I had only \$6 Tuesday night. Just now he phoned and said he wanted to send me some money, and I said I was going downtown and would meet him for lunch. I'm glad I didn't phone first. I am all broken up about Bert. My sense of honor (Oh, God, how ridiculous that sounds, for me) tells me to leave my Bert, who belongs to another. Some day I will have the strength.'

The foregoing is the last entry in the diary. What happened between Marion and Bert when they met is not known, but Bert stayed with her the night of May 6 and sometime while he slept Marion shot and killed him and then killed herself. (Ibid., p. 310)

This highly disturbed woman suffers from a very intense case of Freudian "penis envy," or desire to be a man. Her bisexual conflict eventually leads to murder and suicide, as this quotation reveals. Marion only once becomes

completely honest with herself when, after stating she can no longer "sell" herself to somebody whom she loathes, adds, "I do all men, but my Bert would kill me." She finally admits her deepest feelings about men – she loathes them all. She soon proves this by murdering her supposedly beloved Bert.

178 Patients laugh and posture when they see through the doctor who says he will help but really won't or can't. Posturing, for a girl, is seductive, but it's also an effort to distract the doctor away from all her pelvic functions. The patients try to divert and distract him. They try to please the doctor but also confuse him so he won't go into anything important. When you find people who will really help, you don't need to distract them. You can act in a normal way. I can sense if the doctor not only wants to help but also can and will help. [The patient stressed this.]

(What kind of help did you need?) Well, one thing was getting down to my need to be a boy. The very first interview you said something about a prick. I was terrified but it really was a great relief, even though I felt like an old rag in a gun closet. Most of my doctors had avoided it with me. You showed that you felt it was a problem that had to be cleared up. You knew I was terrified, but I knew you would go down to the depth with me. All my other doctors sat on the edge and fished. They waited for me to say things. That's not fair. You went right ahead. You were willing to get in with me. [M. L. Hayward and J. E. Taylor] (Ibid., p. 327)

The reference to a 'prick,' in the second paragraph, relates to the fact that Joan had always carried a knitting needle with her to the early interviews. The therapist made the suggestion, 'Perhaps you feel safer if you have something to prick with.' As discussed in an earlier paper, this type of clarification gives the patient the enormous encouragement of realizing that the doctor can understand and accept his problems. Joan also points out the futility of 'fishing'; that is, asking questions.

Her comparison of herself to a rag in a gun closet seems a particularly vivid example of the intense overvaluation of the phallus that is seen as a major problem in many girls suffering from schizophrenia. (Ibid., p. 327)

The toy penguin mentioned in the text is related to an extraordinary episode which occurred at the time of Joan's first visit home, after the clearing of the overt psychosis. In spite of the fact that Joan was a tall, handsome young woman of 19, her father brought this doll as a present and insisted she carry it on the trip home. From this episode one can see the father's overwhelming unconscious need to convert her from a growing woman to a male child. (Ibid., p. 328)

I needed to be controlled and know what you wanted me to be. Then I'd be sure you would want me. With my parents I couldn't be a boy and they

never made it clear what else they wanted me to be except that. So I tried to die by being catatonic. You should never have let me wear slacks. You even said I looked nice in them. I was sure you loved me like that and would be like my parents.

I would go into these violent rages at you, early in treatment, because of a sense of desperate frustration. I longed for you to take care of me and love me, but I was sure I wasn't lovable as a girl, and I knew I couldn't really become a boy. I felt sure you would soon realize I wasn't a boy and then you would go away. You seemed ready to feed me but then you never would. (Ibid., p. 333)

Joan's outstanding problem throughout treatment was a feeling that she could be more lovable as a boy. Apparently this idea had its roots in her earliest relationship with her mother.

Treatment had to prove to her that she was a girl and could be loved as a girl; starting with her existence only as a wish in the therapist's mind. Eventually, as described in Section XXV, she could test the therapist out more and more completely; thereby convincing herself that as a girl she did have power to please and attract people. Sechehaye describes this growth of self-esteem very well. (Ibid., p. 334)

The majority of schizophrenics are struggling with three conflicting drives. Part of these drives wants to be a boy, part wants to be a girl, and part a baby. As Joan has pointed out, the simultaneous presence of all these drives leads to immense confusion. (Ibid., p. 335)

When a girl doesn't want to walk, it's because she doesn't want to realize that there is nothing swinging between her legs. She would like to be paralyzed from the waist down. If her legs are dead, then her genitals are dead too. She won't have to think of them again. I hated to walk. I could feel my thighs rubbing and that made me remember my genitals. I hated you for making me walk. (Ibid., p. 340)

Hindsight shows that in this case the therapy of the period of overt psychosis fell into three principal phases. At the start, Joan presented chiefly the picture of catatonic withdrawal or of belligerent masculine identification, so that the work of therapy centered around efforts to help her control her aggression and overcome her fear of being hurt again if she established a human relationship. The therapist had to be tested at length until he proved he was dependable and would always strive to do what was necessary for her welfare.

Once Joan was sure she could depend on the therapist, she began a process of replacing the deprivations of the original oral period through a new mother-infant experience. This she describes as the really vital relationship

which enabled her to feel like a girl. She could only be a girl if she started with a mother who could love her as a girl.

The third phase, or period of growth, went on slowly and almost imperceptibly. Joan was free of overt psychosis by the time she began to use the therapist, less as a mother and more as a good father who could convince her of her ability to be attractive and successful as a woman. She entered reality solidly, when she could again see the therapist as a doctor and the relationship became more cooperative and adult. (Ibid., p. 344)

Much has been written about the "schizophrenogenic mother" in the genesis of schizophrenia, but little about the "schizophrenogenic father." In one brief sentence in this quotation, the psycho-dynamics of this kind of father is disclosed. "From this episode," it reads, "one can see the father's overwhelming unconscious need to convert her from a growing woman to a male child." Daughters who become schizophrenic invariably have fathers possessed of a pathological emotional need to squelch their daughters' femininity and encourage their masculinity. Thus they compete with their daughters and subtly encourage them to become masculine. Furthermore, these fathers are basically homosexual and prefer boys to girls. With a father like this and a mother who hates her own femaleness, the daughter will have a very difficult, if not impossible, task in trying to establish for herself a comfortable sexual identity as a woman.

In the same manner as "Schreber's name is legion," so is Joan's. Joan's case history as revealed in this quotation is basically the case history of every schizophrenic, or mentally ill, woman.

179 No student of human behavior, no matter what his point of view, can, for one moment, afford to lose sight of the fact that all men and women are bisexual in their anatomical construction and in their affective cravings, and that all the segments contribute to the affections and wishes of the personality.

[*Psychopathology*, Edward J. Kempf, M.D., C. V. Mosby Co., St. Louis, Missouri, 1920, p. 14.]

Dr. Kempf should have added that when these bisexual segments of the human personality come into conflict, the stage is set for the development of functional mental illness – from slight neurosis up to and including the most severe forms of schizophrenia – the degree of severity of the mental illness depending solely upon the degree of severity of the person's bisexual conflict.

180 A brilliant, paranoid army surgeon amputated his penis to prevent young women, whom he hallucinated, from using him for sexual purposes. The

erotic segments continued to exercise a pathological effect upon the personality even though partly destroyed. He now begs to have his testicles excised for the same purpose. (Ibid., p. 70)

The true motivation, albeit unconscious, behind this man's desire for castration is not to protect himself from fantasied young women but to become a young woman himself, or at least a female in preference to his male self which he despises.

- 181 During the convalescence [from her third labor], following a sudden conflict with her mother, she passed into a psychosis in which she became crucified as a hermaphrodite Christ – becoming both male and female in that she believed she was masculine sometimes and feminine others. (Ibid., p. 103)

This patient is obviously in the grip of a very severe bisexual conflict which has driven her insane.

- 182 The patient insisted that he had 'feminine' qualities, but, spontaneously, with undue earnestness and repeated efforts, he tried to establish that he was not 'effeminate.' No homosexual relations had ever occurred, and no perversions.

He *dreamed* of a knight in beautiful armor who appeared before an audience, and a penetrating light was thrown upon his pelvis which revealed the genitalia of a female. He recognized himself as this knight. This was a reaction to the light of psychoanalysis. He also *dreamed* of a man singing to an appreciative audience. The man had a baritone voice, but it changed to contralto and then to soprano. The hair became long, although his mustache remained; the breast was a man's but the manners were a woman's. The singer showed embarrassment, then distress, and, finally broke down in tears. The audience sympathized with him. The patient awakened 'in strong agitation,' and recognized the singer as himself. At one time he had a pleasing baritone voice. He never shaved his mustache in order not to look effeminate. [This man had become homicidal before being admitted to St. Elisabeth's Hospital.] (Ibid., p. 281)

This quotation illustrates the fact that "homosexual panic" is often the motivating factor behind homicidal male behavior. It is noted that this particular patient was homicidal before being admitted to St. Elisabeth's Hospital.

- 183 She repeatedly protruded her tongue, covered with foaming saliva, during the conversation and, in reply to my questions, she explained that this meant

'passion.' From the time of her admission she had complained of being afraid of an 'old, grey-haired woman,' described her as naked, trying to get into her bed to perform sexual acts on her with 'her mouth.' For this reason she was afraid of the women when they entered the room and attacked them. The patient's anxiety about her perverse eroticism was unquestionable. She was terrified and begged to be saved from insanity. (Ibid., p. 341)

Anxiety of such intensity that it leads to mental illness is always anxiety about "perverse eroticism," i.e. homosexual phantasies and feelings, desires to be of the opposite sex and identification with the opposite sex.

184 She said that a voice told her she would see Christ and that she herself was the Christ Child Jesus. She was inclined to feel that in some respects the psychosis did her good. (Ibid., p. 343)

As a direct result of her psychosis, this woman's masculine identification (with Jesus Christ) was brought into her conscious awareness. Hitherto it had been repressed and was the cause of the severe bisexual conflict which formed the etiological core of her psychosis.

In expressing the opinion that "in some respects the psychosis did her good," she intuitively recognizes the fact that only by admitting and coming to grips with this masculine identification could she regain her mental health.

185 She rubbed and plucked her skin like the autoerotic patient, but denied masturbation. During the erotic period I observed her to grab her finger and, unmistakably, make the masturbatory movement of the male, without apparently being aware of it. (Ibid., p. 363)

This patient's unconscious identification as a male is very obvious.

186 She complained almost constantly about the two balls of hair in her throat, frequently palpable and enlarged submaxillary glands, which, she said, was one of the balls, and wanted to have her throat cut or an operation performed to remove it she said she couldn't control herself and felt compelled to scream her denunciations of God, and wanted to know why she shouted: 'If I had it I would bite it off.' (Ibid., p. 376)

Here the unconscious desire to be a man is so powerful that it has deluded the patient into believing she has two testicles lodged in her throat, and that if she actually did possess a longed-for penis, she would prove that she really didn't want it by the act of biting it off.

187 She talked a great deal about love, heard 'false voices' call her 'baby dear,' and suddenly attacked a male physician to show him that she was 'innocent.' She said his eyes made her feel excited. She misidentified the woman physician as a man when she examined the patient's heart, and accused the woman physician of making her feel 'passionate.' Masons tried to initiate her into a secret. 'I never look into the eyes of a man; but a woman, that is different.' quite characteristically, she held some little object in her hand and sat, mute, dreaming, indifferent. (Ibid., p. 380)

The patient was homosexually excited by the woman physician who examined her; but in order to deny this fact she delusionally changed the woman physician into a man, thus making her erotic feelings acceptable to herself by transforming them from homosexual into heterosexual ones. She confirms her homosexuality, however, when she states that "I never look into the eyes of a man; but a woman, that is different." Finally, the "little object" she "characteristically" held in her hand was undoubtedly a penis symbol.

188 Another woman, who had rubbed all the hair from her scalp so that she was perfectly bald, occupied a bed in the same ward. The patient forced herself into this woman's bed calling her a 'man,' and it was with difficulty that she was removed. Then she began an unusually unbridled, vicious attack upon her own genitals, masturbating without restraint and regardless of all the women on the ward; stuffing pieces of cloth, and other things, into her vagina. (Ibid., p. 373)

This patient tries to defend herself against her powerful homosexual strivings by her delusion that the object of her affections is a man rather than the woman she in reality is.

189 Case MD-9 is an unmarried woman of sixty, who has for three years been trying to dominate her environment by claiming to be 'The Lord,' 'God Almighty,' 'The King,' 'The President,' 'Secretary of the Navy,' and so on. She proclaims that she is the maker of a cannon that shoots 6,000 cannon balls which will destroy everything and shoot into the uterus of her physician, who is a 'she devil.' She threatens to cut off anyone's head who comes near her, damns everybody, and does it with such vicious emphasis that she makes one feel decidedly like leaving her alone.

With hair flowing, gown often exhibitionistically adjusted, exophthalmic stare, stern masculine countenance, mannish voice, and hypertrichosis, she makes a formidable impression.

At about thirty-five she had a serious depression, lasting 17 months, following the death of her sister.

At fifty, she had a manic attack, lasting a year.

At fifty-four, she had a similar psychosis which lasted about 8 months. (Ibid., p. 407)

This woman's unconscious desire to be a man is so powerful and overwhelming that it has not only driven her insane but has caused her to become a fearsome force in her environment.

The "cannon" she claims to have made is an obvious penis symbol, as the "balls" are symbolic of testicles. She would like to use her "cannon" to shoot "balls" into the uterus of her female physician, which is to say she would like to have a penis and testicles and use this penis to have sexual intercourse with the physician and "shoot" semen into the latter's uterus.

190 Often at night, he pounded on the door and called for help. He would usually be in a panic because of his terrifying sensory hallucinations, such as having holes pounded into his abdomen, drawing sensations at his heart and umbilicus, and pounding electricity into his head. Sometimes he tied a handkerchief about his head because of head pains, and another time he pasted a piece of paper over his abdomen and asked for treatment for a hole there.

The voices talked of making a 'hermaphrodite' out of him. (Ibid., p. 501)

This "hole" this patient believed was in his abdomen was a much-desired vagina, possession of which would make him the woman he had longed to be.

191 He impulsively attacked other patients, and, one time, while lying sullen and brooding on a couch, and a physician bent over him to ask how he felt, he struck the physician in the face, shattering his glasses. He would give no explanation for this act. It looked 'impulsive,' but later he explained that he thought homosexual insinuations were meant by the question of 'how he felt.' (Ibid., p. 521)

..... About the fifth month, his work had to be stopped because he began openly to accuse different men of making sexual advances to him. At this time he was very erotic and one morning he indignantly demanded the protection of his physician, and with great bitterness, he insisted that while asleep some men had forced him to submit to an oral sexual assault. Despite the most earnest persuasions, he could not be made to doubt the reality of this vivid dream experience. Fear of sexual assault by men continued almost nightly for the next two months. During this time, he slept very little and used many precautions to protect himself from the assaults. He barricaded the door of his room with all the furniture available, and kept chewed paper in his mouth, which, he thought, would catch the semen and prove that he had

been mistreated while asleep. Unfortunately, one morning, he found a hair in the paper, and this firmly convinced him that his hallucinations were realities. Conversations or questions had 'double meanings.' One night, the attendant legitimately asked him if he wished to have a sheet. The patient interpreted this to mean something 'to spit in,' and promptly assaulted the attendant. He was sure he heard the attendant say he had chancres in his throat. (Ibid., p. 522)

The incredible lengths the mind will go to guard itself against unwanted insight is vividly illustrated by this case. The patient is fighting desperately against consciously accepting the glaringly obvious fact that he has very powerful oral homosexual desires.

192 He said: 'I would rather die than become a cocksucker.' Either attempts at suicide, or, as he expressed himself before his discharge, 'I'd rather go crazy before I'd become a cocksucker.' The fear of the shrinking penis becoming invaginated into the abdomen was apparently due to an uncontrollable effeminate attachment to his companion. (Ibid., p. 498)

This patient is really saying he would rather die than admit to having homosexual desires. Thousands of people actually do die yearly for this very reason, by means of direct suicide, indirect suicide (alcoholism, drug addiction, etc.) and the myriad of other forms of self-destructive behavior man engages in, all in an effort to deny their bisexual conflict.

A note of interest here is the reference to "the fear of the shrinking penis becoming invaginated into the abdomen." This same fear is found in a condition called "Koro" in certain Asian societies. Koro, in reality, is nothing more than a schizophrenic psychosis caused by severe bisexual conflict, as clearly illustrated by the above case.

193 That he will be able to maintain a biologically satisfactory heterosexual adjustment is very unlikely, and his homosexual cravings being intolerable, a latent sustained chronic dissociation of the personality with consequent deterioration, because of the future hallucinatory gratification of his homosexual needs, will probably be the ultimate course of his biological career. (Ibid., p. 500)

In reality, a psychosis is nature's way of trying to heal the mentally disturbed individual by providing him or her the hallucinatory gratification of the long-repressed homosexual cravings. Since the schizophrenic's ego is too highly defended and inflexible to allow these wishes to enter conscious awareness, they have no other means of obtaining satisfaction except through the hallucinations, which are the healing agency of the psychosis.

Since the repressed homosexual cravings are what drive the person insane, the sole cure is to bring these wishes into conscious awareness and allow them to experience the sexual excitement and orgasmic discharge they have been longing for. If the ego will not allow this abreaction to take place, then the only alternative for the gratification of these "perverse" sexual cravings lies in the development of a psychosis with its accompanying hallucinatory discharge and consequent satisfaction of these cravings.

194 Case PD-26 was the only son of an overworked, uneducated mother who suffered from neglect and the need of the simple comforts necessary to make life worth living. He was a typical 'mama's boy,' seriously pampered, effeminate, dainty in his manners, tenor voice, and generally submissive in his makeup.

He was an ordinary seaman in the navy when a typical homosexual panic developed in which he was obsessed with fears that men plotted to sexually assault him. He had to be tube-fed, and when he resisted, and his arms were forcibly drawn behind him, he had a 'vision of Jesus Christ and the thieves on the cross,' feeling that he was being crucified as one of the thieves. Later, he realized that it was 'imagination.' (Ibid., p. 502)

Every male who suffers from schizophrenia is basically a "mama's boy" at heart, for the "typical 'mama's boy'" is faced with either becoming an overt homosexual or else repressing these feelings and consequently being driven crazy (schizophrenic), as this case so aptly illustrates.

195 The factor of this man's anal eroticism and its capacity to take his senses away, make him unconscious, will be referred to in the chapter on the anal erotic group and their convulsions and stupors. (Ibid., p. 533)

Dr. Kempf here emphasizes the tremendous power of repressed, passive anal (homosexual) cravings over the male individual who is so inclined. It brings to mind Freud's dictum that what man represses at his deepest level are his passive pederastic instincts.

196 All night long he remained in his room (9th floor) in a panic expecting the Masons to rush into his room. He prepared the window so that he could jump if the door was opened. (His behavior suggests an explanation for some impulsive leaps from windows by panic-stricken travelers in hotels.)

He was then sent to a sanatorium and the physicians, he said, put 'poison,' 'spue' (semen) into his food and wanted him to marry an immoral woman. The physician, he fancied, tried to hypnotize him and promised to release him if he would perform fellatio. He eloped from the sanatorium in a panic and was committed to St. Eliz. Hospital. (The cause of the panic and

delusions must be seen in the patient himself – in his uncontrollable homosexual cravings.) He finally confided that he was controlled by a stronger will which masturbated him and forced him to submit to oral perversions. He described Dr. – as trying to make him submit to a sexual assault and in it he made a significant error; 'Then I begged him not *to let me*. I mean not *to make me do it*. He kept me from eating and tried to weaken my will.' (The oral erotic act often has the significance of a religious act, a crucifixion of the rival son to the virile father Homosexual perverts sometimes speak of their oral-erotic submission as a crucifixion. Biologically, this is quite true.)

For a year or more previous to this analysis, he had complained of being masturbated and orally seduced by hypnotic powers, etc., and spit continuously in any direction and on anything. His face was chapped and raw from the constant application of a towel over his mouth to keep out 'something.' He used great quantities of toothpaste to keep his mouth clean and would not explain to us why he persisted in these prophylactic measures.

He had an occasional tic, jerking his head back as if something sharp were being thrust into him, but would never discuss this, usually only muttered and cursed to himself when it occurred. (Ibid., p. 541)

When Dr. Kempf states that the cause of this man's panic and delusions was his "uncontrollable homosexual cravings," he should have added that this factor is the cause of all such panics and delusions in both men and women, of whatever age, social rank or culture.

197 The crucifixion cravings soon dominated everything, and he had to be isolated because he persisted in removing his clothing and being crucified. From about the fourth week to about the thirty-fifth week, except for a brief interval, his personality was markedly dissociated, and he seemed unable to prevent himself from submitting to the hallucinations. but he later abandoned himself to the affective wave that swept the ego under. During this catatonic period he used manneristic expressions and symbols, and entertained classical crucifixion fancies. He also informed the nurse that he had given birth to a child, and actually simulated labor pains. Then followed the birth of many children. When, during this apparently profound stupor, he protested that his nurse was killing his child, he spoke the nurse's correct name. He said his body was destroyed, bones broken, he died, was female and male in one, had all the thoughts of the world to care for, etc. (Ibid., p. 562)

This patient is a prime example of the "bearded lady" syndrome in schizophrenia.

198 She recalled during the analysis that while at the sanatorium she looked over some pictures of priests and thought of herself as being like one of the priests who was effeminate-looking. (This bisexual interest should be compared to the bisexual interests of the previous case.) The nurse reported that when she dressed herself after the physical examination she tucked her skirts inside of her drawers like a boy. (Again the bisexual.)

She had no difficulty in recalling the important features of her illness which were essentially relative to the crucifixion, death of her personality, and the rebirth. (Ibid., p. 575)

The father and mother situation had to be handled tactfully until she had brought out the details of her psychosis and her life.

The father appeared (hallucinated) in the disguise of elderly women. She said, that when he appeared in the reception room, 'He or she said' (laughs), 'It was up to me to make him happy.' He said: 'I hope you can do it, son Harry,' and 'Welcome, son Harry.' In the dormitory, 'He, she or it' (laughs) was taken out of the room, and she looked at me and said: 'You will be sorry some day.' That her father should call her Harry, was due to the fact that this was her nickname with some playmates when she was a child.

That her father should be associated with women and be spoken of as 'he, she or it '

The mother's attitude was so subtly ingratiating, and yet domineering, that she would almost have to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own womanhood and independence.

Why should this patient have become masculine ('son Harry') during her stuporous state? Christ and the young priest had marked effeminate traits, as do many crucified heroes: and males who go through the crucifixion, complain of being effeminate and even of losing all masculine attributes. The renunciation of all competitive sexual interests in order that the rival parent shall dominate, may perhaps be compensated for by the development of a complete sexual cycle within the self. The female, developing masculine traits, and the male, developing female traits, are protected, like Buddha, from the more virile members of their sex who would dominate them. This conjecture is based upon observations of the completely autoerotic who are physically of one sex and fancifully develop the attributes of the other sex, thereby perfecting the autoerotic cycle. Some of our auto-erotic patients complain of being male at one time and female at others. (Ibid., p. 577)

Dr. Kempf gives an excellent description of the typical "schizophrenogenic" mother when he states that her attitude "was so subtly ingratiating, and yet domineering, that she would almost have to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own

womanhood and independence." He might also have added that a schizophrenic son could have been substituted for the patient in this same context, making the last part of the quotation read"..... if the patient were to free himself from its terrible influence and win his own manhood and independence." Note also the effeminacy of the patient's father, who treats his daughter like a son.

- 199 Case CD-5 was an uneducated Russian immigrant who was sent to St. Eliz. Hospital after having excised one of his testicles. He said it did not stop masturbating, but his behavior otherwise showed unmistakable religious fanaticism and the desire to be crucified. He tried to raise a beard like Christ, and his prayers and uplifted eyes, ecstatic crucifixion countenance, his tears and impulsive giggles, revealing pleasure at the physician's approach on the ward, showed, as he persisted in attempts to bow and kiss the physician's hand, not only his appreciation, but also an intense desire to subject himself to the physician's domination. The homosexual eroticism of this was suspected at first, but later it became confirmed when we had to watch him continually to prevent him from getting into homosexual embraces with other erotic men. (Ibid., p. 600)

This patient's severe bisexual conflict is glaringly apparent.

- 200 Horses, bulls, negroes, 'morphrodites with three penises and large breasts,' her husband with two penises, her father, brother, mother and sister would have intercourse with her. She had become a 'morphrodite' and would have intercourse with herself and use a horse's penis. 'When you speak [Dr. Kempf] I think I speak.' 'I am trying to do everything.' She believed she was everybody. (Ibid., p. 639)

Again, an obvious "bearded lady" example.

- 201 A severe panic about having circumcised, eaten and killed her infant continued about three weeks. She was sad and cried as if her baby were really dead. (The identification is made here of the entire baby with the baby's penis which actually was circumcised. Later the identification of the penis as a baby came out frankly and the feeling that she had eaten her baby became recognizable as an erotic wish fulfillment.)

When I asked, 'Why do you think you ate your baby?,' she gave me to understand that she did not 'hate' her baby. The burdensome baby was disposed of in her dreams and hallucinations in the form of abortions.

She thought she threw her infant down a shaft and burned it to death.

When she was in bed she would lie half exposed and as a man approached she made little movements to uncover herself. (To submit herself)

and yet looked at him in great fear. She still had erotic dreams and would have to awaken to keep from masturbating. Her social interests were decidedly homosexual. She delighted in dancing with certain women, dreamed of being in continuous tubs with them and being tempted to masturbate by them.

She began to quarrel with the other patients, and derived special delight out of 'cussing.' She used profanity liberally for almost everything, and was very much like a tomboy in her vulgarity and heedlessness. 'I remember when I was lying with my head on my nurse's knee I determined not to commit masturbation, but I would have anything for happiness, so I let my imagination go and it got bigger and worse all the time.' (Ibid., p. 642)

She wrote several letters filled with vulgar sexual phrases, references to feces and her love for the nurse. She was fond of resting her back against the electric light switch and turning on the light. Sometimes she assumed the female sexual position on the floor and then assumed the male sexual position and initiated coitus: she usually left her slippers in the office when she started to leave. Since her return to the hospital she will not wear clothing, but tears her dresses, wraps them around her body like a blanket, sits on the floor for hours with her head buried in her arms and her knees pulled up to her chest – a very common dementia praecox position in which such patients freely play with their pelvic orifices. (Ibid., p. 657)

It is very obvious, from all these cases of schizophrenia which are reported on by Dr. Kempf, why he was driven to the conclusion that bisexual conflict is invariably the basic etiological factor in "every case of emotional neurosis or psychosis" in man. This factor appears with such monotonous regularity in all these cases that it is inconceivable that any objective investigator would not reach the identical conclusion.

202 He became very slovenly, worried about having been subjected to sodomy and his feelings of an enlarging abdomen. He walked so that his abdomen was protruded forcefully, a distinct effort to have a pregnant abdomen.

He complained frequently that 'this patient in my stomach talks to me all the time and mixes me up. Water or something moves up and down in here. It might be a rupture or something.' He said it took him all over the country and showed him many things and talked 'plainly' to him. He would not talk freely about it because it might get him into trouble. He seemed to believe that the feelings were the result of some form of pregnancy and explained it by 'someone stuck a stick of dynamite in there,' and stuck needles into his 'back.' (Ibid., p. 677)

He later felt compelled to remove his clothing and without explanation stood about naked. He persisted in fondling certain other patients and became extremely persistent in getting into physical contact with them. He

had a particular attachment to another patient who had similar difficulties and frequently hallucinated someone trying to perform sodomy on him. (Ibid., p. 678)

The needles this patient believes have been thrust into his "back" and the stick of dynamite he believes someone has "stuck" into his stomach are obvious phallic symbols, representing the symbolic fulfillment of repressed homosexual cravings to indulge in passive pederastic intercourse.

203 This was only intelligible from what followed in the sense that he was resisting his feminine cravings to marry a man. He always slept in a bed with his back to the wall, and watched the men so that they could not secretly perform sodomy upon him while he slept. He had a characteristic walk. Passing along through the ward for several steps, then turning to look down close behind him, as if sensory disturbances made him feel that someone was approaching him. Such back and anal sensations persisted more or less vividly for about ten months, as his behavior indicated.

One day he approached me asking if I was a detective and adding, 'I am carved from here to here.' (passing his hand from anus to scrotum.) During most of this period, frank sodomistic interests and fancies occupied his entire time. He could not be interested in anything.

Whenever I met him on the ward he would come up to me, grinning and shaking his head oddly, to say that he was not sure that anyone had performed sodomy on him, but that he would watch out for them. (Ibid., p. 681)

This patient's passive anal erotic urges, which had existed previously in a state of unconscious repression and had consequently driven him "crazy," have now broken through into conscious awareness where they can more easily be dealt with. His being "carved from here to here" emphasizes his primary identification as a woman.

204 Another patient, who passed through a psychosis and panic because of fear of being destroyed and sexually misused, finally recovered and returned to work. A few years later he voluntarily sought admission to St. Eliz. Hospital. He said his genitalia were disappearing and his rectum was changing into a vagina. He was decidedly pleased and lived his belief, devoting his time to erotic fancies about his hermaphrodite nature, not caring to return to society, but probably better pleased with the men on the wards. (Ibid., p. 690)

This is another obvious "bearded lady" case.

205 (Case HD-16) – He was sent to St. Eliz. Hospital because of his unfitness to remain in the Soldier's Home. He says: 'I represented the Spirit of American Service, the Navy Service and the Department of Justice, through a method of transfiguration, the purity of the Church represented in it.' (Grand compensation).

On the wards he often shouted 'get out of my stomach,' and rubbed his left hand on the right side of his abdomen. When asked about the trouble, he said it was a 'composition' put in by magnetism through a transfiguration, and a 'divorced woman, a whore, is trying to get inside.'

He said he had been bothered considerably more than usual the past ten months or year. He earnestly asked the physicians to feel his abdomen and note the movements in it. Sometimes he insists that there is something 'alive' in his 'stomach'.

When the remark was passed that ten months was a long time to carry anything there, he looked decidedly pleased and smiled effusively. When asked how he acquired it, he threw back his head and looked upward and smiled knowingly (as if it came from God).

He will not frankly state today that he is pregnant, but he is pleased by such fancies, and characteristically rubs his abdomen. While making this note he suddenly denounced in vigorous language the 'divorced whore' who is trying to get into his abdomen. (Ibid., p. 691)

This patient's unconscious identification as a female is demonstrated by his delusion of being pregnant.

206 Fig. 69 – Masculine compensation in a woman. Following the mother's interference with her mating she developed a psychosis in which she solved her unhappiness by becoming male, the priest of an elaborate new religion and philosophy. Her attitude is that of aggressive homosexuality. She made the costume. (Ibid., p. 701)

Why did the mother of this patient interfere "with her mating?" Undoubtedly because the mother unconsciously was homosexually attracted to the daughter and resented any competition from men for the daughter's affections.

207 On the other hand, the individuals, who finally yield to their perverse erotic cravings and resign themselves to live at the level of non-resistance to it, may be found on the wards by the hundreds as so-called chronic dementia praecox types. A study of these people shows that they are preoccupied with an incessant stream of lurid, weird polymorphous perverse sexual thoughts and sensations, and a most grotesque, primitive estimation of their place in the social herd. Their slovenly appearance and characteristically relaxed,

slouchy carriage reveal the marked indifference of the erotic affect to social esteem (Ibid., p. 706)

With the proper guidance and psychotherapy, the individuals described here by Dr. Kempf would have a good chance of eventually regaining a useful place in society, rather than being relegated to the back wards of mental hospitals. For by yielding to "their perverse erotic cravings" and resigning themselves to "live at the level of non-resistance" to them, these patients have already accomplished the fundamental task which is indispensable for the cure of their mental illness, namely, the admitting into conscious awareness of these heretofore repressed erotic cravings, the denial of which has caused them to become insane.

208 Another patient would break out into wild rage at each visit from the doctor, grinding his teeth and threatening to assault so that he had to be restrained. Yet, shortly after he would jump into his bed and with an elegant gesture send the physician a 'kiss of forgiveness.'

[*Dementia Praecox or the Group of Schizophrenias*, Eugen Bleuler (Ibid., p. 45)]

The "kiss of forgiveness" which this patient sent his physician is definitely an effeminate gesture, and is indicative of the patient's bisexual conflict.

209 A woman patient is 'Christ and the Lord of the World.' She is the Savior's Housekeeper, the Bride of Christ, 'the five-hundredth messiah, God's Golden Book and must be rewarded.' The patient is like God at least inasmuch as everything which she even dares to think comes to pass at once. In women, these religious, grandiose ideas usually have an erotic character. Rarely is it simply a sublimation of sexual love in religious ideas. More frequently, there is a condensation of vague religious ideas in certain definite forms. The Lord or Savior to whom the patient is related or with whom she identifies is usually characterized by certain traits of a real man who had played some part in the patient's life. (Ibid., p. 120)

This patient's bisexual conflict is illustrated by her female identification – the "Savior's Housekeeper" and the "Bride of Christ" – and her simultaneous male identification – "Christ and the Lord of the World" and the "five hundredth messiah."

210 Thus a patient says that he is being 'subjected to rape,' although his confinement in a mental hospital constitutes a different kind of violation of his person. (Ibid., p. 151)

For a male patient to say he is being "subjected to rape" indicates a very strong feminine identification.

- 211 The delusion of being possessed is very commonly seen as a specific type of 'double personality.' Nowadays we rarely see it in its ancient religious form or sense. Instead of the Devil, God may be the commanding spirit; or 'God has hurled a spirit at the patient's head. His spirit is then possessed.' Now and then the patient's sex appears altered delusionally. The male patient may feel himself at times, or even continually, a woman, or vice versa. (Ibid., p. 123)

When Dr. Bleuler, the man who originated the name "schizophrenia," states that "now and then the patient's sex appears altered delusionally," he would have been more accurate had he stated that in schizophrenia the patient's sex is always altered delusionally, even if in some cases this phenomenon is not quite as apparent as it is in others, for it is always severe bisexual conflict which forms the core of the disease.

- 212 Frequently the patient considers his entire environment as transformed, "shammed." We also find that people's characteristics and station in life are being changed. The patient's sister has become engaged. The doctor is divorced from his wife and the nurse becomes a man in disguise. The patient's late mother continues living as a bull in his stable. (Ibid., p. 124)

The fact the patient believes his female nurse is a man in disguise shows the depth of his bisexual conflict and confusion. However, intuitively he may realize the nurse is somewhat "mannish." Likewise, in his schizophrenic delusion he believes his mother lives on as a "bull in his stable," implying that she too was a very masculine woman. In fact the mothers of all schizophrenic patients, both male and female, display strong masculine characteristics either openly or subtly.

- 213 A female patient adores both a music teacher (a woman) and a minister. Occasionally she identifies with both.²² In her hallucinations the patient obtains sexual satisfaction from the minister. But occasionally she sees the music teacher and the minister in a sexual embrace and this arouses tremendous excitement in herself. [²²The same thing occurs very frequently in the dreams of normal people. C. F. Kraft-Ebbing's patient who could only love women who limp and could not resist the impulse to imitate such women.] (Ibid., p. 146)

The female patient "adores" both her music teacher (homosexually) and her minister (heterosexually) and "occasionally she identifies with both." That

is, sometimes she identifies herself as being a woman, other times as being a man. Furthermore, she identifies as a man with the minister when he is making love to the music teacher, thereby arousing tremendous homosexual excitement in herself. This is an obvious case of bisexual conflict. Kraft-Ebbing's patient who only loved women who limped, and then compulsively imitated such women, demonstrates clearly his own unconscious feminine identification.

- 214 They may come to believe in real people burning them with real fire when their secret love burns within them. The following ideas are somewhat similar: a catatonic makes a certain movement of his eyebrows in exact imitation of a Miss N.; then he insists he had sexual relations with her. Miss N.'s gesture executed by his own body is equated with Miss N. herself. (Ibid., p. 76)

This patient, like the one in quotation 211, imitates a woman. He makes the same eyebrow movements as that of a certain female acquaintance. Then he says he had sexual relations with her. First, he identifies as a female with her, then he makes love to her. His bisexual conflict is very apparent.

- 215 Just as little can I believe that Wernicke's patient who mistook the attendant for his sister, Laura ²⁴ had forgotten the memory picture of male and female clothing. As a rule lucid schizophrenics have a fairly good grasp of such ideas and memory pictures. (Ibid., p. 75)

Again, a schizophrenic patient demonstrates his sexual confusion by mistaking a man for a woman, in this case the male attendant for his sister Laura.

- 216 A hebephrenic who worked for a time in our office, strutted around carefully togged out, manicured and pomaded and did not in the least seem to mind the teasing which he was subjected to by another uncouth employee. (Ibid., p. 49)

This hebephrenic patient was teased by an "uncouth employee" for displaying effeminate mannerisms.

- 217 Particularly often, several persons are conceived of as one. A patient is his father and mother, and his children. During an acute, although mildly cloudy episode of his illness, another patient does not distinguish between his children as they now are and as they were as infants. When the conversation turns to sexual matters and the education of children, his wife and his own ego seem to run together into an indivisible concept: likewise he confuses the institution with his home. On questioning or other stimulation it does not

make any difference of which part of this conceptual pair he or the observer are talking about since he says the same things about either part and it is quite impossible to force a separation. (Ibid., p. 75)

Bisexual confusion is shown by the first patient who is both "his father and his mother," as well as his children. The second patient's ego seems to "run together into an indivisible concept" with that of his wife's, and Dr. Bleuler comments that "it is quite impossible to force a separation" between them. In other words, the patient so strongly identifies as a woman with his wife that for all intents and purposes they are one and the same person, a delusional "bearded lady."

218 The bodily 'influencing' constitutes an especially unbearable torture for these patients. The physician stabs their eyes with a 'knife-voice.' They are dissected, beaten, electrocuted, their brain is sawn to pieces, their muscles are stiffened. A constantly operating machine has been installed in their heads. Someone has injected something in their tear ducts. Their eyes have been exchanged for those of old women. They are put to sleep. A woman patient is told that her flesh would make delicious veal chops, which are then devoured by wolves. Their sexual organs are cut off and exhibited in a neighboring city. (Ibid., p. 118)

The male patients believe "their eyes have been exchanged for those of old women." That is, unconsciously they identify themselves as being female. And the patients who believe their sexual organs have been cut off and are being exhibited in neighboring cities are merely indulging in unconscious wish fulfillment to exchange their genitals for those of the opposite sex, requiring as a first step the relinquishment of their present equipment.

219 The patients take no trouble at all about thinking these ideas through. They can be simultaneously or alternately not only the King of Britain, but Brittania herself. (Ibid., p. 120)

The patients who are both "King of Britain" and "Brittania herself" are definitely "bearded ladies."

220 Some of these patients are at any one time so consistently and completely the one personality or the other, that they do not even think of the other person when they assume the part of one, the person whom they represent at the moment is considered as the natural one. Other patients may become conscious of the change. A woman patient may be 'switched, from a virgin to a married woman.' Another woman is 'a man named Bauman and then again

myself.' For the most part, the different conceptions are mixed up in an irregular way, occasionally even in the very same sentence.

The delusion of sex transformation also alters the personality. (Ibid., p. 144)

This patient sometimes is "a man named Bauman and then again myself." She is afflicted with the schizophrenic "delusion of sex transformation" which also "alters the personality," changing one from woman to man, or vice versa. The delusional sex transformation is the psychotic manifestation of powerful unconscious wishes.

- 221 Frequently the patients will blame their surroundings or attendants for what they themselves have done. A patient hits the attendant on the head and screams, 'Oh, my poor little head!' Another seeing the attendant calls out, 'There goes the maid with the lantern. I am the maid with the lantern.' (Ibid., p. 145)

The patient who mistakes the male attendant for the "maid with the lantern" and then states that he himself is "the maid with the lantern" is demonstrating a severe degree of bisexual confusion and conflict.

- 222 The patient's wife must not use eggs in cooking, otherwise he will grow feathers. Hair is growing down his back. He has no nose anymore; he has become a rubber ball. His genitals are gone; they were destroyed by fire. His spinal marrow runs out in his sperm. (Ibid., p. 123)

The patient's unconscious wish to be a female is greatly facilitated by having his male genitalia destroyed by fire, thus symbolizing the longed-for castration which must precede any transformation into a female.

- 223 Silk weaver: intelligent. At the age of fifteen: religious ideas of grandeur. At twenty: catatonic frenzy, improvement. At age of twenty-seven: diagnosis of dementia. From ages twenty-nine to thirty-one, catatonic. Until the age of fifty-five, he continued as a diligent, quiet weaver who supported his parents and himself. At the age of fifty-five, auto-castration; since then he has been in the hospital with some catatonic symptoms. (Ibid., p. 247)

This patient went a step further than the one in quotation 220 by actually castrating himself rather than merely having delusions of such, i.e. of having lost his genitals in a fire. With the loss of his male genitals he is a step closer to fulfilling his deepest wish, namely, that of becoming female.

224 The clearer the patient's state of consciousness and the fewer reasons there are for the presence of affects, the milder may the symptoms be which permit a diagnosis of schizophrenia. The same applies to the differential diagnosis: epileptics may create symbols; they may confuse concepts such as man and woman, or coin neologisms, but only when their consciousness is clouded. (Ibid., p. 295)

Dr. Bleuler again emphasizes how schizophrenics "may confuse concepts such as man and woman," much as do certain persons suffering from so-called "epilepsy," which in reality is frequently but one of the symptoms of schizophrenia.

225 In schizophrenia, the habitual well-worn pathways of association have lost their cohesiveness. In a certain context, the father believes that he is the mother of his children, by ignoring existing attributes of his own person and substituting attributes that belong to his wife. (Ibid., p. 355)

Again, attention is drawn to the bisexual conflict in schizophrenics by the example of the father who may now believe "he is the mother of his children."

226 Probably, too, the delusions like the dreams often express precisely the opposite of what the patient really wants. A catatonic has homosexual tendencies; he builds a delusion that a woman of high society (whom he does not really know) is in love with him, and he insists that he is in love with her. Under such conditions, it is understandable that there is no affect bound up with the delusion. He does not love the woman at all; the idea is obviously only the reaction to the unpleasant consciousness of his homosexuality. (Ibid., p. 369)

This is an excellent example of how repressed homosexuality leads to schizophrenic symptomatology. To defend himself against his homosexual cravings, the patient creates the psychotic delusion that he both loves and is loved by a woman whom in fact he doesn't even know. As long as he can keep this delusion alive, he can evade the reality of his "perverse" sexual longings.

227 A certain type of facial expression can lead us to conclude that the patient practices fellatio; a delusion may reveal the bad conscience of a pederast. Our findings are confirmed by the patients without any attempt at suggestion. (Ibid., p. 391)

Dr. Bleuler points out the existence of certain "perverse" sexual practices in some of his hospitalized schizophrenic patients, specifically – oral and anal homosexual intercourse.

- 228 A sexually aroused hospitalized patient thinks that he is in a convent and uses his mattress as a sexual object. (Ibid., p. 393)

Since only women are allowed to be in convents, it could be construed that Dr. Bleuler's patient believes he is a woman.

- 229 One husband is ashamed before his wife and therefore must depreciate her; another throws the blame on her; a third surrenders his masculinity and becomes a woman.⁴⁴ For the most part, the delusion is a combined one in which all three forms appear in the same patient, but one usually occupies the foreground. [⁴⁴Schreber's desire to have children was not satisfied. In the process of becoming a woman he is made pregnant by God and will renew humanity.] (Ibid., p. 399)

The husband (the patient) "surrenders his masculinity and becomes a woman," precisely as did Daniel Paul Schreber, Dr. Bleuler points out. As Drs. Macalpine and Hunter so aptly phrased it: "Schreber's name is legion."

- 230 A workingman felt his childishness very keenly. However, he had never been very active sexually, and of late was almost entirely impotent or suffered from ejaculation praecox. Because of his hebephrenia, he has been incapable of working at his trade for many years. Therefore, he does all the womanly tasks at home while his wife conducts a business. (Ibid., p. 399)

This hebephrenic patient has "surrendered his masculinity" and become a woman in all but name only. If his ego had been unable to accept his strong feminine strivings and had resisted them, he would have become a "paranoid" schizophrenic rather than the "hebephrenic" schizophrenic he is classified as by Dr. Bleuler.

- 231 Metamorphosis sexualis paranoica may have other sources than that of impotence, particularly a complicating homosexuality. In one such case, which unfortunately I was unable to analyze, I had reason to suspect that the patient considered herself to be a man because only as a man she could hope to realize her scholastic aspirations. Occasionally, such a delusion is an accidental byproduct of further elaborated and displaced delusional ideas: one patient had been in love with a minister some fifty years previously; gradually, the woman patient (like many another under the same conditions)

became Christ, proving this transformation by demonstrating a femoral hernia as a scrotum. (Ibid., p. 400)

Dr. Bleuler again emphasizes the vital role played by bisexual conflict and confusion among his schizophrenic patients.

- 232 Perversions, alongside the manifestations of normal drives, are much more pronounced in schizophrenics than in neurotics. The homosexual components, especially, play an unsuspectedly large role. But we will not go into further details at this point. (Ibid., pp. 410-411)

It was most unfortunate that Dr. Bleuler decided not to "go into further details at this point" on the "unsuspectedly large role" that homosexuality plays in the genesis of schizophrenia, for by not doing so – then or later – he threw off the scent the vast majority of investigators who followed in his footsteps.

- 233 Another catatonic woman, also in love with a preacher, writes in a letter: 'The preacher of the Reformed Church must annihilate me.' At times the nurse – *faute de mieux* – serves as the patient's love object. In this sense she once said she would love to squeeze the nurse against her own body till the nurse got so thin that she could kindle her. (Ibid., p. 415)

This patient's nurse "kindles" the latter's powerful homosexual feelings, the prior repression of which have driven her insane.

- 234 Among the male patients, a female saint generally represents the love object. Yet schizophrenic men are not in the least embarrassed to be married even to God or Christ. Thus in the patient mentioned above whose first erotic feelings were directed to his sister, Christ appeared to him as a very pretty girl who looked just like his sister. (Ibid., p. 420)

The fact that schizophrenic male patients "are not in the least embarrassed to be married even to God or Christ" is evidence of their bisexual conflict and homosexual inclinations.

- 235 The eye also serves as a symbol of the female genitalia; whereas the nose can be both the male and female organ, even in the same patient. Women who have to be tube-fed through the nasal passage often complain that they are being sexually abused. Whenever someone touches his nose, a patient proclaims this to mean that he himself is masturbating; he sticks cigarettes up his nose which for him is a conscious symbolic act representing intercourse.⁷⁰ (Ibid., p. 424)

By sticking a cigarette up his nose, this patient is symbolically playing the part of a female having sexual intercourse with a male, the nose representing a vagina and the cigarette a penis.

- 236 A man ran about looking for his (imaginary) wife. Then, for a long time he stared at the doctor whom he recognized as such, finally blurting out: 'But you are really my beloved.' Afterwards he asked one of the other doctors whether he was not his wife, unbuttoning his trousers as he spoke. On the following day the patient said to the same physician: 'I don't know whether you are a representative of a young lady. Yesterday, I saw one here who looked very much like you.' When his attention was called to the doctor's beard, he looked closely at the doctor and then said: 'In the theater women often play the roles of men.' Some time later he grasped the doctor's hand and exclaimed, filled with rapture: 'Aren't you the young girl who took lessons from me?' Later, he approached other patients in the same way. (Ibid., p. 427)

This is a striking example of the intensity of the sexual confusion and conflict in a schizophrenic.

- 237 The displacement went much farther in the previously mentioned woman who thought she was a man and possessed testicles which meant that, via Christ, she was in love with a priest. Another patient had the same original delusion. But in place of the priest, there were successively substituted the Holy Ghost, God the Father, and Christ who in turn was represented by a lamb. Now a lamb belongs to a ram. Therefore, 'I am a ram,' in this case originally meant: 'I have obtained my priest.' (Ibid., p. 436)

This schizophrenic patient thought she was a man who possessed testicles, and also thought of herself as a "ram," a powerful symbol of male sexuality.

- 238 I recall very vividly four castrated schizophrenics. One of them had cut off his own testicles. Two had their ovaries removed for 'nervous troubles;' i.e., in reality, because of the psychosis. A fourth had an ovariectomy because of an inflammatory process of the internal genitalia. In none of these cases could we detect a beneficial effect on the course of the disease. In two cases, castration was followed by the actual outbreak of the illness, giving rise to the patients' notion that they were no longer 'complete' human beings, thus constituting an integral part of the disease symptoms. Unilateral castration was also of no help in another male case. (Ibid., p. 473)

These four schizophrenics had strong unconscious desires to be of the opposite sex and consequently were instrumental in bringing about their own castration.

- 239 Dear Dr. I do not want to be a boy. I want to be a girl just my sister is Fae M. Stamtey. (Anonymous)

This boy "Fae," who wants to be a girl like his "sister is," demonstrates at what an early age these opposite-sex feelings can develop and how overwhelming they can be.

- 240 On Christmas morning oranges are going to turn blue
On Christmas morning girls are going to turn into boys and vice versa
On Christmas morning football scores will start at one hundred
On Christmas morning night will turn into day.

[Jeanne Turner, sixth grade]

This young lady is obviously entertaining fantasies of becoming a boy.

- 241 All through his childhood he had been very fond of playing parts in front of the mirror. Now in front of the mirror he continued to play parts, but in this one special instance he allowed himself to become absorbed into the part he played (to be spontaneous). This he felt was his undoing. The parts he played in front of the mirror were always women's parts. He dressed himself up in his mother's clothes, which had been kept. He rehearsed female parts from the great tragedies. But then he found he could not stop playing the part of a woman. He caught himself compulsively walking like a woman, talking like a woman, even seeing and thinking as a woman might see and think. This was his present position, and this was his explanation for his fantastic getup. For, he said, he found that he was driven to dress up and act in his present manner as the only way to arrest the womanish part that threatened to engulf not only his actions but even his 'own' self as well, and to rob him of his much cherished control and mastery of his being. Why he was driven into playing this role, which he hated and which he knew everyone laughed at, he could not understand. But this 'schizophrenic' role was the only refuge he knew from being entirely engulfed by the woman who was inside him, and always seemed to be coming out of him.

[*The Divided Self*, R. D. Laing, Penguin Books, Baltimore, Maryland, 1965, p. 72.]

R. D. Laing sketches a vivid picture of the intensity of the homosexual feelings a schizophrenic youth is vainly attempting to hold in abeyance.

242 The first step in the process of increasing barrenness of his existence was that the woman lost her love transparency, being a completely different, remote 'foreign' pole of existence; she became 'pale,' a 'mirage,' then she represented 'undigestible food' and finally she dropped entirely out of the frame of his world. When his progressing schizophrenia 'depleted his masculinity,' when most of his own male feelings 'had run out,' he suddenly and for the first time in his life felt driven to 'open himself' to a certain form of homosexual love. He described most vividly how in this homosexual love he succeeded in experiencing at least half of the fullness of existence. He did not have to 'exert' himself very much to attain this semi-fullness, there was little danger of 'losing himself' and of 'running out' into boundlessness in this limited extent and depth. On the contrary, the homosexual love could 'replenish' his existence 'to a whole man.' (Ibid., p. 146)

This is an excellent description of the only way a schizophrenic can be cured of his "disease," and that is by consciously allowing himself to experience to the fullest all those homosexual feelings and desires whose prior repression is the factor which has led to his insanity, or "schizophrenia." (This process applies equally to schizophrenic women.)

243 We shall attempt to characterize the nature of this 'self' by statements made not only by this 'self' directly but also by statements that appear to originate in other systems. There are not a great many of these statements, at least by the 'self' in person as it were. During her years in hospital, many of them probably had become run together to result in constantly reiterated short telegraphic statements containing a great wealth of implications.

As we saw above, she said she had the Tree of Life inside her. The apples of this tree were her breasts. She had ten nipples (her fingers). She had 'all the bones of a brigade of the Highland Light Infantry.' She had everything she could think of. Anything she wanted, she had and she had not, immediately, at the one time. Reality did not cast its shadow or its light over any wish or fear. Every wish met with instantaneous phantom fulfillment and every dread likewise instantaneously came to pass in a phantom way. Thus she could be anyone, anywhere, any time. 'I'm Rita Hayworth, I'm Joan Blondell, I'm a royal queen. My royal name is Julianne.' 'She's self-sufficient,' she told me. 'She's the self-possessed.' But this self-possession was double-edged. It had also its dark side. She was a girl 'possessed' by the phantom of her own being. Her self had no freedom, autonomy, or power in the real world. Since she was anyone she cared to mention, she was no *one*. 'I'm thousands. I'm an in divide you all. I'm a no un' (i.e. a nun: a noun: no one single person).

Being a nun had very many meanings. One of them was contrasted with being a bride. She usually regarded me as her brother and called herself my bride or the bride of 'leally lovely lifey life.' Of course since life and me were sometimes identical for her, she was terrified of Life, or me. Life (me) would mash her to pulp, burn her heart with a red-hot iron, cut off her legs, hands, tongue, breasts. Life was conceived in the most violent and fiercely destructive terms imaginable. It was not some quality about me, or something I had (e.g. a phallus = a red-hot iron). It was what I was. I was life. Notwithstanding having the Tree of Life inside her, she generally felt that she was the Destroyer of Life. It was understandable, therefore, that she was terrified that life would destroy her. Life was usually depicted by a male or phallic symbol, but what she seemed to wish for was not simply to be a male herself but to have a heavy armamentarium of the sexual equipment of both sexes, all the bones of a brigade of the Highland Light Infantry and ten nipples, etc.

She was born under a black sun.
She's the occidental sun.

The ancient and very sinister image of the black sun arose quite independently of any reading. Julie had left school at fourteen, had read very little, and was not particularly clever. It was extremely unlikely that she would have come across any reference to it, but we shall forgo discussion of the origin of the symbol and restrict ourselves to seeing her language as an expression of the way she experienced being-in-the-world.

She always insisted that her mother had never wanted her, and had crushed her out in some monstrous way rather than give birth to her normally. Her mother had 'wanted and not wanted' a son. She was 'an accidental sun,' i.e. an accidental son whom her mother out of hate had turned into a girl. The rays of the black sun scorched and shrivelled her. Under the black sun she existed as a dead thing. (Ibid., p. 203)

The graphic illustration of bisexual confusion in a schizophrenic woman that is portrayed here by Dr. Laing should convince even the most skeptical of the enormous potential this conflict has for causing severe emotional distress and illness.

244 They forgot that, amidst all my lunatic childishness and simplicity, I was a grown-up man, and probably knew not myself. And if it is true of any creature, that he knoweth not of what spirit he is, it is strikingly true of a lunatic.

[*Perceval's Narrative (A Patient's Account of His Psychosis), 1830-1832*, edited by Gregory Bateson, Stanford University Press, Stanford, California, 1961, p. 123.]

When Perceval writes that "it is strikingly true of a lunatic" that "he knoweth not of what spirit he is," he could as well have written that "he knoweth not of what gender he is."

245 What was true of Goethe is true of me. I have two souls. What are they? They are male and female, positive and negative, destructive and inductive, Yang and Yin. And they want to divide in a sort of eternal schizophrenia. Well, let them go. I, quite an ordinary person, have reunited them and I tell them to go where they will. I have a split mind. I was a manic-depressive; let us say for the sake of the argument that I am now a schizophrenic.

[*Wisdom, Madness and Folly (The Philosophy of a Lunatic)*, John Custance, Pellegrini & Cudahy, New York, 1952, p. 135.]

John Custance, in this short sentence, has given the world the key to understanding mental illness. His "split mind" is caused by conflict between his male and female selves, his "Yang and Yin." Goethe himself recognized this same conflict when he lamented that "Alas, two souls" were housed within his breast. It is invariably the conflict of these two souls, the male and the female, which forms the etiological basis of all functional mental illness.

246 I was a combination of Oliver Twist and Little Nell.

[*On Being Different*, Merle Miller, Random House, New York, 1971, p. 15.]

Merle Miller, a writer whose sexual orientation is homosexual, grew up knowing he was "different" from other boys. When he states he was a "combination of Oliver Twist and Little Nell," he is also describing the unconscious bisexual conflict of every schizophrenic person, or one who is afflicted with the "bearded lady" disease.

247 I look at my hands and feet. They're big. Sometimes I feel big. Sometimes I look at me and I look big. But then I feel a thing about me. It's a hard thing to call by a name. It's a delicate thing. Maybe that's it, a delicacy and already I don't like the word. But it fits. So I go around feeling this here delicacy. In the middle of a bigness and a gawkiness I feel this delicacy. I heard them talk, my mother and father. 'Awkward,' I heard and this was about me. 'Gawky,' I heard and this was also about me. 'Skinny,' I heard and something about a nice face and maybe that was also supposed to be about me. But in

the middle of all this I sometimes have the delicacy thing. I watch myself, my hands, the way I move them, and I swear there's a delicate thing to it. Sometimes it's mixed. I mean this: all at the same time I'm a turbine, Arthur Turbitzky and this delicacy thing.

The delicacy. There's a girl-like thing about it that I could be happy to skip. But sometimes it's there and all the time while I'm a turbine, a dynamo, a dynamic turbine, I see me moving my hands so delicately that it's crazy.

[*Platzo and the Mexican Pony Rider*, Theodore Isaac Rubin, M. D., Ballantine Books, New York, 1965, pp. 32-33.]

Dr. Rubin gives a wonderful description here of a young man's bisexual turmoil.

248 Whereas the older one 'has no nerves' and is very well adjusted and cheerful, the younger is 'a bundle of nerves' and is a soft³ and womanish aesthete. At seventeen he was in a psychiatric clinic for some weeks on account of a mental ailment with suicidal ideas, and even after his recovery he remained easily excitable. He has married. [³ The word soft implies in this context all the varied meanings of the German weich – a frequently used and important term in this paper – including physically soft as well as tender-hearted, delicate, effeminate, weak, or malleable – translators]

["The Case of Ellen West (An Anthropological-Clinical Study)", Ludwig Binswanger (in *Existence*, edited by Rollo May, Ernest Angel and Henri F. Ellenberger, Simon & Schuster, New York, 1958, p. 237).]

The younger brother has had a "schizophrenic break" due to his repressed homosexual tendencies. His effeminacy is remarked on by the writer, Dr. Binswanger.

249 At this time too she was of a lively temperament, but still self-willed. She had already chosen the motto: aut Caesar aut nihil!⁵ [Literally, 'Either Caesar or nothing!' – translated.] Up to her sixteenth year her games were boyish. She preferred to wear trousers. From her babyhood Ellen West had been a thumbsucker; at sixteen she suddenly gave that up, along with her boyish games, at the onset of an infatuation which lasted two years. In a poem written in her seventeenth year, however, she still expressed the ardent desire to be a boy, for then she would be a soldier, fear no foe, and die joyously, sword in hand. (Ibid., p. 239)

On the third day of being home she is as if transformed. At breakfast she eats butter and sugar, at noon she eats so much that – for the first time in thirteen years! – she is satisfied by her food and gets really full. At afternoon

coffee she eats chocolate creams and Easter eggs. She takes a walk with her husband, reads poems by Rilke, Storm, Goethe, and Tennyson, is amused by the first chapter of Mark Twain's 'Christian Science,' is in a positively festive mood, and all heaviness seems to have fallen away from her. She writes letters, the last one a letter to the fellow patient here to whom she had become so attached. In the evening she takes a lethal dose of poison, and on the following morning she is dead. 'She looked as she had never looked in life – calm and happy and peaceful.' (Ibid., p. 267)

Ellen West's intense bisexual conflict eventually triggered her death by suicide. As has been said before, suicide is the most serious symptom of schizophrenia.

250 Letailleur, Morin and Le Borgne (1958) write of a reversal of the sex role in schizophrenia, suggesting that this reversal results from the delusions and hallucinations accompanying schizophrenia and somatic and psychological predispositions.

["A Serendipitous Finding: Sex Roles and Schizophrenia", Frances E. Cheek, *Journal of Abnormal and Social Psychology*, Vol. 69, No. 4, 1964, p. 393.]

We had expected that females as a group would be lower than males on task behaviors, and for the normal females the pattern is fairly well exhibited; on procedural suggestions, for instance, a measure of dominance, they are certainly lower. However, the schizophrenic females show the reverse pattern. They clearly reveal their activity, being higher than the normal females on procedural suggestions and notably on giving opinion (category 8) and clarification (category 12). The schizophrenic males are much lower in general on task behaviors than the normal males.

The male schizophrenics, as we have anticipated, have presented an interaction equivalent of withdrawal – low total activity rates, low rates of dominance behavior, low rates of disagreement and projected hostility – although they are close to the normal males in rates of overt hostility and higher on ego defensiveness.

However, the female schizophrenics present a marked contrast to the males. They are revealed in the interaction as more active and dominating than the female normals.

Our earlier observations regarding the over-activity of the female schizophrenics as suggested by their more active recreational patterns in the developmental data, the number of problems which they presented to their families, and their lack of conformity as perceived by their parents in the questionnaire study are thus corroborated.

Also, it appears that the sex differences in release rates, marital status, pupil size, and the MMPI findings of Gross (1959), which revealed withdrawal and intratensive behaviors in the male schizophrenics and more overtly emotional behavior patterns in the female, could well have been reflections of these differences in activity which we have observed. The reversal of sex roles hypothesized by Letailleur (1958) also fits this picture, for the over-active, dominating female and underactive, passive male are cultural anomalies.

Indeed, these sex-linked differences in schizophrenics would seem to be an unstated but not unfamiliar psychiatric observation. In discussing this finding with psychiatrists who have handled male and female wards we find an immediate recognition in typical comments that female wards are always noisier and more disturbed, require more attendants, etc. This would appear to be one of those glaring apparent facts which must have a clear, cold eye, such as the interaction categories, cast upon them before they can be truly seen. . .

It is of considerable interest to speculate as to the significance of these findings for our understanding of the nature and etiology of schizophrenia. Does schizophrenia make females more active and males more passive? This would fit the notion of Letailleur and his associates (1958) of the reversal of sex roles as a function of the disease process. However, probably this is not the case as our developmental data suggest that the females have been more active and the males more passive from early childhood. (Ibid., pp. 398-399)

This article on schizophrenia by Frances E. Cheek documents the fact of sexual role reversal in male and female schizophrenics. In other words, male schizophrenics exhibit more feminine behavior than do "normal" males, while female schizophrenics exhibit more masculine behavior than do "normal" females. The author also makes the point that this sexual role reversal is not so much the product of the disease as it is the precondition for the disease, correctly implying, thereby, a direct etiological connection.

251 As a preliminary exercise in understanding the possibilities in such a situation, a case reported from the literature on mental illness may be considered.

It is that of a man who has been hospitalized for a long time because of some rather weird ideas. He thinks that certain persecutors, by exerting extraordinary influence upon him, are causing him to be tormented with sexual sensations and feelings which he finds, or professes to find, revolting. The 'influences' by which this is achieved are invisible, and act over long distances. Of main interest here is the kind of experience that could lead to such a disorder, and the kind of person to whom it could happen.

Important, first of all, is a particular build of personality. The man is described, at the outset, as exaggerated in his self-esteem, confident to the point of arrogance. In the midst of his exalted pretensions and a feeling of contemptuous superiority towards others, he now discovers within himself, not only that he is timid and inadequate in the region of sexual behavior, but that he has a natural disposition toward effeminacy.

In a society such as ours, in which 'real manhood' is so closely linked with sex virility and masculine courage, such a discovery might well be catastrophic, especially to a person who tends strongly toward vanity. It may easily be believed that the conflict was completely unbearable. Here, where the most exalted ego was confronted with the most degrading and shameful defect, is something approaching the ultimate degree of human internal crisis. The effect of directly facing the facts would be like an explosion in a locked room.

That such a person should begin to feel himself regarded as an object of contempt is understandable enough; likewise that the onset of his disorder should show the familiar mistaken interpretation of remarks in which he finds the accusation that he is queer and lacking in masculinity.

In the next phase the idea develops that he has become the object of a plot in which certain evil persons (through motives which need not be detailed) are causing him, or forcing him, to experience the emotions, thoughts and desires of a woman. The extraordinary means by which these influences are exerted, he believes, involve not only supernatural forces, but also electrical action, in which the nerves of his skin are likened to 'tiny radio antennae capable of receiving sensations.'

While the delusional system here includes some rather strange notions, to be later considered, its meaning is clear enough. Through the belief that others are working these criminal effects upon him, he is able to enjoy otherwise forbidden and shameful erotic sensations and emotions with the excuse that he is a passive and helpless victim. Feminine feelings, homosexual desires, the impulse to masturbate, all now become tolerable since full responsibility can be charged to the persecutors.

The delusions are thus, in effect, a denial of ownership. The patient has 'pointed the finger' elsewhere. He has made the paranoid shift.

[*This is Mental Illness (How it Feels and What it Means)*, Vernon W. Grant, Ph.D, Beacon Press, Boston, 1966, pp. 92-94.]

This is an excellent example of the indispensable role played by repressed homosexual tendencies in the genesis of schizophrenia. "Schreber's name is legion."

252 Sylvia felt interested in certain girls in her office. It seemed to her that these girls appeared slightly confused in her presence, that they blushed or paled slightly when they saw her. From this she inferred that they were attracted to her. She once phoned one of these 'smitten' girls and asked if she would like to spend the night together. In explaining her motive, Sylvia said: 'She had to be made to realize what it was she wanted of me. When I called her up all I wanted was for her to realize that this thing was abnormal and must stop. I thought she did not know her impulses were homosexual, or rather that she could not face them. I wanted her to know where her impulses would lead, and that she was playing with fire. It worked, and she refused, and was walking around blushing for several days.'

This is an excellent example of the kind of thinking called rationalization. Sylvia herself made the advance, but managed to persuade herself that her sole motive was to make the girl aware it was *she* who was attracted to Sylvia. It was a neat way of shifting, or reversing the fact that she herself was the attracted one.

The social shyness of the schizophrenic is well illustrated in Sylvia's behavior. Thus, in this instance, an outright advance would have been impossible for her. Only by disguising her motive was she able to be so daring. Typically, she was more roundabout in her approaches. One Christmas the girls exchanged gifts. Sylvia gave one girl a book dealing with the Kinsey report. This she did because: 'I thought that since it would get around to everyone that I had given Mary the Kinsey book it would get to Lila too, and she would realize that she might have Lesbian qualities.' Lila was the goal of this maneuver. Sylvia commented, 'Yes, I realize it was indirect, but it was about as direct as I can be. I'm pretty cautious in such matters.'

Sylvia is tall, rather slender, with black hair and grayish eyes. While her features are good, there is a slightly masculine quality about them. During experiences such as those reported above, she feels that she may be homosexual. She has had rather strongly negative feelings toward men. (Ibid., p. 30)

Sylvia is described by the author as being "schizophrenic," whereas in fact she has avoided this fate by admitting to herself that "she may be homosexual." Her homosexuality has always been close to the surface, as indicated here, and her conscious awareness of the possibility she might be homosexual has saved her from becoming more seriously mentally ill.

253 I felt the old surge of hatred as I had against my father this last summer in Spain when money didn't come when love didn't come Everybody knows or accepts by now that such things 'the jargon' homosexual conflicts etc. are within them everyone knows that what they do every day has something to do with that jargon, but very few are willing to find out

EXACTLY what the connecting links are, what the psychic energy has to do with its product most don't have to until they are shown by some disaster that what they do is foolish, or harmful or too painful for themselves to bear and only then do they ask themselves what those connecting links are, HOW EXACTLY they have been exteriorizing John is driving me crazy (scaring me, still threatening) I called to get that lift down to New York I stumbled on some word (inside myself, still inside myself) and he jumped on it said 'Do you feel guilty about something, daddy?' for himself he meant guilty about trying to escape him last night, refusing to let him bother me whatever he meant by Daddy is his problem I suppose the guy you want to make love to has to resemble your father. It's just too uncanny having him take me down to try and come to terms with Laura. I had a fear a while back that something inside him would make us crash and although objectively that may yet be my own fear comes from a desire that that should be so, that I should go no further with this analysis but instead give myself up to him as he desires (desires desires there's another word I used in that letter to Nathan.) Acquiesce to my desires I want to beat (love) you that damn letter was in part a love letter (No no it can't be that just stated them in their undeniable form so that I had to face it both the wish to beat and love my father and the wish to love healthily, heterosexually) I mustn't shake John's grip if I'm going to ride in the same car with him that's silly you have to go pretty far crazy to kill yourself even subconsciously directed because you are threatened he probably believes there are plenty of others besides me the fact is I MUST shake John's grip on myself and not scare myself with eery consequences the newspaper odds are AGAINST automobile deaths, that was the resistance mechanism trying to stop me again I'm hot on your tail blue bear that doesn't mean anything what does that mean it means that I'm feeling the denied homosexual instincts feeling the woman in me and getting over her that's it that's what Faulkner's bear was a woman I have the quotes up on my wall I wrote them down a week ago woman is a bear you must kill the bear to be a man no that isn't what I've got on my wall the quotes go 'Anyone could be upset by his first lion.'

["The Onset of Psychosis – A Diary Account," Malcolm Bowers, *Psychiatry*, Vol 28, 1965, p. 356.]

Malcolm Bowers, even in the very grip of madness, has been able to gain insight into the bisexual conflict which provoked it.

254 There is a hint here, but only a hint, that Orestes has to combat a feminine side of himself. But what is clearly in focus is the sense that Orestes' madness is inevitable.

In an important sense the conflict is an external one, though he may suffer internally because of it. Orestes is caught up in a conflict he did not create. Aeschylus' portrayal of Orestes is different from Euripides' version, where we find that the external conflict between Apollo and the Furies mirrors the inner conflicts between the male and female parts of his character.

[*Mind and Madness in Ancient Greece*, Bennett Simon, M.D., Cornell University Press, Ithaca, NY and London, 1978, pp. 103-104.]

Aeschylus and Euripides were intuitive psychologists as well as great playwrights, for both could sense Orestes' bisexual conflict and knew it was somehow connected with his growing madness.

255 Dionysus is the god who induces madness, and in some mythic versions was himself driven mad by Hera in revenge against Zeus. Hera is also said to have caused his effeminacy, which is closely related to the theme of madness.⁵⁷ (Ibid., p. 115)

The fact that the Greek playwrights were able to relate a man's effeminacy to his madness shows acute psychological insight on their part. Were they also perceptive enough to link a woman's masculinity to her madness? If so, they would have been among the very first to have developed the "bearded lady" concept of mental illness.

256 Let us first consider the madness of Pentheus. It is shown step by step to take place in an interpersonal process. Dionysus, the other 'person' in this process, embodies the urges for release, the yearning for ecstatic orgy, the repressed sexuality, and the warded-off, dreaded wishes to be feminine.⁵⁸ Pentheus looks to his armor and spear to defend himself against inner threats, which include his wishes to become a woman among the women and his fears of the Maenads as phallic destroyers. (Ibid., pp. 116-117)

..... Finally, in Euripides' *Bacchae*, which is full of illusions, theater and madness are joined in the person of Pentheus dressing up as a woman. He does on stage what a typical greek male actor playing a woman must do off-stage – get his costume just right, ask for help in final adjustment, and get last minute coaching on how to walk and hold himself as a woman.

..... In the *Bacchae* Pentheus starts out at one extreme – he will brook no illusions or convenient fictions. By the end of the play, this insistence on brute reality has turned out to be quite brittle, and he gradually goes mad. The boundary between reality and madness is marked by the scene in which he dresses as a woman, deluding himself that he is not deluded. (Ibid., p. 147)

Euripides correctly attributes Pentheus' growing madness to his severe bisexual conflict, which is vividly illustrated by his actions on the stage.

257 A particularly vivid example of this kind of attack and the associated ritual healing is supplied by Grace Harris in her description of saka, a possession hysteria in women in an East African tribe. ³⁸ These women at first show signs of a general restlessness or anxiety, and then suddenly begin the characteristic convulsive movements. The shoulders shake rapidly while the head moves rhythmically from side to side. Often the eyes are closed and the face is expressionless, and the woman seemingly loses consciousness. Some women perform monotonous repetitive acts, while others repeat strange sounds that mimic foreign words. The people of the tribe consider this a disease of 'the heart' which involves abnormal urges and cravings as well as fears. One disease related to *saka* is a form of kleptomania. *Saka* is an illness of 'wanting and wanting.' The attacks are frequently triggered by a desire for something belonging to the victim's husband or something (usually requiring cash) that he has been unwilling or unable to procure for her. The healing takes place at a public or semipublic ritual, with other women present, and involves dance and drums. The spirit that allegedly possesses the woman demands that she be given the objects she craves, often items associated with the activities of men. During the ritual the woman wears male garb and carries a man's walking stick. The items that the husband must provide seem unexotic but are important to her: cigarettes, bananas (from the foreign-owned plantations where the men work), manufactured cloth. Recovery from the illness is usually rapid if the husband provides these items, and harmony seems to be restored. In this culture, boundaries between the roles of men and women are sharply demarcated. Men work outside the village and have cash to spend. Women have very limited rights and limited scope in dealing with land and cattle, the mainstays of the tribal life. They cannot inherit or dispose of land or cattle without their husband's consent.

..... In sum, we have good reason to believe that both hysteria described in Greek literature and the group ecstasy of the Dionysiac rituals served to express and potentially to redress a certain imbalance in the relationships between men and women. Both served as a socially contained (more or less) and socially acceptable way of presenting, negotiating and readjusting serious disturbances in intra-psychic equilibrium. (Ibid., p. 254)

The people of this tribe demonstrate acute psychological insight when they describe the mental illness which afflicts certain of its members as being "a disease of the 'heart' which involves abnormal urges and cravings as well as fears." For that is exactly what mental illness is – a disease of the emotions and feelings, emotions and feelings which are always "abnormal" in that they are considered "perverse" or "unnatural" by all societies and therefore re-

pressed by most people. And it is the repression of these feelings, which are always of a bisexual, or opposite-sex, nature, which leads directly to mental illness.

In this particular case, this is illustrated by the fact that the "cure" for the mental illness afflicting these females is to allow them to behave in a manner more appropriate to that displayed by the male members of their tribe. These women with "saka" are in reality suffering from schizophrenic symptoms, among which are included hysterical reactions.

258 Miss Michels occupied a constant peripheral position because of her ambivalence toward the group and the group's ambivalence toward her. Her tendency to expose herself, her buffoonery and constant chattering, precluded full acceptance. This unacceptability was especially emphasized when she made vicious verbal attacks on other patients who were upset. On the other hand, her verbal facility, her sense of humor, her ability to retaliate, and her intelligence were viewed with favor When she disparaged herself by saying she had no mind, had an ugly body, or her words had no significance, the others tried to counter this picture of herself. The following extract records an unsuccessful attempt of this kind by Mrs. Stillman.

Miss Michels: I have a lot of hair [on my body].

Mrs. Stillman: I have, too!

Miss Michels: But I have more than anyone else.

Mrs. Stillman: Oh no. I've seen women with more hair than you have.

Miss Michels: Oh, no, you haven't! They weren't women. They must be apes!

Mrs. Stillman: One of the happiest and best-adjusted girls I know has electrolysis done time and time again.

Miss Michels: There are many hairy women, but no one has as much as I have. I got it all over my chest, my hands, my legs, and my face.

Mrs. Stillman: You look attractive, you know.

Miss Michels: I'm not attractive. If you don't look too close, you might think so, but if you look twice, you'll know differently.

Mrs. Stillman: I'm a woman and I can tell.

Miss Michels: It's nice of you to speak that way, but I'm not attractive.

Mrs. Stillman: But, what motive would I have for telling you that if I didn't mean it?

Miss Michels: I don't know, but I'm not attractive.

[*The Mental Hospital (A Study of Institutional Participation in Psychiatric Illness and Treatment)*, Alfred H. Stanton, M.D., and Morris S. Schwartz, Ph.D, Basic Books, Inc., New York, 1954, p. 187.]

Miss Michel's homosexual nature is confirmed by her actions of exposing herself to other women, and by the fact she is obsessed with her own hairiness, which is commonly considered a masculine attribute.

- 259 Role-playing can be disorganized not only in this way, but, as psychiatric experience indicates, in other ways; particularly relevant to psychiatric practice are the continuous playing of complementary roles, especially man and woman or adult and child, simultaneously by the same person, and the more massive disorganization of role-playing which may occur in confused states, although even here there is evidence of much residual intact role-playing. (Ibid., p. 473)

Any person who simultaneously plays the role of a man and a woman is suffering from severe bisexual conflict and confusion and is indisputably schizophrenic as a result.

- 260 The more the work of the past year recedes into perspective, the better pleased I am with it. Now for bisexuality! I am sure you are right about it. And I am accustoming myself to the idea of regarding every sexual act as a process in which four persons are involved. We shall have a lot to discuss about that.

[*The Origins of Psychoanalysis (Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902)*, Sigmund Freud, Basic Books, Inc., New York, 1954, p. 289.]

This letter proves that Wilhelm Fliess was the person who first alerted Sigmund Freud to the theoretical importance of the fact of humanity's innate bisexual constitution.

- 261 I do not understand your answer about bisexuality. It is obviously very difficult to understand one another. I certainly had no intention of doing anything but get to grips, as my contribution to the theory of bisexuality, with the thesis that repression and the neuroses, and thus the independence of the unconscious, presuppose bisexuality. (Ibid., p. 337)

Here Freud tries to counter Fliess' implied accusation that he has appropriated Fliess's theory of bisexuality for his own uses, without first giving him credit for having brought it to his attention. In fact Fliess was correct in his assessment of this matter, for Freud continued throughout his life to deny Fliess the credit he was due for having been the first to introduce him to this idea, or theory, which was to assume such a vital role in all of Freud's later work.

262 We must recognize that the sexual affections are still the greatest constructive forces of the personality if properly conditioned and adjusted, but also that they may become the most insidiously, irresistibly destructive if perverted or unconditionally repressed. This statement is based upon the study of more than two thousand psychopathic and criminal personalities of many nationalities and intellectual levels.

[*Psychopathology*, Edward J. Kempf, M.D., (Ibid., p. 749)]

The "sexual affections" which Dr. Kempf speaks of here are almost always "unconditionally repressed" if they become "perverted," with consequent malignant effect upon the person instituting the repression. Every case of functional mental illness, from slight hysteria to the most virulent forms of schizophrenia, has as its etiological core this repression of perverted "sexual affections," which are always of a homosexual nature.

263 Another important phantasy in which imprisonment and changing were connected was the phantasy of pregnancy. Gradually it became clear that he had felt envious of both the mother and the baby, and that he identified with both.

My interpretations were felt to be actual castrations. For the wish to be a pregnant woman or a baby made him become a pregnant woman or a baby, and that implied his not being a man. It follows that interpreting such a wish to him meant castrating him.

In the pregnancy phantasy the change in the external world, the mother, led to a change in himself. He was both the pregnant mother, the big tummy full of babies – voices inside him – and the embryo imprisoned in her womb, castrated, helpless, all tummy and no limbs.

["Some Aspects of the Analysis of a Schizophrenic," Hanna Segal, *International Journal of Psychoanalysis*, Vol. 31, 1950, pp. 270–271.]

This schizophrenic man is obviously afflicted with a very serious case of the "bearded lady" disease.

264 In all three cases, the mother's relationship to the daughter who became schizophrenic contained an erotic quality, including sensuous physical intimacies. None of the mothers had been able to provide good nurturant care to the patient as a child but, at the same time, did not establish clear boundaries between herself and the child. The vacillations between disinterested aloofness and inappropriate physical intimacies that continued into adolescence or even adult life perplexed these patients. The mothers confused their daughters' needs with their own, transferred their anxieties to their

daughters, and seemed to need the daughter's dependence upon them. Still, they gained little pleasure or gratification from a daughter but related by being concerned – and conveyed concerns that undermined the daughter's self-esteem and autonomy.

Studies have indicated that the homosexual concerns and tendencies of schizophrenic patients, as well as their incestuous strivings and fears, reflect the incestuous or homosexual proclivities of a parent and, concomitantly, the failure of parents to maintain their own gender-linked roles and the essential boundaries between the two generations in the nuclear family (3). The child's development becomes confused when identification with the parent of the same sex does not promote formation of a proper gender identity that is fundamental to the achievement of a stable and coherent ego identity. The de-erotization of the child-parent relationship is one of the cardinal functions of the family.

["Homosexual Tendencies in Mothers of Schizophrenic Women," Ruth Wilmanns Lidz, M.D. and Theodore Lidz, M.D., *The Journal of Nervous and Mental Diseases*, Vol. 149, No. 2, Williams and Wilkins Co., p. 232.]

This paper by Doctors Ruth and Theodore Lidz should have been titled "Homosexual Tendencies in the Mothers of Schizophrenics," for the type of mother described here by the authors produces not only schizophrenic daughters but schizophrenic sons as well. Beyond that small criticism, their paper is a masterpiece of psychological insight and erudition. For truly these mothers of schizophrenics definitely do exhibit noticeable homosexual tendencies, which they in turn "inherited" from their own mothers, the grandmothers of their ill children. It appears that the tendency to sexual inversion becomes more pronounced as it is passed down through the generations, until finally the last generation becomes so very mentally ill as a result of trying to repress or dissociate these tendencies that it either does not marry, or else heals itself by becoming openly homosexual, in either case bringing to an end what from nature's standpoint has become a very unprofitable enterprise.

265 'Schreber's basic bisexuality had developed into a true manifest ambisexuality, male and female potentials being equally matched. Thus he developed fantasies of self-impregnation while he was acting the part of the woman having intercourse with himself.' ⁶

This penetrating reanalysis of Schreber's material reminds us of elements described in some former detailed observations of schizophrenia, in particular the classic publications of Nunberg. ⁷

The role of ambisexuality, with its far-reaching consequences in the clinical picture of advanced schizophrenia, has been evident for a long time. From a

clinical point of view, one should bear in mind that Schreber not only went through periods of deep paranoid aggression and extensive elaboration but also long periods of catatonia. We know especially, from detailed observations of catatonic attacks and catatonic stupor, that phantasies of self-procreation frequently play an important part.

It is also generally recognized that confusion about one's own sexual identity is a frequent and important part of schizophrenic symptomatology. It may occur at a relatively early stage of the illness and, at times, may be detected by psychological testing prior to becoming manifest clinically. In my opinion, this symptom reflects a significant change in the patient's ego and may be described as a struggle of the feminine and masculine identification or, in other words, generally speaking, of the paternal versus the maternal introject.

[*Homosexuality and Psychosis in Perversions, Psychodynamics and Therapy*, Gustav Bychowski, M.D., edited by Sandor Lorand, M.D., Random House, Inc., New York, 1956, p. 98.]

Probably the most accurate definition of schizophrenia one could give would be to describe it as resulting from the "struggle of the feminine and masculine identification or, in other words, generally speaking, of the paternal versus the maternal introject." For a schizophrenic is his mother and his father in equal parts, with neither one able to gain ascendancy over the other. This condition of "manifest ambisexuality" results in a total blockage of sexual and emotional satisfaction for the afflicted person and consequently he or she is driven mad – or "schizophrenic" – by the immense undischarged libidinal tension.

Dr. Bychowski would have been more accurate had he stated that it is "generally recognized that confusion about one's own sexual identity is an invariable and indispensable part of schizophrenic symptomology," rather than a "frequent and important part."

266 Psychoanalytic observations of schizophrenics subjected to insulin shock therapy provide another opportunity for an understanding of the role of latent homosexuality in the origin of paranoid schizophrenia. In particular, these observations illustrate the important role played by the homosexual disappointment and the homosexual panic. The cathartic discharge provoked by the insulin coma creates a release of repressed libidinal impulses. The ambivalent homosexual attitude becomes split into its two components, with the positive one invested ideally in the transference reaction and thus accessible to analytic interpretations and working through.

Psychoanalytic investigations have demonstrated the affinity between homosexuality and the schizophrenic break. In certain complex cases of latent

homosexuality, the counter-cathexis, built by the ego in order to maintain the dissociation of the psychotic core from the rest of the ego, is so precarious that the psychotic invasion occurs, as it were, spontaneously and periodically. (Ibid., p. 105)

Dr. Bychowski emphasizes the vital role played by repressed homosexuality in the genesis of schizophrenia.

267 Sex-typed reactions are contrasted in male and female normals and chronic schizophrenics. In general, the schizophrenic shows sex-role alienation on tests which contain a self-image reference (a Role Playing Test, a Body Parts Acceptance Test, and a Figure Preference Test). Female schizophrenics tend to react in a more assertive manner like normal males, and male schizophrenics in a more sensitive manner like normal females. In a direct test of assertive vs. yielding story sequences on the TAT, the sex-difference reversal is significant only if housewives are used as normal female controls. The inclination of female schizophrenics toward assertive story sequences is matched by a similar inclination in career women, suggesting this role reversal is not as critical to the schizophrenic condition as the self-image disturbance. In conscious sex-typed interests and attitudes, schizophrenics do not differ from normals. A theory is proposed relating schizophrenia to sex-identity alienation in the early years of life.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 226.]

It could easily be argued that the most important sentence ever written in the annals of psychology or psychiatry is to be found in this quotation, and it reads as follows: "A theory is proposed relating schizophrenia to sex-identity alienation in the early years of life." With that brief statement McClelland and Watt have answered the question which has plagued mankind down through the ages, namely, why do people become insane? And in this brilliant paper by these two extremely astute investigators, we learn the definitive answer to this mystery.

268 It has been a recurring clinical observation that female schizophrenic wards are much noisier than male wards. In fact the common picture of the schizophrenic as withdrawn applies much better to men than it does to women. Lorr and Klett (1965) have recently found statistical support for this observation in a large-scale survey in which psychotic women were shown to exhibit more excitement than psychotic men, whereas the men manifested a higher degree of retardation and apathy. In a related study using a Ward Behavior Scale, Lorr, O'Connor, and Stafford (1960) reported women were

higher on a measure of *hostile belligerence*, defined as hostile, irritable, resistive, noisy, bossy, and paranoid behavior. That is, women showed assertive and interpersonally disruptive behavior that is quite the opposite of expected female sex-role behavior. (Ibid., p. 226)

The function of the psychosis is to make it possible for a person to express deeply repressed but very powerful opposite-sex feelings, the very feelings which have driven that person crazy, or psychotic, in the first place. Thus it should come as no surprise that psychotic women tend to demonstrate "masculine" feelings and actions and psychotic men "feminine" ones.

269 Cheek's (1964) study demonstrated sex-role alienation in schizophrenics in the most theoretically relevant way. She used the Bales' (1950) Interaction Process Analysis coding system for small group behavior in observing discussions that normals and schizophrenics of both sexes had with their parents. Schizophrenic women were more active and schizophrenic men less active than their normal counterparts. Female schizophrenics exceeded all three other groups in the *instrumental* conversational categories (giving opinion and explaining – clarification) which are normally male specialties. While she questions whether this may be due to a selection factor in hospitalization which allows overactive males and underactive females to stay in society, the finding adds to the impression that schizophrenic men and women are alienated from their normal sex roles.

Kagan and Moss (1962) report findings that suggest the etiology of this shift. They found that male children (age 0-3) to whom mothers were hostile tended to grow up to be withdrawn, non-achievement-oriented, and socially anxious (showing the schizoid, non-assertive type of adjustment in males). In contrast, female children to whom mothers were hostile tended to grow up into active, competitive, assertive women (showing an atypical pattern with some components of a schizoid type of adjustment in females). It is conceivable that maternal hostility created sex-identity problems in the children which were solved by opting in part for the opposite sex approach to life. (Ibid., p. 227)

The authors state that it is "conceivable that maternal hostility created sex-identity problems in the children which were solved by opting in part for the opposite sex approach to life." "Conceivable" is too weak a word to use in this regard, for in reality it is a fact that maternal hostility has just such an effect. It is the primary cause of the development of either a homosexual way of life in the children of such a mother or of a schizophrenic, or schizoid, development – the latter being the negation of the former. Furthermore, the hostile mother is the mother who is unhappy in her own female sexual role and exhibits strong masculine and homosexual leanings, the frustration of

which breeds both bitterness, hostility, and a paranoid outlook. These latter emotions she discharges onto those closest to her – her children – with disastrous effect.

- 270 The same effect is more noticeable in the marriage-rate figures. Fewer schizophrenics than normals had married ($\chi^2 = 6.48$, $p < .02$) and, in a significant Sex X Diagnosis interaction, relatively more schizophrenic males were single than schizophrenic females (interaction $\chi^2 = 5.79$, $p < .02$), as Hollingshead and Redlich (1958) have also shown in larger, more representative samples. They report 42% of the male and 58% of the female mental patient populations had married as compared with about 80% of both sexes among normals. The interaction $\chi^2 = 14.03$, $p < .01$. It seems reasonable to infer that at least part of this difference is due to the lack of normal assertiveness in male schizophrenics. (Ibid., p. 232)

The low marriage rate among schizophrenics as compared to normals is due to the former's basic sex-role alienation. This alienation leads directly to the severe bisexual conflict and confusion which is at the very core of every schizophrenic's illness, and which makes it so difficult for a schizophrenic to sustain a heterosexual relationship of any type.

- 271 The only exception was that the schizophrenic women scored lower on affiliation – nurturance than the female employees ($\chi^2 = 4.98$, $p < .05$). (Ibid., p. 232)

The reason schizophrenic women score poorly on affiliation-nurturance tests is because at a deep, unconscious level they identify with the male sex, which throughout nature tends to be less social and nurturing than the female sex.

- 272 The inference seems unmistakable that if there is sex-role alienation, the schizophrenics themselves are not very aware of it. Their conscious interests, likes, and fears appear to be normally sex-typed. (Ibid., p. 232)

Schizophrenics are totally lacking in insight relating to their repressed, or dissociated, opposite-sex feelings. Actually, this remarkable lack of insight is one of the hallmarks of the disease, and is one of the major factors contributing to the enormous effort it requires to aid schizophrenics in their illness. "I would rather die than admit it" would be a fitting motto for the disease.

- 273 Table 4 reports some very different results. Both male and female schizophrenics say more often than normals that they would choose to play

opposite-sex roles. Nearly half of the schizophrenics made three or more opposite-sex choices whereas only 10% of the normals made as many. (Ibid., p. 232)

More evidence is presented showing the opposite-sex, or homosexual, proclivities of schizophrenics.

274 Among the males, cross-sex choices arise particularly with respect to the alternatives: 'secretary vs. policeman' and 'cow vs. bull.' In both cases the male schizophrenics choose the female roles ('secretary' 7/22 times and 'cow' 8/20 times) significantly more often than the normals (0/20 and 1/19 times, respectively). This fits with the general hypothesis that male schizophrenics are avoiding assertive male identities. (Ibid., p. 233)

Not only are male schizophrenics "avoiding assertive male identities," but here they are actively choosing female ones. Yet these same male schizophrenics who choose female test roles would resist with all their might any implication they might have homosexual inclinations.

275 Normal males clearly show less concern with their bodies than normal females. Nearly three-fourths of the males express satisfaction with about three-fourths of the parts listed, as contrasted with less than one-fifth of the females ($\chi^2 = 10.10, p < .01$). Note that both groups of normal women show the same pattern, with the housewives being, if anything, even more concerned about their bodies than the working women. Among schizophrenics there is a decided reversal, females are less concerned, males more so, and the interaction chi-square is highly significant. The result is all the more impressive because it replicates a Sex X Diagnosis interaction found in a similar experiment by Holzberg and Plummer (1964). The reversal shows up markedly for female body parts. Among normals, females care more about them and males less, but among schizophrenics, males care more than females. These parts have to do essentially with the appearance of the body – it's presenting aspects (face, lips, hips, etc.). It is as if female schizophrenics have become insensitive to their appearance (like normal males), and male schizophrenics have become more sensitive to how they look (like normal females).

For the male body parts, the interaction is not significant. The female schizophrenics continue to be more satisfied than their normal counterparts, but both groups of males are equally satisfied. However, there is another interesting and significant reversal among the males. Normal males care more about their male (or strength) body parts than their female (or appearance) parts, but the trend is reversed for the male schizophrenics

(interaction $x^2 = 4.33$, $p < .05$). The same reversal does not appear for the females.

To summarize these findings: schizophrenic males have replaced the normal male concern for masculine body parts with a greater concern for their appearance, like normal females. Schizophrenic females simply show less concern for all parts of their bodies, whether masculine or feminine. By itself, such indifference might be attributable to long hospitalization, but this explanation would not account for the differential results for the schizophrenic males. It seems plausible to conclude that some part of the schizophrenic woman's unconscious self-image is insensitive and more masculine, whereas some part of the schizophrenic man's self-image is sensitive and more feminine. Whether this difference predates their entry to mental hospitals is a question for further research. (Ibid., p. 234)

It is not only "plausible" but absolutely correct to "conclude that some part of the schizophrenic woman's unconscious self-image is insensitive and more masculine, whereas some part of the schizophrenic man's self-image is sensitive and more feminine." Furthermore, to answer the author's last question, yes, this difference does predate the entrance of the schizophrenic to the mental hospital, and is observable in the very first years of life, where it is molded by the unconscious, or even conscious, sexual attitudes and wishes of the "schizophrenogenic" parent(s).

276 On the other hand the data in line 3 of Table 6 shows a marked interaction effect for the only two items in the Test that suggest entering, intrusion against something else, or penetration (items 11 and 13). The schizophrenic women favor the intruding alternative, as do the normal men, whereas the schizophrenic men prefer the nonintrusion alternatives, like the normal women. Although this finding was not predicted but derived post hoc from inspection of the results, it is nevertheless interesting and consistent with the view that it is some aspect of the body image or 'stance' that may be alienated in schizophrenics. (Ibid., p. 235)

Here is more proof of the basic sex-role alienation invariably to be found at the core of every schizophrenic's psyche.

277 The female schizophrenics are less often feminine than the housewives, and the male schizophrenics more often feminine than the normal male employees. The interaction $x^2 = 6.59$, $p < .01$. It is fair to say that by this measure the schizophrenics are alienated from sex-role patterns characteristic of non-working women and working men, but the measure itself seems to be directly influenced by a normal person's occupational role. If he or she has a career orientation, a proactive type of story sequence (E-D) is more apt to

appear, whereas non-working women show the reactive (D-E) sequence. What remains problematical, if this interpretation is correct, is why the schizophrenic women should show a masculine, proactive style, if in fact they are not working and have generally not been able to, for the most part, for years because of their illness. In a sense the E-D pattern is still inappropriate for them, given their life situation. (Ibid., p. 236)

The reason schizophrenic women show a "masculine, proactive style," even when they have been ill for many years and not working, is simply because they are masculine and aggressive and assertive, albeit at an unconscious level. The reason they have repressed these traits is because they are directly connected to powerful homosexual drives which they would rather "die than admit" to, thus setting the stage for the development of schizophrenia.

278 The specificity of the evidence for schizophrenic sex-role alienation suggests the results are not trivial. If it had been found that schizophrenics, whether male or female, simply fail to give normal sex-typed responses, one need only infer that here, as elsewhere, schizophrenics are disorganized. Perhaps they just do not attend to the tests but respond more or less randomly. Such an hypothesis is rendered unlikely by the fact that the schizophrenics give normally sex-typed responses to some tests and not others, and to some items on particular tests and not others.

For instance, schizophrenic females generally care less than normals about all parts of the body, showing no differential for male and female parts, while male schizophrenics are more sensitive than normal males about female parts. This also demonstrates that sex-role alienation is not simply a matter of one sex reacting always *exactly* like the opposite sex. That is, the schizophrenic females are not relatively *more* sensitive about their male than female parts, as the normal males are. It is sex-role *alienation*, not reversal. Alienation often means reacting like normals of the opposite sex because that is the major or only alternative, but such is not always the case.

The results taken together suggest that the components of sex-role identity can be arranged in a hierarchy of importance to normal adjustment. At the most basic primary level, at the center of personality structure, lies something that might be labeled *gender identity*, an unconscious schema representing pride, confidence, and security in one's membership in the male or female sex. Strictly speaking it has little to do with sex-typed *actions* or roles (which exist on the secondary level of the hierarchy) but with the fundamental experience of one's self as male or female. At this level the schizophrenics show the most disturbance: they make opposite-sex choices in the Role Playing Test, and they do not experience their own bodies the way normal men and women do. The Figure Preference Test results also suggest

the same kind of disturbance in self-orientation, but they are harder to interpret and obviously need replication either with the original free response test or with figure choices more definitely representing various male and female body parts. Among the female schizophrenics, 82% either make three or more opposite-sex choices in the Role Playing Test or are insensitive to their bodies (accepting 14 or more of 20 parts) in a very unfeminine way. This contrasts with only 28% of all the normal females who showed one or the other of these deviations. Among the male schizophrenics, 95% show either the same degree of disturbance on the Role Playing Test or are especially sensitive to their female parts, in a non-masculine way (accepts 6 or less out of 8), as contrasted with 35% of the normal males showing one or the other of these gender-alien signs. The instruments were not designed to maximize discrimination of schizophrenics from normals, but even two such simple signs yield very large differences, suggesting that the fundamental problem exists for schizophrenics at this level. (Ibid., pp. 236-237)

The authors present here indisputable evidence of the deep-seated sex-role alienation which is always to be found at the very core of schizophrenic symptomatology. On the unconscious level schizophrenics invariably have identified themselves with members of the opposite sex, both emotionally and physically, and it is this opposite-sex identification which leads directly to the severe bisexual conflict and confusion which triggers the symptoms of their disease.

279 The maladaptiveness of the male schizophrenic withdrawal is even more obvious and has been often noted in the literature. For example, Farina, Garnezy, and Barry (1963) report the same differential in marriage rates among male and female schizophrenics noted above and comment that to marry in our culture a man must usually approach, court, and propose to a woman as well as provide a home and financial support for her. Such actions require an assertiveness that male schizophrenics typically lack. However, a woman may marry even though she is sex-role alienated simply because less is required of her. All she has to do is 'go along.' The authors also point out that this explains why among divorced and separated schizophrenics more men than women recovered. The men presumably had to be better sex-adjusted to get married in the first place than the women. (Ibid., p. 238)

The authors here unknowingly give us a perfect description of the so-called "schizophrenogenic" mother, or the mother whose children become either schizophrenic or homosexual – schizophrenia being the negation of homosexuality. This mother is invariably a woman who "may marry even though she is sex-role alienated simply because less is required of her. All she has to do is 'go along.'" She is homosexually oriented at an unconscious

level, and accordingly is schizophrenic herself, to a greater or lesser degree, while concurrently operating on a seemingly heterosexual basis. Her children, due to her own sexual confusion, almost invariably become severely confused sexually themselves, to the point of either developing schizophrenia as a defense against their homosexuality or else opting consciously for a homosexual way of life.

280 Such a differentiation permits a speculative reconstruction of the schizophrenic process which would run as follows. For a variety of reasons – for example, hostility, harshness – the child in the earliest period of life loses confidence in its identity, its worth as a human being of its given sex. Obviously ordinary traumas such as neglect are not sufficient: the hostility or over-demandingness must treat the child like an object with no intrinsic worth of its own. Perhaps the parents unconsciously hate the child's sex or maybe the child senses that to be so despised he must be the wrong sex. Whatever the specific causes may be, one aspect of the general self-disconfirmation the child experiences is to lose (or never gain) confidence in his gender role identity, sometimes feeling like a member of the opposite sex or more often just alien from his own. This lack of gender security tends to influence style of approach to life, especially in the critical adolescent years when the sex roles begin to diverge markedly. Sex-role alienation is manifested primarily in passivity and defective instrumentality among males but is most apparent in the expressive functions among females, taking the form of hostile belligerence and emotional insensitivity when hospitalized. (It remains an open question whether the assertive quality of the behavior observed in female schizophrenics is a secondary by-product of expressive disruption or represents a fundamental divergence from the classical developmental picture of inhibition and social withdrawal in preschizophrenics.) But at the same time, schizophrenics of both sexes are perceived and treated usually by all at home and at school as members of their correct biological sex groups so that they develop more or less normal interests and opinions characteristic of their sex. What is crucial in schizophrenia is a serious disturbance at the primary or identity stage; conflicts at the secondary level of style of approach to life may lead to neuroses and at the tertiary level of interests to social maladjustments. But at any level, sex-role integration appears to be a crucial factor in adjustment. (Ibid., p. 238)

The "hostile belligerence and emotional insensitivity" shown by hospitalized schizophrenic women reflect their basic masculine identification. These two traits would be considered masculine rather than feminine in all human cultures.

281 During his stay in that hospital, he did not show improvement. He was transferred to the Sheppard and Enoch Pratt Hospital on January 27, last. After discussing his life up to the time of his brother's enlistment, in our initial interview, he was asked if he had missed his brother. He replied: 'Oh He had his friends and went around with girls, too. I had friends, but I could not keep up They were a little ahead of me Well, socially and monetary reasons, too.' Here he referred to a doctor with whom he had had some interviews, saying thereafter 'I slept with my brother 'till the war *** that homosexual feeling H – [the doctor] spoke of. I'd tell him anything, and it seemed I got worse and worse. All our actions and talks were tensions between us, you see. It was on the morning of the eclipse I was relating it to myself and the morning it came, I was wild, I thought I was dying or something. *** I was supposed to be in hell, I guess and they had a language there; I'd hear things I couldn't smoke a cigarette or drink water *** The whole thing was like going through a dream I was two persons; one night, a man and a woman; and the next, two men. *** Called all sorts of damnable things – dog, cocksucker everything that I had ever heard.' Later in the discussion, he volunteered 'Never had intercourse with a woman; never seen a naked woman: have fooled around when I was on the road'; the latter had occasioned two incidents of ejaculatio praecox some short time before his acute episode. He shied at any discussion of the homosexual goal, saying amiably but with tension, 'Don't talk to me about those things, I will get all mixed up again I think I know what ails me my feelings have got swung around.' Inquiry as to what he meant increased his discomfort.

[*Schizophrenia as a Human Process*, Harry Stack Sullivan, M.D., W. W. Norton & Company, Inc., New York, 1962, p. 75.]

This patient tells us what schizophrenia is all about in a few brief words: "I think I know what ails me my feelings have got swung around." And of course the "feelings" he is talking about are his sexual feelings, which have "got swung around," that is, changed from heterosexual to homosexual. His bisexual conflict is what has driven him crazy, i.e. schizophrenic.

282 The mother recalled that as a child the patient was 'fascinated by clothes and loved to dress as a girl. Has always loved costumes and finery.' (Ibid., p. 130)

..... Developed an interest in automatic writing and felt that he was receiving communications from deceased relatives. An acute disorder of sleep appeared. Became so uncomfortable that he concluded he was suffering an attack of brain fever. Went to visit a relative, previously making a memorandum which he carried with him, as follows: 'I feel under a hypnotic power

of someone. And if I should marry, it will be against my will power.' Immediately before this trip he had consulted a physician on the assumption that he had venereal disease. On arriving at the neighboring city he complained that he had a dual personality, that he was hypnotized, and that he was hermaphroditic; 'I know the trouble of the whole matter, it's sex.' He talked much to the physician who was called, of censorship from his father, being married, having attempted Coue's method, and that he was a woman – having been castrated. Great excitement ensued; he became disturbed and combative and much hallucinated. After some weeks of care he was returned to the United States.

On admission to this hospital he was much disturbed and made many attempts to harm himself. There was a great deal of antagonism and pugnacity, this frequently most impulsive. Went nude at times and often refused his meals; had feelings that he was being impersonated by someone outside the hospital. (Ibid., p. 131)

..... The male nurses scared me. They came into the room about eight o'clock and gave me paraldehyde. It had a revolting taste and odor. I thought it did funny things to me. On one night, I threw up my supper, and then went to sleep. When I woke up, my nostrils were dirty, and I thought they had made me rub my nose in the vomitus. At times, my stomach would seem to swell up specially when I had indigestion. And also when I was shaved, my spine seemed loose, and when I put my head very far back, it seemed as though my spine buckled up. I also thought I was a hermaphrodite. I thought that I was going to become a woman. When my stomach swelled up from indigestion, I thought that I was pregnant. The doctor explained the term hermaphrodite to me in the second nursing home, when I thought I was pregnant. I had the idea afterwards that my penis would drop off. They gave me paraldehyde at night and salts in the morning, and I didn't know what happened at night. The voices never explained what happened at night. There was no desire on my part to become a woman. I did not have a fear of perversion, because I had never slept with a woman. I was over-suppressed. I had the fear that I would be more attracted by the male. I always thought the male figure more beautiful than the female. At the start of my sickness, the only perverted desire I had was a wish to throw my arms around persons whom I developed a fondness for. (Ibid., p. 135)

This patient's bisexual conflict has driven him insane.

283 It is traditional that sexual manifestations, and for that matter the less conventional or more abnormal sexual manifestations, are an outstanding factor in the picture of schizophrenia. It is common belief among the group of psychopathologists most probably really acquainted with schizophrenic phe-

nomena that homosexual manifestations are almost all but invariably conspicuous in some stages of this illness. (Ibid., p. 207)

Dr. Sullivan, in speaking of schizophrenia, hedges slightly when he states that "homosexual manifestations are almost all but invariably conspicuous in some stages of this illness." It would have been more accurate had he said that "homosexual manifestations are invariably conspicuous in some stages" of schizophrenia, and furthermore that the denial of – or repression of – these homosexual tendencies is what has caused the patient to become mentally ill in the first place.

284 From what has already been said regarding the obstruction of growth of sexual tendencies by too intimate a linkage with the mother, it might be suspected that these quasi-heterosexual dreams are not all that they seem. We learn that they may mark a course that culminates in a schizophrenic illness, in which there is intense conflict over homoerotic interests; and they are not uncommon in individuals presently to adopt maladjustive homosexual habits. In fact, it is not uncommon for the dream-life to show a gradual or abrupt change from intercourse with unidentified women to sexual relations with someone who turns out to be, if not in fact clearly of the same sex as that of the dreamer, at least a sexually confused, perhaps hermaphroditic, individual.

From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequent to unfortunate prolongation of the attachment of the son and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son relationship must be evident. The failure of growth of heterosexual interests, with persistence of auto-erotic or homo-erotic interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict – often immediate precursors of grave psychosis – and of the various homo-erotic and autoerotic procedures, on the other. (Ibid., p. 326)

Once again, Dr. Sullivan would have been more accurate if he had stated that: "From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in both the male and the female are intimately related as a sequent to unfortunate prolongation of the attachment to the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son or mother and daughter relationship must be

evident. The failure of growth of heterosexual interests, with persistence of auto-erotic or homo-erotic interests in adolescence, is the general formula."

Harry Stack Sullivan was world renowned for his work with schizophrenic males, but he would have been the first to admit to his lack of insight into the psychodynamics of schizophrenia in females. Thus he failed to realize that the prolongation of the attachment of mother and daughter, as well as that of mother and son, could lead to the same deleterious consequences as enumerated above.

285 The third form of limited inquiry is one which I have undertaken in the case of some promising patients already suffering incipient schizophrenia or related disorders. The integration of the intimacy situation between patient and physician often cannot proceed in these cases without mediation because of their strong homosexual cravings which may become intolerable leading to panic, occasionally ending in suicide. The principle is to give them protection by way of the three-group, instead of working with the patient alone. The physician distributes his functions between himself and a clinical assistant, striving thereby to effect a distribution of emotional objectivation such that he can always have a positive balance at his disposal to carry the patient forward. The end achieved is a partial socialization of the subject-personality so that he can live for a while comfortably in a suitable special group. Thereafter, a more thorough investigation may be undertaken.¹⁸

[*Personal Psychopathology (Early Formulations)*, Harry Stack Sullivan, M.D., W. W. Norton & Company, Inc., New York, 1972, p. 353.]

Note is made here of the enormously malignant power of repressed homosexual cravings in the causation of schizophrenic symptomatology.

286 ¹⁸A considerable measure of success has been achieved by this technique. It might seem a much simpler procedure to avoid the possibility of panic from homosexual cravings by a *heterosexual therapy situation*. This consideration overlooks the basis for intimacy situations, the tendencies for their integration. The male schizophrenics 'gets on with' the woman physician without anything of the tension characteristic of the monosexual group – until he is entirely divorced from reality, comfortably dilapidated or has deluded himself into believing her a man in disguise, then giving way to excitement, perhaps with frank incest fear. So also with the female schizophrenic and the male physician. The outcome of heterosexual therapy of actually schizophrenic adolescents is entirely discouraging. (Ibid., p. 353)

Here again we are made aware of the tremendous power of the unacknowledged homosexual cravings in schizophrenia, as shown by the fact that

a schizophrenic man will delude himself into believing his female physician is a man in disguise, and a schizophrenic woman.

287 *Kvarnes*: Unless you are really doing it in some way you can make use of. Anybody can find fault with his own sexuality and particularly if he has low self-esteem. There's another dimension to that. I'm not sure Sullivan ever spent enough time developing it, but certainly one of his core ideas was the huge problem in the schizophrenic of gender identity and the terminology and the concepts weren't developed very well at that point. It is a problem with all kinds of people but particularly with schizophrenics because they've got it backwards much of the time and the homosexual framework for that is not adequate. It's just simply a scary kind of business where you act out something, but deeper down there is an identification on the part of the male schizophrenic with the female person and that is what they have such an enormous problem dealing with. Then when they get to puberty they may come apart trying to deal with pubescent sexuality, partly because they now have to assume a masculine role and masculine identity that they are not prepared for. And either he mentioned that in this seminar or I read about it someplace else, but it is something we might keep in mind, particularly with this patient, because he's got a father who is a success but not a very capable model for a kid; he's got a mother he's much closer to but she's crazy. So here's this guy trying to mold himself with these two unusable models. I think that may get somewhat clearer as we go on. As I reflect on it, it certainly seems to be what the problem was for the guy, although I didn't know it at the time, didn't see it that clearly.

[*A Harry Stack Sullivan Case Seminar, Treatment of a Young Male Schizophrenic*, Robert G. Kvarnes, M.D., Editor, Gloria H. Parloff, Assistant Editor, W. W. Norton & Company, Inc., New York, 1976, p. 90.]

In a brief but brilliant presentation, Dr. Kvarnes outlines for us the basic determinants of schizophrenia. Although in this particular instance he is addressing the problem of schizophrenia in a male patient, everything he says applies equally to schizophrenia in the female. For example, Dr. Kvarnes points out that "deeper down there is an identification on the part of the male schizophrenic with 'the' female person and that is what they have such an enormous problem dealing with." Likewise, the female schizophrenic deeply identifies at an unconscious level with the male and that is what she has "such an enormous problem dealing with." Furthermore, it is this particular "enormous problem" of opposite-sex identification which forms the pathogenic core of schizophrenia.

288 Another of his preoccupations has been his feelings of femininity. He first talked about his skin as being softer and thinner than the average man's skin; he is very sensitive to sunburn and mosquito bites and has had some difficulty related to feeding in his early years. He described himself as being thin-skinned, and when I tried to pursue that a little he recognized its double meaning – that he was speaking literally and that he was also implying that he was more sensitive than the average person. Another thing which suggests femininity to him is that his hips seem to be wider than they should be. When he looks in the mirror he thinks the conformation of his lower body is something like that of a woman. Both in the hospital and previously, he has stood in front of the mirror and challenged himself as being feminine. He said it occurred to him that his mouth looked like the female genitalia, that the way the beard grew around the lips suggested that. In talking about this, we got into a discussion of secondary sexual characteristics. He began to recognize that chronologically he did not actually develop more slowly than others, but that both prior to and during puberty changes, he felt he would not develop as rapidly as the ordinary person, prejudged himself, and hence looked for evidence that he was developing more slowly. Another thing that led to his feelings was his high voice before puberty, but his voice certainly changed to the normal range for the adult male. (Ibid., p. 102)

This patient is definitely troubled by uncertainty as to which sex he belongs.

289 *Sullivan*: I have a hunch you have to get jammed up in problems of masculinity-femininity before you have an aptitude for schizophrenia. (Ibid., p. 110)

Sullivan is speaking here from personal experience as he himself suffered intermittent schizophrenic episodes due to being "jammed up in problems of masculinity-femininity." Unfortunately, he remained "jammed up" in this conflict throughout his life and it was this which kept him from being able to intellectually formulate a clear and consistent theory of schizophrenia applicable to females as well as males. He was a therapeutic wizard in dealing with young schizophrenic males, having been a young schizophrenic male himself at one point, but he never investigated very deeply into female psychopathology, being much more comfortable and effective in his psychotherapy with males. Had this not been the case, undoubtedly he would have realized that the bisexual conflict which drives males crazy, or "schizophrenic," is precisely the same conflict which drives females crazy.

290 *Kvarnes*: I would like to add a piece of personal history here. The seminar started about the same time I started my own personal analysis, so I wasn't

too savvy about many aspects of myself. The patient's background had many elements that were similar to my own. My mother was an ambitious, driven woman who for many years regretted her marriage. I'm certain her pregnancy with me was resented. My hunch is that the ambivalence of love-hate toward me in the first year contributed to my spending my whole life proving I have a right to existence. Somehow around the end of the first year – I've pieced this together from various sources, including strong hunches, she began to see me as 'smart' or 'precocious' and from then on I became 'her' child. She seemed to form a stronger bond with me than with my father or sister, and I was heavily influenced by her 'estimable qualities.' Fortunately I had formed some identification with my father which came much more into awareness during later adolescence. My evolution from a marked disposition toward my mother's attributes to a more acceptable masculinity was a slow process – the last male figure who strongly affected my achieving a comfortable masculine identity I had met only three years before the start of the seminar. So in presenting this patient, with his gender quandary, I was also presenting myself. I didn't know then I was also talking about myself, and happily nobody else offered that interpretation. Because I couldn't have handled it – it would have blown the whole seminar. (Ibid., p. 135)

Kvarnes: In addition to that, I suspect you'd find that Sullivan's makeup or family configuration had something of this in it too, because he had a very strong mother and a quiet, reserved, retiring, farmer father. Some of the myths about Sullivan obviously came from his mother, that he's the child of the West Wind and that kind of thing. Hadn't thought of that until this moment, but maybe here we have the patient and the presenter and the supervisor all having a similar family configuration. (Ibid., p. 136)

Dr. Kvarnes states that he, Dr. Sullivan and the patient presented in the seminar were all products of a "similar family configuration," wherein the mother is the dominant personality. Typically this is the mother who tends to have a "schizophrenogenic" effect on one or more of her children, as was obviously the case with the patient, and also with Dr. Sullivan and Dr. Kvarnes, who mentions he had experienced "gender quandary" as the result of his early experiences with his "ambitious" and "driven" mother. "Gender quandary" is invariably the foundation upon which all schizophrenic symptomatology rests.

291 Perhaps I should digress from the subject of obsessional doubts and mention another element of the larger picture – namely, what we see in the way of real, abiding uncertainties in people. These can be awfully harassing things – sometimes, I think, about as painful mental states as one can chronically have. But they are never expressed in frank doubts and so on. In

a typical instance of this, it only gradually occurs to you that a particular patient must be eternally wondering whether he is 'a boy or a girl' – where, in the masculinity-femininity distribution, he really belongs. Or perhaps his uncertainty is – as we often hear in classic theory – 'Can I be loved? Can anybody love me? Am I not essentially unlovable?' But in such an instance, you hear no rattling off of doubts of the typical harassing, obsessional kind. The patient cannot confront these things clearly, even though he is always preoccupied with them. You fall over the thing in all sorts of subtle, indirect attempts which the patient is making at investigating his problem – and the characteristic of all these attempts is that the approach does not present the problem so clearly that the poor bird has to be aware of what is bothering him. He can't stand it, and yet he can't drop it because it has become involved in the whole structure of the future. Until this is settled, there is no peace, there is no happiness; there is always doubt – real doubt – and there is uncertainty, insecurity, sometimes suspicion, and always caution about what people mean and what their actions mean, and so on. Let us say that in treating one of those people, you finally, as a result of good luck and plenty of alertness, close in on a really probable hypothesis of what lots of little details refer to, and you say, for instance, 'Look, are you unclear as to whether you are mostly a man or a woman?' The patient is likely to look at you as if at last somebody had opened the gates of paradise for a moment, and to say, 'Yes, I think I have always been worried about that.'

[*Clinical Studies in Psychiatry*, Harry Stack Sullivan, M.D., W. W. Norton & Company, Inc., New York, 1956, p. 252.]

Dr. Sullivan's question "Look, are you unclear as to whether you are mostly a man or a woman?" would have to be answered by every schizophrenic, or mentally ill person, in the affirmative, in light of the fact that bisexual conflict is the basic pathogen in mental illness.

292 When I first saw this patient, she was an 18-year-old girl who had been referred to the Gender Identity Research Clinic as a schizophrenic; she had been in treatment at two other clinics for the previous two years. She had gradually become psychotic, starting at age 14, when she was told by a gynecologist that she 'might be a boy.' She had been brought for that physical examination because her breasts had not started to develop and her periods had not yet begun. Though she was concerned about this, she had no question about her proper sex. She was then examined gynecologically and found to be neuter.* The physician who did the examination talked with her and her mother, making every attempt to be honest, yet tactful. As many enlightened physicians do, he subscribed to the thesis that this information would not be disturbing, and that, with proper explanations, no psychological

damage would result. So the child and her mother were told that she had no functioning ovaries and therefore no periods or completed secondary sex characteristics, but especially that her chromatin staining showed a male pattern and that her chromosomes were XO. To the patient, despite all accompanying explanations, this meant that she was genetically, and therefore in the most biological sense, no longer a female but a freak, with both male and female qualities. From the day of that pronouncement, she began ruminating on whether she was a female or a male; this rumination and her unsuccessful attempts to reestablish a fixed gender identity led to her gradually thinking and reacting in a more and more bizarre manner – the psychosis.

As soon as she was first brought for psychiatric treatment at age 16, after two years of developing bizarreness, she was diagnosed as schizophrenic; two years later she was still considered psychotic*. Her first therapist described her as follows:

'Frequently her manner and behavior seem bizarre. Often she appears disheveled in dress and hairdo. Her problems are rather clearly expressed through body language and verbalizations. She has often verbalized her suspiciousness of me. In the early interviews, her arms were frequently held back of her, constantly swinging of legs, looking away to the side, and sneaking glances at the worker. As she talked, she would giggle, laugh loudly, cry, pound on the desk or put her head down. There was great vacillation in moods, that seemed either manic or depressed. Her voice would vary from an inaudible whisper to a loud shout.'

She was referred to me because she was still psychotic and because I was interested in seeing intersex patients.

The following quotations are taken from several different periods in the first months of her treatment with me. They exemplify the kind of material that was reported by the other clinics and suggest the moderate psychosis (with hysterical features of hopeful prognostic significance) that was present for the four years from the time she was told of her sexual abnormality until the psychosis died away some months after being in treatment in the Gender Identity Research Clinic.

'As soon as they found out about my condition, I should have been left to die. I am no good to society. I am abnormal. I am different. That is what has always been done since time immemorial. No one can reach me. Not even you. I have to kill myself because society didn't. I am trash of the earth. Not fit to live. The population is cluttered with people like me. Only the tall and the handsome shall live. Little puny people like me shall die. I am God. Did you know I am God? I told you I would have delusions of grandeur. And since I am God I shall kill you. You don't deserve to live either, since you are helping me. I will contaminate you with my disease. Keep away from me. Don't touch me. Don't hurt me. Don't let me go! Don't kill me – save me

I am a destructive God. Only I can destroy anything I don't like. I have power over everyone in the world.'

As she began feeling better, she described some of her feelings of confused gender identity:

'I had fears of being male. I was acting like a little girl partly because of this and partly because I felt I just wouldn't prove to be a female if I acted like one, and I was terrified of having to face that. One day I had a very vivid picture of my pelvis as being all female like I was told it was, but I thought of one place where I would possibly have a male organ and it seemed quite logical to me, because that was the place I was missing the female one and I didn't know for sure. I finally got up enough courage to ask the doctor. She told me I had nothing but fibers there. She told me I was an it, only I didn't have to look [like] or be one because of my medication. She also told me it was possible that if anything had been there, the other chromosomes – it possibly might have been the Y one. All this was terribly hard to take and digest and I guess I still haven't digested it.....

'I don't want to be a girl. I wish I were a boy. I like being a girl sometimes when men pay attention to me, but I feel I would be more wanted by my parents. My breasts aren't real. Only my vagina is, because it was there before. That is what I meant by my sex feelings originate in only one place like a man's instead of two like a woman's. My breasts were given to me for a time. Who knows when they will be taken away? That is my fear. My terrible fear. Not to be like a woman. I must learn appropriate ways to show emotion. It just builds up in me and then I have to escape. All of a sudden I feel very womanly. From way inside of me at the center and at the core. The externals don't matter to me I feel like my personality is unique, like no other girl's. No man can touch me. He will never know my inner self, my personality, because I don't have one. It is too odd. He won't understand.'

Following some months of treatment aimed at her finding her sense of femaleness again, and that she truly was a young woman, the psychosis disappeared. What has lingered, but with diminishing intensity, are ruminations about whether a particular thought or act is masculine or feminine. (For example: 'You will never know what it is like to pass a restroom marked 'Boys' and wonder if you should go into that one instead of the women's. It's terrible. I was always afraid I would make this mistake sometime and go in the wrong one.' 'Where do I fit in? If I go to school and work, does it mean I am not a woman? If I am forward at the dances does it mean I am not a woman, or do I have to wait to be asked?') While there was a special intensity in her voice when she discussed such problems, the content is not very different from what we hear in some of our anatomically normal patients.

[*Sex and Gender*, Robert J. Stoller, M.D., Jason Aronson, New York, 2nd ed., 1974, pp. 24-28.]

Here, from a totally different source, we find confirmation of the validity of Dr. Sullivan's question to his schizophrenic patient, "Look, are you unclear as to whether you are mostly a man or a woman?" (see prior quotation 291.)

Dr. Stoller remarks of his patient that "From the day of that pronouncement, she began ruminating on whether she was a female or a male; this rumination and her unsuccessful attempts to reestablish a fixed gender identity led to her gradually thinking and reacting in a more and more bizarre manner – the psychosis." This uncertainty as to gender identity, with consequent bisexual conflict and confusion, is invariably to be found at the core of every psychosis.

- 293 (Again, I want to stress that this is quantitatively very different from, and arises from a matrix of personality very different from, the wishes we analysts commonly hear expressed in our typical patients – for example, women's penis envy or men's breast envy.) (Ibid., p. 149)

The "penis envy" in women and "breast envy" in men that Dr. Stoller speaks of here (or the unconscious wish of women to be men, and men to be women) is the basic pathogen in all mental illness, from slight neurosis up to and including the most malignant forms of schizophrenia. The severity of the resulting mental illness caused by this pathogen depends entirely on the strength of the wish – overpowering desire on an unconscious level to be of the opposite sex leads to psychosis, while a lesser desire leads to psychoneurosis or simple neurosis.

- 294 Bychowski,³ who feels that 'bisexuality' (i.e., repressed homosexuality) causes paranoid schizophrenia, lists authors with whom he agrees, who feel that 'bisexuality' is at the root of the etiology of other conditions: melancholia (Abraham), alcoholism (Abraham), alcoholic psychoses (Kielholz), cocaine addiction (Hartman), and bulimia (Bychowski). (Ibid., p. 142)

Alcoholism, drug addiction, depression, eating disorders, etc. are all expressions of emotional disturbance whose etiology invariably is to be found in bisexual conflict and confusion. In other words, these conditions are all symptoms of mental illness – or of lesser or greater degrees of the "bearded lady" syndrome.

- 295 I had been seeing this man, a typical transvestite, for about a year. He would not consider himself a patient but rather a research subject, though I was aware that his occasional visits were motivated by more than his wil-

lingness to assist in the research. As different from most transvestites, he had a clear though mild paranoid quality, which put him into closer contact with some of his psycho-dynamics than is seen in the typical transvestite. Sometime before his first visit, he had gotten from some reading the idea that transvestism and homosexuality were connected. To determine if this was true for himself, over a period of several months he talked with homosexuals, visited 'gay' bars, and read increasingly about homosexuality. (I take this to be evidence of homosexual desires, still forbidden but none-the-less moving toward conscious gratification.) Along with this interest, he coerced his wife into sexual games in which homosexual qualities were increasingly manifest. This was accompanied by a crescendo of anxiety, irritability, suspiciousness, depressive fits, and hyperactivity, culminating in a paranoid psychosis precipitated by his having his wife, dressed like a prostitute, attach to herself an artificial penis he had made, with which she then performed anal intercourse upon him. Following this dreadful, and finally quite conscious, gratification of his homosexual desires, he became suicidal and homicidal. As we talked throughout the several hours of this emergency, he vividly expressed his opinion, derived possibly in part from his readings, but mainly from his own psychotic thoughts, that his transvestism had been an attempt to keep himself from sensing his homosexual desires. As he absorbed what he was saying, he became calmer. He also stopped his transvestism. Since that moment, a year ago, he has not practiced it again.

A psychodynamic remission. He now has insight, the product of his psychosis and the cause of his remission. Where formerly a potential psychosis was held in check by the complex character structure we have called transvestism, the psychosis is now contained by insight But is that the answer? Is there proof this is so? Would a recurrence of the psychosis prove the theory wrong?

The patient now says that he no longer has any desire to dress. He has given away the clothes, makeup, wigs, transvestite magazines and books, and the clothes catalogues. When he sees a woman wearing articles of clothes the sight of which (clothes) would formerly have excited him, he feels no lust (nor disgust either). His wife corroborates this, although, since she cannot climb into his mind and know all he thinks, she still fears it may start up again. (To what extent do her fears that he may again indulge press him toward doing just that?) (Ibid., p. 244)

Several very important insights are contained in this passage by Dr. Stoller. First, it is made abundantly clear that the patient's transvestism served as a defense against his repressed homosexual impulses, as it does in all cases of transvestism, notwithstanding the fact this truth would be hotly denied by most practitioners of this activity.

Secondly, this case provides a superlative example of the way in which severe bisexual conflict, or repressed homosexual craving, can effect a buildup of undischarged sexual tension sufficiently powerful to trigger a schizophrenic psychosis. By submitting himself to passive pederasty via the agency of his dildo-equipped wife, the patient was able to experience in a realistic fashion homosexual cravings which he had long repressed from conscious awareness, cravings which he had been sublimating through his transvestism. Through the agency of the psychosis he was able to gain insight into his powerful homosexual urges, and this newfound insight enabled him to recover his sanity. Once he had consciously accepted his homosexuality, he was able to begin working through it in a rational manner. This allowed him, among other things, to relinquish the need for his transvestism, which he now realized was a mere cover for the homosexuality.

This case illustrates the fact that psychosis is nature's way of attempting to cure a person's mental illness by allowing the repressed homosexual material to become conscious. It can then be dealt with on a rational basis, whereas previously it had been dealt with on an irrational (insane) basis.

- 296 She said that when she awakened from this dream the thought hit her for the first time that she really doesn't know who she is, and that she is not certain whether she is a man or a woman. She said she had never thought of such a thing before, and since this dream occurred, over a week ago, she has not been able to make anything of this thought, but felt that it was very important. She said, 'I feel it in my body; I just know that it's right but I don't know why.' The patient tied up the idea of C's transvestism with her own problem of not knowing whether she is male or female, and then she expressed puzzlement that while C has this problem in gender identity, her daughter apparently has none whatsoever. (Ibid., p. 303)

The fact both the mother and father have very pronounced gender identity problems makes it a certainty the daughter will also have difficulties in this area, irregardless of the fact the mother feels she "apparently has none whatsoever."

- 297 Another patient, Dorothea, a fifteen-year-old colored girl, went around lifting her dress and telling everyone she had a penis (which she called a 'dickie'). In the early weeks of therapy her entire conversation was concerned with sexual ideas. One day, she started the meeting this way:

D.: 'I know something about you!'

T.: 'You know my name?'

D.: 'Oh, I know your name, but Barbara [another patient, whom I had seen for diagnostic psychological examination] told me that you had showed her something when she was up there.'

T.: 'I showed her a lot of things.'

D.: (Giggling) 'She said you showed her what you have between your legs.'

T.: 'You mean my 'dickie!' '

D.: 'Don't say that' (embarrassed and angry).

T.: 'Well, I have one, because I'm a man; you don't have one, because you're a girl. We're different, you and I!'

D.: 'I'm a girl, but I'm not your girl friend.'

T.: 'Oh! I like you very much!'

D.: As she was speaking she moved to another part of the room and lay on her back on the floor. I went and sat on the floor near her. 'You see these things here?' (Giggling.)

T.: 'Yes, those are your breasts. Girls have breasts, and you're a girl.' She starts moving her body seductively.

D.: 'Do you want to lie on top of me and fuck me?'

T.: 'I guess you know very well now that you're a grown-up girl, and you know that I'm different from you.'

D.: 'Well don't you want to fuck me?'

T.: 'No, I don't want to fuck you, but I'm glad you know that you're a real girl now. You're different from me, I'm a man. You have breasts, and you want to be loved by a man.'

[*The Experience of Reality in Childhood Schizophrenia*, Austin M. Des Lau-
rriers, Ph.D, International Universities Press, Inc., New York, 1962, p. 88.]

*This young girl has become schizophrenic as a result of her severe bi-
sexual conflict and confusion.*

298 The hostility toward the mother is more clearly evidenced in this test material, but in general the test results suggest that as she is more able to experience closer feelings toward the father, she is also able to get closer to the mother and handles her hostility by reaction formation. Accompanying these shifts in content preoccupation is a concern and interest in body adequacy. This is interestingly indicated by the Sentence Completion 'CHILDREN ARE USUALLY CERTAIN THAT, that they are a boy or girl.' There is some suggestion in the test material that she feels fairly inadequate, somewhat like the ugly duckling. (Ibid., p. 168)

This girl shows definite signs of bisexual confusion.

299 Wesley sees some people on the Rorschach rather than all mythical or odd creatures, and tells logical stories about the persons depicted on the TAT cards. Clinically, this change is reflected in his quite close and trusting rela-

tionship to his therapist, and his gradual 'warming up' to others including the examiner. Yet, the generalized, guarded projective stories he tells and his human figure drawings of fictional persons indicate that he is still rather detached at times and is cautious in his contacts with others. Concomitantly, his relationship with his therapist appears to have facilitated his interaction with men, but the TAT shows he has quite ambivalent feelings towards women. His figure drawings suggest he is not yet sure of his body image or of his own identity. (Ibid., p. 183)

Wesley is obviously having problems with his sexual identity, being unsure whether he is boy or girl, heterosexual or homosexual.

300 A young girl returning from her first ball leans against the French window of her room and dreamingly recalls all the pleasant impressions of the evening. She thinks of her ideal, and slowly kisses the rose he gave her, which she was wearing in her bodice. Intoxicated by the spring air, the scent of the rose, she falls asleep on a nearby chair. Suddenly the soul of the rose, an intangible, dreamlike apparition, emerges from the moonlit window, in a single leap behind the dreaming girl, as if blown by a soft caressing wind. Is it the scent of the rose, or the echo of a promising love? We do not know. A slender, sexless being, ethereal, soft, enfolding, stands before us. Not a flower, not a human being. Both. You cannot tell whether it is a youth or a maiden, a dream, or a wish, something unobtainable – something we can only sense. Slender and beautiful, like an unfolding rose, the warm smoothness of the velvety purple petals, sensuous and pure at the same time. With infinite tenderness a full moment it stands at the sill of the window. *Le Spectre de la Rose*. Then in glorious lightness, it whirls through space. It is not dancing, nor yet a dream. We feel everything pure, lovely, beautiful. Here reality and vision meet.

[*Nijinsky*, Romola Nijinsky, Pocket Books, New York, 1972, p. 111.]

Vaslav Nijinsky, the famous dancer, slowly succumbed to the ravages of schizophrenia following an ill-advised marriage and died hopelessly insane. Prior to this marriage he had lived in a homosexual union with the noted Russian ballet impresario, Sergei Diaghilev. Following a "lover's quarrel" with Diaghilev, Nijinsky threw himself precipitously into a marriage with a young ballerina who had foolishly set out to win his affections, while being fully cognizant of his former relationship with Diaghilev. This abrupt attempt on Nijinsky's part to disavow and repress his strongly homosexual nature led directly to the development of his malignant schizophrenic symptomatology.

In this quotation from his wife's biography of the great dancer, we can feel the intensity of his androgynous nature. Romola writes: "A slender, sexless

being, ethereal, soft, enfolding, stands before us. Not a flower, not a human being. Both. You cannot tell whether it is a youth or a maiden, a dream, or a wish, something unobtainable – something we can only sense."

301 Sometimes he danced for us the gypsy dances of Russia. He would suddenly be transformed into a wild, fierce, savage girl, trembling all over from the tips of his fingers to his toes, shaking his shoulders as if they were independent of his body. And then he would imitate the different *ballerinas* of the Mariinsky. We often begged him to show us how Kshessinskaya danced. But we loved it most when he showed us how the peasant women flirt whilst dancing. He had an inimitable way of throwing inviting glances, and undulating in such a lascivious manner as to stir up the senses of the spectator almost to frenzy. (Ibid., p. 245)

In this description of his dancing while imitating various females, Nijinsky's strongly effeminate, or homosexual, nature is revealed most vividly. This is the nature which, when repressed and denied by his marriage to Romola, led directly to severe bisexual conflict and consequent schizophrenia. Nijinsky was truly a "bearded lady."

302 The straightforward princely role, romantic or heroic, was not really in his line. Whereas most male dancers spent their lives being just that and nothing more – cavaliers always at hand to lift the ballerina and take a secondary place – he had begun to specialize in roles that were more fantastic. There was also something awkward to him in the normal man-woman relationship in ballet. In 'Scheherazade,' though an embodiment of lust, he had been in a way more feminine than Ida Rubinstein.

[*Nijinsky*, Richard Buckle, Simon & Schuster, New York, 1971, p. 144.]

Again, we are given examples of Nijinsky's effeminate nature.

303 Nijinsky's next roles two days later were in 'Carnaval' – in which Cecchetti (now sixty-six) replaced the sick Bolm as Pierrot – and in 'Les Sylphides,' in which, according to the *Musical Courier*, 'his persistence in stroking his curls gave a touch of feminism to his performance which was not relished by many of the audience.'¹⁶⁴ (Ibid., p. 360)

The audience in this particular instance intuited Nijinsky's effeminacy and was not particularly pleased by it.

304 I am not intelligence, but mind. Tolstoy spoke about the mind, Schopenhauer also. I too write about mind. My philosophy is truth and not

invention. Nietzsche became insane because he realized at the end of his life that everything he had written was absurd. He became frightened of people and went mad. I will not be frightened if people throw themselves at me. I understand crowds. I can manage them, although I am not a commander. I like family life; I love all children, and I like to play with them. I understand them. I am a child, and I am a father. I am a married man. I love my wife and want to help her in life. I know why men run after girls. I know what a girl is. Man and woman are one; I prefer married people because they know life. Married people make mistakes but they live. I am husband and wife in one. I love my wife. I love my husband. I do not like a husband and wife to be debauched. I am a physical body but not physical love. I am love for mankind. I want the government to allow me to live where I like. My wife is a good woman, so is my child, and they shall not be hurt.

[*The Diary of Vaslav Nijinsky*, Edited by Romola Nijinsky, University of California Press, Berkeley, Los Angeles, CA, London, 1971, pp. 155-156.]

When Nijinsky states that he is "not a commander," he is admitting he is not a masculine, forceful figure. Then he says, "I am husband and wife in one." Here again, even in the midst of his madness, during which time this diary was written, he has insight into his bisexual, androgynous nature, but unfortunately not into the severe conflict and confusion which result from the clash of these two basically incompatible forces.

305 Splenditello turned out to be a useful character in more ways than one. First he deceived Bartolomea, now he might protect Benedetta from punishment. But does his usefulness mean that Benedetta intentionally refused to recall what happened? Was it that she wouldn't or that she couldn't remember? Did her refusal to acknowledge her sexual relationship grow out of a cynical desire to manipulate other people, or was it self-delusion? Perhaps Benedetta was just a good actress, taking her cue from the plays performed in Tuscan convents where nuns who dressed and talked like men played male parts.²² So good was her performance that over a period of several years she managed to convince an entire convent, and many outsiders as well, that a beautiful male angel sometimes inhabited her body. But it is also possible that her purpose was to convince herself as well as others that she was Splenditello. The sheer effort of sustaining her performance intermittently over many years and the success with which she transformed her voice and her facial expression into that of the male angel point to the possibility that she was part of the intended audience. Benedetta may have been both deceiver and deceived in her self-created drama.²³

What she concealed in her personification of male angel was not just her breach of the nun's vow of chastity, but her transgression of society's gender

and sexual roles. Like the ecclesiastical authorities who heard the case, Benedetta lacked a cultural and intellectual framework to incorporate her behavior into her view of reality. Her preference for a sexual relationship with another woman, despite the fact that she could easily have secured male partners, as did other Pesciatine nuns, is not indicative of a clearly articulated choice. The only sexual relations she seemed to recognize were those between men and women. Her male identity consequently allowed her to have sexual and emotional relations that she could not conceive between women. But Benedetta was not an ordinary woman, she was a nun, and Splenditello could not be an ordinary male. He had to be an angel in order to be compatible with the sexual prohibitions imposed by the monastic vow. In this double role of male and of angel, Benedetta absolved herself from sin and accepted her society's sexual definitions of gender. Splenditello was thus essential to her sense of self because he allowed her to fashion an identity that at the same time assimilated and circumvented the values of patriarchal society.

Through Splenditello, Benedetta could maneuver for a larger personal world within the limitations set by the social order.

[*Immodest Acts (The Life of a Lesbian Nun in Renaissance Italy)*, Judith C. Brown, Oxford University Press, New York, Oxford, UK, 1986, p. 126.]

Benedetta's psychotic delusion that her body was sometimes inhabited by a male angel allowed her to gratify her powerful homosexual cravings which otherwise would have remained frustrated. In actuality the angel, Splenditello, was the personification of her masculine, homosexual self, the self her conscious ego disavowed and repressed but which was able to emerge and gain sexual satisfaction with Bartolomea by means of the psychotic delusion.

306 The universal schizophrenic confusion about sexual identity may be split into two parts in the male. The feminine identification is part of the 'good' magic as in the case of Schreber ² turned into a woman in order to give birth to a new race of men; while the boy's unreal or fantastic masculine identification belongs to the 'bad' class of defenses. Until the psychotic outbreak, these identifications are either repressed or felt as alien by the patient.

[*Direct Analysis and Schizophrenia, (Clinical Observations and Evaluations)*, O. Spurgeon English, M.D., Warren W. Hampe, Jr., M.D., Catherine Bacon, M.D., Calvin F. Settlege, M.D., Grune & Stratton, New York, London, 1961, p. 58.]

Naturally there is "the universal schizophrenic confusion about sexual identity" since severe bisexual conflict and consequent confusion about sexual identity are the pathogenic factors at the core of the disease.

307 Dr. Rosen has been known to spend hours with a patient insisting, alternately forcefully and tenderly, that the patient call him by name and admit his psychosis. This insistence forces the patient out of his battle within himself and focuses his attention on Dr. Rosen. With equal force, Dr. Rosen insists on the patient's correct sexual identity. The purpose here is directly to force the patient to become aware of the real roles – doctor and patient – and of his real sexual identity, with all that these realities imply in terms of the object relationship of the two persons. (Ibid., p. 60)

By forcing the patient to face the reality of his or her actual biological sexual identity, Dr. Rosen brings into sharp focus the bisexual conflict which has led to the patient's schizophrenic break, the conflict which must finally be resolved if the patient is ever to regain a healthy mental equilibrium.

308 It is to be noted however that ideas of death thought of as inflicted by enemies are not so likely to be accompanied by ideas of cosmic catastrophe and cosmic identification. Such ideas are generally associated with concealment reactions. So also are the ideas of self-importance, when these are limited to earthly power and influence and do not go on to assume cosmic or religious significance. Ideas of change of sex were found in seven cases distributed among all reaction types.

[*The Exploration of The Inner World: A Study of Mental Disorder and Religious Experience*, Anton T. Boisen, University of Pennsylvania Press, Philadelphia, 1936, p. 34.]

Upon careful examination, "ideas of change of sex" are to be found in all cases of schizophrenia, irregardless of different "reaction types."

309 And now the water rushed from the quiet pool of his voice to a stone-cluttered bed uneasy for fishes. The song of the brook soared to a rapid soprano and his voice was changing him into a small boy. Dreadful. She tried not to look, but at last her eyes turned irresistibly and, with horror, saw him a girl. She had suspected him of magic and now she knew.

[*The Snake Pit*, Mary Jane Ward, The New American Library, 1946, p. 5.]

In a book about madness, the mention of a delusion concerning change of sex is very appropriate, considering the fact that bisexual conflict forms the pathogenic core of madness.

310 But this is awkward. Rosa was speaking in Italian. Virginia did not understand Italian but she could recognize it. And knowing that Rosa was an Italian helped.

The girl spoke brilliantly and she used magnificent gestures. She raised a fist and beat her chest. Almost at once you caught on that she was imitating Mussolini.

The two white-capped waitresses didn't reach the speaker right away. They scurried around their steam wagon and ran into each other. One of them knocked a stack of plates from the cart and they stopped to pick them up. The plates did not break. They were metal. They made a frightful clatter and Rosa had to raise her voice. Rosa was not simply imitating Mussolini, for the time being she was Mussolini. Everyone was much impressed and they frowned at the waitresses. The Nose, the aristocrat who dined at Virginia's right, tapped impatiently on the table and said, 'Quiet, you fools.'

When the waitresses reached the speaker they did not apologize for their rudeness. Great strapping women that they were, they laid hands on the delicate Rosa and took her from the dining room so rapidly that you were not certain if they carried her or walked her. (Ibid., p. 36)

Rosa, an Italian herself, has become, by means of her psychotic delusion, the most masculine and powerful male figure she can conceive of – the Italian dictator, Benito Mussolini.

311 The two women who had been with Virginia in the small dining room were now with her in the dayroom. The foreigner attempted to convert her robe into an evening gown and she walked around and around and seemed at times to be welcoming guests to a formal reception. The old toothless one sat on the floor and mumbled. There was another old one. This one had a white beard that would have been stunning on a diplomat, preferably a male diplomat. Sometimes Virginia wondered if the bearded person was a man.

But the days, in spite of the bearded lady and the foreign belle, were extremely dull. Most of the ladies just sat and looked at nothing, at any rate nothing Virginia could see. (Ibid., p. 129)

This schizophrenic woman with the white beard was a "bearded lady" not only psychologically but also physiologically.

312 None of the ladies, however, wanted to be at the hospital. Whatever their troubles had been outside they were anxious to get back to them and with

one exception they all knew where they were and approximately why. You would have supposed that the one who had no conception of her surroundings might have been happy, but Tamara was the most wretched of all. She stood off by herself. The nurses warned the others repeatedly to stay away from her and as Tamara was tall and muscular and the owner of a glowering expression, the ladies obeyed. (Ibid., p. 134)

The description of Tamara as being "tall and muscular and the owner of a glowering expression" emphasizes the fact she is an extremely masculine woman, both physically and emotionally. Such a woman would undoubtedly have a strong homosexual orientation which, if repressed and dissociated, would drive her insane. This is what has happened to Tamara.

313 She sat down on one of the benches. In one corner a woman was dancing. By studying the woman's feet Virginia discovered that she was doing accurate formal ballroom dancing. She did the sort of tango your parents did when you were a little girl. Then a one-step, the kind you learned in dancing school. She danced beautifully. It was too bad she looked so much like a man. Her iron-gray hair was cut exactly like a man's and of course the shapeless dress did nothing for her.

'She was a schoolteacher,' said a lady who was sitting beside Virginia. (Ibid., p. 145)

Again, we find a schizophrenic woman who appears very masculine, due, of course, to her severe bisexual conflict.

314 On Saturday, all of the workers, except May and the observer, were somewhat slicked up. Treva had a paper flower in her hair and she was carrying a half-smoked cigar. Treva seldom gave assistance in the work but today she stuck her cigar through her belt and helped push dirty dishes along the chute. Joe muttered to Virginia that Treva had a guilty conscience on account of the dance. (Ibid., p. 172)

Treva is yet another excellent example of the "bearded lady" syndrome in schizophrenia, her feminine side being expressed by the flower in her hair, her masculine side by the half-smoked cigar she is carrying.

315 Crazy Jane had become the typical inhabitant of nineteenth-century Bedlam, not only the image of madness for women but the model of insanity for men as well. In the 1850's, Richard Dadd, a Victorian artist who had murdered his father and spent most of his life in lunatic asylums, painted a male inmate of Bethlem as Crazy Jane, wearing the madwoman's patched

robes and crowned with her traditional wildflowers, feathers, rags, and straw (Fig. 7).

[*The Female Malady (Women, Madness and English Culture, 1830-1980)*, Elaine Showalter, Pantheon Books, New York, 1985, p. 14.]

Richard Dadd, a schizophrenic artist, gave expression to his severe bisexual conflict and sexual confusion by painting a fellow inmate of Bedlam to resemble a female. In reality, every male schizophrenic is, on an unconscious level, a "Crazy Jane," while similarly every female schizophrenic is a "Crazy John." Thus Dadd painted a psychologically accurate portrait not only of his fellow patient but also of himself.

316 Obviously, puberty was a turbulent period for Victorian girls, a potentially traumatic transition from the freedom of androgynous childhood to the confines of the adult feminine role. (Ibid., p. 56)

A girl's growing awareness of this social dependence and constraint, the realization of her immobility and disadvantage as compared with her brothers, and other boys, may well have precipitated an emotional crisis. Case histories of mental breakdown attributed to the biological stresses of puberty suggest both gender conflict and protest against sexual repression. 'Miss J.V.,' for example, described herself as 'a mixture of a nymph and a half-man, half-woman, and a boy.' (Ibid., p. 57)

Puberty is a "turbulent period" for all children, in all times and in all cultures. It is the time they must give up the "freedom of androgynous childhood" and attempt to establish a firm sexual identity as either male or female. The fact that many children fail in this effort and develop the first signs of schizophrenia at this juncture emphasizes the vital importance of this period in the genesis of mental illness. Before Eugen Bleuler coined the term "schizophrenia," the disease was known as "dementia praecox," or precocious dementia, due to its first appearance in these early years of puberty. For if a child refuses to give up "the freedom of androgynous childhood" and unconsciously persists in a state of "infantile omnipotence," or that of being emotionally both male and female, a state of severe bisexual conflict and confusion is established, leading directly to the malignant symptoms of schizophrenia.

The reason puberty is such a critical period in human development is because it is at this time that the biological forces of mature sexuality and lust are first awakened in the human body and psyche, leading either to emotional maturity if there is no bisexual conflict or to schizophrenia if there is. Elaine Showalter has partially recognized this fact when she states that "the biological stresses of puberty suggest both gender conflict and protest

against sexual repression" and when she tells us that the patient "Miss J. V." described herself "as 'a mixture of a nymph and a half-man, half-woman, and a boy.' "

317 But Augustine's cheerful willingness to assume whatever poses her audience desired took its toll on her psyche. During the period when she was being repeatedly photographed, she developed a curious hysterical symptom: she began to see everything in black and white. In 1880, she began to rebel against the hospital regime; she had periods of violence in which she tore her clothes and broke windows. During these angry outbreaks she was anaesthetized with ether or chloroform. In June of that year, the doctors gave up their efforts with her case, and she was put in a locked cell. But Augustine was able to use in her own behalf the histrionic abilities that for a time had made her a star of the asylum. Disguising herself as a man, she managed to escape from the salpêtrière. Nothing further was ever discovered about her whereabouts.¹⁷

If Charcot and his staff had listened as closely to Augustine's words as they had watched her gestures, they might have predicted that she would eventually try to run away. The case study records her descriptions of her dreams, which were about fire, blood, rape, hatred of men, revolution, and escape.¹⁸ (Ibid., p. 154)

When Augustine escaped from the Salpêtrière asylum dressed as a man and was never heard from again, it was probably because she never gave up that disguise and lived the remainder of her life as a male, which fitted in perfectly with her unconscious wishes and drives, the wishes and drives which, when repressed, had driven her crazy in the first place. By becoming in reality what she unconsciously most wanted to be – a man – she in effect cured herself of her mental illness. The dreams she had while in the asylum "about fire, blood, rape, hatred of men, revolution, and escape"¹⁸ were certainly not the dreams of a woman who was happy and at ease in her femininity and womanhood. They sound much more like the dreams of a bloodthirsty pirate or buccaneer, or of a fierce masculine character of some kind, which of course unconsciously she was.

318 Conolly noted that it was the female side of the asylum 'where the greatest daily amount of excitement and refractoriness was to be met and managed.' Mortimer Granville was concerned that female lunatics were always 'chattering about their grievances' or else involved in 'an excess of vehement declaration and quarreling.' He recommended that the women be set to work that would keep them too busy to talk.¹⁸ The commissioners visiting Colney Hatch 'regularly remarked that the female department, as is usually the case in all asylums, was the most noisy.' And even a male patient

at the Glasgow Royal Asylum felt qualified to complain that 'female lunatics are less susceptible to control than males. They are more troublesome, more noisy, and more abusive in their language.'¹⁹

Women's deviations from ladylike behavior were severely punished. At Bethlem, for example, women patients were put in solitary confinement in the basement 'on account of being violent, mischievous, dirty, and using bad language.' At Colney Hatch, they were sedated, given cold baths, and secluded in padded cells, up to five times as frequently as male patients.²⁰ (Ibid., p. 81)

The fact female mental patients are "less susceptible to control than males" and are more troublesome, more noisy, and more abusive in their language than their male counterparts has long been noted and commented upon by witnesses close to the scene.

This is a very important observation in that it emphasizes the "masculine" behavior of the females as compared to the "feminine" behavior of the males, who tend to be more submissive, withdrawn, docile and obedient.

The female mental patient is a "bearded lady" with the emphasis on the "bearded" side, while the male patient is a "bearded lady" with the emphasis on the "lady" side.

319 It is not surprising that in the female narrative the hectoring spirit of the auditory hallucination, the loquacious demon who jeers, judges, commands, and controls schizophrenics, is almost invariably male. He delivers the running critique of appearance and performance that the woman has grown up with as part of her stream of consciousness, but in psychosis, the assessing voice of the surveyor becomes the voice of the Other, an actual voice that she no longer recognizes as part of herself. Frequently, too, the dictatorial voice of the 'surveyor' is echoed by that of the male therapist. Having wrestled with the nagging, wheedling, abusing spirit she calls her 'resident,' for example, Mary Cecil meets an equally hostile psychiatrist: 'Been behaving very oddly indeed, haven't you?' he thundered contemptuously in exactly the jargon of my resident who was now joining in.⁴⁷ (Ibid., p. 213)

In the female schizophrenic the "hectoring spirit of the auditory hallucination," says Elaine Showalter, "is almost invariably male." This is true because this male voice is in reality the projected masculine part of herself that the female schizophrenic has attempted to repress. In schizophrenia this repression has always failed and the opposite-sex part of the personality has taken over and expresses itself either through delusions of actual change of sex or through hallucinated opposite-sex voices.

320 But in terms of her identity as a poet, Plath came more and more to view her recovery from madness through shock treatment as a poetic rebirth in which the split between the feminine and the creative selves was resolved. In her journals in the late 1950s, she wrote detailed descriptions of her shock treatment, describing the 'deadly sleep of her madness, and waking to a new world, with no name, being born again, and not of woman.'⁵⁸ In her poetry, Plath mythologized ECT as a possession by a male god who is also the Muse. 'By the roots of my hair some god got hold of me,' she wrote in 'The Hanging Man'; 'I sizzled in his blue volts like a desert prophet.' To be seized by this electric god was to be born again only of man, fathered rather than mothered, and thus, in Plath's imagination, purged of the inheritance of feminine vulnerability. The woman artist achieves her freedom and sanity, Plath seems to argue, by transcending ordinary womanhood not just through madness but also through the terrifying and redemptive ordeal of ECT. (Ibid., p. 217)

When Sylvia Plath says of her electric shock treatment that a male god possessed her soul and that she "sizzled in his blue volts like a desert prophet," she is making a total masculine identification; likewise when she says she has been reborn from man, not woman, thereby rejecting her hated femininity. The powerful masculine drives in her personality have finally broken free from their repression, as a consequence of her schizophrenic break, and are now able to find expression in her conscious awareness and actions. Unfortunately, she was unable to gain sufficient insight from this experience to prevent a recurrence of her mental illness, and she eventually committed suicide.

321 Oh, play ball. Bash with Teddy. Roll on the floor. Shout loud. Scream and be wild. Hit with my hands, kick with my feet. Be a boy, all trousers and roughness. Never in those days did I wear a skirt. Within a few weeks of first getting up, all the jewellery and makeup was shed. My feet were always bare and my hair was long. There were a few rare quiet moments, as when I would carefully wrap Teddy in a yellow counterpane Joan had given me. Then I would sit, on the floor, rocking myself and Teddy. Sometimes Joe had visitors. 'Wait here, I'll be back.' Times passes. What is the matter? Where am I? Oh God, God where's Joe? What have I done? Oh why did I run downstairs, rushing up to Joe? Oh God, why do I 'go against'? Groan and rock. Bang my head on the wall. Curl up. Lay down. I can't move. I'm stuck with 'it.' There's a noise. Is it? Can it be? Really? The noise gets nearer. God. God. 'What's that there?' My legs stretch. 'Well, if it isn't Mary Barnes.'

[*Mary Barnes (Two Accounts of a Journey Through Madness)*, Mary Barnes and Joseph Berke, Harcourt Brace Jovanovich, Inc., New York, 1971, p. 122.]

By means of her psychosis, Mary Barnes is able to get in touch once more with the long-repressed masculine, homosexual side of her nature.

322 I had an awful dream. Two women were in bed in a house. They had had operations on their breasts and their testes had been removed. I didn't want to be there. A man was bossing me about. I didn't want to do what he wanted. I wanted to be liked but I was hated. In the end one of these women wanted to see my paintings. I got some out and felt better. At this time, my sexual feelings were emphasized in my paintings. (Ibid., p. 145)

The dream about the two women in bed together is definitely a homosexual dream. The women with their "breasts and their testes" removed signify castration and rejection of the female body. Also note the sexual confusion evidenced by her use of the male term "testes" to represent the female reproductive organs, instead of "ovaries."

323 Unlike my mother, I didn't want to pride myself on being 'a plain woman.' Yet it felt so shameful to be anything else. If only I'd been born a boy. Then I'd get married. Girls had to wait to be asked, so my mother reminded me. This used to worry me. How would I know? Will a man just tell me 'I want you to marry me?' When does he give you the ring? (Ibid., p. 16)

Mary's strong desire to be male rather than female is emphasized by her statement: "If only I'd been born a boy."

324 Unlike me, Peter was considered very good with his hands. My mother kept his drawings. Some she sent to her mother, our Nannie. Many she showed to other people. I was jealous about this, but as Peter got to school and was excellent at all subjects, I could have eaten him with anger and jealousy. To be a boy, to be chosen. He was chosen to be Australia, with a little girl, not me, on Empire Day. (Ibid., p. 23)

Here we have more evidence of Mary's very intense "penis envy."

325 I wanted all my mother's attention and to be looked after as a baby and I wanted to be a boy and have all my brother had that I didn't have. The moment they said, 'Well, he's a boy,' I would have the most terrible anger, and when my body got fat and it got periods and breasts I hated all that. I wouldn't wear a brassiere and I demanded to know why didn't boys have 'it,' periods. I looked at other girls and wondered if they got 'it' – periods. I

didn't ask them. Then I realized what it was all about, girls 'not being well,' being excused swimming or gym. I was more angry than ever and frightened of my sex. I felt so ashamed. I wanted to be a boy. I had no idea of how a boy might like me because I was a girl. (Ibid., p. 29)

Every schizophrenic woman could relate to a greater or lesser degree, to the very same feelings Mary expresses so honestly here.

326 I now realize my destructive suicidal despair was bound up with my denial of my body. As I grew up I loathed my breasts, avoided boys, denied to myself that I wanted a boyfriend, forgot what the friendship of boys was like. I'd wanted to be a boy. I pretended to be feminine but couldn't feel or admit my desire for a man. Eventually, without conscious longing for love, I decided I wanted to have a baby. (Ibid., p. 39)

Suicide has been called, with good reason, the most serious symptom of schizophrenia. We can see from this quotation how suicide might be considered the ultimate castration, performed only by those who hate their genitals and wish to be of the opposite sex.

327 She takes me home. I feel I love Elly. She had put her arms around me. Later I shout, 'I'm being pushed out. It's not fair. Why should he push me out. Why do boys get the best of it. I'm only a girl.' (Ibid., p. 63)

Mary Barnes, homosexually attracted to a female acquaintance, is displaced in the latter's affections by a boy. This causes her great anguish and serves to exacerbate her already intense penis envy and anger towards males in general.

328 In the spring of '66 my bearing and behavior could be very deceptive to strangers. As I felt, so I appeared. Sulky, excitable, shouting, screaming. My speech always muddled, unclear, when hurried, went from a sheer jumble of running words, into mere sounds. My pronunciation was queer. I was going back to my real girl self through my pretence layers of girl on boy. (Ibid., p. 143)

Every schizophrenic woman, to get well, would have to go back to her "real girl self" through her "pretence layers of girl on boy," just as Mary Barnes has done. From her "real girl self" she could then grow into mature womanhood. Vice versa for schizophrenic men – back to their real boy self through pretense layers of boy on girl.

329 The water was warm. Her hair was like weed. We got quiet. She lay in bed. I boiled an egg, lightly. With her eyes shut she took it, slowly as I fed her. Then there was peace. When the milkman came there was milk, warm from a glass or cold, sucked through a straw. My breast was her bottle. I would kneel over her, and she would put her mouth to my nipple. This was satisfying to me. We both enjoyed it. (Ibid., p. 284)

Mary is now able to express her homosexuality openly and freely, thus negating any need for her previous psychotic defenses against it.

330 Joe assured me, 'You will be back before the baby is born. The baby won't push you out. I still care for you very much. Going out with the boys last night – feeling you wanted to be a boy like them makes you have guilt. You feel it's wrong to want to be a boy.' (Ibid., p. 333)

Mary's wish to be a boy – or a male instead of a female – is very apparent.

331 When I get very angry because Peter doesn't go into therapy with Joe, this is really me wanting to cure myself, to get united with my masculine part, which is a part of me, not Peter. He is not really my masculine part. My getting whole is something that happens between me and Joe, with or without Peter going to Joe. (Ibid., p. 334)

As a result of her psychotherapy with Joe, Mary is getting "united" with her "masculine part," and consequently is being cured of her schizophrenia.

332 I didn't feel good but I felt better as I lashed my jacket together with some torn strips and got a sort of corset effect. I combed my hair with my fingers. As for a toothbrush, I knew better than to ask for one. All the time I was in that lavatory I was seeing the dead man on the floor. Hallucination or not, he was memorable.

[*If A Man Be Mad*, Harold Maine, Doubleday & Company, Inc., Garden City, New York, 1947, p. 47.]

Unconsciously, Harold Maine would like to be a woman and wear a real corset.

333 'Look at the stories he writes,' said my stepfather. 'He signs them with some woman's or man's name and goes convincingly into the most revolting crimes. He makes people believe he is actually the woman or man and is going through their experience. Do you call that normal?'

'Maybe he's of the feminine type then,' said the psychiatrist, 'or maybe he has no personal reality.'

'He's been married twice and both wives have loved him,' said my mother.

'He defies typing,' said my stepfather. 'He is capable of being anything but an honest, hard-working man, and capable of doing anything to live as he chooses. His mother is naturally prejudiced in his favor.'

'Does he ever act in any way you consider strange, particularly when he isn't drinking?' asked the psychiatrist.

'Lately he has been coughing all the time,' said my stepfather. 'He coughs merely to irritate people and as if to complain because he isn't the center of interest. When he is writing at the typewriter he talks to himself and grimaces. He'll talk of his successes, such as they are, but he is secretive about his failures. He makes dirty remarks about all the churches in this town.'

I coughed as if to document my stepfather's statement. (Ibid., p. 231)

Maine's severe bisexual conflict causes him to sign his stories "with some woman's or man's name," corresponding to his unconscious image of himself as either male or female, or both. Another symptom of his bisexual conflict is his alcoholism, which always stems from this source. Furthermore, his stepfather's declaration that Harold's mother "is naturally prejudiced in his favor" seems to imply that Harold is something of a "mama's boy," which correlates with the fact of his obvious effeminacy.

- 334 Still, their correspondence flourished. Zelda wrote Scott that she hoped his mother would like her. 'I'll be as nice as possible and try to make her – but I'm afraid I'm losing all pretense of femininity, and I imagine she will demand it –.' Then, because he wanted to know exactly what she did with her time, she told him about a 'syndicate' she and Eleanor Browder had formed: '..... we're 'best friends' to more college boys than Solomon had wives – Just sorter buddying with 'em and I really am enjoying it – as much as I could anything without you – I have always been inclined toward masculinity. It's such a cheery atmosphere boys radiate – And we do such unique things.'

[*Zelda*, Nancy Milford, Harper & Row, New York, Evanston, IL, and London, 1970, p. 43.]

Zelda is very frank with F. Scott Fitzgerald about her masculine leanings. Her statements (that she is "afraid I'm losing all pretense of femininity," that "I have always been inclined toward masculinity" and that "It's such a cheery atmosphere boys radiate – And we do such unique things") leave no doubt about these feelings. When she says that "we do such unique things," she is unconsciously identifying herself as one of these boys.

335 By the next letter Zelda's mood had again shifted; she told him all about a wild drive to Auburn 'with ten boys to liven things up' and an escapade down on Commerce Street near the river in the worst part of Montgomery, where she had donned men's clothes and gone to the movies with a gang of boys. Fitzgerald was furious. (Ibid., p. 44)

In this passage Zelda tells of becoming a transvestite, dressing herself in the clothes of the opposite sex, while engaged in masculine adventures.

336 The trip itself was a series of minor catastrophes: there were blowouts, lost wheels, and broken axles. Zelda, who was to navigate, had no idea how to read a map. Her white knickerbocker suit (which had been made to match Scott's) was considered shocking enough in Virginia almost to keep them out of a good hotel. The manager eventually relented and Zelda compromised at the next stop by putting a skirt on over the outfit. (Ibid., p. 73)

Again, Zelda dresses in men's clothing, a suit, which perfectly matches Scott's. This was bizarre behavior on the part of a woman of that time and place, as is demonstrated by the hotel manager's shocked reaction to her masculine attire.

337 But the most exciting event of their visit was a walking tour with Shane Leslie around the waterfronts of London. Scott, Shane Leslie later wrote, 'wanted to see the real Dockland Stepney Limehouse Wapping where there was no taxis no police – We wore tweed caps and slacks. We had to be ready to carry Zelda – but she was light and enjoyed the adventure.' With Zelda dressed in men's clothes and with no money or jewelry, they prowled the haunts of Jack the Ripper. (Ibid., p. 83)

Zelda once more assumes the costume of a transvestite and engages in masculine behavior with her men friends on the London docks.

338 In a film taken during the summer there is a glimpse of Zelda sitting with Scott and several friends around a large circular table with a beach parasol over them. She is wearing a brightly striped French sailor's jersey, and her short hair is blowing back from her face and looks springy and dark. Nervously she plays with her hands on the table top, and looking up once into the camera, clearly embarrassed, she waves and laughs. (Ibid., p. 120)

Here we see Zelda wearing a man's sweater, specifically a French sailor's jersey. Her hair is cut short, which adds to her masculine appearance. Note is made of her nervousness as she "plays with her hands on the table top."

This "nervousness" will eventually escalate into a full-fledged schizophrenic breakdown.

- 339 The Murphys knew the Fitzgeralds at their peak; Scott had finished Gatsby and Zelda was still lovely. 'She was not a legitimate beauty – thank God!' said Gerald Murphy. 'Her beauty was not legitimate at all. It was all in her eyes. They were strange eyes, brooding but not sad, severe, almost masculine in their directness. She possessed an astounding gaze, one doesn't find it often in women, perfectly level and head on.' (Ibid., p. 124)

Gerald Murphy comments on Zelda's "strange eyes" which were "almost masculine in their directness" and on her "astounding gaze, one doesn't find it often in women, perfectly level and head on." He seems to find this masculine presence in Zelda somewhat disturbing, and thus worthy of note in his reminiscence of her.

- 340 It rained nearly every day from the end of November to mid-December and Zelda wrote that she not only missed Scott and was lonely, but had a 'sore throat, asthma, grippe and indigestion.' On the good days, she said, a joyous release of pent-up excitement was likely to overcome her. She had a pistol without any bullets that she kept in a bureau drawer for protection.

'I love climbing out on the tin roof and brandishing my empty pistol and yelling 'Who's there?' as if I had a mob at bay. But I am, secretly, always the escaping criminal. My bravado instincts do not function on the side of law and order, as do not also a great many other interesting facets of myself: i.e. to me, interesting, of course.'

'I miss my Daddy horribly. I am losing my identity here without men. I would not live two weeks again where there are none, since the first thing that goes is concision, and they give you something to butt your vitality against so it isn't littered over the air like spray[s] of dynamite.' (Ibid., p. 206)

Zelda's "empty pistol" symbolizes her unconscious, castrated male image of herself, and her "bravado instincts," as she calls them, reflect her bold masculine spirits. Her self-description as "always the escaping criminal" furthermore implies an unconscious masculine self-identification, as "escaping criminals" are almost always of the male sex.

Zelda needed to be around men to bolster her unconscious identification as one, and to provide her with the male competition she needed to "butt" her own masculine "vitality against so it isn't littered over the air like spray[s] of dynamite." The word "dynamite" aptly describes the force of her repressed masculine strivings.

341 The following morning, when David comes home after having spent the night out, Alabama wonders why 'Men never seem to become the things they do, like women' She tries to tell herself that she doesn't care, but she does.

'I can't stand this any longer,' she screamed at the dozing David. 'I don't want to sleep with the men or imitate the women, and I can't stand it.' (Ibid., p. 226)

When Alabama, Zelda's fictionalized characterization of herself, says she 'doesn't want to sleep with the men or imitate the women' and that she 'can't stand it,' what she is really saying is that she wants to be a man herself and 'can't stand' the tension her intense bisexual conflict arouses in her. At this point Alabama (Zelda) is on the verge of a schizophrenic collapse.

342 On the 20th of May, 1932, Scott found a house on the outskirts of Baltimore, in Towson. It was called La Paix, and Zelda described it as 'a very feminine [house] – dowager grandmother,' adding that she had always chosen 'masculine houses with staring windows.' (Ibid., p. 257)

Scott's feminine nature found its counterpart in Zelda's masculinity, as is the case in all skewed or "neurotic" marriages. Scott picks out "a very feminine" house while Zelda says she always preferred "masculine houses with staring windows."

343 What Rennie had noticed was the growing discrepancy between the Fitzgeralds' ideas of the roles of husband and wife and the part they were individually prepared (or able) to play. Neither of them was at this point fulfilling his role to the satisfaction of his partner. Scott told Rennie: 'In the last analysis, she is a stronger person than I am. I have creative fire, but I am a weak individual. She knows this and really looks upon me as a woman. All our lives, since the days of our engagement, we have spent hunting for some man Zelda considers strong enough to lean upon. I am not. However, I am now so near the breaking point myself that she realizes she has me against the wall and that she can drive me no further.' (Ibid., p. 261)

In the Fitzgeralds' marriage Scott essentially fulfilled the female role emotionally, while Zelda fulfilled the male one. Unfortunately, as is always the case in such marriages, neither party is sufficiently satisfied either emotionally or sexually by this state, and the stage is inevitably set either for divorce or for a mental breakdown in one or both partners. In the Fitzgeralds' case, the ultimate outcome of the severe bisexual conflict with which both were afflicted, was severe alcoholism, resulting in an early death on Scott's part and a complete schizophrenic collapse on Zelda's.

344 Sara once warned them about their diving from the rocks high above the sea. 'One had to be a superb diver in order to make it during the day. There were notches cut in the rock at five feet, ten, up to thirty. Now, that's a high dive, a dangerous dive any time, but especially at night, one had to have a perfect sense of timing or one would have been smashed on the rocks below. Zelda would strip to her slip and very quietly ask Scott if he cared for a swim. I remember one evening when I was with them that he was absolutely trembling when she challenged him, but he followed her. It was breathtaking. They took each dive, returning from the sea all shivering and white, until the last, the one at thirty feet. Scott hesitated and watched Zelda until she surfaced; I didn't think he could go through with it, but he did.' When Sara remonstrated with them, Zelda said very sweetly in her low, husky voice, 'But Sara – didn't you know, we don't believe in conservation.' And that was that! (Ibid., p. 124)

This is a chilling account, both literally and figuratively, of the length to which a woman's intense penis envy and competitiveness with men can drive her. It demonstrates also Zelda's strong unconscious hostility, or "death wish," towards Scott, as either one or both of them could have been seriously injured or even killed by their derring-do, brought about by her direct challenge to his masculinity.

345 What hopes the Fitzgeralds had invested in the riviera as a place which would revive their troubled spirits vanished, and they returned to Paris in October. It was on the automobile trip back to Paris along the Grande Corniche through the mountainous and steep roads of the south of France that Zelda grabbed the steering wheel of their car and tried to put them off the cliff. (Ibid., p. 156)

Zelda has by this time lost control of her emotions, as this horrifying account of her attempted murder of Scott while concurrently trying to destroy herself so vividly illustrates.

346 Inevitably the break came. During a luncheon party in April which the Kalmans, old friends of theirs visiting from St. Paul, attended, Zelda became afraid of missing her ballet lesson and abruptly left the table to catch a taxi. Kalman, noticing how nervous she seemed, went with her. In the taxi, while Zelda changed into her practice clothes, he tried to persuade her to take a rest from the ballet. But she did not appear to hear him and mumbled something unintelligible. As the taxi paused at a crossing, Zelda ran from the car toward her studio. Kalman returned to Scott, told him what had happened, and suggested that there was something seriously wrong with Zelda.

Madame Egorova, too, had begun to notice a change in Zelda. One afternoon Zelda invited her to tea. They were alone in the apartment and it became clear to the older woman that there was something strange happening to Zelda – her gestures, her face, and even her voice seemed increasingly peculiar. When they had finished their tea, Madam Egorova sat down on the couch facing Zelda. Suddenly Zelda threw herself down on her knees at Egorova's feet. Trying to prevent the situation from going any further, Egorova rose calmly and told Zelda that it was late and that she had to go home, and quietly left the apartment.

On April 23, 1930, slightly more than a decade after their marriage, Zelda entered a hospital called Malmaison on the outskirts of Paris. She was in a state of extreme anxiety, and restlessly paced the room, saying: 'It's dreadful, it's horrible, what's to become of me, I must work and I won't be able to, I should die, but I must work. I'll never be cured. Let me leave. I must go see 'Madame' [Egorova], she has given me the greatest possible joy; it's like the rays of the sun shining on a piece of crystal, to a symphony of perfumes, the most perfect harmonies of the greatest musicians.' She was slightly intoxicated on her arrival and said that she found alcohol a necessary stimulant for her work. On the 2nd of May Zelda abruptly left the hospital against her physician's advice. (Ibid., p. 158)

The "break" which "inevitably" came was Zelda's schizophrenic break, and, as is invariably the case, it was the result of intense bisexual conflict which could no longer be kept under repression and which finally broke through into partial awareness in the scene described here with Madame Egorova.

When Zelda threw herself at Egorova's feet, it was obvious to the latter that Zelda had passionate feelings for her and that she might momentarily lose all control and begin making sexual advances to her. To prevent this from happening, Egorova excused herself as gracefully as possible and quickly left Zelda's apartment.

347 I spoke to twenty-four women who had been psychiatrically hospitalized at some time between 1950 and 1970. Twelve women clearly reported exhibiting opposite-sex traits such as anger, cursing, aggressiveness, sexual love of women, increased sexuality in general, and a refusal to perform domestic and emotional compassionate services. Four of these women also experienced 'visions.'

[*Women and Madness*, Phyllis Chesler, Ph.D, Doubleday & Company, Inc., Garden City, New York, 1972, p. 164.]

Opposite-sex traits would have been operative in all 24 of the above-noted women, since bisexual conflict invariably forms the etiological core of all functional mental illness.

- 348 Marsha: I was falling in love with a woman at the hospital – but that was considered 'sick.' They have these Saturday night dances you're supposed to go to, and you're not supposed to dance with another woman but only with a man. But you're not supposed to go to bed with him either. (Ibid., p. 170)

Marsha's homosexuality, the repression of which has led to her mental illness and subsequent hospitalization, finally begins to surface as she interacts with the other female patients.

- 349 Lois: One female therapist got scared when I became 'gay.' 'I can't treat homosexuals. There's nothing you can do with them.' She made it sound like terminal cancer One male therapist kept insisting I wasn't gay, but he told me it's something I'll outgrow He told me I'd end up alone and bitter in the gay scene, and that didn't appeal to me. It still doesn't Another woman therapist said, 'But men are so marvelous to sleep with! Lesbianism isn't necessary, it's absurd!'

In a sense, being psychiatrically hospitalized helped me. I'd hit bottom. Now I could be a lesbian, that's not as bad as a crazy (Ibid., p. 193)

When Lois says "Now I could be a lesbian, that's not as bad as a crazy" she is in essence stating a very profound truth, namely, that schizophrenia is the negation of homosexuality, and that the cure for schizophrenia, therefore, is for the afflicted person, male or female, to come to terms emotionally with their homosexuality and consciously accept it. Then, if the person is sufficiently motivated, he or she will have the opportunity to grow into a more mature heterosexual orientation by means of psychotherapy or psychoanalysis.

- 350 Doris: Were you sheltered?

Shirley: No! Come on, girl. Well, number one, I was very confused and frightened about where I was coming from, actually.

Doris: What do you mean by 'coming from'?

Shirley: Well, I thought I was one of the sickest persons in the world. You know, I dreaded even thinking about the term 'lesbian' and I used to cope with the situation by telling myself that I was normal, you understand? And the only thing that would take my normality away would be for me to have an actual gay experience. And I also used to tell myself that you're not gay if you never do it. So I didn't, 'cause I didn't want nothing to tread on my sanity. So I pretended to like boys and dresses and parties and all that bullshit.

Doris: So you were just fooling yourself?

Shirley: No, no, I wasn't fooling myself, I was trying to live with myself, and I went out with fellas and I let them fuck me. ...

Doris : Well, if you didn't want to be a girl why

Shirley: That's what I'm saying. The more they did it, the worse I got, and the more I pretended to act normal, the crazier I got. And I mean I was going out of my mind. When my mother died I just stopped pretending to be something that I wasn't because it ain't done much straightness in the world and it put my mind at ease, you better believe it, and I regained my sanity which was slowly seeping away from me, from trying to be un-gay and I am definitely gay. (Ibid., p. 201)

This simple statement of Shirley's that "I regained my sanity which was slowly seeping away from me, from trying to be un-gay and I am definitely gay" provides us with the definitive answer to the riddle which has plagued mankind since its beginning – namely, what causes a person to go mad?

351 She let me just rot in the hospital that first time, she's a fuckin' whore, that's what I told her, that always gets to her. So she put me in the hospital again. She called her boyfriend over and he beat me up because I had disrespect for my mother. You son of a bitch, you try to put me in the hospital, I'll kill you. I tried to call my therapist but he punched me to the floor each time. They tied me down and put me in a straight jacket.

At the hospital – questions! 'What's the matter?' the psychiatrist wants to know. 'Wars stink. Prostitution stinks. You stink.' 'I think we're gonna have to keep you,' he says. 'No foolin'! This time I had a beautiful woman doctor from Central America, and she really helped me get out

They gave a lot of psychological tests and, you know, I came out masculine. What does that mean? Like on one test they ask: do you want to be married and happy or rich and single? 'Oh, shit! Rich and single,' I said. (Ibid., p. 232)

Every schizophrenic woman would demonstrate masculine qualities on psychological tests if she answered the questions honestly, just as would every schizophrenic man demonstrate feminine qualities on such tests.

352 MY hands are not clean the bitten fingernails ingrained with dirt and my beard that began to grow when I was in Lawn Lodge grows more quickly now, yet no one, I think, suspects that I have a beard. I rub it off with a sandpaper mitt which my family sends me, and one of the perils of my life is to hide these mitts on my person without anyone knowing and to scrape my face with them each morning under the bedclothes.

I am vain. I am growing thin. I look at myself in the mirror in the corridor, at my ward skirt and ward sweater set, and my frizzy hair. I am twenty-eight; it is nearly eight years since I first came to Ward Four. Across the sea a king has died and a pall was thrown over the music and Carol cried out for the dirges to end their all-day flowing from the radio on its caged and locked shelf, and for Some Enchanted Evening to be played.

[*Faces in the Water*, Janet Frame, George Braziller (publisher) New York, 1962, p. 199.]

This patient is definitely a "bearded lady."

353 I was more horrified to see that, at times, the nurses tried to provoke the patients into displays of violence. They did this with Helen who walked stiffly like a tin soldier, holding her arms out as if to embrace anyone who came her way, and whispering, 'Love, Love,' in a manner that would have been banal in a Hollywood film but here seemed pitiful and real.

'Love me, Helen,' the nurse would call, and Helen smiling with anticipated joy, would advance carefully towards the nurse only to be turned aside with a scornful remark when her arms had almost encircled their longed-for objective of flesh. Her love changed to hate then; she would attack, and the nurse would blow her whistle bringing other nurses to her aid, and Helen would be put in a straight jacket and for the rest having been removed, to convey her anger and frustration.

And there was Milty, another favorite, a tall athletic woman with an engaging personality and a facility for finding cigarette butts and transforming them into smokeable cigarettes. She spent her day waltzing with one of the ghosts that are easy to conjure, when one is ill, held lovingly in her arms. And moving in dignity around the room – bestowing now always welcome blessings, turning a prophetic gaze upon the vision of squalor and agitation that surrounded her – a white-haired Christ walked up and down, confined and restless. She prayed. And she wept. And she flew to attack when they tried to restore to Milty the cigarette butt which Christ had snatched during her ministrations. (Ibid., p. 90)

The only people Helen could embrace while walking around whispering about "love" were the other women patients on her ward. This activity allowed her partially to express her repressed homosexual feelings. And Milty, a "tall athletic woman," and the patient described as a "white-haired Christ," are both obviously very masculine females.

354 I joined in the throwing of the food; Piona and Sheila, another ex-Borstal girl and I were accurate markswomen, breaking off precious breadcrumbs

from our too-small slice of bread, and flicking them about the table, at the nurses and the other patients. We would have aimed at the doctor too but he did not pass through the Lawn Lodge dayroom. We flicked; we banged our crockery on the table; we sang rude rhymes about 'I took my girl to the pictures and sat her in the stalls and every time the lights went out

(Ibid., p. 93)

The activities described here are all of a masculine and "boyish" nature, yet performed by mentally ill females. The underlying opposite-sex nature of the schizophrenic person can invariably be observed if one looks carefully enough.

355 BUT WHO AM I to say that Sister Bridge was in charge of Ward Two, when the real commanders were of course Mary-Margaret and Alice? Mary-Margaret had put herself in control of the pantry, like a general occupying enemy territory. She supervised the buttering of bread, the making of toast, the cutting and distribution of cake and the washing of the containers from the big kitchen. When these were washed after each meal Mary-Margaret used to open the kitchen door and with a lusty battle cry hurl the trays down the wooden steps to lie there higgledy-piggledy until they were collected by the kitchen van. No matter how many times Sister Bridge pointed out that the trays were being damaged and that complaints were being sent from the kitchen, Mary-Margaret refused to heed. Sister Bridge would shrug her shoulders and grin and say, 'Now Mary-Margaret we'll give you one more chance.'

Mary-Margaret was a powerfully built straight-backed woman with snow-white hair which she usually decorated with a differently colored bandeau for each day of the week; these gave her a gypsy appearance. Her eyes, anyway, were those of a seer and one could be almost certain that whatever Mary-Margaret gazed at was something no one but herself could recognize and understand, as if, while the rest of us had studied only the primer of looking, Mary-Margaret had been a graduate for many years. (Ibid., p. 141)

This description of Mary-Margaret is that of a very powerful, masculine and dominating personality.

356 When she walked she moved her hands, trying to make elaborate sculptures of the intractable air, taking careful chicken steps and at times supporting herself by sliding her head along the wall. Forced to move from one side of a room to the other she panicked and clung to the wall until she was propelled by the scruff of her neck. Sometimes suddenly alone in the center of the room, she would overbalance and then laugh delightedly yet nervously, saying in a rush of breath, Oh dear, oh dear; and then she would

turn to her brother who always followed her and whom she addressed formally as Mr. Frederick Barnes. She would curse him and add, 'Get out of here, Mr. Frederick Barnes.'

She called me Miss Istina Mavet. She would heave a great sigh, 'Oh I envy you Miss Istina Mavet!' Then she would put her hand up the leg of her striped pants and drawing forth, after a little manipulation, a lump of feces would exclaim, 'Look Miss Istina Mavet. Just look. I'm terrible, aren't I? I blame Mr. Frederick Barnes for this.' Her voice would deepen then and become tremendous and her face would flush purple. She would scream. Since her first operation she suffered from convulsions; often we saw her fall in a fit.

Although Brenda was more often confined in the dirty dayroom, as a special treat Sister Bridge would let her come to the clean dayroom to play the piano. She would sneak in, moving her hand along the wall, and approach the piano and, after lifting the lid of the stool the correct number of times in accord with her secret personal rhythm, she would sit down, shrugging her shoulders with pleasure, and begin to giggle in a deprecating way, blushing and staring at the piano as if it had begun to pay her compliments. It shone ebony; she could see her face in it, even the shadowy hint of her dark mustache. She would continue to giggle, clasping and unclasping her hands and adopting now postures of delight as if the piano were communicating good news to her; and then, in a flash, she would remember Mr. Frederick Barnes.

'Get out of here, Mr. Frederick Barnes,' she would rage, dropping her hands quickly to her lap as if she had been putting them to immodest use without knowing that she had been observed. 'Get out, Mr. Frederick Barnes.'

And turning to the patients who were now interested and waiting for her to play, for we liked her playing, she would excuse herself. 'It's Mr. Frederick Barnes. I hate him. I hate him, Ho Ho, Mr. Frederick Barnes. And I, of course, am Miss Brenda Barnes of Cliffhaven Mental Hospital.'

Then she would smile wistfully and break into a giggle and begin to play, gently and carefully, a few bars of what the patients called 'classical.' (Ibid., p. 148)

Brenda Barnes' imaginary brother "Mr. Frederick Barnes" is in reality the "bearded" side of her "bearded lady" self. Or, to put it another way, he is the masculine side of her psyche that she has never consciously been able to come to grips with psychologically and thus assimilate into her total personality in a healthy and constructive manner. As a consequence, the severe bisexual conflict arising from this failure to integrate her masculine and feminine selves has driven her insane.

357 The only survivor from the old refractory-ward fire was Big Betty who was rumored to have started the fire herself, perhaps intentionally, with a

cigarette butt. This accusation returned from her remote conscience like a radar signal bounced from the moon. Big Betty was grandiose and uncompromising. She was over six feet tall, and bore with her everywhere her two bags of treasure which included old magazines and two or three pairs of worn-out slippers. She refused to work at the Brick and her refusal was accepted. She preferred to stay in the clean dayroom, lying on her special sofa like Madame Recamier, her big feet stuck in the air like frogmen flippers. Her voice, not wishing to be outdone by size, emerged as a roar.

'Istina!' She used to bellow suddenly so that I leapt with fright.

'Now a young girl like you, now someone like you, I can understand someone like me, but someone like you

'She would reflect a moment, rubbing her large purple nose, and then roar, 'What are you doing in this ward?' As if I had been accused of a grave crime I would try to find an excuse to offer the prosecuting Big Betty, but she had forgotten her own question and would boom, 'Istina, go and see to that poor soul over there!' (Ibid., p. 155)

It would be difficult to find a more masculine, dominating personality than the one displayed here by Big Betty, unless it would be that of Mary-Margaret, as described previously in Quotation 355.

358 I know. I had experienced the morbid curiosity. I once looked through at the men prowling unshaven in their tattered outlaw clothes, and I could not forget their hopelessness; it seemed deeper than that of the women, for all the masculine power and pride were lost and some of the men were weeping and in our civilization it seems that only a final terrible grief can reduce a man to tears. (Ibid., p. 170)

The author makes note of a phenomenon invariably to be observed in mental institutions, which is that of the more submissive, apathetic appearance of the male patients as compared to the nosier, more boisterous and fractious behavior of their female counterparts. In short, male mental patients tend to exhibit more female, or feminine, behavior traits and the female patients more male, or masculine, behavior traits. This well-recognized phenomenon fits in perfectly with the fact that the genesis of schizophrenia lies in sex-role alienation in early childhood, which is then transformed into severe bisexual conflict and confusion by the hormonal changes accompanying the onset of puberty. And it is these hormonal changes which are directly responsible for triggering the classic symptoms of schizophrenia, such as audio and visual hallucinations, mania, depression and paranoid ideation. As stated previously, schizophrenia was at one time called dementia praecox (precocious dementia) due to the fact these classic symptoms first appear at puberty. From this fact one would think that the connection between sex-

uality and schizophrenia would be very obvious, but surprisingly, very few investigators have made it.

359 Bertha's singing incensed Maudie who was God and did not think she should be thus addressed. Maudie was tall, well built, middle aged. Her hair was silver, her voice deep and powerful. She was God. She would stand in the dayroom pointing her finger menacingly at anyone who happened to annoy her.

'Down you go, Carol Page,' she commanded. 'Down you go. It is God speaking.'

'You're not God. You're a silly old woman,' Carol would taunt, at the same time turning to the other patients and half-stating, half-questioning, 'She's not God, is she?' Was Maudie God? Carol was never sure, for the minister in church had said that although God was in heaven he was also everywhere, spying on you to write your name in his book. Carol believed the minister. She always went up to him afterwards, to shake hands with him in the same way that she went to the lady visitors to get reassurance from them and tell them about her 'gagement ring' and her being 'jitimate.'

'Down you go!' Maudie shouted. 'Down you go, damn you.'

Then she would lift her ward skirt and dance a clean-dayroom version of the cancan; to her this seemed not inconsistent with the behavior of God. (Ibid., p. 209)

Maudie thought she was God, the most powerful male figure imaginable. On the other hand, she thought nothing of lifting her skirt and dancing "a clean-dayroom version of the cancan." Thus did Maudie express her "bearded lady" self, or the severe bisexual conflict which had driven her insane.

360 Because I am I, an odd piece of Egotism who could not make the riffle of living according to the precepts and standards society demands of itself, I find myself locked up with others of my kind in a 'hospital' for the insane. There is nothing wrong with me – except I was born at least two thousand years too late. Ladies of Amazonian proportions and Beserker propensities have passed quite out of vogue and have no place in this too damned civilized world.

[*These are My Sisters, a Journal From the Inside of Insanity*, Lara Jefferson, Anchor Press/Doubleday, Garden City, New York, 1974, p. 11.]

When Lara Jefferson calls herself a lady of "Amazonian proportions and Beserker propensities" who is out of place "in this too damned civilized world," in essence what she is really saying is that she is a fiercely masculine and aggressive woman in a society which expects females to be feminine and

submissive. She has good insight into this aspect of her personality but has dissociated from conscious awareness the fact that the type of woman she describes here would emotionally be a lover of other women, or homosexual. It is the repression of these homosexual feelings and drives which has driven her insane.

361 You might think the awful oaths and profanities she releases with such disruptive explosion would be shattered to splinters on hitting the ceiling. But there is nothing anemic about these curses. They are large and full-bodied and bounding with vigor, and much more capable of denting the ceiling than the ceiling is of denting them, and when they hit it, their direction is changed.

.....

Never was there such a vocabulary! She could give a sailor lessons in the art of cursing. For her ability reaches far beyond Art. It is Genius!

She used to be a large woman, weighing more than two hundred pounds. Now she is shrunken to a fraction of that and her flesh hangs in loose folds about her tall frame.

..... But I like Claw-Belly' – for she rose up and danced on the day I was put into a jacket. She danced to my singing – a wild, whirling dance – and she was stark naked. She got tied down for her compliment to my singing. It was not beautiful singing – and I was stark mad or I would not have sung in the bug-house. (Ibid., p. 31)

"Claw-Belly" could give a sailor lessons in the art of cursing. This is but one more example of the extreme masculine, or mannish, behavior exhibited by female inmates of mental institutions. "Claw-Belly" also demonstrates homosexual exhibitionism when she dances naked in front of the other patients.

362 At the head of the list is a middle-aged woman of stern virginal purity. I suppose she is still a virgin, but the sternness has grown and developed into something grim and terrible; and the 'purity' has been replaced by a maniacal obscenity which is revolting.

Now, in the middle years of her life she has left behind both natural modesty and her exalted idea of purity, since madness has claimed her – she has been swept far into unspeakable lewdness. She is so far gone into madness that she fashioned a set of male genitals out of a snuff box. She stands naked before all who may see her and gives voice to her madness by shrieking such foulness the very air around her is crawling and stinking with it. Until others who are mad also, and not easily shocked by such exhibitions, cannot endure the sight of her – who at one time in her life was modest to the point of prudery. (Ibid., p. 42)

The "penis envy" which Sigmund Freud described as being at the core of every woman's neurosis is here carried to its psychotic extreme in an insane woman, demonstrating the fact that the greater the degree of unconscious penis envy, the greater the degree of the resultant mental illness.

363 She is such a strange person, so poised, serene and soft spoken today as she moves in the 'hydro.' It is hard to connect with the same person who lay for weeks in a straitjacket, raving her lungs out in the pain of her madness. It is hard to believe the soft voice in which she spoke to me this morning has another vocabulary filled with shrieking profanities and strident obscenities. (Ibid., p. 72)

The patient described here has demonstrated her "lady" self while sedated in the "hydro" and her "bearded" self during those other times when she fills the air with "shrieking profanities and strident obscenities."

364 The Medicine-maker was turned loose this morning and is sitting in the day-hall in brooding silence. It is the first time she has been out of a strait-jacket for weeks and weeks, but she walks steadily and does not seem weakened by the long confinement. Long months inside have bleached the swarthy texture of her skin to a soft glowing olive color.

She is such a handsome woman – with a compelling fascination which cannot be called 'charm' in the accepted sense of the word; nor beauty; nor any of the other adjectives applicable to her.

She is in a class by herself. In all the world, I do not suppose there is another creature like her. A close-knit, powerful frame, whose contour is that of a woman, but there is something beneath the smooth olive skin suggesting the strength of a gladiator.

It lies along the smooth muscled forearm exposed in the short sleeve of the dress she wears; and in the strong tendons of her shapely hands, bleached by many long weeks in the canvas sleeves of a straitjacket. It is in the long sweep of jaw bone and the strong teeth, whose shape and perfection is suggestive of the teeth of a carnivorous animal; and when her lips draw to a livid line around them the suggestion gives place to – similarity. Above her indescribable eyes are two swooping arches, penciled in one broad flowing line. Above them her hair sweeps backward, so black and bristling it crackles with electric vitality. (Ibid., p. 107)

This is another excellent example of the "bearded lady" features invariably to be found in every schizophrenic person. Although this particular patient is a female, underneath her femaleness one can sense "the strength of a gladiator," as the author describes her.

365 That made the Farm-woman thoroughly angry and she came striding down the aisle like an avenging Fury. Her lips were drawn in a snarl. There was a flush in her cheeks and a glint in her eyes that boded no good to the other. When she reached Claw-Belly's bed she stood and glared down upon her, giving vent to a scalding stream of profanity more inclusive and expressive than anything I had ever heard in my life, up to that time at least. (Ibid., p. 79)

The "bearded" side of this schizophrenic woman's psyche is deftly revealed here by the author in her vivid description of the "Farm-woman."

366 Even as I write this there is a stream of profanities and obscenities pouring out of the little sick girl's mouth – so vile, so foul, the very air is crawling and stinking. Her voice does not have the feminine sound of a girl's voice – it is heavy and throaty. There is a passion, a vitality – a madness in her speech that makes the words she uses seem pitifully inadequate to express her delusions.

She does not know death is upon her – nor would she care if she did know. Madness is upon her like travail upon a woman with child. It has come. It has claimed her. She can neither avoid it nor satisfy it. It is wasting all the life within her in a prodigal holocaust of raving; is preparing other victims for itself by consuming her here in the presence of all. Death is preferable. Thank God it is coming!

Even the doctor, who is armed with experience and wisdom – turned and fled from the sight of her – and his eyes held the stark look of human pain in them. He felt the grim helplessness, the painful inadequacy of his profession, which has only been able to provide a long name for her Madness. That was not an adequate armour this morning. (Ibid., p. 129)

This unfortunate girl is dying from what used to be called, before the advent of the antipsychotic drugs which can now prevent it, the "exhaust status" of catatonic schizophrenia. In this stage of mental illness the afflicted person becomes so exhausted from manic exertion that death ensues, as will be the outcome in this particular case.

The clue to the intense bisexual conflict which has brought this young girl to such a tragic end is contained in the author's comment that "Her voice does not have the feminine sound of a girl's voice – it is heavy and throaty." What she is implying, perhaps without realizing it, is that the girl's voice has a definite masculine ring to it, befitting someone who could utter "a stream of profanities and obscenities" which are "so vile, so foul, the very air is crawling and stinking." This doomed patient is decidedly unfeminine in her demeanor, for the "bearded" part of her psyche, long repressed, has finally overwhelmed her.

367 Bridal chamber – Bridal chamber – Bridal chamber! Well – Well – Well! So it is to be a 'bridle' next. I knew all along they had some such idea about me! Why already I've been fed more oats than old Beck and Kate have eaten all winter. Beck and Kate are two old mules and I've been enough like their papa, the jackass, to wear a horse jacket all spring. Bill Murray's horse jacket full of fleas and mange and itch! (Ibid., p. 141)

Here the author/patient unconsciously identifies as a male. She says she has "been enough like their papa, the jackass, to wear a horse jacket all spring."

368 Well – that was that, William. We made it! Thank you! I have no idea what you have written the last few minutes – but I know I feel like Jacob of old who contended with the angel. I have an ankle out of joint and am so wringing wet with perspiration there is not a dry thread upon me. I am most grateful to you. The doctor can give my sick hypo to someone who did not have the good fortune to choose you for a delusion of grandeur – He can think what he likes of delusions of grandeur – but what you did for me, I could not do for myself. We made it! Whether the world ever knows it or not – the writing you have been doing for the last half hour is an indication of greater genius than all your previous works put together!

Shakespeare, we got through that crisis – though it seemed for awhile it would happen and in spite of everything I was going to go off at the deep end – with a splash. When and if that happens there is only 'Three Building' left – and hopeless insanity. (Ibid., p. 195)

Here the author/patient identifies herself both with Jacob and William Shakespeare, two strong male identifications.

369 Only maniacs murder those whom they love. I don't have that on my conscience because some power prevented the blow from falling. Some power outside myself. I had picked up a hammer and aimed it with murderous intent and was filled with a fierce exultation because I felt as powerful as Sampson.

But a curious thing happened. Midway in its swing my arm was stopped as though another hand caught it; and I saw it descend to the table, gently; suspendedly, as though it were floating. I watched my fingers relax their murderous grasp on the weapon. Relax slowly, gently in an uncurling sort of a movement with no volition on my part.

It was the surprise at seeing this happen which brought me somewhat to my senses – and I turned and went from the presence of the loved one whom I had so nearly murdered. And though the rest of my body still felt a wild agitation – the hand which had held it was steady and poised and there was an odd tingling sensation extending to my shoulder. I make no attempt to

explain it – that is just the way it happened. The next hour was a geth-semane I wish I could forget. It found me on my way to the court house to ask for a sanity hearing. They found me insane and sent me here under guard. Perhaps that would have been the end of the story if I could have stopped all thinking – but that is not such a simple matter. (Ibid., p. 201)

Once again the author/patient identifies as a male, and a very powerful male at that – Sampson. Her bisexual conflict is so severe at this point that the inevitable madness which follows in its wake brings her perilously close to the act of murder.

370 At home things really began to deteriorate. I seemed to be tired all the time and I'd sleep for hours without being refreshed by the rest. I became indifferent to Laurie and my sexual appetite vanished; on those rare occasions when we did have intercourse, neither of us was satisfied. I began to doubt my masculinity. There must be something wrong with a man who can't satisfy the woman he loves. Maybe I'm a homosexual. That thought terrified me. On the streets I began to fancy that other men were looking at me. I began to see homosexuals everywhere, and all of them were laughing at me. (A terrible kind of desexualization, a loss of masculine identity, seems often to accompany schizophrenia when it develops in men, and perhaps this accounts for their morbid anxiety over homosexuality.)

[*In Search of Sanity, The Journal of a Schizophrenic*, Gregory Stefan, University Books, Inc., New Hyde Park, New York, 1965, p. 19.]

Mr. Stefan's bisexual conflict has reached a critical phase, and his repressed homosexual drives are trying to gain access to conscious awareness in order to satisfying themselves. He has entered what is often referred to as the "homosexual panic" stage of a schizophrenic breakdown. His description of the "terrible kind of desexualization" or "loss of masculine identity" that takes place in schizophrenic men applies equally to schizophrenic women, who undergo "desexualization" and loss of feminine identity. And both sexes experience "morbid anxiety over homosexuality" as a direct consequence of the powerful homosexual drives which they have repressed and dissociated from conscious awareness.

371 They're talking about me now. Everybody's talking about me. Later I apologized to Laurie, but I had hurt her deeply I knew, and all day she was very distant. We spent the day on the beach, sunbathing and swimming, but I was just going through the motions of enjoying myself. I felt exhausted and self-conscious and hypersensitive. Again I seemed to be losing my identity, feeling neither male nor female. That night, driving back to the city, I felt like

the world was kicking me around. I felt like the world was full of lies and deceit and that nothing mattered anyway. My mind began chipping away at all belief and carrying me into the abyss of nihilism. I entertained thoughts of suicide. We got home late and went directly to bed. I was startled when a jet plane flew low overhead. Then I leaned back, thinking to myself. (Ibid., p. 46)

It has been said that suicide is the most serious symptom of schizophrenia, and the time when a schizophrenic is most likely to choose suicide as a solution to the intense emotional pain generated by the bisexual conflict is when he or she is caught up in the profound turmoil of the "homosexual panic" stage of the illness.

372 Laurie and I left early, about 10 o'clock. As we walked down East 86th Street, on the way to a movie, I was simultaneously buoyant and anxious, all the while twirling my umbrella and asking my wife, 'Who am I? Tell me who I am.' Two young men walked past us and I jabbed one in the behind with the umbrella. 'Ouch,' he screamed, 'Why did you do that?' I ignored him and kept on walking. 'Did you see what I did, honey?' I laughed. 'I jabbed that kid in the ass. How would you interpret that? Maybe Gression will say that it was symbolic of a subconscious desire to have sex with the guy.' A Charlie Chaplin show was playing at the movie and I was eager to see it, but when we arrived I felt another panic attack coming on. I almost passed out. Laurie called a cab and we went back to the apartment. At home I kept telling her that I thought I was losing my mind. She assured me that I wasn't. 'What are you afraid of, honey?' she asked. 'I don't know,' I said. 'Everything – afraid of losing you, afraid of' After a while, I calmed down and we went out and got some hamburgers. (Ibid., p. 36)

When his wife asked him what he was so afraid of, the correct answer would be that he was terrified of his powerful homosexual drives which were trying to force their way into his conscious awareness from the depths of his unconscious mind, where they had long been repressed and held in a state of total frustration. This is a classic case of a man in the throes of "homosexual panic," which is a prominent feature of schizophrenic illness.

373 July 25 – I have a hard time understanding why I waver, from day to day, and sometimes hour to hour, between a strong masculine identity and a self-conscious, insecure, frightened, almost feminine identity. I feel comfortable and happy in the strong masculine role, but it chips away so easily that I begin to see brittle feminine qualities in myself – hypersensitivity, indecision, insecurity. The roles, the moods, come and go without any relation to external events. Gression claims that all men are bisexual. Who the hell wants

to be bisexual? I wish I could recapture my masculine identity and nail it down, but it's so elusive. (Ibid., p. 56)

The author gives an excellent description here of what it feels like to be in the grip of the "bearded lady" disease – schizophrenia.

374 Ed and I would play monopoly for hours together at night. His face flushed, he played the game with a vengeance, mercilessly, and I imagined he ran his ad agency the same way. As the game progressed, his face would get redder and redder, and then he would have to excuse himself and go into the bathroom. This happened frequently. Once I followed him to the bathroom and I found him sitting in a chair sobbing fitfully. I asked him what was wrong. 'It's the tension,' he said. 'This goddamn tension.'

We soon discovered that we were comrades in symptoms. We were suffering from all the same symptoms: the depression, the hypertension, the fears and hates, the doubts and anxieties. He, too, was doubting his masculinity and hating his wife and wanting to kill someone. He had precisely the same physical symptoms. (Ibid., p. 136)

A great many homicides occur when a schizophrenic person's repressed homosexual tension builds up to such an intense pitch that something has to give, and often what gives is the schizophrenic's self-control. For one way to break the terrible schizophrenic tension, "This goddamn tension," is to embark upon a murderous rampage, or to "run amok," as this deadly phenomenon is sometimes referred to in other cultures.

375 Sullivan's letter to Dorothy Blitzen shows his acceptance of his own lot in life, making it possible for him to deal gracefully with the marital problems of his friends. But earlier – in particular near the end of his years at Sheppard – he had a tragic awareness of his own situation. He had clear evidence from his patients – young males showing acute schizophrenic-like panic – that fear of so-called aberrant sexual cravings in the transition to adolescence was often a prelude to schizophrenic panic; and that early and skilled care within a therapeutic milieu could effect a social recovery, with the patient acquiring an ability to handle sexual needs without interfering drastically with his self-esteem. By then, Sullivan was in the fourth decade of life, and he felt that his pattern of life was already determined; thus his discovery could help others more than it could effect any change in himself. In 1929, he reports on his conclusion from the Sheppard experience: 'In brief, if the general population were to pass through schizophrenic illnesses on their road to adulthood, then it would be the writer's duty, on the basis of his investigation, to urge that sexual experience be provided for all youths in the homosexual phase of personality genesis in order that they might not become hopelessly lost in the welter of dream – thinking and cosmic phantasy making up the mental

illness.' His data and certain considerations which he spells out in the same article 'lend pragmatically sufficient justification for the doctrine of a 'normal' homosexual phase in the evolution at least of male personality.'⁶

Thus almost two decades before the first Kinsey report, in 1948, on the sexual behavior of the human male, Sullivan had arrived from his own data at one of the major findings of that report. He had located the lack of experience with a 'normal homosexual phase' in his own growing-up years, and hypothesized that this lack had occasioned his own encounter with schizophrenic episodes. Throughout the rest of his life, he had frequent encounters with that painful experience, as late as 1947, he confided in a woman colleague that he had had severe schizophrenic episodes early in life and that he still had them.⁷ He told her that he liked to live alone and spend time away from people so that few people would realize that he had such episodes; in particular he was afraid that he would be put into an institution and that someone would 'tamper with his brain.'

[*Psychiatrist of America, The Life of Harry Stack Sullivan*, Helen Swick Perry, The Belknap Press of Harvard University Press, Cambridge, MA, and London, 1982, p. 337.]

When Dr. Sullivan recommends that all male youths be provided sexual experience in the homosexual phase of personality development as a prophylactic measure to deter schizophrenic illness, he is but recommending a course of action which has long been practiced by the Keraki tribe of New Guinea and the Siwans of Africa, among others, according to Ford and Beach in their Patterns of Sexual Behavior. In these tribes all male youths undergo an initiation into manhood which consists of a period of time, usually about a year, wherein they engage in passive pederastic intercourse with older males. At the end of this period, these young men in turn take over the active pederastic role in intercourse with a new group of youths. When asked the purpose of this practice, the elders of the tribe reply that it makes the young men "strong."

With profound psychological intuition, these wise elders realize it is necessary for young males to come to terms with the feminine side of their nature before they can mature into truly adult masculine beings. By submitting themselves to passive anal intercourse, these youths are enabled to experience fully their feminine feelings. Thus by the end of their initiation period they are ready to relinquish their feminine strivings and accept with finality their adult masculine role.

In "modern" societies, where males are taught almost from infancy to repress and disavow their natural feminine feelings, which are an integral part of the bisexual heritage of all male mammals, the bisexual conflict which can

result from this repression leads inevitably to schizophrenic illness, just as it does in females who have repressed their natural masculine feelings.

376 At the time I didn't have any answer, not one single alternative to the circus. I guess it *was* the only gritty, real-life, grossly rapturous thing I could show my children, or safely participate in myself. Now, however, I have an alternative – and as Steve and I looped the loop on the cantilevered coastal highway, we decided that the closest metaphor for our communal experience was the circus. Life at the brink, and the primal ooze – we had had all of that. Including the rankness. And the magic. I think that's what e.e. cummings was getting at when he wrote, 'Damn everything but the circus.' You betcha.

But Corita Kent has already stolen that image for a beautiful volume collecting her collages, so it was opted for. Never mind – we sorted through all the circus images we could think of, until we found one much more apt for us. Bypassing high-wire artists, trapeze artists, lions and tigers and bears, even the Human Bullet, we settled happily on the Bearded Lady. Yin and Yang in one gaudy and astonishing package, the secret, lurking unity in every bipolar self. The androgyne. Our selves. The Devil. God.

[*The Bearded Lady, Going On The Commune Trip and Beyond*, Richard Atcheson, The John Day Company, New York, 1971, pp. 139–140.]

Unfortunately in schizophrenia, the Bearded Lady is not "the secret, lurking unity in every bipolar self," but the secret, lurking disunity. The fortunate person whose Yin and Yang are harmoniously united is that exceptional creature – the mature individual. In the great majority of cases, however, a person's Yin and Yang are conflicted, and this conflict, depending upon its severity, always results in a greater or lesser degree of mental illness.

377 As the evening wore on, Tony behaved more and more peculiarly. Despite Bernadette's enthusiasm for the House of Plenty sexuality course, Tony had said next to nothing on the subject, preferring to sit and apparently listen, brooding, but as the conversation turned to more general subjects, he got up and began to prowl the room, almost in parody of a jungle animal. Nobody took much notice; we all assumed that he had been smoking some kind of powerful dope before he got there and was enjoying an interior trip he couldn't share. At one point he went over to Steve, and several times stroked his hair – but it was less a caress than a slap. Later he stalked me, like a cat, and looked in my eyes and said, 'I like you. You know, don't you? You know.'

I really didn't know, but it's always nice to be told I do, and I nodded at him and he nodded sagely back, and turned away to stalk somebody else. When Tony and Bernadette left, David said, 'Gee, Tony was really strange

tonight. Wonder what he's been smoking.' And that's all that was said about it.

But later in the week I talked to David on the phone and he said things had been very bad with Tony and Bernadette. Apparently the sexuality rap at the House of Plenty had caused Tony to flip utterly. He was manic, as if stoned twenty-four hours a day, never sleeping, always grooving and freaking in this peculiar animalistic way. Little as she cared to, Bernadette took Tony to a straight psychiatrist who said he was schizoid, was in a profound homosexual panic, and ought to be sedated at once. Bernadette would have none of that. She got in touch with Julian Silverman, the Esalen-based shrink who runs the only Laing-oriented Blowout Center in the country, in a wing of Agnews State Hospital near San Jose; Silverman agreed to accept Tony as a voluntary patient. Tony was rarely lucid during discussions leading to his arrival at Agnews, but he was able to agree to admittance and sign the right papers.

When I next saw Bernadette she was exhausted from dealing with Tony, sleeplessly, for four days, disturbed at what their families would conclude from all this, desperately eager that Tony be able to go through his psychosis quickly and come out, healed, on the other side. And she was fiercely angry with the House of Plenty, even if it *had* been a rap session only. Obviously, all this autoerotic, plastic bottle stuff had got to Tony in secret places he didn't know about himself; his response had frightened him into the aforementioned homosexual panic. The House of Plenty people had asked Bernadette to bring Tony back to Oakland. They had seen this response occasionally in the past; perhaps they could help. But Bernadette was having none of that either: 'The bastards should have warned us that the rap was dangerous! It's all their fault.'

It wasn't, of course, but Bernadette was very tired and distressed, and at that moment I was not about to disagree with her.

The fault, if you want to call it that, was with the House of Plenty for assuming that everybody attending their basic sexuality seminar was sexually mature. The assumption would have seemed especially justified in Tony's case, on the evidence of his very considerable experience with Esalen and with group encounters of all kinds. But it seemed to us as laymen that the straight shrink's categorization of Tony's state as 'homosexual panic' was correct. The suggestion of sticking a plastic bottle up his ass may have triggered in Tony long suppressed homosexual fantasies. And to have these suggestions delivered – much as Bernadette transmitted them to us – in wholesome, straightforward circumstances, set Tony on a cosmic giggle that we also thought was funny, but threatened with him to last a lifetime. (Ibid., p. 194)

Sigmund Freud once made the observation that what men repress, at the deepest level of their unconscious psyche, are their passive, anal erotic cravings. Certainly this case presents a classic example of a case of schizophrenia triggered by homosexual panic over exactly such cravings, cravings which had unexpectedly surfaced during a "basic sexuality seminar" in the House of Plenty.

378 Nora felt that she was suited to all the roles in Oz's dream – the girl who gave the warning about the doped cigarette, the old woman who provided shelter; but also one of the low-rider orgiasts. 'I often feel like a boy,' she said, 'just as often as I feel like a girl. Sometimes I dream that I am a boy. A stud.' Steve conceded that he too would have been suitable for any role, except, perhaps, that of the old woman. (Ibid., p. 229)

Nora definitely has a bisexual conflict, but it seems to be completely conscious, where she can deal with it. If it was unconscious, she would be schizophrenic.

379 It was a dream that recurred often, especially when I was feverish, and it caused me the most frightful anguish. Later I always associated my unreal perceptions with the dream of the needle.

Here is the dream: A barn, brilliantly illuminated by electricity. The walls painted white, smooth – smooth and shining. In the immensity, a needle – fine, pointed, hard, glistening in the light. The needle in the emptiness filled me with excruciating terror. Then a haystack fills up the emptiness and engulfs the needle. The haystack, small at first, swells and swells and in the center, the needle, endowed with tremendous electrical force, communicates its charge to the hay. The electrical current, the invasion by the hay, and the blinding light combine to augment the fear to a paroxysm of terror and I wake up screaming, 'The needle, the needle!'

[*Autobiography of a Schizophrenic Girl*, with Analytical Interpretation by Marguerite Sechehaye, New American Library, Grune and Stratton, Inc., 1951, p. 20.]

The needle in the dream seems to represent the penis this schizophrenic girl so desperately desires to have for herself, albeit unconsciously, while the haystack which surrounds and engulfs the needle would appear to be the pubic hair. Again, this is a case of Freudian "penis envy" carried to the psychotic extreme.

380 VERY SOON after the beginning of analysis I understood that my fear was a cover for guilt, a guilt infinite and awful. During the early sessions,

masturbation and the hostility I harbored toward everyone seemed to lie at the bottom. I literally hated people, without knowing why. In dreams and frequently in waking fantasies I constructed an electric machine to blow up the earth and everyone with it. But what was even worse with the machine I would rob all men of their brains, thus creating robots obedient to my will alone. This was my greatest, most terrible revenge.

Later, considering them appropriate, I no longer felt guilty about these fantasies, nor did the guilt have an actual object. It was too pervasive, too enormous, to be founded on anything definite, and it demanded punishment. The punishment was indeed horrible, sadistic – it consisted, fittingly enough, of being guilty. For to feel oneself guilty is the worst that can happen, it is the punishment of punishments. Consequently, I could never be relieved of it though I had been truly punished. Quite the reverse, I felt more and more guilty, immeasurably guilty. Constantly, I sought to discover what was punishing me so dreadfully, what was making me so guilty. (Ibid., p. 35)

The patient states she had constructed a machine which would "rob all men of their brains, thus creating robots obedient to my will alone." This fantasy demonstrates enormous penis envy and hatred of men, on account of which emotions she understandably feels tremendous guilt. Rather than robbing men of their "brains," what she would really like to do is rob them of their genitals – that is, castrate them.

381 The next day a big woman came toward me from her cell and said with an excited laugh, 'Oh, this little one is nice,' giving me at the same time a smack on the cheek so violent that her fingers left a mark on the skin. Then she left. At the sight of my crimson cheek the nurse understood at once what had occurred. 'Oh, that's nothing,' she said, 'Miss Z smacks all the new arrivals. Otherwise she's not bad.' Despite her words, whenever I saw Miss Z I trembled lest she strike me again.

But what terrified me most was something that took place a few days later. A female patient who had just been hospitalized for having shot another woman in a hotel, came over to my bed crying, 'This little girl is a darling,' and tickling me, she tried to lift my nightgown and to kiss me, until the nurse came to my relief and scolded her roundly for her perverse behavior. An awful fear and a loathing of her advances petrified me.

Such experiences only added to my agitation and kept me constantly on edge in an attitude of desperate defense, defense against outside perils, defense against inner perils, steeled for the ever-present dangers that threatened me. (Ibid., p. 50)

The patient describes homosexual advances made to her in the hospital, advances which in reality are a source of unacknowledged sexual temptation

to her. Her intense fear and loathing of these advances constitute a "reaction formation" to the unconscious sexual excitement they arouse in her. "Methinks the lady doth protest too much," as the old saying goes.

382 The voices were screaming, crying out that I ought to throw myself in the river. But I resisted with all my strength as I ran to Mama. At last I reached there and threw myself into her arms, weeping and stammering, 'They made me eat, they forced me to, and then the farmer's wife scolded me; I have nothing any more, I have no more apples; I'm going to die.'

Mama tried affectionately to calm me, but without success. 'Why,' She said, 'don't you take the apples I bring you?' 'I can't do that, Mama,' I answered. And while in my heart I was outraged that Mama too wanted to force me to eat, my eyes fell to her bosom, and when she insisted, 'But why don't you want the apples I buy you?' I knew what I was yearning for so desperately and I was able to bring out, 'Because the apples you buy are food for grown-ups and I wanted real apples, Mama's apples, like those,' and I pointed to Mama's breasts.

She got up at once, went to get a magnificent apple, cut a piece and gave it to me, saying, 'Now, Mama is going to feed her little Renee. It is time to drink the good milk from Mama's apples.' She put the piece in my mouth, and with my eyes closed, my head against her breast, I ate, or rather drank, my milk. A nameless felicity flowed into my heart. It was as though, suddenly, by magic, all my agony, the tempest which had shaken me a moment ago, had given place to a blissful calm; I thought of nothing, I discerned nothing, I reveled in my joy. I was fully content, with a passive contentment, the contentment of a tiny baby, quite unconscious, for I did not even know what caused it.

..... A new day dawned. I was happy, but rather awkwardly happy, for I was frail as a chick just out of the egg. The nurse gave me the piece of apple cut by Mama which I 'drank,' leaning my cheek on a large apple that Mama gave me after holding it against her breast. For me, this apple was sacred, as Mama's bosom had been the day before. Later, she arrived and I ate or rather 'drank' my milk-apple lying against her breast in ineffable happiness.

During this second day, I realized that the voices had disappeared and particularly that I no longer risked being changed into a cat. I enjoyed everything I saw, everything I touched. For the first time I was in touch with reality. Mama too had changed in my eyes. Before she had appeared like an image, a statue that one likes to look at, though it remains artificial, unreal; but from this moment on she became alive, warm, animated, and I cherished her deeply. I had an intense desire to remain near her, against her, to preserve this marvelous contact.

But it was only an 'oral' contact, that is, it was only as 'Mama-nourishment' that I could have intimate contact with her; every other consideration but 'my apples' was indifferent and inimical to me. (Ibid., pp. 70-71)

The patient's powerful homosexual yearning to suckle another woman's breast is able to find symbolic and partial fulfillment by using apples as a substitute for the longed-for breast.

383 I was present when Mama first held a doll in her arms, a baby doll whom I named Ezekiel. She covered him, kissed him affectionately, put him to bed in his cradle. In the beginning it was enough for me to watch him avidly. All at once I experienced profound amazement that Ezekiel should receive Mama's love and affection without the occurrence of anything untoward. At any moment I expected Mama to cast Ezekiel off because I did not deserve to live. In my mind reigned utter confusion concerning Ezekiel and me. When Mama held him in her arms, I trembled lest she drop him precipitously in his cradle, and if she did, I had the uncanny impression that it was I who had been so treated.

Taking courage one day when Ezekiel was in Mama's arms, I pushed his head forward on her bosom to test whether I had the right to live. At this, Mama pressed him to her breast and let him nurse. This she did regularly several times a day so that I awaited the moment in fear of her forgetting. But Mama did not forget and I began to dare to live.

The self-destructive impulses decreased perceptibly, and instead of spending the day in bed with my head under the covers, I looked about me, interested in everything concerning Ezekiel. Then I, who had always refused food, even presumed to eat. A little later when I saw how Mama bathed and dressed Ezekiel, I consented with pleasure to being bathed and dressed myself and actually enjoyed it. In busying herself lovingly with Ezekiel it was as though Mama were bestowing on me the right to live. Slowly I came out of the lethargy and grew more and more interested in what Mama said and did to Ezekiel, an interest confined strictly, however, to feeding and cleanliness. I allowed myself to enjoy it a bit; even so, the dreadful crises of guilt persisted. (Ibid., pp. 80-81)

The patient identifies completely with Ezekiel. Ezekiel is what she has always longed to be – a male. She is living out her heretofore repressed fantasy of being a boy and of having a mother who accepts her and loves her as such.

384 'And that's the last oath I shall ever be able to swear,' she thought; 'once I set forth on English soil. And I shall never be able to crack a man over the head, or tell him he lies in his teeth, or draw my sword and run him through

the body, or sit among my peers, or wear a coronet, or walk in procession, or sentence a man to death, or lead an army, or prance down Whitehall on a charger, or wear seventy-two different medals on my breast. All I can do, once I set foot on English soil, is to pour out tea, and ask my Lords how they like it. 'D'you take sugar? D'you take cream?' 'And mincing out the words, she was horrified to perceive how low an opinion she was forming of the other sex, the manly, to which it had once been her pride to belong. 'To fall from a masthead,' she thought, 'because you see a woman's ankles; to dress up like a Guy Fawkes and parade the streets, so that women may praise you; to deny a woman teaching lest she may laugh at you; to be the slave of the frailest chit in petticoats, and yet to go about as if you were the Lords of creation. – Heavens!' she thought, 'what fools they make of us – what fools we are!' And here it would seem from some ambiguity in her terms that she was censuring both sexes equally, as if she belonged to neither; and indeed, for the time being she seemed to vacillate; she was man; she was woman; she knew the secrets, shared the weaknesses of each. It was a most bewildering and whirligig state of mind to be in. The comfort of ignorance seemed utterly denied her. She was a feather blown on the gale. Thus it is no great wonder if, as she pitted one sex against the other, and found each alternately full of the most deplorable infirmities, and was not sure to which she belonged – it was no great wonder that she was about to cry out that she would return to Turkey and become a gipsy again when the anchor fell with a great splash into the sea; the sails came tumbling on deck, and she perceived (so sunk had she been in thought, that she had seen nothing for several days) that the ship was anchored off the coast of Italy. The Captain at once sent to ask the honour of her company ashore with him in the long boat.

[*Orlando*, Virginia Woolf, New American Library of World Literature, Inc., 1960, p. 103.]

No better description of the psychodynamics of the schizophrenic woman could be given than the one presented here by Virginia Woolf, herself an unfortunate victim of this malignant condition.

First, there is the great anger, contempt and envy directed towards men, exemplified by such fantasies as regretting the fact she would "never be able to crack a man over the head, or tell him he lies in his teeth, or draw my sword and run him through the body, or sit among my peers, or wear a coronet, or walk in procession, or sentence a man to death, or lead an army, or prance down Whitehall on a charger, or wear seventy-two different medals on my breast."

Secondly, there is her disdain for the feminine role, illustrated by her sarcastic references to pouring tea for the "Lords" and asking "D'you take sugar? D'you take cream?," etc.

Thirdly, she demonstrates her severe bisexual conflict and confusion when she writes "that she was censuring both sexes equally, as if she belonged to neither; and indeed, for the time being she seemed to vacillate; she was man; she was woman; she knew the secrets, shared the weaknesses of each. It was a most bewildering and whirligig state of mind to be in. The comfort of ignorance seemed utterly denied her. She was a feather blown on the gale."

No better description of the typical "schizophrenic" state of mind could be given than the one above, and it is most appropriate that it was given by a woman who herself was severely afflicted by the "bearded lady" disease.

Supposedly Orlando was based on the life of Woolf's close friend, Vita Sackville-West, with whom she is reputed to have had a brief lesbian relationship, but in reality the book's protagonist, Orlando, is as much, if not more, a likeness of Virginia herself than it is of her friend Vita.

385 But Orlando was a woman – Lord Palmerston had just proved it. And when we are writing the life of a woman, we may, it is agreed, waive our demand for action, and substitute love instead. Love, the poet has said, is woman's whole existence. And if we look for a moment at Orlando writing at her table, we must admit that never was there a woman more fitted for that calling. Surely, since she is a woman, and a beautiful woman, and a woman in the prime of life, she will soon give over this pretence of writing and thinking and begin to think, at least of a gamekeeper (and as long as she thinks of a man, nobody objects to a woman thinking). And then she will write him a little note (and as long as she writes little notes nobody objects to a woman writing either) and make an assignation for Sunday dusk; and Sunday dusk will come; and the gamekeeper will whistle under the window – all of which is, of course, the very stuff of life and the only possible subject for fiction. Surely Orlando must have done one of these things? Alas – a thousand times, alas, Orlando did none of them. Must it then be admitted that Orlando was one of those monsters of iniquity who do not love? She was kind to dogs, faithful to friends, generosity itself to a dozen starving poets, had a passion for poetry. But love – as the male novelists define it – and who, after all, speaks with greater authority? – has nothing whatever to do with kindness, fidelity, generosity or poetry. Love is slipping off one's petticoat and – But we all know what love is. Did Orlando do that? Truth compels us to say no, she did not. If then, the subject of one's biography will neither love nor kill, but will only think and imagine, we may conclude that he or she is no better than a corpse and so leave her. (Ibid., p. 175)

To understand this passage clearly, it is necessary to substitute the name "Virginia" for that of the androgynous "Orlando." This done, it becomes a highly revealing and accurate psychological self-portrait of the author,

concluding with her chilling self-identification as a "corpse" – a fantasy which later became grim reality when she committed suicide.

386 Women alone stir my imagination.

[Virginia Woolf]

Only a woman with a decidedly homosexual nature could, or would, ever make such a statement as this.

387 Joan: When I was thirteen years old, I had a voice from God to help me govern my conduct. And the first time I was very fearful. And came this voice, about the hour of noon, in the summertime, in my father's garden; I had not fasted on the eve preceding that day. I heard the voice on the right-hand side, towards the church; and rarely do I hear it without a brightness. This brightness comes from the same side as the voice is heard. It is usually a great light. When I came to France, often I heard this voice. The voice was sent to me by God and, after I had thrice heard this voice, I knew that it was the voice of an angel. This voice has always guarded me well and I have always understood it clearly.

[*Joan of Arc, by Herself and Her Witnesses*, Regine Pernoud, Stein and Day, New York, 1969, p. 30.]

Schizophrenia was originally called "dementia praecox," or precocious dementia, to mark the fact of its first appearance around the age of puberty. Joan of Arc's schizophrenia first began at the age of thirteen with the onset of both visual and auditory hallucinations – which she vividly describes here – both of which are classic symptoms of the disease.

388 And the fact is that this conclusion convinced the King that she could perfectly well be allowed to take action and undertake that trial which, she declared, would be the 'sign' of her mission: the attempt to deliver Orleans. Another examination had, however, taken place, which was, as it were, a double-check to the first: the girl was calling herself Joan the Maid; but was she, or was she not, a virgin? If she was not then she was clearly guilty of a flagrant imposture; if she was, that might be proof that she had, as she claimed, indeed 'vowed her virginity to God,' virginity being the sign of one who dedicates himself or herself wholly to God.

Jean Pasquerel: 'I have heard it said that Joan, when she came to the King, was examined by women to know how it was with her, whether she was a man or a woman and whether she was corrupt or virgin. She was found to be woman and virgin and maid. Those who visited her (person) were, as I

have heard say, the lady de Gaucourt (Jeanne de Preuilly) and the lady de Treves (Jeanne de Mortemer).'¹ (Ibid., p. 58)

From the very beginning of Joan's "mission" to "deliver Orleans" from the enemy, questions were raised as to "whether she was a man or a woman and whether she was corrupt or virgin." More so than with most schizophrenics, Joan's alienation from the normal sexual role her culture expected females to adhere to was so extreme that it was necessary to have her submit to a physical examination to determine her true gender. In short, although she claimed to be a female, her appearance, attitude and actions were all extremely masculine.

389 What impression did this girl – whose company, given to her by the King, were obliged to obey her as they had to obey any other military commander – make on her soldiers? Several of them have told us.

Thiband d'Armagnac or de Termes, Knight, bailiff of Chartres: 'Apart from the matter of the war, she was simple and ignorant. But in the conduct and disposition of armies and in the matter of warfare, in drawing-up the army in battle (order) and heartening the soldiers, she behaved as if she had been the shrewdest captain in the world and had all her life been learning (the art of) war.'¹ (Ibid., p. 62)

It is quite extraordinary for a young girl, without prior experience of any kind, to rapidly and efficiently learn the arts of war. This can only be attributed to the early "masculinization" of her psyche, a direct product of her sex-role alienation as a child. Extreme sex-role alienation such as Joan experienced inevitably leads either to outright homosexuality or, if denied and repressed, to schizophrenia.

390 Of more value to us are the details which Boulainvilliers gives on Joan's physical appearance; for despite the exaggerated tone of the whole letter, these may be more or less true since he did probably see Joan. 'This Maid,' he says, 'has a certain elegance. She has a virile bearing, speaks little, shows an admirable prudence in all her words. She has a pretty woman's voice, eats little, drinks very little wine; she enjoys riding a horse and takes pleasure in fine arms, greatly likes the company of noble fighting men, detests numerous assemblies and meetings, readily sheds copious tears, has a cheerful face; she bears the weight and burden of armour incredibly well, to such a point that she has remained fully armed during six days and nights.'¹ (Ibid., p. 98)

The "bearded lady" aspect of Joan's personality is clearly shown by this passage, where her masculine attributes, such as her "virile bearing," her enjoyment of "riding a horse" and taking "pleasure in fine arms," the fact she

"greatly likes the company of noble fighting men" and "bears the weight and burden of armour incredibly well," contrast markedly with her "pretty woman's voice" and her tendency to "readily shed copious tears."

391 The regent Bedford, meanwhile, was taking advantage of the unhelped for respite. He was having Paris fortified and trying to diminish the prestige which the coronation had given Charles by discrediting (a foretaste of what was to be done at Rouen) Joan, who had accomplished that coronation. From Montereau he sent Charles a letter in the following terms:

'We, John of Lancaster, regent of France and Duke of Bedford, make known to you Charles of Valois who call yourself Dauphin of Viennois and now without cause call yourself King because you have abusively made enterprise against the crown and lordship of the very high and excellent prince, my sovereign lord, Henry by the grace of God true, natural and rightful King of France and England. You who cause to be abused the ignorant people and take to yourself the aid of people superstitious and reprov'd, as that of a woman disordered and defamed, being in man's clothes and of dissolute conduct who by force and power of arms have occupied in the country of Champagne and elsewhere cities, towns and castles belonging to my said lord the King summon and require you that taking pity of the poor Christian people choose in the country of Brie where you and we are, or in the Ile de France, some place in the fields, convenient and reasonable, or one day soon and fitting at which day and place, if you would appear there in person with the aforesaid defamed and apostate woman, we, at Our Lord's pleasure, will appear in person

As can be seen from this passage, Joan's enemies had a very poor opinion of her, referring to her as "a woman disordered and defamed, being in man's clothes and of dissolute conduct....."

It is interesting they called her a woman "disordered" and directly associated that condition with the fact she wore masculine attire. This shows psychological astuteness on the part of her enemies, as her schizophrenia – the cause of her being "disordered" – stemmed from the severe conflict between the masculine and feminine sides of her nature. Her enemies, obviously, were very aware of her masculine side, as it had caused them great injury and defeat during the war.

392 The Burgundian chroniclers give a correct account of the facts touching the siege of Orleans, but do their best to run down Joan herself. We quote, as representative, Enguerrand de Monstrelet, a bastard of good family in the personal service of Phillippe the Good, Duke of Burgundy, from 1430:

'In the year (1429) came to King Charles of France at Chinon, where he dwelt a great part of the time, a Maid aged twenty years or thereabouts,

named Joan, she being attired and dressed as a man and was born in a part between Burgundy and Lorraine, in a town called Domremy quite close to Vaucouleurs; the which Joan was long serving-maid in a hostelry and was bold in riding horses and taking them to water and also in other skills which young girls are not accustomed to do. She was put on the road and sent towards the King by a knight called messire Robert of Baudricourt, a captain of the King, at Vaucouleurs, which knight gave her horses and four or five companions. She said that she was a maid inspired by divine grace and that she was sent to the King to restore him to the possession of his kingdom.' (Ibid., p. 102)

The fact of Joan's alienation at an early age from the normal feminine sexual role of her culture is noted by the Burgundian chroniclers, who mention that she "was bold in riding horses and taking them to water and also in other skills which young girls are not accustomed to do."

393 Before this retreat Joan hung up, as an ex-voto, a suit of armour taken from a prisoner she had captured before Paris.

Question: What arms did you offer in the church of Saint-Denis in France?

Joan: A white harness entire for gentleman-at-arms with a sword which I won before the town of Paris.

Question: Why did you offer these arms?

Joan: It was in devoutness, as is the custom among men of war when they are wounded; and because I had been wounded before the town of Paris, I gave them to Saint-Denis because that is the (war)-cry of France. (Ibid., p. 138-139)

In this passage Joan assumes a total masculine identification. When asked why she offered arms in the church of Saint-Denis, she answers that she did it "in devoutness, as is the custom among men of war when they are wounded." obviously in her own mind she was definitely a man of war, which is the exact opposite of what the average female would consider herself to be. Joan's sex-role alienation is complete.

394 The town gates were closed on his orders because the enemy was getting too close; Joan, as usual, was at the point where the danger was greatest; she had always been in the vanguard when it was a question of making an attack; and in the rearguard when a retreat had to be covered; her company had been thrown back upon Compiègne; and she happened to be one of the handful of combatants whom it was absolutely necessary to sacrifice if the town was to be saved.

The Burgundian Georges Chastellain has left us a very lively account of Joan's capture: 'The French, with their Maid, were beginning to retreat very slowly, as finding no advantage over their enemies but rather perils and damage. Wherefore the Burgundians, seeing that and being flowing with blood, and not satisfied with having repulsed them in defence, since they could do them no more great harm than by pursuing them closely, struck among them valiantly both afoot and mounted, and did great damage among the French. Of which the Maid, passing the nature of women, took all the brunt, and took great pains to save her company, remaining behind as captain and bravest of her troop.' (Ibid., p. 151)

In this account, Joan is described as an extraordinarily brave and valiant soldier, a leader in battle whose actions surpassed "the nature of women" to such an extent, in fact, that few men could equal her as a warrior.

395 Of the time when she was a prisoner we have but little evidence. However, in the course of the Trial of Rehabilitation a Burgundian knight gave evidence. This was Haimond de Macy who was in John of Luxembourg's service:

'I saw Joan for the first time when she was shut up in the castle of Beaurevoir for the Lord Count of Ligny (John of Luxembourg). I saw her several (many) times in prison and on several occasions conversed with her. I tried several times, playfully, to touch her breasts, trying to put my hand on her chest, which Joan would not suffer but repulsed me with all her strength. Joan was, indeed, of decent conduct (*honnête tenue*) both in speech and act.' (Ibid., p. 155)

Joan was very intolerant of any kind of heterosexual contact, either before or after her imprisonment.

396 La Fontaine: Since you have said that you would wear woman's clothes if you were allowed to go away, would that please God?

Joan: If permission were given me to withdraw in woman's clothes, immediately (thereafter) I should dress myself in man's clothes and do what is commanded me by God; and I have answered elsewhere that not for anything whatsoever would I take oath not to put on armour and not to wear man's clothes to do the Lord's commandment. (Ibid., p. 174)

It would have been very difficult – if not impossible – for Joan to have justified her transvestism to herself without the aid of her schizophrenic delusion, which was that she had been chosen by God to become a fierce warrior as part of her "mission."

397 La Fontaine: Why did you like to look at that ring when you were going to do some warlike deed?

Joan: That was for my pleasure and in honour of my father and mother; and I, having that ring in my hand and on my finger, I touched Saint Catherine who appeared to me visibly.

La Fontaine: In what part of this Saint Catherine did you touch her?

Joan: You will have nothing else on that.

La Fontaine: Did you kiss or embrace (accolé) Saints Catherine and Margaret?

Joan: I embraced both of them.

La Fontaine: Had they a pleasant odour?

Joan: It is good to know that they had a pleasant odour.

La Fontaine: When embracing them, did you feel any warmth or any other thing?

Joan: I could not embrace them without feeling and touching them.

La Fontaine: In what part did you embrace them, the upper or the lower?

Joan: It is more fitting to embrace them by the lower part than the higher. (Ibid, p. 177)

..... To be glimpsed through these succeeding questions and answers are the principal accusations of which Joan was, if possible, to be convicted. There was the charge of witchcraft, to which we can refer those questions touching her standard and the story of it floating round the King's head; and those about her ring, with the suggestion that it had magical powers. Then there are the charges which, if proved, would convict Joan of impurity, of questionable intercourse with the beings whom, she claimed, appeared to her. And there are the questions relative to her deeds and prowess in war, with the possibility of convicting her of expressing hate or cruelty. Finally, there are the two charges which, cleverly confounded together, were, in the event, to enable the prosecution to convict her: wearing men's clothes; and the question of submission to the Church. It was on this point, and by making her male attire the symbol of her refusal to submit to the Church, that they contrived to give an appearance of justification to the final sentence; for Joan's answers gave the prosecutors absolutely no foundation upon which to build up a case against her in the matter of her morals, and still less in the matter of witchcraft. (Ibid., p. 179)

Joan's enemies intuitively realized that any woman who was as masculine in appearance and actions as she was would undoubtedly have strong homosexual tendencies, and La Fontaine, through his questions about her relations with her Saints – Catherine and Margaret – insinuates as much.

398 On that day more than half the session was given up to this question of the oath, Joan remaining unshakable. After that Beaupère questioned her, notably about her voices.

Beaupère: Since what time have you neither eaten or drunk?

Joan: Since yesterday afternoon.

Beaupère: Since when have you heard your voice?

Joan: I heard it yesterday and today.

Beaupère: At what time did you hear it?

Joan: I heard it three times, one in the morning, one at the hour of vespers, and the third time when they were ringing the evening Ave Maria. And still have I heard it more often than I say.

Beaupère: What were you doing yesterday morning when the voice came to you?

Joan: I slept and the voice awoke me.

Beaupère: Did the voice wake you by touching your arm?

Joan: I was awoken by the voice without touch.

Beaupère: The voice, was it in your chamber?

Joan: Not that I know, but it was in the castle.

Beaupère: Did you thank this voice and do you go down on your knees?

Joan: I thanked it by rising and by sitting down on my bed and I clasped my hands and after that I asked it to come to my aid. The voice told me to answer boldly. (turning towards the bishop) you say that you are my judge. Consider well what you are about, for in truth I am sent from God, and you are putting yourself in great danger. (Ibid., p. 182)

Even in the midst of describing her hallucinations to her enemies, Joan remains fiercely defiant and unrepentant, even to the point of telling her chief accuser, the Bishop Cauchon, that he is putting himself "in great danger" as the result of his actions towards her. This shows how far removed from reality Joan had become, due to her schizophrenia, for if anyone was "in great danger" it was she, as events were soon tragically to prove.

399 Beaupère: How do you know how to make the distinction when you answer on certain points and others not?

Joan: On certain points I asked permission and received it. I would rather be torn apart by four horses than to have gone to France without God's permission.

Beaupère: Did he command you to wear man's clothes?

Joan: The clothes are a trifle, the very least of things. I did not put on man's clothes by the counsel of any man in the world and I did not put on the clothes and I did not do anything excepting by the commandment of God and the angels

Beaupère: Do you believe that you did right to put on man's clothes?

Joan: All that I have done, I have done by God's commandment and I believe that I did right, and I expect from it good warrant and good succour.

Beaupère: In the particular case of taking on man's clothes, do you think that you did right?

Joan: Of what I have done in the world I have done nothing but by God's commandment.

Beaupère: When you see this voice which comes to you, is there light?

Joan: There is much light everywhere, and that is very fitting. Not all light comes only for you. (Ibid., p.184)

One of the main charges against Joan by her enemies was that she persisted in the wearing of men's clothing. The more she was questioned on this matter, the more fiercely did she defend herself. She justified her transvestism by claiming it was by "God's commandment" that she dressed in such a manner. Thus her schizophrenic delusion allowed her to rationalize her very masculine behavior, behavior that in her culture would otherwise have been abhorred and condemned when exhibited by any female.

400 *Saturday, March 17th*

The interrogation for this day appears earlier in this chapter.

Finally, March 24th and 25th, Joan was again visited in her prison, still by only a restricted number of the assessors, but these included all the delegates from the University of Paris. More detailed answers were demanded of her in the matter of certain questions, notably that of wearing man's clothes which she still refused to change for female attire. It was on this occasion that she gave the answer which, for her, summed up the whole business: 'These clothes do not burden my soul and to wear them is not against the Church.'

.....

That concluded the 'instruction' of the case, that is the preliminary examinations. (Ibid., p. 192)

Joan explains that she is not psychologically troubled by her transvestism. "These clothes do not burden my soul," she says, "and to wear them is not against the Church." In truth, however, it is highly unlikely that the "Church" of that time would have looked favorably upon transvestism in any form, be it practiced by females or males.

401 Better than anybody the usher Jean Massieu, charged with reading aloud the form of abjuration, could recall the scene: 'In what concerns the abjuration, when she was preached to by Master Guillaume Erard at Saint-Ouen, Erard held in his hand a *cédule* of abjuration and said to Joan: 'Thou shalt abjure and sign this *cédule*.' Then this *cédule* was handed to me that I might read it and I read it to Joan; and I well remember that in this *cédule* it

was noted that in the future she would no longer carry arms nor wear man's clothes, nor shorn hair, and many other things which I no longer remember. And I know well that this *cédule* contained about eight lines and not more. (Ibid., p. 215)

It is interesting that Jean Massieu states that he "well" remembers "that in this cédule it was noted that in the future she would no longer carry arms nor wear man's clothes, nor shorn hair, and many other things which I no longer remember." In other words, that which struck him as most memorable about the cédule was its reference to Joan's transvestism, or to all those attributes which, taken together, gave her the appearance of being a man rather than a woman.

402 Now Cauchon, as an advocate experienced in dealing with the law, knew that, according to the rules of the Inquisition courts, none but those who, having recanted their heresy, had relapsed, could be condemned to suffer death by burning. And having succeeded in making the wearing of man's clothes (it is certain, from the evidence given by Jean Massieu, that the wearing of such clothes was expressly mentioned in the cédule) the symbol of Joan's failure to submit to the Church, he might be fairly sure that she would, without much delay, show herself to have relapsed by retaining her male attire. Events were soon to prove him right. (Ibid., p. 218)

..... Sunday, May 27th, Cauchon learned that Joan had resumed male attire. On the following day he went to the prison, accompanied by the vice-Inquisitor and several assessors. The following is from the official record:

'The Monday following, 28 of the month of May, on the day following Holy Trinity, we, judges aforesaid, went to the place of Joan's prison to see her state and disposition. Were present the lords and Masters Nicolas de Venderes, Thomas de Courcelles, Brother Isambart de la Pierre, Guillaume Haiton, Jacques Camus, Nicolas Bertin, Julien Floquet and John Gray.'

'Joan was dressed in a man's clothes, to wit tunic, hood and gippon (a short robe worn by men) and other man's clothes, attire which on our order she had formerly left off and had taken women's clothes: therefore did we question her to know when and for what cause she had again put on man's attire.'

Joan: I not long since resumed man's attire and left off woman's attire.

Question: Why have you assumed this male attire and who made you take it?

Joan: I have taken it of my own will. I have taken it because it is more licit and fitting to have man's clothes since I am with men than to have woman's clothes. I have resumed it because what had been promised me has not been observed, to wit that I should go to mass and should receive the Body of Christ and should be taken out of irons.

Pierre Cauchon: Have you not made abjuration and promised especially not to resume man's clothes?

Joan: I would rather die than remain in irons; but if it be permitted me to go to mass and I be taken out of irons and that I be put in a pleasant (gracieuse) prison, and that I have women, I will be good and will do what the Church wishes. (The item 'have women' is down in the French Minute but not in the official text of the proceedings.)

Cauchon: Since that Thursday, have you heard the voices of Saints Catherine and Margaret?

Joan: Yes.

Cauchon: What did they tell you?

Joan: God has sent to me by Saints Catherine and Margaret great pity for the mighty betrayal to which I consented in making abjuration and revocation to save my life, and that I was damning myself to save my life.

(Here the clerk has noted in the margin, *responsio mortifera*, mortal (fatal) answer.) (Ibid., p. 220)

Bishop Cauchon, in his zeal to see Joan condemned to death, was psychologically astute enough to realize she would be unable to tolerate the wearing of female clothing and would soon "show herself to have relapsed by retaining her male attire." Unfortunately for her, "Events were soon to prove him right." Thus Joan's transvestism, one of the symptoms of her schizophrenic psychosis, whose compulsive hold on her she could not break, even though her very life depended upon her doing so, doomed her to die a horrible death by fire at the stake.

- 403 The letter sums up the events following which 'This woman, who had called herself Joan the Maid, had, for two years and more, against divine law and her condition as of the feminine sex, worn male attire, a thing abominable to God, and in that state conveyed to our capital enemy, to whom and to those of his party, Churchmen, nobles and common people, she gave it often to be understood that she was sent by God. (Ibid., p. 237)

Note is again made of Joan's insistence upon wearing male attire, which this particular correspondent proclaims is "against divine law and her condition as of the feminine sex" and "a thing abominable to God."

- 404 In Paris itself the University did not fail to make known, with great ceremony, the outcome of the trial in which it had played a predominant role. The *Journal d'un Bourgeois de Paris*, written by a university man and therefore conveying university feeling exactly, has a long account of how. '..... on the day of Saint-Martin-le-Bouillant (July 4th) a general procession was

made to Saint-Martin-des-Champs and a brother of the Order of Saint Dominic, who was an Inquisitor and a Master of Theology, preached a sermon. In this he included a version of Joan the Maid's whole life; she had claimed to be the daughter of very poor folk; she had adopted man's attire when she was only fourteen and her father and mother would willingly have killed her then had they been able to do it without wounding their own conscience; and that was why she left them, accompanied by the hellish Enemy. Thereafter her life was one of fire and blood and the murder of Christians until she was burned at the stake.'

The Journal records, before this, and in all the detail which the writer had been able to obtain, a life and trial of Joan in much the same spirit, adding an account of her execution which no doubt conveys more or less what was known in Paris and echoes the version put about by the university: 'When she saw that her punishment was certain she cried for mercy and orally abjured. Her clothes were taken from her and she was attired as a woman, but no sooner did she find herself in this attire than she fell again into error and asked for her man's clothes. She was therefore soon condemned to death by all the judges, and bound to a stake on the scaffold of plaster (cement) on which the fire was built. She perished soon, and her dress was all burned away, then the fire was drawn a little back that the people should not doubt. The people saw her stark naked with all the secrets which a woman can and should have. When this sight had lasted long enough, the executioner replaced great fire under that poor carrion which was soon charred and the bones reduced to ashes. Many people said there and elsewhere that she was a martyr and that she had sacrificed herself for her true prince. Others said that this was not so and that he who had so long protected her had done her ill. Thus spake the people, but whether she had done well or ill, she was burned that day.' (Ibid., p. 238)

Joan herself reported during her trial that her voices and visions first appeared to her at the age of thirteen, and here we are informed by another source that she first adopted "man's attire" at the age of fourteen. Thus her hallucinations and her transvestism, following closely the one upon the other, were the first concrete signs of her schizophrenic psychosis, which clinically would be termed of the paranoid type. As is invariably the case, schizophrenic symptomatology springs from severe bisexual conflict whose roots lie in early sex-role alienation as a child. In Joan's case, the etiology of her schizophrenia is more glaringly apparent than it is in the "average" schizophrenic.

Thus we are presented with the tragic and heart-rending spectacle of a severely mentally-ill young girl, no more than 19 or 20 years of age at most, being tied to the stake and burned alive as the direct consequence of actions she had taken in pursuance of the tasks, and in obedience to the commands, levied upon her by her hallucinated "voices."

In life, her sex-role alienation had been so complete that her executioners deemed it necessary to draw back the fire momentarily to enable the witnesses to verify the fact that indeed she was a female and not the male she gave every evidence of being by dint of her outward appearance and warlike activities.

405 It is not intended to go into details of the criticisms with which Freud's paper was received in psychiatric circles. But mention should be made of the review by Bleuler (1912), one of Freud's friendliest critics: 'This publication bears the hallmark of an important contribution by the very fact that it provides food for further thought, questioning and research,' though 'difficulties arise by trying to separate Schreber's illness from schizophrenia Paranoid and schizophrenic symptoms not only coexist in one patient, they also seem to merge and indeed appear to be two aspects of the same process.'

[*Memoirs of My Nervous Illness*, Daniel Paul Schreber (Ibid., p. 371)]

When Sigmund Freud developed his brilliant theory of paranoia in the case of Daniel Paul Schreber, he had, without realizing it, also solved the mystery of schizophrenia and, consequently, of all functional mental illness. Freud stated in the Schreber case that paranoia invariably developed as the direct consequence of repressed homosexual cravings, whether in the male or the female, and irregardless of race, culture or social class. This finding is without doubt the most brilliant and important piece of insight ever uncovered by a psychological investigator, but unfortunately its discoverer immediately negated its overwhelming importance to the understanding of mental illness by stating that paranoia and schizophrenia were really two different diseases and therefore must have different etiologies. Of course he was completely mistaken in this assumption, as Professor Eugen Bleuler attempted to point out when he stated that "difficulties arise in trying to separate Schreber's illness from schizophrenia Paranoid and schizophrenic symptoms not only coexist in one patient, they also seem to merge and indeed appear to be two aspects of the same process." Bleuler was totally correct. Paranoia and schizophrenia are "two aspects of the same process" and therefore paranoia and schizophrenia would have a common etiology.

How ironic it is that in one stroke of genius Freud made a discovery of overwhelming importance and then immediately negated it by claiming that paranoia and schizophrenia were two different entities, thereby leading investigators who followed in his footsteps to deny that repressed homosexual drives, invariably the cause of paranoia, could also play such a key role in the etiology of what Freud incorrectly termed "that far more comprehensive disorder" of dementia praecox, or schizophrenia.

406 It was Litzmann's impressive work, however, that enabled the psychiatrist Paul Mobius to construct (in 1906) the first longitudinal, developmental study of Robert Schumann's madness.

Mobius proposed the diagnosis *dementia praecox*, then considered to be a progressive mental disorder with a very poor prognosis. The diagnosis was changed to schizophrenia when in 1911 Eugen Bleuler included Schumann in his famous textbook about these illnesses. Bleuler's was the first modern (that is, twentieth century) effort at explaining schizophrenia in both psychological and physiological terms, and he felt that there were patients who did recover or who, like Schumann, staved off some of the more disabling symptoms through their creative activity. But this diagnosis had already been challenged (in 1906) by Hans Gruhle, a psychiatrist who reasoned that Schumann's madness had been a manic-depressive psychosis, complicated by terminal brain changes.

[*Schumann, the Inner Voices of a Musical Genius*, Peter Ostwald, Northeastern University Press, Boston, 1985, p. xi.]

Here we see that Schumann was first diagnosed as suffering from schizophrenia (dementia praecox), which at that time was thought to be an incurable disease with progressive deterioration, and then, when he exhibited the ability to function creatively as a composer, the diagnosis was changed to manic depression. Actually, manic depression and schizophrenia are part of the same disease process, which includes paranoia, hysteria, and the obsessive-compulsive syndrome as well.

407 Sometimes Schumann's writing suggests that he may have wanted to be both male and female, a desire that the psychoanalyst Lawrence Kubie thought was fundamental to much of human creativity.³⁹ For example, a poem written at the end of 1828, when Schumann was eighteen years old, has the flavor of a bisexual fantasy:

And how wildly one youth loves the other
youth,
And how he embraces him, and how they
weep together,
That's how you are right now; once you
were my feminine beloved,
Now you are my masculine beloved.
And from the blossoms of your love
Arises friendship, softly.

Several entries in Schumann's diary mention homosexuality more explicitly (it was not a topic one could be very open about; male homosexuality was illegal and was punishable in many countries). For example, after a trip to a tavern in Leipzig with his friend Johann Renz in March 1829, he noted 'pederasty' in his diary. After returning to the tavern the next day, he recorded a 'voluptuous night with Greek dreams.'⁴¹ (Ibid., p. 42)

Schumann was afflicted with a very severe bisexual conflict which led, as it invariably does, to schizophrenic symptomatology. Here we see clear evidence of this conflict and of the sexual confusion engendered by it.

- 408 Soon after making this entry, Schumann stopped practicing and plunged headlong into one of the wildest sprees recorded in the diary. Four times he called it 'the most debauched week of my life.'⁵¹ On 9 February he wrote of 'madness' (Wahnsinn) and 'loss of consciousness.' He reeled from one tavern to the next, and went to innumerable parties, including a masked ball, where, according to Niecks, he dressed as a woman.⁵² (Such behavior was not unusual among college students at the time, but it seems to have disturbed Schumann profoundly.) (Ibid., p. 61)

Schumann's unconscious urges to be a female, which he attempted to repress, at times became so insistent that they overwhelmed his beleaguered ego and found temporary expression in transvestic and overtly homosexual behavior.

- 409 Schumann's audiences were minuscule at first. They consisted mainly of Clara and a few intimate friends. But she, a musical genius in her own right, would gradually attract others to his music.

Giddily he told her about his latest compositions:

I've put on my frilly dress and composed 30 cute little things from which I've selected about twelve and called them 'Scenes from Childhood' [*Kinder-szenen*]..... They are like an echo to what you once wrote me, that I sometimes 'seem like a child' to you.⁴⁶ (Ibid., p. 140)

As with all schizophrenics, Schumann experienced profound sex-role alienation in early childhood. When he writes that he "put on my frilly dress and composed 30 cute little things from which I've selected about twelve and called them 'Scenes from Childhood'," he is demonstrating his early childhood identification with, and fixation upon, the feminine role.

- 410 Surely there was a biological determinant to Schumann's upsurge of creative energy as he approached the age of thirty. Even his erotic behavior up to that point had been somewhat immature; it consisted mainly of day

dreaming, punctuated by an occasional affair with a woman or an unsatisfactory romance with a man. (Ibid., p. 156)

Again, mention is made of Schumann's bisexual conflict. His erotic life up to the age of thirty, we are told, consisted mainly of "day dreaming, punctuated by an occasional affair with a woman or an unsatisfactory romance with a man."

- 411 An exotic poem, 'Lalla Rookh,' by Thomas Moore (1779-1852), struck Schumann as exactly suited to the sort of oratorio he had in mind. The central figure is the fairy ('Peri'), a fallen angel of ambiguous sex who has been expelled from Paradise and wants to get back in. To do so requires a special penance. First he/she travels to India and gathers up drops of blood spilled by a slain hero, but to no avail. Next he/she goes to Egypt and collects sighing last breaths from a maiden who is dying in the arms of her fatally ill lover, but even this precious commodity does not appease the gods. Finally he/she visits Syria and finds there a hardened sinner who miraculously begins to weep at the sight of a small child reciting its prayers. Peri catches the sinner's tears, and with this gift is readmitted to Paradise. No doubt the composer was excited by this material. He once confided to a friend that 'while writing *Paradise and the Peri* a voice occasionally whispered to me 'what you are doing is not done completely in vain.'⁷³ And Clara thought she observed an almost pathological elation: 'He works on the [Peri] body and soul, with such a glowing heat that I sometimes fear it could do him some harm.'⁷⁴ (Ibid., p. 181-182)

It appears Schumann identified strongly at an unconscious level with Peri, the "fallen angel of ambiguous sex," who was the protagonist of Thomas Moore's poem. In reality, all schizophrenics, including Schumann, are "fallen angels of ambiguous sex" and the "paradise" they have been expelled from is that normal state of human happiness, or satisfaction, which is denied them due to their severe bisexual conflict and consequent mental illness.

- 412 It is difficult to define the personality disorder of a genius like Schumann according to concepts that have been developed for ordinary, more 'normal,' patients. He had what seems to have been a severely divided self, with conflicts centering around dependency versus independence, attachment versus separation, and femininity versus masculinity. (Ibid., p. 304)

Although Schumann may have been a musical "genius," the "severely divided self" he suffered from is exactly the same as that which afflicts all schizophrenics, namely, the self which is divided between, and in conflict with, its masculine and feminine sides.

- 413 A leading figure in German psychiatry at this time was Paul Mobius, M.D. (1853-1907). After listening to Schumann's music, he came to the conclusion that this must have been 'a very nervous man,' he also characterized the composer as extraordinarily 'passive' and 'feminine.'¹⁶ It was Mobius's belief that Schumann had been 'mentally ill since his youth' and that the correct diagnosis was dementia praecox (called schizophrenia since 1911). (Ibid., p. 300)

When Dr. Mobius called Schumann an extremely "passive" and "feminine" man, he was, perhaps without realizing it, calling attention to the composer's strongly homosexual nature. And it was this nature, in severe conflict with its heterosexual counterpart, which formed the etiological core of his schizophrenic symptomatology.

- 414 To know that you have had cancer in your body and to know that it may return must be very horrible; but a cancer of the mind, a corruption of the spirit striking one at the age of thirteen and for the rest of one's life always working away somewhere, always in suspense, a Dionysian sword above one's head – this must be almost unendurable. So unendurable that in the end, when the voices of insanity spoke to her in 1941, she took the only remedy that remained, the cure of death. But her mind could make a scar that would serve, in some measure, to heal and to conceal her lasting wound. She did not, could not, admit all the memories of her madness. What she did recall were the physical symptoms; in her memoir of this period she hardly mentions the commotions of her mind and although we know that she had already heard what she was later to call 'those horrible voices,' she speaks of other symptoms, usually physiological symptoms. Her pulse raced – it raced so fast as to be almost unbearable. She became painfully excitable and nervous and then intolerably depressed. She became terrified of people, blushed scarlet if spoken to and was unable to face a stranger in the street.

[*Virginia Woolf, a Biography*, Quentin Bell, Harcourt Brace Jovanovich, Inc., New York, 1972, p. 44.]

Virginia's "lasting wound" was, in reality, her lifelong, deep inner anguish at not having been born a man, with everything that implies, both physically and mentally. The mental part she could, and did, compensate for, but the physical part was of course biologically unobtainable.

Her schizophrenic symptoms, as was the case with Joan of Arc, first appeared at the age of thirteen. They consisted primarily of audio hallucinations – "those horrible voices" – but later visual hallucinations occurred as well. As Quentin Bell so movingly relates, Virginia was assailed throughout her life by schizophrenic symptomatology, including manic

depression, and finally, to escape its ravages, she weighted the pockets of her coat with heavy stones and walked into the river.

415 Virginia was in fact in love with her. She was the first woman – and in those early years Virginia fled altogether from anything male – the first to capture her heart, to make it beat faster, indeed to make it almost stand still as, her hand gripping the handle of the water-jug in the top room at Hyde Park Gate, she exclaimed to herself: 'Madge is here; at this moment she is actually under this roof.' Virginia once declared that she had never felt a more poignant emotion for anyone than she did at that moment for Madge. Certainly it was a very pure and very intense passion – pure in almost every sense of the word; Virginia at sixteen, for all George's kissings and fumbings, was by modern standards almost unbelievably ignorant. It was pure also in its sincerity, in its lack of jealous feeling. It was the passion of a girl in a junior form for a dashing senior, not a passion based upon intimacy.

The friendship with Emma and the passion for Madge were valuable; they provided some measure of relief in the domestic storms of the period, those afflictions to which we must now return. (Ibid., p. 60)

Virginia's powerful homosexual nature is vividly described in this passage. At the age of sixteen, when most "normal" girls have begun to have crushes on boys, she is experiencing an intense homosexual passion for Madge.

416 Virginia's numerous letters to Violet have been preserved and from this it is clear to the modern reader, though it was not at all clear to Virginia, that she was in love and that her love was returned. For they are passionate letters, enchanting, amusing, embarrassing letters full of private jokes and endearments, letters in which Virginia invents nicknames for herself, imagines herself as some shy half-wild animal, a pet to be fondled and cherished; and from which one tries to conjure up a picture of the recipient.

..... Like Madge Vaughan, Violet Dickinson fulfilled a need. She provided sympathy and stability at a time when it was badly needed. I do not think that she made any very great contribution to Virginia's intellectual development. Virginia did indeed send her manuscripts for criticism (she also wrote a kind of joke biography of her friend) but I doubt whether Violet's criticism as distinct from her encouragement was very important to her. Her gifts were chiefly moral and, when other and more remarkable people came into Virginia's life, passion slowly faded into kindness. One must think of this friendship as an affair of the heart, where I think that in fact it remained; while the affair was at its height, that is to say from about 1902 to 1907, it was intense. (Ibid., p. 83)

Again, we see evidence of Virginia's strongly homosexual nature in her relationship with Violet Dickinson. As Quentin Bell writes, this was definitely "an affair of the heart" which lasted from "about 1902 to 1907," was "intense," and the "passion slowly faded into kindness."

417 In the breakdown that followed she entered into a period of nightmare in which the symptoms of the preceding months attained frantic intensity. Her mistrust of Vanessa, her grief for her father became maniacal, her nurses – she had three – became fiends. She heard voices urging her to acts of folly; she believed that they came from overeating and that she must starve herself. In this emergency the main burden fell upon Vanessa; but Vanessa was enormously helped by Violet Dickinson. She took Virginia to her house at Burnham Wood and it was there that she made her first attempt to commit suicide. She threw herself from a window, which, however, was not high enough from the ground to cause her serious harm. It was here too that she lay in bed, listening to the birds singing in Greek and imagining that King Edward VII lurked in the azaleas using the foulest possible language.

All that summer she was mad. It was not until early September that she was able to leave Burnham Wood, thin and shaken, but sane enough to be able to live at peace with Vanessa. (Ibid., p. 89)

There was always an intense homosexual bond between Virginia and her sister Vanessa, as there also was between Virginia and Violet Dickinson. Her "mistrust" of Vanessa was a paranoid defense mechanism utilized by her unconscious to shield her from the inadmissible realization that she was homosexually attracted to her sister. And we have already been informed by Quentin Bell that Virginia had "passionate" feelings for Violet Dickinson. This being the case, having Violet take care of her during this spell of madness could only have aggravated Virginia's illness, in light of the fact that her paranoid schizophrenic symptoms were the direct consequence of her repression and disavowal of these "passionate," or erotic, homosexual feelings directed towards both Violet and Vanessa.

418 Two of them, Sydney-Turner and possibly R. G. Hawtrey, came to stay in Cornwall with the Stephen children that summer and Virginia observed them with amazement. They were, she declared:

..... a great trial; they sit silent, absolutely silent, all the time. Occasionally they creep to a corner and chuckle over a latin joke. Perhaps they are falling in love with Nessa; who knows? It would be a silent and very learned process. However I don't think they are robust enough to feel very much. Oh women are my line and not these inanimate creatures. The worst of it is that they have not the energy to go (Ibid., p. 97)

Only a woman of decidedly homosexual temperament could make such a statement as: "Oh women are my line and not these inanimate creatures." The "inanimate creatures" she is specifically referring to here are two male acquaintances, but from Virginia's point of view they could personify the entire male sex, of which she was not very fond. That simple declaration, "Oh women are my line", deftly sums up Virginia's psychosexual bent, or sexual orientation, as it is currently referred to. Considering the intensity of her homosexual feelings, the only alternatives open to Virginia were either to become openly and actively a homosexual woman, with all that entailed both emotionally and physically, or else to become insane, or schizophrenic, as the result of repressing these feelings. Virginia, as we see here, took the latter course.

419 On the morning of 10 February 1910, Virginia, with five companions, drove to Paddington Station and took a train to Weymouth. She wore a turban, a fine gold chain hanging to her waist and an embroidered caftan. Her face was black. She sported a very handsome moustache and beard. Of the other members of the party three – Duncan Grant, Anthony Buxton and Guy Ridley – were disguised in much the same way. Adrian was there, wearing a beard and an ill-fitting bowler hat so that he looked, as he himself put it 'like a seedy commercial traveller,' while the sixth member (and leader) of the party, Horace Cole, was convincingly attired as an official of the Foreign Office.

The object of their excursion was to hoodwink the British Navy, to penetrate its security and to enjoy a conducted tour of the flagship of the Home Fleet, the most formidable, the most modern and the most secret man o' war then afloat, H.M.S. *Dreadnought*. (Ibid., p. 157)

This display of transvestic behavior by Virginia fits in harmoniously with her masculine, homosexual nature. We have seen similar behavior in two other previously described schizophrenics, Zelda Fitzgerald and Joan of Arc.

420 It was not until the end of February that Leonard was allowed to send Virginia a studiously boring letter and when at length she was released, Vanessa dismissed him with gentle but firm benevolence to Somerset; here he received a letter from Virginia in which she declared:

'I shall tell you wonderful stories of the lunatics. Bye the bye, they've elected me King. There can be no doubt about it. I summoned a conclave, & made a proclamation about Christianity. I had other adventures, & some disasters, the fruit of a too passionate & enquiring disposition. I avoided both love & hatred. I now feel very clear, calm, and move slowly, like one of the great big animals at the zoo.' (Ibid., p. 182)

One of Virginia's delusions when she was severely mentally ill was that she had been elected "King" by a "conclave." Since being a King is commonly considered to be a position of extreme masculine power, for a woman to have a delusion that she is one demonstrates powerful unconscious wishes to be a man, and a very potent man at that. Again, this is an example of Freud's neurotic penis envy in the female carried to its psychotic extreme.

421 It is a proof of their deep and unvarying affection that it was not dependent upon the intenser joys of physical love. Even before her marriage, they must have suspected that Virginia would not be physically responsive, but probably they hoped that Leonard, whose passionate nature was never in question, could effect a change. A letter written from Saragossa to Ka Cox shows clearly enough that, if this hope was entertained, it was also disappointed.

'Why do you think people make such a fuss about marriage & copulation? Why do some of our friends change upon losing chastity? Possibly my great age makes it less of a catastrophe; but certainly I find the climax immensely exaggerated. Except for a sustained good humour (Leonard shan't see this) due to the fact that every twinge of anger is at once visited upon my husband, I might still be Miss S.'

Thus, with placid conversational ease, Virginia alludes to her frigidity. It was, nevertheless, a cause of worry to both of them, and when they were back in England they sought Vanessa's advice.

'They seemed very happy, but are evidently both a little exercised in their minds on the subject of the Goat's coldness. I think I perhaps annoyed her but may have consoled him by saying that I thought she never had understood or sympathized with sexual passion in men. Apparently she still gets no pleasure at all from the act, which I think is curious. They were very anxious to know when I first had an orgasm. I couldn't remember. Do you? But no doubt I sympathized with such things if I didn't have them from the time I was 2. Of the two women who knew her best, one, as we have seen, said that she had no understanding of sexual passion in men, the other – Vita Sackville-West – was to note many years later that 'She dislikes the possessiveness and love of domination in men. In fact she dislikes the quality of masculinity.' (Ibid., Vol. II, p. 56)

We learn from this quotation that Virginia was frigid in her marriage – "Apparently she still gets no pleasure at all from the act." – that "she never had understood or sympathized with sexual passion in men," and finally, that "She dislikes the possessiveness and love of domination in men. In fact she dislikes the quality of masculinity."

The psychological profile presented here is that of a woman with very pronounced homosexual tendencies, who, if she were at peace with, and

accepting of, her true feelings, would be a practicing lesbian. The fact she was not, and that later she lived with a man in an asexual marriage, proved to be her undoing, for this physical and emotional denial of her strongly homosexual nature was the immediate and direct cause of her schizophrenic illness and, thus, eventually of her suicide.

- 422 All of which might be a form of bravado and sisterly one-upmanship. Finally, considering the case for – what is it, the prosecution? – take the evidence of Vita's monument, Orlando, of all Virginia's novels the one that comes nearest to sexual, or rather to homosexual, feeling; for, while the hero/heroine undergoes a bodily transformation, being at first a splendid youth and then a beautiful lady, the psychological metamorphosis is far less complete. From the first the youth is a little uncertain of his sex; when he puts on petticoats he becomes, not simply a woman, but a man who enjoys being a woman. Orlando is also Virginia's most idealized creation; he/she is modelled near to the heart's desire (and not only to the heart) – near, in fact, to the glamorous creations of the novelette. Compare Virginia's treatment of him/her to the cool ironies of Mrs. Dalloway or to the floral metamorphosis of Jinny in The Waves – a bouquet on a gilded chair – or the discreet glimpses of Jacob's loves. (Ibid., Vol. II, p. 118)

Supposedly Virginia Woolf's androgynous novel Orlando was formed around the character of her friend, and reputedly for a brief time her lover, Vita Sackville-West. However true this may be, the novel also represents a starkly revealing autobiographical account of Virginia's own severely conflicted bisexual nature, even though that may have been the furthest thing from her conscious mind while she was composing the story.

- 423 Then, early in September, Maynard and Lydia Keynes gave a party at Tilton. Jack (later Sir John) Sheppard enacted the part of an Italian *prima donna*, words and music being supplied by a gramophone. Someone had brought a newspaper cutting with them; it reproduced the photograph of a pretty young woman who had become a man, and this for the rest of the evening became Virginia's main topic of conversation.

Never had she worked so fast. She threw in everything that so beautifully, as it seemed so inevitably, lay to hand. In that autumn, 'that singularly happy autumn,' Orlando shoved everything aside. (Ibid., Vol. II, p. 132)

Here we see that the impetus for writing Orlando originated when Virginia first read a newspaper article about a young lady who transformed herself into a male. This idea so intrigued her that she went to work immediately writing her new novel based upon this incident. As Quentin Bell describes it: "Never had she worked so fast." The concept of being able to change from a

female into a male had struck a very responsive chord in Virginia's tortured bisexual psyche.

424 It was finished by the middle of May and in October the book was published under the title A Room of One's Own. It is, I think, the easiest of Virginia's books, by which I mean that it puts no great burden on the sensibilities. The whole work is held together, not as in her other works by a thread of feeling, but by a thread of argument – a simple well-stated argument: the disabilities of women are social and economic; the woman writer can only survive despite great difficulties, and despite the prejudice and the economic selfishness of men; and the key to emancipation is to be found in the door of a room which a woman may call her own and which she can inhabit with the same freedom and independence as her brothers. The lack of this economic freedom breeds resentment, the noisy assertive resentment of the male, who insists on claiming his superiority, and the shrill nagging resentment of the female who clamours for her rights. Both produce bad literature, for literature – fiction, that is – demands a comprehensive sympathy which transcends and comprehends the feelings of both sexes. The great artist is Androgynous.

This argument is developed easily and conversationally, striking home in some memorable passages but always lightly and amusingly expressed. It is that rare thing – a lively but good-tempered polemic, and a book which, like Orlando, is of particular interest to the student of her life. (Ibid., Vol. II, p. 144)

Virginia's argument, that the great artist always is androgynous, certainly correlates with her own self-perception and experience. However, Virginia was not so much androgynous as she was masculine and homosexual – this to a much greater degree than she was feminine and heterosexual. If she had acted on her true feelings, rather than repressing them, she would have lived her life as a lesbian and, consequently, been able to avoid the life-long ravages of her schizophrenic illness.

425 To me the wonderful thing is not that she was the object of criticism, but that those criticisms were for the most part so mild and so limited. For her manner of writing was not one to arouse the enthusiasm of young people in the 'thirties. To many she must have appeared as an angular, remote, odd, perhaps rather intimidating figure, a fragile middle-aged poetess, a sexless Sappho and, as the crisis of the decade drew to its terrible conclusion, oddly irrelevant – a distressed gentlewoman caught in a tempest and making little effort either to fight against it or to sail before it. She made far less of an attempt than did Forster to contribute something to the debates of the time,

or rather, when she did, it was so idiosyncratic a contribution that it could serve no useful purpose. (Ibid., Vol. II, p. 185)

Quentin Bell refers here to Virginia as a "sexless Sappho" or as a homosexual woman who denies her sexuality. It is a very astute and accurate description.

426 As the reactionaries went from strength to strength those who opposed them had to consider whether force should be countered by force. Virginia hated violence – she associated it with masculine assertiveness. But were we then to scuttle like frightened spinsters before the Fascist thugs? (Ibid., Vol. II, p. 186)

Quentin Bell remarks that Virginia "hated violence" because "she associated it with masculine assertiveness." What this attitude signifies in reality is that she hated men – perhaps not homosexual men, but certainly "assertive," heterosexual men. As an unacknowledged lesbian, this attitude is understandable, for it undoubtedly would be difficult to find many lesbians who are fond of assertive, masculine, heterosexual men. This fact would account for the preponderance of homosexual men in the "Bloomsbury" group, which Virginia was actively involved in.

427 She was frankly amazed, neither agreed nor disagreed, but thought it a very strange explanation. To her, I think, it appeared that the horrible side of the universe, the forces of madness, which were never far from her consciousness, had got the upper hand again. This to her was something largely independent of the political mechanics of the world.....

Thus she tended, unlike Leonard, to be an out-and-out pacifist; she never made this clear in terms of policy, but it was her instinctive reaction, the feminine as opposed to the masculine – 'the beastly masculine' – reaction. (Ibid., Vol. II, p. 187)

Again, we see more evidence of Virginia's deep hatred of men and of their masculinity – "the beastly masculine." Virginia Woolf was afflicted with a very severe case of Freudian "penis envy," a complex which played an integral part in the etiology of her mental illness, as it invariably does in all cases of functional mental illness among females.

428 Under the circumstances, work and society might both be used as opiates, and so she saw a great many people and returned to Three Guineas. Whatever else may be said for or against that work it was certainly therapeutic; she had always to be writing something; but this writing induced none of those aesthetic miseries which always accompanied her novels. It

enabled her to let off steam, to hit back at what seemed to her the tyrannous hypocrisy of men. (Ibid., Vol. II, p. 197)

Due to her intense penis envy and homosexual proclivities, Virginia Woolf disliked everything about men, including their so-called "tyrannous hypocrisy."

429 Virginia Woolf's interest in the accepted versus the real differences between the sexes was aroused when she was quite young, for she perceived and resented the fact that her father, Leslie Stephen, expected more of his sons than of his daughters.⁴ Moreover, she became increasingly aware of the limitations which society placed upon the freedom of women. Her brother Thoby served as a model for Jacob Flanders in her third novel, Jacob's Room. Jacob's life of intellectual contacts, friendships, sexual experiences, and travels is contrasted with his sweetheart's dull life of tea and supper parties.

[*Virginia Woolf and the Androgynous Vision*, Nancy Topping Bazin, Rutgers University Press, New Brunswick, New Jersey, 1973, p. 4.]

Virginia's intense penis-envy arose, in part, from her jealousy of her brother Thoby. She concluded from the manner in which she was raised that males are treated more favorably than are females, and she deeply resented it. Unfortunately for her there was no way she could become a male physiologically, but she could, and did, become one emotionally and intellectually.

430 As a female, she believed that her vision, though ideally bisexual, should on the whole be distinctly feminine, that is, 'woman-manly' as opposed to 'man-womanly.' (Ibid., p. 5)

Although Virginia Woolf professed that her bisexual "vision" should be "woman-manly" rather than "man-womanly," in actuality it was her repression of the extremely powerful "man-womanly" side of herself that led directly to the development of her schizophrenic symptomatology.

431 In her fourth novel, she suggests the lesbian's experience by describing Mrs. Dalloway's sexual response to Sally Seton (p. 36).

Virginia Woolf's efforts to understand and harmonize the feminine and masculine aspects of her own nature were further complicated by the mental illness from which she suffered. (Ibid., p. 5)

Virginia's "efforts to understand and harmonize the feminine and masculine aspects of her own nature" were not "further complicated by the mental illness from which she suffered," as Nancy Bazin states; rather her mental illness was the direct product of the severe bisexual conflict en-

gendered by her failure to "understand and harmonize" these opposing instinctual drives.

- 432 Virginia Woolf's very lifelike portraits of her parents in To the Lighthouse reveal to what extent her concepts of the masculine and feminine ways of knowing were influenced by her observations of her parents and to what extent her inability to harmonize the two in any lasting way was related to her manic depression. (Ibid., p. 10)

Nancy Bazin makes a very astute observation here when she suggests that Virginia's "inability to harmonize" her masculine and feminine sides "in any lasting way was related to her manic depression," for bisexual conflict is the pathogen at the core of all functional mental illness, "manic depression" being but one of the many manifestations of disturbed emotional functioning.

- 433 The duality inherent in Virginia Woolf's illness, her parents' personalities, her own view of life, and her aesthetics may be further illuminated by John Custance's description of his feelings as a manic-depressive. Considering differences in personalities and the limited information we have about Virginia Woolf's experience while ill,³² we cannot say that her manic depression was exactly like his. Yet his vision of the world in terms of the masculine and the feminine, his association of the masculine with depression, the feminine with mania, and his feeling that what was wrong with individuals and societies was that they weren't androgynous because they were not feminine enough³³ suggest some basic similarity in the way their minds worked. (Ibid., p. 17)

John Custance's manic depression – a part of his schizophrenic symptomatology just as it was a part of Virginia Woolf's – likewise had the same etiology, namely, severe bisexual conflict. Nancy Bazin is an extremely intuitive psychologist for having recognized the emotional similarity between Woolf and Custance.

- 434 The intensity of her quest for the androgynous ideal, reflected in her diary, her essays, and her novels, may be better appreciated when we realize that in her mind it meant the difference between sanity and insanity.

..... Worse yet, looking behind the fear of attacks of manic depression was the greater fear of incurable insanity; for if a manic-depressive is not permanently cured, with age the attacks often became more and more schizophrenic in nature.³⁷ During the last two attacks of hypomania described by Custance in *Wisdom, Madness and Folly*, he claimed that he had slipped over the line into schizophrenia (pp. 135, 138). A comparison of this first book with his second suggests the difference between the manic-depressive and the schizophrenic cited by White in *The Abnormal Personality*: to an

observer, the manic-depressive appears abnormally speeded up or slowed down 'and thus seriously disorganized but not unintelligible or queer'; however, the schizophrenic seems 'crazy' (pp. 520-521). Moreover, the schizophrenic's chances for periodic or permanent recovery are much less than the manic-depressive's. For instance, a schizophrenic may have to live forty to fifty years in a mental institution.³⁸ This illuminates Virginia Woolf's explanatory suicide note, in which she expressed her belief that she was going mad again and that this time she would not recover.³⁹ (Ibid., p. 19-20)

Manic depression is part of the schizophrenic process. Every schizophrenic person exhibits at one time or another so-called "manic-depressive" behavior. In fact the symptoms of manic depression and schizophrenia are so closely interwoven that the psychiatric profession has invented a new word – "schizo-affective" – to document this fact.

435 Rachel's situation is similar; by tradition, she is expected to play a submissive role in her relationship with Terence. Moreover, Antigone both boasts of her choice (death rather than submission) and complains that her 'doom' is 'unjust.'¹¹ Virginia Woolf's attitude towards Rachel's death reflects Antigone's.

After this symbolic descent into the womb, Rachel is closer to having solved the problem of her sexual identity; therefore, in her hallucination she sees herself as feminine instead of masculine. Yet her shadow-self is still 'deformed'; for, although she has matured, she is still afraid. She cannot attain wholeness via her love for Terence, despite her androgynous vision, for she still rejects for herself the sexual role of the woman. Hence, immobilized by fear in the dream, she is immobilized by death at the end of the novel. Indeed, to die rather than to establish a relationship may be seen either as courageous or as cowardly. Whereas, in one sense, it preserves the integrity of Rachel's spiritual self, in another sense, it denies the realization of her sexual self. (Ibid., pp. 66-67)

To understand this quotation fully, it is necessary to substitute Virginia Woolf's name for that of "Rachel" and Leonard Woolf's, Virginia's husband, for that of "Terence." Virginia felt that she too was expected "by tradition" to "play a submissive role in her relationship" with Leonard. But, like Antigone, she would rather die than submit, and eventually she did die by her own hand. Virginia is really speaking of herself when she says of Rachel that "although she has matured, she is still afraid. She cannot attain wholeness via her love for Terence, despite her androgynous vision, for she still rejects for herself the sexual role of the woman." Throughout her long marriage to Leonard, Virginia likewise rejected the "sexual role of the woman," for, as we have previously been informed, she was completely frigid in her sexual

relations with him, ceasing them altogether not long after they were married. Thus, as Rachel was "immobilized by death at the end of the novel," so too was Virginia as the result of her similar Antigone-like choice of "death rather than submission" to the male. Like Rachel, Virginia chose death rather than establish a sexual relationship with a man, thus preserving the integrity of her "spiritual self," as Rachel had, while denying "the realization of her sexual self." In truth, Virginia could only have fully realized her sexual self in a homosexual union, but she chose death over this, too, for to her it was an intolerable alternative.

436 In fact, like Septimus, Clarissa feels attracted to persons of her own sex. Clarissa admits to herself that 'she could not resist sometimes yielding to the charm of a woman.'

She did undoubtedly then feel what men felt. Only for a moment; but it was enough. It was a sudden revelation, a tingle like a blush which one tried to check and then, as it spread, one yielded to its expansion, and rushed to the farthest verge and there quivered and felt the world come closer, swollen with some astonishing significance, some pressure of rapture, which split its thin skin and gushed and poured with an extraordinary alleviation over the cracks and sores. But the close withdrew; the hard softened. It was over – the moment. (Ibid., p. 36)

Virginia again makes use of her main character to express her own homosexual feelings, for Virginia, like Clarissa, "could not resist sometimes yielding to the charm of a woman." Also, like Clarissa and Septimus, Virginia "feels attracted to persons of her own sex." And then there is her (Clarissa's) admission that she "did undoubtedly then feel what men felt." Although it was "Only for a moment," she writes, "it was enough." The vivid words Virginia uses to describe her (Clarissa's) masculine feelings, such as "tingle," "blush," "quivered," "swollen," "pressure of rapture," "gushed and poured," "the hard softened," all might be allusions to sexual excitement in the male, culminating in orgasm.

437 Virginia Woolf goes on to describe Clarissa's attraction to Sally Seton (pp. 37-40). This explains why she does not seem to need Richard physically; however, emotionally she depends upon his support. (Ibid., p. 117)

Because Virginia Woolf was homosexually attracted to Vita Sackville-West, among others, and so did not need her husband, Leonard, sexually, yet she depended heavily upon him for emotional support, and thus could easily imagine how a relationship between Clarissa and Richard might follow exactly the same pattern.

438 This time, however, being older, Bernard notices a change in his outlook which leads him to wonder: 'Was this, then, this streaming away mixed with Susan, Jinny, Neville, Rhoda, Louis, a sort of death? A new assembly of elements? Some hint of what was to come?' (p. 198) Nor is he sure now whether he is 'man or woman, Bernard or Neville, Louis, Susan, Jinny, or Rhoda – so strange is the contact of one with another' (p. 199). Indeed, he no longer knows whether he is 'all of them' or 'one and distinct' (p. 205). Involved in his attitude is a preparation for death, for the moment when he will become one not just with 'all of them' but with the all. (Ibid., p. 154)

Virginia is describing here, undoubtedly from personal experience, the overwhelming confusion as to one's sexual identity which is the distinguishing characteristic of the schizophrenic breakdown.

439 A young girl, vaguely familiar to me, huddled against the wall, her legs pulled under her, and only one breast was nipped. The other had been chewed off. And then I remembered. Her eyes were still dead, and the only sustained activity was the constant chattering of her teeth.

Women who thought they were men masturbated invisible penises with swaggering pride.

Women who dreamed that they had given birth to the Messiah watched constantly for His return.

Women, freaks in their baldness, talked of their breathtaking beauty and sexual prowess.

Women with menstrual blood streaming down their legs giggled and pranced, ignoring the reality of madness.

[*Will There Really Be a Morning?*, Frances Farmer (an autobiography), G. P. Putnam's Sons, New York, 1972, p. 219.]

The "women who thought they were men" and "masturbated invisible penises with swaggering pride" provide further clinical evidence of how neurotic Freudian "penis envy" can be carried to a psychotic extreme, wherein the unconscious wish to be a man becomes so powerful it overwhelms the repressing ego and assumes its own reality.

440 During the next three and a half years I subsisted in a neuter exile, but for the first time in my life I was unencumbered. I was responsible only to myself. (Ibid., p. 238)

Frances Farmer's reference to a "neuter exile" accurately describes her schizophrenic "bearded lady" status as neither man nor woman, but an equal mixture of both.

441 I felt it necessary to purge myself in the confessional, but we started off on the wrong foot – he thought I was a man. I have a deep, theatrical voice, my so-called trademark, but to the father, I was someone in the confessional making fun. We finally settle down, and I think I sent him into shock with my confessions. (Ibid., p. 308)

Undoubtedly it was more than her deep voice that convinced the priest in the confessional that he was talking with a man, for Frances Farmer's strong masculine presence would have made itself felt in other subtle ways also, such as by her attitude, vocabulary, and expressed interests, etc.

442 She went back often again, hearing grandfather's familiar voice saying, 'Second in the class is not enough; you must be the first.' 'If you are hurt, never cry, but laugh. You must never let them know that they are hurting you.' It was all directed against the smiling sharers of the secret joke. Pride must be the ability to die in agony as if you did it every day, gracefully. Even his pride in her was anger. 'You're smart – you'll show them all!' He had sharpened her word-wit on his own, cheered the cutting edge of it, called women cows and brood-bitches, and slapped her half-roughly because she would grow up wasted, a woman. She would have to take on the whole world of fools and ingrates, and, even though she was a woman, win his battle: the ancient, mystical battle between a crippled immigrant and a long-dead Latvian Count.

[*I Never Promised You A Rose Garden*, Hannah Green, A Signet Book, New American Library (Holt, Rinehart and Winston, Inc.) New York, 1964, p. 96.]

Deborah's highly neurotic grandfather impressed upon his granddaughter that the only way she could win his love and admiration was by denying her femininity and becoming the aggressive, successful masculine figure he himself would like to have become, rather than the embittered, misogynistic failure he became. Unfortunately for her emotional wellbeing, his granddaughter attempted to become a "manly" woman, the only type her grandfather could love and admire, and in the process metamorphosed into a "bearded lady" – one who is afflicted by schizophrenia.

443 Then she was standing above herself, dressed in her Yri rank and name, kicking the herself that was on the floor, kicking her low in the stomach and in the tumorous place that gave like a rotten melon. When the ceremonial creak of leave-taking sounded, the sky was burdening itself with darkness outside the barred window. She looked out, finding herself erect and in front of the window and saying quietly, 'Let me die, all of you.' (Ibid., p. 101)

The "tumorous place" that was "low in the stomach" and that "gave like a rotten melon" was Deborah's genital area, from which a tumor had been removed when she was a child. Because she had repudiated her femininity so completely, in her schizophrenic mind her female genitals represented nothing more than "rotten melon".

444 He was not hurt in the flight nor in the fall, but he was nearly run over in the stampede of staff that rushed back to subdue the source of his propulsion. The patients followed to watch and heckle. Miss Coral stood at the open door. Her tiny being was like electricity. *That hair has been burned white*, Deborah said quietly in Yri. The three men who went to move Miss Coral were pitiful against the sharp motions of her fighting body; she literally shook them off, her blank and expressionless face staring straight ahead. When more attendants leaped into the melee there was less for her to do, and she stood still because they were working against one another. Helene, sensing a challenge to her reign as at least the most feared on the ward, ran into the deserted upper hall, removed the hasps from the hinges of the nursing station door, tore the door off with its own weight and hers, flung it into the hall, and followed it with everything that came to hand. Sylvia, planted like a poorly made statue against the wall, found that she could not bear the tension of Helene's violence and suddenly exploded, diving at Helene in the broken ruins of the door, trays, medicine, cutlery, and towels. Someone rang the emergency bell, and it took twelve extra people to still the riot and put Helene and Sylvia in pack. Apparently the orders for Miss Coral had been forgotten by the ward administrator, because the door was simply closed after her and that was that. (Ibid., pp. 114-115)

This quotation provides a vivid example of the extraordinary masculine force and activity exhibited by a group of schizophrenic women on a hospital ward. From examples such as this observers have concluded that schizophrenic women display more aggressive and disruptive behavior in the institutional setting than do schizophrenic men, who tend, generally, to be more passive and apathetic, thus further confirming the "bearded lady" dynamics of schizophrenia.

445 Overheard, in the dimension of Yr, Lactamaeon, tauntingly beautiful, was free in his open sky, enjoying the shape of a great bird. She had once been able to soar with him in that great sweep. *What do you see?* she called to him in Yri.

*The cliffs and canyons of the world; the moon and the sun in the same bowl, he answered.
Take me with you!*

Just a moment! The Censor intervened with his rasp voice. Deborah never actually saw the Censor because he was not of either world, but had a part in both.

Yes. wait. Idat, the Dissembler, unmale, unfemale, joined him. While they discussed the matter elaborately, parodying the now familiar psychiatric manners and terms, Lactamaeon found a chasm, dove into it with a high eagle-scream of triumph, and was gone. (Ibid., p. 125)

Deborah had once identified with Lactamaeon as a great male bird, soaring alongside him through the skies. And "Idat, the Dissembler, unmale, unfemale," who met with the Censor to discuss Deborah's desire to rejoin Lactamaeon, symbolizes her own state of severe bisexual confusion and conflict.

446 'During the war' she said, 'I was a Japanese.'

'An actual Japanese?'

'I was disguised as an American, but I was really not an American.'

'Why?'

'Because I was the Enemy.'

It seemed to Deborah an ultimate secret, and Dr. Fried was forced to ask her to speak louder time and time again. She began to explain that because she could go into Yr or rise out of its incredible distances without visibly changing, Yr had given her, as a gift for her ninth birthday, the power to transmute herself in form. For a year or so she had been a wild horse or a great bronze-feathered bird. She quoted to Dr. Fried the Yr incantation which had once freed the bird-self from the illusion of the ugly and hated girl:

'e, quio quio quaru ar Yr aedat

temoluqu' braown elepr' kyryr '

(Brushwinged, I soar above the canyons of your sleep singing.....)

..... On a certain night before falling asleep, Deborah had been reborn as a captured Japanese soldier. From behind the mask of an American-Jewish girl with a past of an American suburb and city, the elliptical eyes of the Enemy looked for the day of his unmasking. The tumor's impossible, insistent anguish was his war wound, and his mind, versed in a strange language, rang with dream of escape. He did not hate his captors – he never wished that they would lose the war, but the world now offered meaning to the irreconcilable oppositions in Deborah, the ruination of her secret and female parts, the bitter secrecy of her wound, and the hidden language. Captivity and secrecy and the glory and misery of Yr's declaration You are not of them were somehow justified. [Note: Deborah had undergone an operation for removal of an urethral tumor when she was a young girl.] (Ibid., pp. 130-131)

The gift Deborah was given by Yr on her ninth birthday, "the power to transmute herself in form," enabled her to fulfill her deepest need, namely, that of freeing herself "from the illusion of the ugly and hated girl" through a series of transformations, first as a wild horse and then as a "great bronze-feathered bird," until finally she emerged as a Japanese soldier, albeit a genitally-wounded one but nevertheless the male she had so desperately wanted to be for such a long time.

Obviously her operation for the removal of an urethral tumor when she was very young had traumatized her to such an extent that she felt her female genitals had been ruined, thus making it more difficult for her to identify herself as a female. This, along with her neurotic grandfather's harsh denigration of womanhood, were two powerful elements in shaping her negative attitude towards her femininity.

447 It was the second spring that she was gone, and how much closer was she to the modest, obedient, womanly being that his heart cried out to have as a daughter? No closer. There had been no improvement at all. (Ibid., p. 149)

Deborah admits that after two years in the mental hospital she is still, in essence, the unwomanly, immodest and disobedient daughter whom her father found so objectionable. She is still, in other words, clinging to her unconscious identification as a male.

448 They spent the time cutting ways to the old secrets and seeing facets of them that needed the new hunger for life to come real. Deborah saw that she had taken the part of the enemy Japanese as an answer to the hate of the ones at the summer camp, his foreignness and violence being an embodiment of anger. A part of the same insight opened on to the subject of martyrdom – that being martyred had something to do with Christ, the pride and terror of every Jew.

'Anger and martyrdom,' she said, 'that's what being a Japanese soldier was, and I gave the doctors the 'good soldier' that they wanted. Anger and martyrdom. It sounds like something morelike the description of something I know'

'What more?' Furi asked. 'It must have had many walls to have supported itself for all these years.'

'It's a description of why why, it's grandfather!' Deborah cried, having unearthed the familiar tyrannical Latvian to whom she had given such an unrecognizable mask. It was a description of him and it fitted him better than height or weight or number of teeth. 'The secret soldier that I was is a mutu – what Yr calls a kind of hiding image of my kinship with him.'

'Coming to see this does it hurt so much?'

'A good hurt,' Deborah said.

'The symptoms and the sickness and the secrets have many reasons for being. The parts and facets sustain one another, locking in and strengthening one another. If it were not so, we could give you a nice shot of this or that drug or a quick hypnosis and say 'Craziness, begone!' and it would be an easy job. But these symptoms are built of many needs and serve many purposes, and that is why getting them away makes so much suffering.' (Ibid., pp. 194-195)

Deborah is discovering through her psychotherapy that part of her motivation for wishing to be a man arose from her strong unconscious identification with her grandfather, the "familiar tyrannical Latvian to whom she had given such an unrecognizable mask" – the mask of the Japanese soldier she had become.

449 They stayed for a while and Deborah was introduced to some of the male patients, wondering as she heard their names what could possibly make men sick. When the two girls left, they walked toward A ward, which was open and where there was a coffeepot for both patients and staff. (Ibid., p. 201)

As a female who wanted so badly to be a male, it was very difficult for Deborah to understand how someone who was a male could be anything but happy and healthy.

450 *Am I not beautiful in this tree?* the goddess asked. Questions had a particularly poignant quality in Yri because they used a familiar form and because they gave hint of the quick and ephemeral quality of asking anything. Idat was the Dissembler and her answers were always difficult. *I think I shall be a woman always*, she said now. *You can have something on which to model yourself.* (Ibid., p. 206)

Deborah is finally beginning to accept the fact she is a female, and will use the beautiful goddess in the tree as her role model. Idat, the Dissembler, who is a "bearded lady," both male and female, has represented Deborah's schizophrenic self; so when Idat (Deborah) says "I think I shall be a woman always," it means she can now emerge from her schizophrenic state and become an emotionally healthy person.

451 The pain of looking at him escaped in a laugh. 'Oh, I know – that must have been big, dumb old Lucy Martenson. She gets even with everybody by playing Tarzan out the front windows of the D ward and scaring the visitors to death.' (Ibid., p. 211)

In order for "big, dumb old Lucy Martenson" to regain her sanity, i.e., emerge from her schizophrenia, it would be necessary for her to accept the fact, both emotionally and intellectually, that she is "Jane" rather than "Tarzan" – or a female rather than a male.

- 452 Dead pale, cold-handed, in a lilac flowered dress that ill-suited the lithe tiger wearing it, Helene came to B ward. Her 'normal' smile seemed wired, like a booby trap. (Ibid., p. 222)

Even a fellow-patient can sense that a feminine-style dress somehow looks very inappropriate on Helene, for the description of her as a "lithe tiger" conveys a strong feeling of masculine power and ferociousness rather than one of feminine softness and gentleness, which would be more appropriate for a person wearing such attire.

- 453 'It's nice to walk with Lactamaeon when he is in a good mood. After the sewing class, where I don't belong, or the church choir where I am a stranger, it's good to walk home with someone who can laugh and be silly or turn beautiful and make you cry, looking at the stars while he recites.'

'You know, don't you, now, that you made him up out of yourself – that you created him out of your own humor and your own beauty?' Furi said gently.

'Yes – I know now.' It was an admission that gave much pain. (Ibid., p. 228)

Lactamaeon was Deborah's alter ego, the male she would like to have been. Recognizing this truth, discovered during psychotherapy, gave her "much pain."

- 454 There is no point in discussing the differential diagnosis in relation to the other psychoses which are still being designated as paranoia since all the known paranoid forms belong with our concept of schizophrenia.

[*Dementia Praecox or the Group of Schizophrenias*, Eugen Bleuler (Ibid., p. 317)]

Dr. Bleuler again emphasizes the fact that paranoia is an integral part of the schizophrenic process. Unfortunately, Dr. Sigmund Freud, in his analysis of the case of Daniel Paul Schreber, came to the erroneous conclusion that paranoia and schizophrenia are separate psychopathological processes with dissimilar etiologies. Unbeknownst to Freud, by correctly identifying Schreber's severe bisexual conflict as the prime pathogen in his paranoia, and then by extending this discovery to apply invariably to every case of paranoia,

Freud had in reality discovered the cause of schizophrenia, since paranoia and schizophrenia are one and the same "disease".

455 Very frequently the patients employ the various symbols interchangeably. One of our paranoids spontaneously changed the 'fiery lance' in her body to 'many fiery needles' while she was being questioned about her body hallucinations. Then the 'lance' became a 'thick thing' that was thrust into her chest and lower abdomen, whereby she exhibited a great deal of affect in relation to her lower abdomen but none to that of the chest. The 'needle,' too, is frequently used in the same sense. The symbolic significance of the needle was particularly apparent in the case of a young catatonic woman who blushed whenever she saw a needle. (Ibid., p. 413)

The "fiery lance" which Dr. Bleuler's paranoid patient believed she had in her body symbolized the penis she unconsciously wishes for, the penis which would make her the man she has always wanted to be. As Dr. Bleuler notes, the symbol of the "needle" is "frequently used" by schizophrenics to represent the male phallus.

456 A woman patient complained about our 'hay-snout-beds' (hay is vulgarly used for 'pubic'); there were a number of men who left 'their hay-snouts in her bed' (the expression on her face showed unmistakable sexual excitement). (Ibid., p. 415)

In quotation 379, we note that the needle in the haystack symbolizes the penis surrounded by pubic hair. Likewise, in this quotation and in the one above, "needle" and "hay" represent penis and pubic hair.

457 She is not a large woman, but I was just a child then, when she smiled at me and said, 'You were a little mistake,' and I knew I was supposed to smile back at her, but I didn't feel like smiling. I wanted to run away and hide, to curl up in some cozy dream corner where there were no spiders, no wolves masquerading as Grandma and no mothers who smiled enormously and showed their large front teeth and pink gums and said, 'Mistake!'

'Of course, we loved you after you were born,' she always added each time she said, 'You were a little mistake.' But I knew that loving me was something she had no choice about. She had to love me because I was her child, just as I had to love her because she was my mother. I had to, even though sometimes she frightened me.

'And if we *had* wanted a third child, we would certainly have wanted a boy, not another girl. We had your name all picked out: Ralph Stuart Wolfe, Stuart, after your real uncle; Ralph, for Daddy's good friend, Uncle Ralph. We never

even thought about what we'd name a girl. Everyone was so sure we'd have a boy and then *you* came along.'

That then was my original sin, being born at all. I never even got a chance at the apple. My doom, like the afterbirth, followed me into the world.

[*Aftershock (The Story of a Psychotic Episode)*, Ellen Wolfe, G. P. Putnam's Sons, New York, 1969, pp. 143-144.]

Ellen's "original sin" was being born a girl rather than a boy, at least in the eyes of her neurotic parents. Thus, from an early age, in a vain attempt to win their approval and love, she alienated herself from her natural sexual and emotional role as a female and instead developed a decidedly masculine personality, thereby setting the stage for the development of the severe bisexual conflict which eventually precipitated a schizophrenic psychosis.

458 In the taxi we rode in silence. Once David said, 'If I could, I would change places with you. Gladly. You know that, don't you?'

'I suppose,' I said. I guess he expected me to smile bravely at him, but I didn't. Words. What did they mean? Nothing at all. He knew he could not change places with me. I hated him, he was male, exempt forever from this kind of misery.

What else did I remember?

Some preparations – I suppose the nurse shaved me.

And pain.

Rather less than I had expected. It was no worse than mild labor pains or bad menstrual cramps. (Ibid., p. 157)

Ellen says of her husband that "I hated him, he was male, exempt forever from this kind of misery." What she really means is that it is "misery" to be a female and that she hates her husband for being what she would like to be but isn't – a man. In Freudian terminology, Ellen is afflicted with a severe case of "penis envy."

459 If we summarize our impressions of the attitudes of these mothers toward their own parents, we may say that as a group they reported that they loved their fathers or felt that they had some love from them. But, on the whole, the fathers were weak, sometimes brutal, absent, and in one way or another quite inadequate and unreliable. Frequently also there was some feeling that the fathers were either somewhat abnormal heterosexually or were regarded as possibly homosexual. On the other hand, these mothers of schizophrenics nearly uniformly report their respect for their mothers. Almost without exception, they give the impression that they are saying not only that they respect their particular mothers but that through their mothers they have

come to idealize motherhood – they believe in the divinity of maternity. This is not an uncommon idea in our culture, but one feels that these women are more desperately devoted to it than are the run of people. The maternal grandmothers of the patients are usually reported to have ruled their homes either directly or, more commonly, through tears and suffering. Mothers of the patients have learned this technique from these grandmothers and with very few exceptions dominate, in one way or another, the family situation, including the husband. Usually they employ the hurt techniques to make others feel guilty; much more rarely they are arbitrarily and angrily in charge. As for the relation to the children, these mothers, in addition to reporting them as model children, also most frequently remark that as little children the patients worshipped their mothers; they frequently comment that they still do.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., pp. 112-113)]

Dr. Hill comments on the well-known fact that the mothers of schizophrenics tend, in almost every case, to be the dominant spouse in the marriage, or the one who, as the old saying goes, "wear the pants" in the family. In short, in these schizophrenogenic families there has been a sex-role reversal in the parental configuration which leads to sex-role alienation and confusion in the children who, as a consequence, are inclined to the development of schizophrenic symptomatology.

460 It would seem that the schizophrenic patient is often of the third generation of abnormal persons of whom we can gain some information. The preceding two generations of mothers appear to have been obsessive, schizoid women who did not adjust well to men. There is some evidence that they were, in a sense, immature and that within the obsessive character structure could be found hysterical difficulties. It is to be noted, also, that there are two preceding generations of men who are not masters, or equals, in their own marriages and homes, or psychosexually very successful, and who are often described as immature, alcoholic, and passive, or hardworking, self-centered, and detached from the family. We do not know what sort of mothers and fathers these fathers of schizophrenics may have had, but it could be presumed that the fact that they let themselves be married to mothers of schizophrenics implies something concerning their own mothers.

Loosely, the pattern which emerges is that of two generations of female ancestors who were aggressive, even if in a weak-mannered and tearful way, and two generations of male ancestors who were effeminate, even if the effeminacy was disguised by obsessive or psychopathic tendencies. It might be expected, or at least we would not be surprised to find, that the child of

such ancestry would have difficulties centering around the problems of active aggressiveness and passive submissiveness. If the child is unstable in its balance of activity and passivity, the likelihood is that, under the guidance of the sort of mother who gets herself called 'schizophrenogenic,' the passive behavior will emerge as the overt character of the child, whereas the active behavior will be noted only in the form of negativism, of stubbornness, of retentiveness, and so forth. (Ibid., pp. 134-135)

Dr. Hill again emphasizes the fact that the mothers of schizophrenics tend to be domineering and aggressive in contrast to the fathers who are usually passive and apathetic, except in those instances of reaction formation where the fathers tend to be overly dominant and aggressive to compensate for their unconscious effeminate tendencies. It is important to remember that the dominant mother – passive father parental configuration is responsible not only for producing schizophrenic children but also homosexual ones, thus giving validity to the formula that schizophrenia is, in essence, the negation of homosexuality.

461 Though simple and hebephrenic schizophrenic reactions become visible during early and middle adolescence, the characteristic reaction is that of an acute catatonic episode. Catatonic reactions are by far the most frequent schizophrenic disorganizations seen during this period and, side by side with the acute conversion reactions, constitute the bulk of emergency psychiatric difficulties during adolescence. Catatonic episodes can develop in a matter of hours and express themselves in great motor inhibition or overactivity, highly overactive and paranoid thought and speech patterns, totally inhibiting panic or desperate grandiosity. Fears centering around homosexuality, sexual inadequacy, or sexual guilt, together with a remarkable concern with philosophic and religious issues of a grandiose nature, almost universally accompany such reactions. Characteristically, catatonic patients have the ambivalent wish to change themselves or feel that they have been transformed into another sex. They wish to change the world immediately, to purify it and bring news to everyone else that has been given them in a revelation. Quite often such wishes are put into action in totally inappropriate and aggressive ways that are disturbing to the people in the patients' environments.

[[Sydney L. Werkman] *American Handbook of Psychiatry*, Vol. II, edited by Gerald Caplan, Basic Books, Inc., New York, 2nd ed., 1974, p. 230.]

The genesis of schizophrenia lies in sex-role alienation in early childhood. This in turn leads to the development of severe bisexual conflict and confusion in the sex-role alienated child, culminating in the initial appearance

of frankly psychotic symptomatology at the onset of puberty, the time when the major hormonal sexual changes take place within the individual. In this quotation, Sidney L. Werkman described the various ways in which schizophrenia manifests itself in the adolescent male and female.

462 Perhaps the most frequent and highly charged dilemma encountered among psychotics is between gender identities, i.e., whether to become or remain a man or woman.

A woman patient's childhood had been marked by total rejection by her parents, who openly preferred her brother. As a result, she struggled throughout her life among conflicting unconscious drives to possess her brother, to kill him, to supplant him in her father's love by becoming a big blond boy like her brother; yet, she never totally abandoned all feminine goals or identifications. She struggled over whether to grow older or younger, whether to be boy or girl, or both. With each birthday, this struggle became sharper, and she became more depressed.

She was still able to function when she unconsciously sought a solution to her unresolved conflict through a surrogate relationship, namely, through marriage to a man who had been her brother's best friend. In addition, her new husband's father was a close friend of her own father; and prior to the marriage, he had always shown the patient far more affection than had her own father. But immediately after the marriage, the new father-figure turned away from her. With this repetition of her childhood pain and loss, she became bewildered and unhappy. Her husband's complete recovery from a dangerous illness came soon afterwards, and turned out to be a psychological catastrophe for her, by reactivating her buried death-wishes toward her brother and her need to replace him.

Thereupon, from having been freely active, she became anxiety-ridden and severely agoraphobic, so that she could hardly bring herself to move more than a few blocks from her home. With the passing years, and further deterioration of the marriage, she superimposed on this terror an equally violent claustrophobia. At this point, she was trapped between two terrors, so that she sometimes stood on the threshold of her home for hours, equally terrified to go in or go out, to be among people or to be alone, to move or to remain motionless. Here, then, was a juxtaposition of irreconcilable drives and irreconcilable defenses. This brought on the imminent threat of full-blown psychotic disorganization, which, fortunately, led her into intensive treatment just in time to save her. [Lawrence S. Kubie] (Ibid., Vol. III, p. 14)

The patient described in this quotation was driven to the very brink of a schizophrenic breakdown by her severe bisexual conflict. Fortunately she was able to receive capable help before this happened.

463 Furthermore, regression can mean many things. It can mean an abandonment of adult life itself, with the unconscious implication that 'If I go back to the beginning, I can start over and grow up different.' It can be and often is linked to difficulties about gender identity and to the desire to change sides, to be the other sex, or both, or neither, which the psychotic patient so frequently expresses in many, varied, and transparent forms. It is not surprising, then, that one of the forms which the regressive movement can take is a suicide effort, which is not in reality an effort to die but rather to be reborn. [Lawrence S. Kubie] (Ibid., Vol. III, p. 14)

Schizophrenics commit suicide when they can no longer tolerate the severe emotional and sexual frustration created by their basic sex-role alienation and resultant bisexual conflict.

464 Somatic pathology is universal and so is psychopathology, and what is more, psychopathology appears in basically identical clinical forms, wherever it occurs in the world. According to Forster:⁴⁴

Psychiatric syndromes or reactions, by and large, are similar in all races throughout the world. The mental reactions seen in our African patients can be diagnosed according to Western textbook standards. The basic illness and reaction types are the same. Environmental, constitutional, and tribal cultural background merely modify the symptom constellation. Basically the disorders of thinking, feeling, willing, and knowing are the same. And Edgerton⁴² writes:

It is remarkable how alike the African conceptions of psychosis are to the Western-European psychoses. The Africans of the four tribes do not regard a single behavior as psychotic which could not be so regarded in the West. That is, they do not produce symptoms which are understandable as psychotic only within the context of their own culture. What is psychotic for them would be psychotic for us. [Johannes M. Meth] (Ibid., Vol. III, p. 723)

Schizophrenia is found in every race and culture due to the fact that all human beings are susceptible to the development of bisexual conflict and consequently to the ravages of the mental illness which invariably follows in its wake. And, as this quotation illustrates, mental illness everywhere expresses itself in identical symptomatology.

465 I have often marveled about the frequency with which psychotic episodes in Latin-Americans begin with a homosexual panic, until I understood that the word *maricon* (homosexual) is the most derogatory term, used constantly in Spanish-America. Contempt and self-contempt has no parallel or equally meaningful word in Spanish. [Johannes M. Meth] (Ibid., Vol. III, p. 729)

"Homosexual panic" is an integral part of every psychosis, since a psychosis is actually nature's way of trying to effect the release of powerful homosexual longings and drives which have long been repressed by the schizophrenic's ego, resulting in the total frustration of any kind of sexual release, homosexual or heterosexual.

466 The origin of the word 'koro' is not clear. It may stem from the Malayan word 'kuru,' shake; the Javanese word 'keruk,' shrink; or according to Yap,¹⁵³ from the Javanese word for tortoise. The Chinese and Southeast Asians call the glans penis tortoise.

The Chinese name for the syndrome is 'shook yong.' It has been known in China for centuries. One of their emperors died supposedly of shook yong. The Chinese author Pao described it in 1834. He claimed that it is precipitated by exposure to cold or by the ingestion of cold or raw food. It starts out with abdominal pain, spasms, and cyanosis of the limbs, retraction of the penis and scrotum into the abdomen; then, there is trismus, and finally death. It is a serious emergency. According to Chinese folk medicine, it is related to the middle female meridian which is supposedly governed by the liver – the organ most susceptible to worry, fear, and anger. One of the triggering causes is believed to be excessive intercourse or improper sexual relations.

The symptoms usually start without warning. The patient, usually between thirty and forty years of age, is suddenly worried that his penis will disappear into his abdomen and that he will die. To prevent this from happening, the patient has to grip his penis firmly; when he becomes tired, his wife, relatives, or friends help him. The Chinese constructed a special wooden clasp for this purpose. At times, fellatio, practiced immediately by the patient's wife, can stop the phobia, otherwise it can last for days, or even weeks. Linton⁹⁷ describes a female equivalent of koro in Borneo where the patient is afraid that her breasts are shrinking as well as her labia, which would lead to the disappearance of important female characteristics.

The Chinese believe that shook yong is caused by an imbalance of yin and yan. The prevalence of the female factor yin must be counteracted by the administration of a drug which increases yan, for example, powdered rhinoceros horn. [Johannes M. Meth] (Ibid., Vol. III, p. 730)

The Chinese were correct in believing that "koro," wherein the afflicted male believes his penis is either disappearing or being retracted into his abdomen, is the result of an imbalance of the yin and the yan, or of the male and the female elements within each individual. To be more precise, "koro" describes a condition that in Western society would be labeled as an attack of acute "homosexual panic" immediately preceding a paranoid schizophrenic break with reality. As Freud's famous paranoid, Daniel Paul Schreber, states in his memoirs, "This process of unmaning consisted in the (external) male

genitals (scrotum and penis) being retracted into the body and the internal sexual organs being at the same time transformed into the corresponding female sexual organs, a process which might have been completed in a sleep lasting hundreds of years, because the skeleton (pelvis, etc.) had also to be changed." (Memoirs of My Nervous Illness, Daniel Paul Schreber, Ibid., p. 73.)

467 Among the Siwans of Africa, for example, all men and boys engage in anal intercourse. They adopt the feminine role only in strictly sexual situations and males are singled out as peculiar if they do not indulge in these homosexual activities.⁴ Prominent Siwan men lend their sons to each other, and they talk about their masculine love affairs as openly as they discuss their love of women. Both married and unmarried males are expected to have both homosexual and heterosexual affairs. Among many of the aborigines of Australia this type of coitus is a recognized custom between unmarried men and uninitiated boys. Strehlow writes of the Aranda as follows: 'Pederasty is a recognized custom. Commonly a man, who is fully initiated but not yet married, takes a boy ten or twelve years old, who lives with him as a wife for several years, until the older man marries. The boy is neither circumcised nor subincised, though he may have ceased to be regarded as a boy and is considered a young man. The boy must belong to the proper marriage class from which the man might take a wife.' (Strehlow, 1915, p. 98)

Keraki bachelors of New Guinea universally practice sodomy, and in the course of his puberty rites each boy is initiated into anal intercourse by the older males. After his first year of playing the passive role he spends the rest of his bachelorhood sodomizing the newly initiated. This practice is believed by the natives to be necessary for the growing boy. They are convinced that boys can become pregnant as a result of sodomy, and a lime-eating ceremony is performed periodically to prevent such conception. Though fully sanctioned by the males, these initiatory practices are supposed to be kept secret from the women. The Kiwai have a similar custom; sodomy is practiced in connection with initiation to make young men strong.

[*Patterns of Sexual Behavior*, Clellan S. Ford, Ph.D and Frank A. Beach, Ph.D, Harper & Brothers, Publishers, and Paul B. Hoeber, Inc. Medical Books, 1951, pp. 131-132.]

It is interesting to note how psychologically astute so-called "primitive" cultures are, or were, in recognizing the paramount importance of having young males experience the feminine side of their nature, both emotionally and physically, through the medium of passive anal intercourse with older members of their tribe. Rather than being taught to repress their natural feminine feelings, as happens in so-called "civilized" societies, these young

men are provided the opportunity to "work through" these feelings, thereby enabling them to mature into strong, well-adjusted, heterosexual men. In stark contrast, males who have been discouraged from experiencing these natural, opposite-sex feelings and consequently have repressed them, are doomed to suffer life-long neuroses, and even psychoses, as a direct result.

468 G. V. Hamilton also observed homosexual relations between male monkeys. He reports the occurrence of anal intercourse and so far as one can tell, the details are similar to those listed by Kempf. Hamilton describes a homosexual friendship between an adult and an immature male macaque which was accompanied by frequent sodomy, mutual embracing, and social protection of the young animal by his full-grown partner. When the pair was separated the adult male mated readily with available females; and when the smaller male was reintroduced into the enclosure, the homosexual partnership was resumed, although heterosexual coitus on the part of the grown animal was not appreciably reduced.

Carpenter reports the occurrence of homosexual mounting by free-living male macaques, but Kempf and Hamilton are the only writers who have observed complete anal intercourse between males. (Ibid., p. 135)

Quotations 468 through 474 – Each quotation within this group provides clear and convincing evidence that homosexual behavior is an innate characteristic of all mammals, including man. Man, alone, however, possesses the requisite mental capability to be able to repress, when motivated accordingly, this particular facet of his mammalian heritage. Unfortunately for him, this unique ability to repress his feelings also makes him the only mammal susceptible to mental illness, or schizophrenia, the etiology of which lies in the severe bisexual conflict which is the direct product of this repression.

469 Inversion of the sexual role is common among animals of several species other than Homosapiens, and it is particularly frequent in infra human primates. (Ibid., p. 134)

470 Hamilton records a single instance of homosexual relations in female monkeys which he believes involved 'true desire'. This was a case in which a mother and her grown daughter had been separated for some time and were then reunited. The two animals rushed together and the younger individual promptly assumed the presentation posture. Her mother immediately mounted with vigorous copulatory thrusts, making the lip-smacking sounds that accompany normal coitus. (Ibid., p. 138)

471 There are, however, rare instances in which male animals of certain lower mammalian species have been known to display mating behavior like that of the receptive female. Two observers (C. P. Stone and F. A. Beach) have independently discovered a few male rats that reacted to the sexual advances of other males with the display of coital reactions typical of the estrous female. When this occurs other males become much more active in their pursuit of the temporarily reversed individual. Two comments are pertinent at this point. First, male rats that are given a choice of mating with females or with 'reversed' males usually select the feminine partner. Second, those few masculine individuals that occasionally exhibit feminine copulatory reactions are not 'feminized' in the usual sense of the term. They inevitably prove to be vigorous copulators when placed with a receptive female. As a matter of fact, males of this type may respond in feminine fashion to the advances of another male and then within a few seconds switch to the masculine pattern and copulate with the female. The adjective 'bisexual' has been applied to behavior of this type, but the data actually demonstrate reversible inversion of the usual sexual role. Kinsey, Pomeroy, and Martin correctly point out that 'inversion of sexual behavior' would be a more accurate description of the phenomenon.

The physiological basis for inversion of mating reactions in males of lower mammalian species is not completely understood but it does not appear to involve hormonal abnormalities. One male rat showing this form of sexual activity was castrated and the feminine responses disappeared within a few days after operation. Masculine coital performance declined gradually, and after it had reached a base level a male hormone was administered by daily injections. The effect of the androgen treatment was to restore both male and female mating patterns. Subsequent administration of ovarian hormones evoked some feminine behavior, but the responses were less intense than those appearing under the influence of the male hormone. These findings suggest that the original capacity for both masculine and feminine behavior depends upon hormonal secretions from the testis. Apparently ovarian hormones are not essential to female behavior in such instances. This interpretation is supported by the fact that both types of reaction reappeared when androgen was administered. The injection of female hormones will evoke the receptive response but they are less effective than androgen. (Ibid., pp. 140-141)

472 According to Zuckerman, homosexual behavior frequently occurs in the baboon family group. All the members may be involved. The responses include mutual grooming, genital examination, and sexual mounting. Adult males of this species living in the native state sometimes present sexually to one another and mounting may follow.

Bachelor baboons who have restricted opportunities for contact with females sometimes strike up homosexual friendships, and for a time a masculine pair remains constantly together. Immature males often join full-grown bachelors and engage in sexual activity. Prepuberal and adolescent males show a wide range of sex responses. They display the feminine sexual presentation, masturbate, and mount one another. They also mount and are mounted by adult members of their own sex. And they engage in manual, oral, and olfactory genital examination with other males of their own age. (Ibid., p. 135)

473 The cross-cultural and cross-species comparisons presented in this chapter combine to suggest that a biological tendency for inversion of sexual behavior is inherent in most if not all mammals including the human species. At the same time we have seen that homosexual behavior is never the predominant type of sexual activity for adults in any society or in any animal species.

..... The basic mammalian capacity for sexual inversion tends to be obscured in societies like our own which forbid such behavior and classify it as unnatural. Among these peoples social forces that impinge upon the developing personality from earliest childhood tend to inhibit and discourage homosexual arousal and behavior, and to condition the individual exclusively to heterosexual stimuli. Even in societies which severely restrict homosexual tendencies, however, some individuals do exhibit homosexual behavior. In our own society, for example, homosexual behavior is more common than the cultural ideals and rules seem to indicate. (Ibid., p. 143)

474 *Females.* Mounting of one female by another is not confined to the primates. It is, in fact, common among many subprimate mammals including lions, domestic cats, dogs, sheep, cattle, horses, pigs, rabbits, guinea pigs, hamsters, rats, and mice. There are several indications that the appearance of male-like behavior in females is closely related to a condition of sexual arousal. For example, female rabbits normally do not ovulate unless they have copulated with a buck. But when one estrous doe mounts another and executes vigorous copulatory thrusts, the *mounting animal* may ovulate afterward. Furthermore, this type of behavior is, for many species, closely associated with estrus, the time at which the female is sexually receptive.

Stock breeders have long been aware of this fact and have taken the occurrence of masculine behavior as a reliable sign of receptivity on the part of the female showing the temporary sexual inversion. Sows that are ready to breed are often said to 'go boaring,' mares in heat are said to 'horse,' and cows to 'bull.' Laboratory investigations of female guinea pigs demonstrate that mounting behavior shown towards other females is a regular precursor or accompaniment of the estrous condition.

..... It is difficult to decide whether behavior of this type indicates sexual attraction exerted by one female toward another, or if it represents the expression of a high level of arousal in the mounting individual, the sex of the mounted animal being of little importance. Arguments in favor of the latter hypothesis can be adduced from the fact that for most species masculine responses most often occur when a female is in heat and, furthermore, that under such conditions the female will mount males as well as females. For some lower mammals, however, the sexual condition of the stimulus female is important. Female rats, for example, are most likely to display mounting reactions in response to another female that is in estrus. Apparently, in this case the stimuli presented by a receptive female are maximally effective in eliciting masculine reactions on the part of a second individual regardless of whether the latter is a male or female.

The female mammal that is mounted by another member of her own sex usually responds as she would to a male, displaying the signs of sexual excitement. It is important to note that in the species mentioned here inversion of mating behavior is not aberrant; instead it constitutes one aspect of the female's normal sexual repertoire. Feminine and masculine reactions may and often do occur in the same female in rapid succession. (Ibid., pp. 141-142)

475 I am indebted to Dr. Will Elgin, of the Sheppard and Enoch Pratt Hospital, for another repeated observation which, because it is characteristic, needs reporting. For many years Dr. Elgin, in the process of admitting patients, observed the enactment of a scene which assumed diagnostic significance. His office arrangement permitted relatives a choice of three seats, one opposite his desk, one at the end of it quite near him, and one several feet away. He observed that when the mother and father of the patient appeared together to arrange admission, there occurred something of significance. If mother sat in one of the two chairs at his desk, and father sat off in a corner, it usually followed that mother took over the discussion, did the talking, made the arrangements, and even read the fine print on the contract. Father, meanwhile, looked unhappy and was silent save for an occasional abortive effort to modify certain of the mother's statements. When this was the course of the admission interview, he came to know that the odds were that the patient would be schizophrenic. There is an interesting addendum. In a later interview father, appearing alone, was often very aggressive in his criticism and his demands and accusations. However, it could often be demonstrated that his belligerence was that of a very unwilling agent of his wife.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., Ibid., p. 106.]

In this simple scene in a doctor's office can be found all the elements which conspire to produce the mental disability we call "schizophrenia." First and foremost, the parents of a schizophrenic always evidence a greater or lesser degree of sex-role alienation in their behavior. We see evidence of that in this particular instance when the mother of the schizophrenic is described as always being forceful, aggressive and domineering in contrast to the father who is passive, submissive and often "a very unwilling agent of his wife." The child of such a couple grows up to become even more sex-role alienated than his parents are and consequently evolves either as an overt homosexual or else, in an attempt to defend himself against his strong homosexual tendencies, develops schizophrenia. This formula applies equally to the female children of sex-role alienated parents.

476 Jeanette was of seemly converse so far as a girl of her condition can be, for her parents were not very rich. And in her youth and until the time when she left her father's house, she went to the fields to plow and sometimes guarded the animals in the fields, and did women's work, spinning and the rest. Jeanette would go often and of her own will to the church and to the hermitage of Notre Dame de Bermont near to the town of Domremy, when her parents thought she was ploughing or working elsewhere in the fields.

[*Joan of Arc, By Herself and Her Witnesses*, Régine Pernoud, Stein and Day Publishers, New York, 1969, Ibid., p. 16.]

"And in her youth," states Jean Moreau, a farmer, during Joan's trial, "and until the time when she left her father's house, she went to the fields to plough and sometimes guarded the animals in the fields, and did women's work, spinning and the rest." We notice here that Moreau does not put ploughing the fields and guarding the animals in the same category of "women's work" in which he puts "spinning and the rest." Thus it could reasonably be assumed that he thought of the former occupations as more man's than woman's work, an assumption that would be valid even in today's society. However that may be, it is an indisputable fact that Joan experienced a marked degree of sex-role alienation as a child, an alienation which set the stage for the development of severe bisexual conflict and confusion at puberty.

As is invariably the case in all instances of marked sex-role alienation, Joan was faced with the choice of either becoming homosexual or schizophrenic. Homosexuality in her time was considered a mortal sin by the religious authorities and a capital offense by the civil ones, so Joan, a devout Catholic, had but one choice available to her, albeit an unconscious one, and that was to repress her homosexual nature, thereby precipitating a paranoid psychosis,

a psychosis which launched her on her road to fame and to an early, tragic death.

As can be seen from her brief but furious career, however, her psychosis did allow her to display and use her masculine powers in a manner which was ego-syntonic, thereby absolving her from any conflict or guilt about them. Actually a psychosis is nature's method of providing the afflicted individual the opportunity to ventilate, or abreact, opposite-sex feelings and drives which are ego-dystonic and which consequently have been deeply repressed. In this particular case, the psychosis allowed Joan the freedom to behave like a man, dress like a man and think like a man, yet her transvestism met with the whole-hearted approval of her immediate peers. This would have been impossible for her to accomplish without the development of a psychosis.

477 Another patient was a schizophrenic adolescent who had received intensive shock therapy at another institution during the course of which he suddenly developed a high-pitched voice. The psychiatrist was uncertain whether he was trying to mimic a girl or a child. When the patient was told that it seemed as if he wanted to be a child, he replied, 'I don't want to be any older. I want to play children's games.' When asked if he saw no fun in being older, he answered, 'Yes, but that has to do with sex. Sex is ugly. Sex has a lot to do with growing up. I don't want to commit myself to sex. The real trouble started when I dyed my hair when my mother wasn't there. I began putting on women's clothes' and so on.

[*Homosexuality, A Psychoanalytical Study of Male Homosexuals*, Irving Bieber et al., Vintage Books, Random House, New York, 1962, p. 212.]

It is very obvious that this schizophrenic youth has a very severe bisexual conflict, the cause of his mental illness. His early sex-role alienation became manifest when he started dyeing his hair and "putting on women's clothes" when still a child.

478 Patient No. 240

This patient entered analytic therapy at the age of seventeen, following an acute schizophrenic reaction characterized by paralyzing anxiety, confusion, withdrawal, and inability to continue either at school or on the job. He was preoccupied with fears of sexual inadequacy and fears of being homosexual. The manifest content of his dreams was homosexual and he responded with fear and rage when in the presence of homosexuals. He was obsessed with a need to have a heterosexual experience and ruminated continually over his past sexual failures. (Ibid., p. 263)

This young man is suffering from the "bearded lady" disease. He has become schizophrenic as the result of repressing his strongly homosexual nature, the product of the sex-role alienation he experienced as a child.

479 Patient No. 211

This patient, a twenty-eight-year-old male, diagnosed as schizophrenic, entered psychoanalysis following the onset of an acute panic. Included among his symptoms were fears of homosexuality, anxiety in the presence of homosexuals, and conscious homosexual impulses. In addition, there was homosexuality in the manifest content of his dreams.

The relationship between the parents was described by the psychoanalysts as poor. There were frequent arguments and no open demonstrations of affection. The mother was the dominant member in the marriage, regarded the father as inferior, and was openly contemptuous of him.

Again, we note how schizophrenia invariably develops as a defense against powerful, unacknowledged homosexual strivings.

480 The patient, an only child, had the same close-binding relatedness to the mother as did the other members of this group of patients. The mother was very affectionate to him, expressing it through frequent kissing and hugging. But her ambivalence was revealed by her alternating between acceptance and admiration, and contempt and humiliation. She demanded the patient's complete attention and intruded on his free time. She discouraged masculine activities and encouraged feminine activities. She was described as puritanical and sexually frigid. On the other hand, she was very seductive, and undressed frequently in front of the patient. She stimulated him genitally when she bathed him; she slept with him and would use the bathroom while he was present. In addition, she interfered with his adolescent sexual activity by belittling his girl friends and demonstrating her jealousy of them. (Ibid., p. 270)

This patient is a product of the typical "schizophrenogenic" family, wherein the mother is dominant, the father subordinate and the children, as a consequence, become very unsure of their own sexual identity, with homosexual concerns playing a determining role in their lives. The stage is thus set for the development of schizophrenia, as we see in this case, when one of the children of such a family attempts to deny or repress his (or her) homosexual strivings.

The description of the mother of the patient reported upon here is that of the "CBI" mother, the initials standing for "Close-Binding-Intimate." This is the mother whose children tend to grow up to become either homosexual or

schizophrenic, the schizophrenia developing, as stated above, as the result of the repression of their homosexuality.

481 Our study has helped us refine and extend certain concepts relevant to the etiology of male homosexuality. Certainly, the role of the parents emerged with great clarity in many detailed aspects. Severe psychopathology in the H-parent-child relationship was ubiquitous, and similar psychodynamics, attitudes, and behavioral constellations prevailed throughout most of the families of the homosexuals – which differed significantly from the C-sample. Among the H-patients who lived with a set of natural parents up to adulthood – and this was so for the entire H-sample except for fourteen cases – neither parent had a relationship with the H-son one could reasonably construe as 'normal.' The triangular systems were characterized by disturbed and psychopathic interactions; all H-parents apparently had severe emotional problems. Unconscious mechanisms operating in the selection of mates may bring together this combination of parents. When, through unconscious determinants, or by chance, two such individuals marry, they tend to elicit and reinforce in each other those potentials which increase the likelihood that a homosexual son will result from the union. The homosexual son becomes entrapped in the parental conflict in a role determined by the parents' unresolved problems and transferences.

Each parent had a specific type of relationship with the homosexual son which generally did not occur with other siblings. The H-son emerged as the interactional focal point upon whom the most profound parental psychopathology was concentrated. Hypotheses for the choice of this particular child as 'victim' are offered later in this discussion. (Ibid., p. 310)

In the above quotation, if S-son (schizophrenic son) is substituted for H-son (homosexual son), the family dynamics still fit perfectly, thus proving that schizophrenia is a defense against homosexuality.

The H-parents described in this quotation produce not only H-sons but also H-daughters. Furthermore, the same parental psychopathology which is responsible for producing homosexual children is also responsible for producing schizophrenic children, since schizophrenia and homosexuality are inseparably connected through the mechanism of repression – the repression of the homosexuality leading directly to the development of the schizophrenia. Schizophrenia is the negation of homosexuality. The parental psychopathology is determined when a passive, effeminate-type man marries a dominant, masculine-type woman. This sex-role reversal by the mother and father causes severe gender confusion and conflict in their children, who become unsure of their own sexual orientation, or identity. Some of these children - homosexual; others, as the result of repressing their homosexuality, develop schizophrenia.

482 On the night of the San Francisco killing, [Name Deleted] said he was 'so high' that he continued to feel the effects of the drugs for several days.

His roommate, [Name Deleted], was sitting across a table talking about vacation plans.

'I suddenly got this wild urge to kiss him, passionately, on the mouth,' [N.D.] said. 'I leaped over the table and did it, kissed him, and he reacted with shock and horror.'

'I started hitting him. And then I realized he was not a human being but an Android and then I heard the voice commanding that I kill him and then kill myself,' [N.D.] recalled.

["Killer on LSD 'Heard the Lord'," Paul Avery, *San Francisco Chronicle* (date and page not noted).]

This is a classic example of a man "running amok" to defend himself against powerful homosexual urges which, hitherto repressed, had suddenly, due to the disinhibiting effect of drugs and the close proximity of a man who elicited his lust, broken through into conscious awareness. In a desperate attempt to disavow these, to him, terrifying homosexual feelings, he developed a classic paranoid schizophrenic delusion wherein the object of his desire became a non-human who deserved to be killed. Tragically acting out his paranoia, he violently removed the object of homosexual temptation from his immediate environment, thus diminishing somewhat the intensity of the conflict over his inadmissible urges.

483 [Name Deleted], the 29-year-old woman accused of attacking a fellow employee in a Sausalito shop with a samurai sword, yesterday was declared legally sane enough to stand trial.

Judge Samuel W. Gardiner of Marin Superior Court made the finding after reviewing reports by two psychiatrists, both of whom said [N.D.], although psychotic, is sane enough to cooperate with an attorney and understands the charges against her.

[N.D.], who affects men's clothing along with a shaved head, is charged in connection with the stabbing of Norman Williams, 20, shop steward at Heath Ceramics where [N.D.] was a glazer.

She reportedly went straight to Williams after arriving at work on Aug. 4 and stabbed him from behind.

["Samurai Woman Sane Enough to be Tried," *San Francisco Chronicle* (date and page not noted).]

This woman has developed a schizophrenic psychosis as the result of her marked sex-role alienation and consequent severe bisexual conflict and confusion.

- 484 Showing the Middlemists the bathtub where the Birdman used to take his weekly bath, Heaney said: 'Stroud was brilliant but psychotic, and because he was considered a suicide risk I used to have to watch him shave. What was different was that he'd shave all the hair on his body. I was only 21 at the time and he'd look at me pretty close. I considered him a dirty old man.'

[*San Francisco Chronicle* (date and page not noted).]

Stroud, the "Birdman of Alcatraz," would shave off all the hair on his body because unconsciously he wanted to be a woman. His denial of his opposite-sex, or homosexual, cravings caused him to become insane. These tendencies, however, were very obvious to the young guard who stated that Stroud would "look at me pretty close. I considered him a dirty old man."

- 485 [Name Deleted] was in a 'homosexual panic' before killing a Mill Valley teenager, Daniel Shallock and the boy's parents last March, a psychiatrist testified in San Rafael yesterday.

Dr. Joseph F. Gutstadt told the murder jury that the 22-year-old former lifeguard had suffered from chronic pain in his urethra, which he said is produced in some men when they refuse to accept and deal with their homosexual tendencies.

The doctor said that while [N.D.] had never had a homosexual experience he was aware of his tendencies and unable to accept them, often saying his uneasiness was caused by others.

Shallock, 19, and his parents, Melvin and Ruth Shallock, were killed by shotgun blasts admittedly fired by [N.D.] when he broke into their Mill Valley home at 3 a.m. on March 16 and then set fire to it.

Gutstadt testified that [N.D.], a psychology major at Marin Community College, went to the mental health clinic at Marin General Hospital last December for treatment of a constant pain in his penis that was so bad the youth threatened to kill himself.

The psychiatrist testified that during therapy it appeared [N.D.'s] problem stemmed from a basketball game in which, [N.D.] claimed, Shallock hit him in the genitals. Gutstadt said it was unclear whether the action was deliberate or accidental.

[N.D.] concluded that 'this had caused him to be sterile and to lose his ability to function sexually,' Gutstadt told the jury.

'He thought that Danny could just drive by his home and look toward the house and cause him to have the pain,' he testified. '..... He thought Danny

could cause the pain by just dialing his phone and hanging up even before the telephone rang.'

..... At the hospital's Community Health Facility, [N.D.] was diagnosed as in a 'paranoid schizophrenic state,' but after some days of treatment he was released because the medical staff felt he was 'well on his way to recovery,' he testified. The psychiatrist described [N.D.'s] groin pains as 'classical symptoms of homosexual panic.'

["Doctor Tells of [N.D.] Pain," *San Francisco Chronicle* (date and page not noted).]

Again we see an example of how intense homosexual love for another, when denied and repressed, can change into a paranoid schizophrenic rage so murderous that it results in the physical destruction of the tempting object and his (or her) removal from the immediate environment, thereby temporarily diminishing the severity of the psychotic's bisexual conflict. This is the operative psycho-dynamic mechanism in every case of "running amok," irregardless of the culture or the country wherein it occurs.

486 A British businessman made a citizen's arrest on a London sidewalk yesterday, nabbing an American spinster hunted by Scotland Yard for questioning in the shooting death of one of her friends.

[Name Deleted], 55, a native of Kansas City, Mo., was spotted on Kensington High street by James Hazan, who saw her hailing a taxi.

..... [N.D.], a \$16,000-a-year secretary at the U.S. Navy office in London, had been sought by police since the Sunday night slaying of Margaret Philbin, 45, who died of a head wound a few hours after being shot at a London bus stop.

..... Police said [N.D.] became disturbed after a hysterectomy operation four years ago, apparently believing it led to a loss of her femininity. They said she apparently blamed the murder victim, Philbin, a friend of 25 years, as well as doctors and other friends for talking her into having the operation.

Queen Elizabeth II's gynecologist was one of 30 persons she named in a rambling letter found in the apartment of the murder victim.

["Businessman Spots A Murder Suspect," Associated Press, *San Francisco Chronicle*, Nov. 9, 1978 (page not noted).]

The murderous "spinster" in this case had become insane as the result of repressing her homosexual feelings for her "friend of 25 years," now the victim of the killer's paranoid delusions. She blamed the victim, among others, for having persuaded her to have a hysterectomy, whose effect was to make her feel she had sustained "a loss of her femininity." Actually, the "loss

of her femininity" was the direct outgrowth of her growing homosexual feelings for the victim, her "friend of 25 years." Being unable to tolerate these unacceptable feelings, she repressed them and consequently developed a classic case of paranoid schizophrenia, the direct result of which was to bring about the destruction of the object of homosexual temptation, thus temporarily alleviating the murderer's severe bisexual conflict. (We have seen this same mechanism at work in previous cases of "running amok.")

487 Police yesterday ruled the death of exotic dancer Carol Cybolski, who was bitten to death at home by a four-foot rattlesnake used in her act, a suicide.

The 37-year-old divorcee had grown despondent after the night club at which she was working was raided and most of the dancers arrested, police said. She later quit, telling the club's manager she was interested in finding a more respectable line of work.

Mrs. Cybolski, who appeared on stage with the rattlesnake, water moccasin and tarantula as 'Jessie James and her Killers,' was found in her apartment last week and taken to a hospital where she died.

Police said some letters about her possible death were found in the apartment.

["Dancer's Suicide by Rattlesnake," Associated Press, *San Francisco Chronicle*, Dec. 19, 1974, p. 6.]

It is interesting to note that this suicidal dancer referred to herself on stage as "Jesse James and her Killers." The fact she chose a man's name, that of a notorious outlaw, and worked with snakes – phallic symbols of power and danger – is compelling evidence that she was afflicted with a severe bisexual conflict. Furthermore, the fact she committed suicide, an act which understandably has been called the most serious symptom of schizophrenia, demonstrates the intensity of her bisexual conflict and also the invariable and paramount role this conflict plays in the etiology of schizophrenic symptomatology.

488 The history of castrant sects goes back to very early times. It reached its height in rites connected with the worship of the great mother goddess in ancient Syria during which young celebrants, duly fortified by drugs and roused to religious frenzy stepped forth to the altar and in the presence of all cut off their organs and flung them at the foot of the idol.

[*Sex and the Supernatural*, Benjamin Walker, Harper & Row Publishers, New York, Evanston, IL, San Francisco, CA, and London, 1970, p. 84.]

The members of the "castrant sects" mentioned here, accomplished in reality what all schizophrenic males do psychologically, namely, castrate themselves in order to appease the envious, dominant, all-powerful mother, the so-called "schizophrenogenic" mother who does not wish to be, nor will tolerate being, challenged by any potent male, sons and husbands included. In fact, so intense is the prohibition by the schizophrenogenic mother of any masculine behavior on the part of the son (who will eventually develop schizophrenia), that this son will sometimes literally castrate himself, in the manner of the youths in the "castrant sects." It should be emphasized that the members of these sects were obviously insane themselves, witness to the fact that the madness resulting from severe bisexual conflict which we now call "schizophrenia" has plagued mankind since the beginning of recorded history.

489 Taoism teaches that the great unitive principle of the universe is revealed in two forms of energy known as yang and yin which are immanent in all things, so that each thing as we experience it partakes of the nature of these two forces to a greater or lesser degree. In general yang is said to be active, masculine, positive, light; and the yin passive, feminine, negative, dark.

In the human species the male is yang and the female yin. But there is also a yang-yin pattern within each individual. Thus a man is yang, having a woman as his yin; but within himself his head is yang and his heart yin, and several other dualities besides these exist within each person. Such variations in gender provide the opposite stresses required to give things identity, vitality, and existence. They also provide the nuclear opposites for the operation of sexual magic. The yang-yin idea is symbolically expressed in a famous diagram of the circle of t'ai-chi bisected by a sigmoid line, which shows the two black and white forces locked in an embrace of opposites. (Ibid., p. 93)

It is necessary to study the teachings of Taoism to understand the mysteries of schizophrenia, for it is in the clash of an individual's yin and yang, rather than in their harmony, that the etiology of schizophrenia is inevitably to be found.

490 Elements of the first may be discerned in Plato's Symposium where it is said that in the beginning male and female were halves of a primordial androgyne (man-woman) which had existed in united form and afterwards divided. The notion of such a 'splitting' underlies the meaning of the word sex, for sex simply means 'division'.

A similar idea appears in one interpretation of the Garden of Eden story, in which Adam is described as an hermaphrodite being a single whole comprising both male and female. Eve was created from his flesh. Like

Platonic man, Edenic man 'split' to form his helpmeet. Variations of this legend occur in Hinduism and several other mythologies of the world. (Ibid., p. 21)

The fact that man is innately a bisexual creature is a concept that has been recognized since the early days of mankind, as this quotation illustrates.

491 Two souls, alas, are housed within my breast!

[Goethe.]

The "two souls" Goethe is speaking of here are his yin and yang, or masculine and feminine selves, which he intuitively realizes can cause one intense pain and grief – thus his use of the word "alas" – when they are antagonistic to each other, which obviously his were when he penned this famous phrase. Invariably the "two souls" which are "housed within" every schizophrenic's "breast" are locked in bitter conflict, the one attempting to deny and repress the other out of fear and loathing of the other's terrifying power and irresistible attractiveness.

492 Then, his mind stole his future. Over the course of several years, he began having delusions. Doctors would later diagnose him as schizophrenic. He lost interest in his high school teaching job and quit. He became paranoid and argumentative.

His parents took him in, but he no longer trusted them. He claimed they had stolen him from his true parents: Marilyn Monroe and Jack Lemmon.

Because he refused to see a psychiatrist, mental health officials said they could do nothing for him.

Cowart, 42, is now on medication and living in a group home. As he describes it: 'One day I was minding my own business and the police hassled me and turned me over to a mental hospital.'

Cowart had been walking by an elementary school in Vallejo. His mother says police picked him up because he was wearing a dress. He agreed to be treated for his mental illness, because, he says, he was afraid to fight the system.

Meanwhile, his parents deposited a Social Security check in his bank account each month and struggled to keep track of him through bank statements that showed which automatic bank teller machines he used.

'When we didn't hear from him for a while,' his mother said, 'we were afraid he had you know that he was dead.'

Then he would call to ask for money. One day, his parents arranged to meet him in Oakland. His mother remembers noticing from a distance, with a

touch of hope, that his beard was gone. When he got closer, 'I burst into tears,' she said.

Her son was wearing a flower-print dress, high heels, lipstick, makeup and jewelry.

'Jim,' his mother said.

'Jamie, please,' her son corrected.

He doesn't seem to remember that.

Sometimes, when he hadn't called for a while, they looked for him, often finding him at a Berkeley BART station, shouting at passersby. 'I'm politically outspoken,' he admitted with a shy smile.

Now, he spends most days watching television. Sometimes he goes for walks. His parents pick him up Friday afternoons for weekends at home.

["A Son's Tragic Slide," Tony Bizjak, (staff writer), *San Francisco Chronicle*, March 15, 1989, p. B6.]

The man described in this newspaper story is suffering from a classic case of schizophrenia as the direct consequence of his severe bisexual conflict and confusion. One slightly humorous, yet ironic, note in an otherwise tragic tale is provided by the incident where his mother spots him from a distance and observes "with a touch of hope" that her son has shaved off his beard (which is actually a prominent secondary sexual characteristic of the male primate) only to discover on closer inspection that not only has he shaved off his beard but that he is now dressed completely in female attire. Here we have a mother who subtly discourages her son's striving for masculinity, symbolized by his growing of a beard, and then professes to be horrified when he rejects his maleness and adopts a feminine persona. The discouragement of a son's masculinity, or of a daughter's femininity, is the single most pathogenic trait of the so-called "schizophrenogenic" mother, for it is the one which is directly responsible for the development in the child of severe bisexual conflict and consequent sexual-identity confusion.

493 Theresa, a 23-year-old mother of a newborn and a toddler, was the first of the 21 residents to go. She became incoherent at 2 a.m. on a Wednesday. She said she was scared to sleep for fear she wouldn't wake. Two shelter workers listened to her cries. Throughout the night, she talked. At times, her complaints were pitiful. 'I didn't hurt anyone,' she said. 'Why do I feel like this?'

At one point, she opened a safety pin and began to stick it into her hand. A counselor gently took the pin away.

By morning, she was calm and more coherent. Counselors decided to escort her to a local hospital. Emergency room attendants checked her physical signs and recommended that she seek psychiatric care. The next

day, a psychiatrist prescribed an antidepressant and suggested that she be placed in a psychiatric facility.

She was allowed to return to the shelter for another night. That evening, as others settled down with their children, Theresa became incoherent again. She talked in a man's voice, then a child's voice, holding her 5-month-old son in her arms.

The counselors decided that Theresa needed immediate psychiatric help. Twice during the night, they took her to the hospital, where she was given emergency treatment with pamelor, an antidepressant. Doctors there spoke to Theresa but decided she was not in imminent danger and sent her back to Greentree.

In the morning, Greentree counselors took Theresa to another hospital, where she was admitted to the psychiatric ward.

["No Home and Not Much Hope," Chris Spolar (staff writer), *The Washington Post National Weekly Edition*, March 27 - April 2, 1989, p. 6.]

Theresa's bisexual conflict, the cause of her schizophrenic break with reality, is hinted at in this account when she is described as talking "in a man's voice," as well as that of a child's. The fact she would speak like a man shows definite evidence of sexual-identity confusion.

494 (4) It is impossible to avoid asking, in view of the close connection between the two disorders, how far this conception of paranoia will affect our conception of dementia praecox. I am of opinion that Kraepelin was entirely justified in taking the step of separating off a large part of what had hitherto been called paranoia and merging it, together with catatonia and certain other forms of disease, into a new clinical unit – though 'dementia praecox' was a particularly unhappy name to choose for it. The designation chosen by Bleuler for the same group of forms – 'schizophrenia' – is also open to the objection that the name appears appropriate only so long as we forget its literal meaning.² [i.e. 'split mind'] For otherwise it prejudices the issue, since it is based on a characteristic of the disease which is theoretically postulated – a characteristic, moreover, which does not belong exclusively to that disease, and which, in the light of other considerations, cannot be regarded as the essential one. However, it is not on the whole of very great importance what names we give to clinical pictures. What seems to me more essential is that paranoia should be maintained as an independent clinical type, however frequently the picture it offers may be complicated by the presence of schizophrenic features. For, from the standpoint of the libido theory, while it would resemble dementia praecox in so far as the repression proper would in both disorders have the same principal feature – detachment of the libido, together with its regression on to the ego – it would be distinguished from

dementia praecox by having its dispositional fixation differently located and by having a different mechanism for the return of the repressed (that is, for the formation of symptoms). It would seem to me the most convenient plan to give dementia praecox the name of *paraphrenia*. This term has no special connotation, and it would serve to indicate a relationship with paranoia (a name which cannot be changed) and would further recall hebephrenia, an entity which is now merged in dementia praecox. It is true that the name has already been proposed for other purposes; but this need not concern us, since the alternative applications have not passed into general use.

The prognosis is on the whole more unfavourable than in paranoia. The victory lies with repression and not, as in the former, with reconstruction. The regression extends not merely to narcissism (manifesting itself in the shape of megalomania) but to a complete abandonment of object-love and a return to infantile auto-erotism. The dispositional fixation must therefore be situated further back than in paranoia, and must lie somewhere at the beginning of the course of development from auto-erotism to object-love. Moreover, it is not at all likely that homosexual impulsions, which are so frequently – perhaps invariably – to be found in paranoia, play an equally important part in the aetiology of that far more comprehensive disorder, dementia praecox.

[*Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)* (1911), Sigmund Freud, *Ibid.*, pp. 75-77.]

In his analysis of the Schreber case, from which this quotation is taken, Freud concluded that repressed homosexuality is the primary pathogenic factor leading to the development of paranoia. He felt strongly, however, that paranoia and schizophrenia, while closely related, were nevertheless separate disorders and consequently that "paranoia should be maintained as an independent clinical type, however frequently the picture it offers may be complicated by the presence of schizophrenic features." Furthermore, he believed that "it is not at all likely that homosexual impulsions, which are so frequently – perhaps invariably – to be found in paranoia, play an equally important part in the aetiology of that far more comprehensive disorder, dementia praecox."

Of course we now know that paranoia and schizophrenia are one and the same disorder, and that if repressed homosexuality plays the major etiological role in the development of paranoia, which it does, then it must also play the same key etiological role in the development of schizophrenia. It would be accurate to state that paranoia is the one stage in the course of schizophrenic development wherein the etiology of the disorder – repressed "homosexual impulsions" – becomes most apparent, as is strikingly illustrated by the case of Daniel Paul Schreber, which Freud is referring to in this quotation.

495 There was admitted to the hospital some years ago a gentleman fifty-one years of age, in the throes of a very severe acute schizophrenic panic.

... On admission he was found to be in very fair physical condition, somewhat arteriosclerotic. He was at times blocked in his speech, being seemingly unable to express himself. He asked how his sexual energies could be controlled, and inquired as to the advisability of castration, and so on. That night, he became much disturbed, much excited, noisy, and at times actively antagonistic. The next morning, he was quieter but seemed rather disoriented and actively hallucinated. He appealed to various staff physicians to be operated upon for the control of his 'sex energies,' made many references to his 'bestial nature.' His excitement was continuous, greater at night, and he progressed into a state of physical exhaustion. He said, 'My passions run toward the organs of reproduction,' and recounted how since childhood he had experienced a recurring dream, perhaps once or twice a month, in which he sees a beautiful stallion. In the dream he glories in its grace of form, its motion, gallops and rhythm. It is his desire to ride the horse or drive it. Then his 'feelings become base,' he gives way to a desire to finger the sexual organs of the horse, at which junction he has pollution. Not only does he dream of horses, but his thoughts during the daytime continually revert to them. His life has been one of struggle to overcome this tendency. The greater the effort he has made, the greater in his desire and thought about horses. He says that he is beastly, morbid, and inhuman in these desires. It has been largely because of constant thoughts of a horse that he has felt himself unable to marry. People now believe him to be a prostitute or that he maintains a house of prostitution. While describing his difficulties, he is very tense. He believes that he is under a spell, that he is hypnotized – perhaps by the physician who was called early in the acute illness.¹⁸ His productivity was shortly greatly reduced by incoherence, perseveration, and blushing. He insisted on going nude to 'purge myself of sin,' was destructive, resistive, but also most affectionate to attendants. His feeding was a great problem; artificial feedings were regurgitated.

By the thirteenth day under care, the patient's physical condition was grave, our therapeutic armamentarium seemed exhausted, and I had recourse for the first time to ethyl alcohol as a chemotherapeutic agent for the relief of a schizophrenic impasse. It seemed that the patient was shortly to die of exhaustion unless we could interfere with the violent conflict-situation including his highly organized ideals and the sexual cravings.

The results quite justified my optimism. Improvement became apparent almost at once and he went on to discharge as 'recovered' about four months subsequent to admission. It developed, incidentally, that the 'hypnotic spell' which he believed to have initiated his illness had been cast upon him by an attractive and persuasive book canvasser. He has been occupied successfully with his former duties for some several years past.

[*Personal Psychopathology (Early Formulations)*, Harry Stack Sullivan, M.D., Ibid., pp. 296-299.]

The "very severe acute schizophrenic panic" that this patient was admitted to the hospital for could just as well have been described by Dr. Sullivan as an "acute homosexual panic," for that is what it was. His love for the male sexual organ, as evidenced by his obsession with the penis of his hallucinated stallion, as well as his thinly disguised wish to be castrated, confirm the fact that he is afflicted with severe bisexual conflict stemming from a deep-seated alienation from his normal masculine sexual role. His paranoid belief that people are now referring to him as a "prostitute," i.e., as a woman, illustrate his unconscious wish to be of the opposite sex.

This patient could have died as the result of his extreme state of exhaustion brought on by the continuing frustration of his intense repressed homosexual cravings – a condition that formerly (before the advent of anti-psychotic drugs developed in the 1950's provided the means by which to bring it under control) was referred to as the "exhaust status" of catatonic schizophrenia. Fortunately for this particular patient, Dr. Sullivan's rather unorthodox use of "ethyl alcohol as a chemotherapeutic agent" saved him from a fatal outcome by sufficiently dissipating the lethal intensity of his irreconcilable bisexual conflict.

The "hypnotic spell" placed upon the patient by the "attractive and persuasive book canvasser," which he believed had precipitated his schizophrenic illness, was in reality an intense homosexual "crush" which he had unconsciously experienced when he was in this person's presence. Thus, he was very intuitive in connecting his illness with this particular individual, since his homosexual panic and the ensuing schizophrenic breakdown were the direct result of his disavowal and frantic flight from his inadmissible homosexual craving directed towards this man.

Finally, the use of ethyl alcohol by Dr. Sullivan as a "chemotherapeutic agent" to save his patient from becoming fatally exhausted while in the throes of catatonic schizophrenia is exactly the same agent used by alcoholics, albeit unknowingly, to "interfere with" their own "violent conflict-situation" encompassing "highly organized ideals" and "sexual cravings," which, as in the case of Dr. Sullivan's patient, invariably involves a desperate attempt by the alcoholic's ego to erect a defensive barrier against severe bisexual conflict with accompanying homosexual concerns.

496 The onset of the psychosis, as we reported it, was as follows: 'I had been very tired after that night, but got pretty rosy and didn't have enough sense to go home to bed when I got off duty. I went to the old place and drank some more with some former cronies. You remember, I had been called as a witness in an inquiry into drinking at that place, before my transfer. I had

talked to some of my friends, there, about the drinking of that night before. Then I went home and slept for hours. I awoke after a dream; never had such a dream – never thought of such a thing before, in my life; I dreamt that X (the landlady's eldest son) and I had a sexual affair.' So far as I could discover, this is the only time that a frank homosexual content had made its appearance in the patient's consciousness, in many years past. The close friendship, alcoholic indulgences, and intimate and entirely 'ethical' association with very loose women had apparently served for release from a dangerous accumulation of desire connected with the dissociated tendencies. (Ibid., p. 303-304)

As invariably happens, the patient's psychosis was triggered by the eruption into conscious awareness of previously deeply-repressed homosexual cravings, or, in Dr. Sullivan's words, "from a dangerous accumulation of desire connected with the dissociated tendencies." A psychosis is nature's way of providing an outlet for this "dangerous accumulation of desire."

497 743 – In regard to the management of patients we found in St. Eliz. Hospital that confused males who are fearful of their inability to control their cravings to submit themselves to homosexual seductions are partly relieved by being attended or supervised by a female. The more maternal she is in her personal attributes the more successful her influence. The narcissistic or homosexual type of female nurse is of little value in such cases. The patient apparently does not feel confidence in her presence because he cannot trust her sympathy. Similarly, the female patient who is in a panic because of fear of homosexual assault will attack (defensive) female physicians and nurses when they approach her, but will show signs of relief when attended by a male physician.

[*Psychopathology*, Edward J. Kempf, M.D., Ibid., p. 743.]

The primary etiological role of repressed homosexual cravings in the development of mental illness is illustrated very clearly in this description by Dr. Kempf of schizophrenic patients in "St. Eliz." Hospital.

498 When, in the prepsychotic phase, the ego loses its power to master certain conflicts by reality means and therefore contact with reality has to be relinquished, an attempt at restitution sets in. This restitutive attempt deals with the same conflict and solves it by unrealistic means.

Let me cite two short examples:

(1) In the last phase of the prepsychotic period the conflict of the male patient revolves around the wish to be a woman in relation to a father-figure. After contact with reality is severed, one result of the restitutive attempt

may be that the unconscious wish to be a woman no longer constitutes a part of the unconscious but becomes, through projection, a part of the delusional outer world in the following way: the patient believes himself persecuted by a father-figure who wants to use him (the patient) as a woman or to make a woman out of him.

(2) The restitutorial attempt may also take another way of resolving the conflict. The feminine part is still projected but this time to a mother-figure. The patient has lost his unconscious feminine part and in his delusion is in love with a mother-figure who represents his own projected femininity. We shall return to a discussion of this mechanism presently.

[*The Importance of the Non-Psychotic Part of the Personality in Schizophrenia*, M. Katan, M.D., *International Journal of Psychoanalysis*, No. 35, 1954, pp. 119-128.]

The conflict that leads to psychosis in the male, states Dr. Katan, "revolves around the wish to be a woman in relation to a father-figure." This is confirmed by the material produced by Daniel Paul Schreber in his Memoirs of My Nervous Illness, the famous autobiography on which Sigmund Freud based his theory of paranoia, and which is generally known today as "The Schreber Case." It would have been helpful here if Dr. Katan had broadened his statement to include female psychotics as well, by stating that the conflict that leads to psychosis in the female revolves around the wish to be a man in relation to a mother-figure.

Freud was the first to make note of the fact that the so-called Oedipus complex was divided into two parts, the positive and the negative. In the positive Oedipus complex, the child identifies and competes with the parent of the same sex for the love of the parent of the opposite sex, thus establishing a heterosexual orientation for itself. In the negative Oedipus complex, however, the child identifies and competes with the parent of the opposite sex for the love of the parent of the same sex, thus establishing a homosexual orientation for itself. This homosexual orientation will result in the child either becoming overtly homosexual at puberty, or (as the consequence of repressing its homosexual orientation) neurotic or psychotic – the severity of the ensuing mental illness depending upon the relative strength or weakness of the repressed homosexual drive.

499 Recognizing the important role which homosexuality plays in the schizophrenic psychosis, let us focus our attention temporarily upon the homosexual perversion. This perversion may be strongly rooted in pre-oedipal developments. Constitutional and environmental factors in the pre-oedipal phase may already be so strong that eventually the homosexual perversion

cannot be avoided. Nevertheless, pre-oedipal developments must still pass through the oedipal phase. (Ibid., p. 120)

Dr. Katan emphasizes "the important role which homosexuality plays in the schizophrenic psychosis."

500 When the Oedipus complex is lost, only pre-oedipal fixations remain. In this pre-psychotic stage the homosexual urge predominates. Because of the loss of the Oedipus complex, the structure of the homosexual urge in the pre-psychotic stage differs from the structure of homosexuality in the perversion or in the neurosis.

To stress this difference, I shall repeat the sequence of events. Through the loss of the Oedipus complex, the homosexual urge has now a pre-oedipal character. The prepsychotic schizophrenic male patient wants to be a woman. This wish has its origin wholly in the constitutional wish to be a woman and does not arise from attempts to ward off oedipal demands. In the woman, the wish to be a man predominates. Here again this desire for masculinity does not stem from the positive female Oedipus complex but is directly derived from the constitutional factor of masculinity.

Thus we meet the problem of bisexuality. Of course, this problem also is present in the common neurosis. Yet in the neurosis the problem of bisexuality is dealt with on an oedipal level and does not endanger the ties with reality.

In schizophrenia, on the other hand, attempts to solve the bisexual problem and still remain in contact with reality fail. Therefore, in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished. (Ibid., p. 121)

The genesis of schizophrenia lies in sex-role alienation in early childhood. With the advent of the powerful hormonal changes occurring at the time of puberty, this sex-role alienation is transformed into a state of severe bisexual conflict and confusion, the requisite pathogen for the development of functional mental illness, the most severe manifestation of which has been labelled "schizophrenia." Or, as Dr. Katan explains it, "in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished."

501 Let us take as an example the catatonic patient who lies curled up in a foetal position. This behavior points to a pre-psychotic ego defence of a flight back to the womb in order to ward off the genital homosexual danger. Such an ego defence is not possible in the sphere of reality. Therefore, although the pre-psychotic ego makes use of regression, an observer would not be

aware of the presence of this regressive material if it were not revealed by the psychotic catatonic symptoms, the latter being a delusional expression by means of the body.

Within the frame of ego regression, the very early pre-oedipal relationship to the mother constitutes a special problem. For instance, there are analysts who think that the homosexual conflict as I have described it, is not something fundamental to the development of schizophrenia but represents only a later phase of a development which began with the early oral attachment to the mother. In my opinion, clinical material leaves no doubt as to the overwhelming importance of the homosexual conflict. (Ibid., p. 125)

Dr. Katan strongly disagrees with those investigators who do not think the homosexual conflict is "fundamental to the development of schizophrenia but represents only a later phase of a development which began with the early oral attachment to the mother." In Dr. Katan's opinion, "clinical material leaves no doubt as to the overwhelming importance of the homosexual conflict."

502 I have already explained why I think that the passive feminine urge of the pre-psychotic phase (in the man) is a constitutional one. It is thus my impression that if the early attachments to the mother are expressed at all, they are channelled into the all-prevailing homosexual conflict. Some male schizophrenic patients, for example, will insist that the female head nurse is a man in disguise. (Ibid., p. 125)

The male schizophrenic patients who "insist that the female head nurse is a man in disguise" are obviously showing clear evidence of severe sexual confusion due to their bisexual conflict. However, they may also be demonstrating an intuitive understanding of any masculine qualities exhibited, either emotionally or physically, by the head nurse.

503 His [Schreber's] excitement, which had its origin in the non-psychotic part of the personality, took a different course from that in the pre-psychotic period prior to the psychosis. In the pre-psychotic period the excitement led to genital emissions; a few weeks later, in the psychosis, before a situation leading to excitement could arise, the energy of the homosexual urge was withdrawn and then used to form the hallucination. Thus the hallucination is formed in anticipation of a danger. The energy of the homosexual urge evaporates in forming the hallucination. The hallucination is therefore a discharge phenomenon which serves to prevent the development of danger. Of course, when the homosexual urge acquires energy again, then the danger returns.

..... Through the hallucination the energy of the dangerous urge which would destroy contact with reality is discharged, and this fact leads to the

conclusion that the hallucination serves to maintain contact with reality in the non-psychotic layer. This goal of maintaining contact with reality can be achieved only by abandoning it for a short while through the formation of a psychotic symptom (the hallucination). It is like avoiding a major evil by accepting a minor one. (Ibid., p. 126)

When the schizophrenic's bisexual conflict becomes overwhelming, the repressed homosexual excitement discharges itself through the medium of the psychotic hallucination rather than through the medium of genital orgasm, as would be the case under normal circumstances where there was no repression of the homosexual lust by the ego. Thus the psychotic hallucination is actually a "hysterical conversion" mechanism utilized by the organism for the discharge of sexual tension which has been blocked by repression from its normal route of genital orgasmic discharge.

504 As far as the cause of schizophrenia is concerned, two factors come at once to the fore: constitutional and psychogenic. In view of the changes taking place in the constitutional bisexuality, namely, the disappearance of heterosexuality and the predominance in the pre-psychotic development, of an urge towards femininity in the man (and towards masculinity in the woman), one is inclined to add a third factor, an acquired organic one, which is probably of endocrinological nature. (Ibid., p. 128)

The person who eventually develops schizophrenia will invariably have shown opposite-sex tendencies to a greater degree than average during his or her "pre-psychotic" phase. In part, these opposite-sex feelings are based on man's innate bisexual constitution, one which he shares with all other mammals. However, the deciding factor in these cases is always the psychogenic one, wherein the parent(s), or parent-surrogate(s), subtly (or not so subtly) encourage the child to cultivate and express his or her normal quota of opposite-sex feelings, but to such a degree that they eventually become more powerful and demanding than the same-sex feelings. The development of severe bisexual conflict in a child raised under such conditions is inevitable, resulting in a person destined to become either overtly homosexual or else severely neurotic or schizophrenic as a consequence of repressing their homosexuality.

505 Diagnosis

About one-half the patients were diagnosed as suffering from 'schizophrenia.' With two exceptions, the remainder of the patients were considered to be 'schizoid' or 'schizophrenic personalities.' Many of the patients who were not diagnosed as overtly schizophrenic had schizophrenic

Rorschach protocols, as had the boys in the total sample who had strongly identified themselves with girls.

[*Homosexuality, A Psychoanalytical Study of Male Homosexuals*, Irving Bieber, et al. (Ibid., p. 208)]

The male patients in the sample who had "strongly identified themselves with girls" had "schizophrenic Rorschach protocols," even though they had not yet been diagnosed as "overtly schizophrenic." Likewise it would be correct to surmise that any female patients in such a sample who had "strongly identified themselves" with boys would also have "schizophrenic Rorschach protocols," whether or not they had yet been diagnosed as "overtly schizophrenic," for the pathogenic factor in the genesis of schizophrenia is invariably that of sex-role alienation in early childhood.

506 Except in shapes of horror, women never appeared in my depressive phantasies. I was dominated by a sense of repulsion to women and all forms of sensuality, bound up with my sense of sin. It was as though the whole tide of Eros in my being was at the lowest ebb. This is a regular feature of my depressive periods; even in minor attacks I cannot even trouble to notice a pretty girl. At the same time I am practically impotent, and if I attempt sexual relations premature ejaculation makes them virtually impossible. Precisely the opposite conditions prevail in manic periods.

Everything, in fact, seems to suggest that the opposed states of manic-depression are closely related with or possibly caused by some fundamental opposition or process connected with sex.

[*Wisdom, Madness and Folly, (The Philosophy of a Lunatic)*, John Custance (Ibid., p. 80)]

John Custance's strongly homosexual nature is demonstrated by his feelings of loathing and repulsion towards women. When he says that manic depression, actually a symptom of schizophrenia, is "possibly caused by some fundamental opposition or process connected with sex," he shows great insight, for the "fundamental opposition" he speaks of is in reality the irreconcilable conflict between his homosexual and heterosexual selves, the same conflict which is the primary etiological pathogen in all functional mental illness.

507 and so with the unintelligible, confused behavior of a dissociated personality, who spends weeks in religious incantations and prophetic exhortations and finally eats the plants on the ward, 'root and all,' and then tries to perform fellatio and be 'crucified,' we must recognize that the

psychosis has been largely a struggle with uncontrollable oral homosexual cravings, which finally dominated the ego and obtained free control, after perhaps years of repression and certainly months of suppression of the cravings.

[*Psychopathology*, Edward J. Kempf, M.D. (Ibid., p. 14)]

A psychosis is nature's way of trying to heal, as this case so clearly shows. After years of repression, this man's powerful homosexual cravings have finally broken through the defenses erected by the ego and emerged into conscious awareness, where they now have the opportunity to satisfy themselves. This patient, with the proper psychotherapy, will gain insight into the fact that his mental illness resulted from the denial and consequent repression of these "perverse" cravings, and that the path to mental health now lies in coming to terms with these intolerable feelings. This can be accomplished either by utilizing conscious masturbatory fantasies to discharge the sexual excitement engendered by these cravings, or else by satisfying them in actual homosexual activity.

508 Christ and the Virgin Mary were also represented by her family. She herself was Jehovah. She was not God but God's disciple, she sat at his right. The King of Glory was Mr. H. When she talked about the latter (and often quite profanely) she always mixed in a deluge of biblical phrases. Since she has ceased loving him, her husband had appeared to her in the most varied forms, but he always had black hair (as he actually did).

[*Dementia Praecox or the Group of Schizophrenias*, Eugen Bleuler (Ibid., p. 419)]

This schizophrenic woman totally identifies herself as a man – Jehovah. In this she is no different from any other schizophrenic woman, all of whom, due to sex-role alienation beginning in early childhood, have developed very strong, unconscious masculine identifications.

509 In some ways, sketching in these details of Schumann's early career amounts to saying that he was dramatizing himself in a rather adolescent way as the mad genius in the making. Apprenticing himself for the role, he began to hear noises in his head. Then the voices began to address him. He personified two of these and gave them proper names. On once engaging in self-recrimination, 'My genius, are you going to abandon me?' he was answered by the arrival of a disembodied voice, 'Florestan,' who over the years became the confident, extrovert and manly alter ego. Schumann liked to see 'Florestan the Improviser' as his 'bosom friend my own ego.'

The other voice that haunted him came slightly later, and was to be christened 'Eusebius.' This was Schumann's more sensitive, withdrawn, passive, feminine part. Of course, the advent of these figures reflected fashionable Romantic thinking about Doppelgänger, derived from Jean Paul. But, once they appeared, the solitary Schumann was often to be found talking to his selves.

[*A Social History of Madness*, Roy Porter, E. P. Dutton, New York, 1989, pp. 67-68.]

Schumann's bisexual conflict, the cause of his schizophrenia, is symbolized by the division between his masculine self, Florestan, and his feminine self, Eusebius.

510 The key to understanding this neurosis lay in Haitzmann's attitude towards the Devil. For Freud, Haitzmann's Devil was a father-substitute. Haitzmann's unconscious had fantasized the notion of the pact with the Devil; doing so had been for him the only legitimate means of expressing what must have been his profound passive-homosexual longings for his own father. The death of the father had caused Haitzmann's melancholy and inability to work. Haitzmann's compact with the Devil offered him an outlet, a kind of marriage with his father. It was for nine years because (if one read 'years' as a screen for 'months') that was how long it would take for his father's baby to gestate in him.

Supporting these ambivalences, Haitzmann's portrayals of the Devil had shown him with prominent female secondary sexual characteristics – in particular, large breasts. Freud claimed that this was most 'unusual' in representations of the Devil, and hence a psychologically significant way of representing Satan. It probably meant a 'projection' of Haitzmann's own feelings of femininity. (Ibid., pp. 86-87)

Haitzmann's "profound passive-homosexual longings for his own father," which Freud correctly believed was the cause of his "melancholy and inability to work," had their origin in Haitzmann's negative Oedipus complex. In this complex, which Freud originally gained insight into as the result of his own self-analysis, the son assumes a passive, feminine attitude towards the father and a hostile, competitive attitude towards the mother. In the female, the negative Oedipus complex occurs when the daughter assumes a masculine, protective attitude towards the mother and a hostile, competitive attitude towards the father. This particular complex invariably leads to the growth of a strong element of homosexuality in both the son and the daughter, and is directly responsible for the development of the functional mental illness which inevitably arises when puberty is reached and the individual attempts the overwhelming task of resolving the severe bisexual conflict and confusion

generated by the powerful homosexual tendencies, which the negative Oedipus complex has given birth to.

511 Cowper's immensely sad existence was stained with mental disturbance of the melancholy kind (as he put it, the thread of his life had a sable strand woven into it). He suffered five distinct severe breakdowns, during some of which he tried to take his own life. The first came in his early twenties; the last set in when he was sixty-three and dogged him to the end of his days. And even in between these episodes, the black mark of despair was rarely far away, sometimes kept at bay only by enforced sociability, application and activity (for Cowper, writing verse was quintessentially occupational therapy, to stave off idleness which led to melancholy).

..... Attempts have been made from various twentieth-century viewpoints to diagnose Cowper's condition. James Hendrie Lloyd resolved the whole problem in a few words. 'The case is probably best described as a form of circular insanity, with alternating phases of profound depression and mild hypomanic reaction, but without distinct intervals of complete sanity It was a constitutional psychosis.' Good to know. R. R. Madden thought that the answer lay in the guts. He speculated in particular that Cowper may have suffered from some organic disease, akin to Dyspepsia – why else would Cowper have complained so much about his digestion? If only some doctor had put Cowper's stomach to rights, thought Madden, he would have been spared the agonies of the soul.

Others have puzzled whether some embarrassing physical defect perhaps created that shyness and solitariness which so plagued Cowper and made him feel like a lone tree on a hill. Early in the nineteenth century the diarist Charles Greville obliquely recorded that Cowper had apparently been a 'hermaphrodite' (but what exactly did that term mean to Greville?). And it is well known that Dr. William Heberden reported a case of a man who castrated himself, the facts of which fit Cowper. The hypothetical presence of some abnormality of the sexual organs (possibly self-inflicted) could perhaps account for the fact that on one occasion when Cowper became engaged to be married, he rapidly plunged into another of his insane episodes, and the engagement was called off. But this seems destined to remain no more than speculation. (Ibid., pp. 93-94)

Cowper was undoubtedly afflicted with schizophrenia, the "bearded lady" disease. If in fact he had once attempted to castrate himself, this would demonstrate in striking fashion how intensely he loathed his masculine sexuality and how much he would have preferred to be like a woman. Cowper was certainly a hermaphrodite emotionally and perhaps also physically, the latter depending upon the extent of his genital self-mutilation.

512 The Freudian might also suggest that we have here a case of that dialectic between paranoia and homosexuality which Freud outlined in the case of Daniel Schreber. Perceval perhaps affords us some positive evidence of unconscious homosexual urges. He recalls a dream set in Portugal in which he had robbed a monastery, assassinated a vicar and in the company of monks had become the 'enjoyer of their unnatural lusts.' Of this dream he himself offers no interpretation. He openly admired the male form and frequently wrestled with young men in the asylum. Perceval's text may inadvertently reveal such desires, but there is no sign that he was conscious of any. Full of confessions, excuses, self-vindications and rationalizations, and saturated with a sense of guilt, menace and punishment, the Narrative affords abundant evidence of a raging world of unconscious desire beyond the conscious candour of his own professions of innocence. (Ibid., pp. 173-174)

The "raging world of unconscious desire" attributed to Perceval was in reality a raging world of unconscious homosexual desire, as this quotation makes abundantly clear. Drs. Ida Macalpine and Richard A. Hunter once said of Daniel Paul Schreber (the subject of Sigmund Freud's famous study on the etiological relationship of repressed homosexuality to paranoia) that "Schreber's name is legion." Perceval is a member of this "legion," which includes all schizophrenics, those unfortunate people who have become mentally ill as the direct result of a "raging world of unconscious [homo-sexual] desire" within their psyches.

513 If this much can be established without difficulty of healthy persons, and if we take into account what has already been said [p. 50] about the fuller development in neurotics of the normal genus of perversion, we shall expect to find in these latter too a fairly strong homosexual predisposition. It must, indeed, be so; for I have never yet come through a single psychoanalysis of a man or a woman without having to take into account a very considerable current of homosexuality. When, in a hysterical woman or girl, the sexual libido which is directed towards men has been energetically suppressed, it will regularly be found that the libido which is directed towards women has become vicariously reinforced and even to some extent conscious.

I shall not in this place go any further into this important subject, which is especially indispensable to an understanding of hysteria in men, because Dora's analysis came to an end before it could throw any light on this side of her mental life.

[*The Standard Edition of The Complete Psychological Works of Sigmund Freud*, Vol. VII, The Hogarth Press and the Institute of Psycho-Analysis, London, 1953, p. 60.]

If Freud admits to having discovered "a very considerable current of homosexuality" in every "neurotic" patient, male or female, that he psychoanalyzed, it seems he should have had no difficulty in theoretically extending this finding to the more seriously mentally ill – the psychotics. He was able to do this only in the case of paranoia, but failed to apply it to "that far more comprehensive disorder of dementia praecox," which is now called "schizophrenia." This was Freud's great failure as a theoretician and clinician – the fact that he was unable to recognize that repressed homosexuality is the basic etiological factor in all functional mental illness, from slight hysteria up to and including the most malignant forms of schizophrenia.

514 This condensed report has to do with a young man who, somewhat late in his intensive treatment, which had been instituted because of an acute catatonic episode, awoke from sleep one night in panic about a dream. In this dream he encountered a jungle feline which lived in a 'pit.' He described this beast in all its horrible and terrible characteristics. According to his spontaneous account, this jungle feline was representative of a penis, and the pit represented a vagina. These two lines of associations were jumbled together, so that he said that the jungle feline was himself, it was his penis, it was his mother, and her penis, her vagina, it was full of all the penes in the world, and it sought to devour all of them. He further stated that it was filthy, fecal, putrid, stinking, bloody, *and fascinating*. In the fury of his revulsion (note the juxtaposition of *fascination* and *revulsion*) the patient asserted among other things that he hated his penis; he wanted to cut it off and be free forever from the jungle feline.

Being translated by the therapist, this impassioned outflow of words conveyed to him the idea that the patient felt that this penis of his, his sexuality, his very being and sanity, were all given to him in the process of birth. Thereby his mother had lost her penis. He saw himself as bound to his mother because his penis, his sexuality, his personality, and his sanity were all on loan from her. He visualized his mother's destructiveness if he were to permit anyone else to share in what he felt belonged to her. In the fury and terror of these associations, he actually perceived the doctor's office as literally filled with these jungle felines. The only solution he could devise to his state of panic was to cut off his penis. Unsaid, but inferred, was the thought that he could then return to his mother and be free both of her mortgage upon him and of her revenge. He could be again in peaceful symbiosis with her. It is worth noting that, although it also was not said, other productions of the patient on other occasions indicated that, having by this desperate self-mutilation freed himself from his mother, the patient would be able to enjoy real relationships, including the sexual, with other persons. For all its concreteness, his expression 'to cut off his penis' does not imply, in his

magical thinking, that he will then be without one. However, in a situation such as this, there is a practical danger that the patient may mutilate himself.

What the therapist said to the patient at this time was stated quietly, firmly, and definitely. It was, 'I do not believe you hate your penis. You like it. You need not cut it off.' This brought this interview to a close. Of course, there was much later reference to this dream as treatment progressed toward the patient's freedom, confidence, and courage to live in the real world.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., (Ibid., p. 209-211)]

The only way a son can be in "peaceful symbiosis" with his mother is by psychologically castrating himself. In a few instances, this self-castration is carried out both psychologically and physiologically, the latter being a danger which must always be taken into account by whomever is treating a male schizophrenic patient, as Dr. Hill points out in this passage.

- 515 Swedenborg indicates the possibility of spirits acting through the subject (AC5990), which is to possess him. This I have occasionally seen. For instance the man who thought he was Christ within a woman sometimes spoke through her, at which time her voice was unnaturally rough and deep. She also had trouble with him dressing at the same time she was because she would be caught in the incongruities of doing two different acts at once.

[*The Presence of Spirits In Madness*, Wilson Van Dusen, The Swedenborg Foundation, Inc., New York, 4th ed., 1983, p. 24.]

This patient is afflicted with schizophrenia, the "bearded lady" disease, for he believes he is "Christ within a woman."

- 516 One of my female patients was found going out the hospital gate arguing loudly with her male voice that she didn't want to leave, but he was insisting. Like many this particular hallucination claimed to be Jesus Christ. But his bragging and argumentativeness rather gave him away as of the lower order. (Ibid., p.12)

This patient projects her own unconscious masculine identification onto the hallucinated figure of Jesus Christ, thus diminishing the intensity of her severe bisexual conflict. She, also, is a victim of the "bearded lady" disease.

- 517 Though the patient was a high-school educated gas-pipe fitter, his female vision showed a knowledge of religion and myth far beyond the patient's comprehension. (Ibid., p. 13)

This is yet another example of how bisexual conflict and confusion form the etiological core of schizophrenia.

- 518 "I'm thinking I'm living through life as it's happening in the holy Bible," she recalled. "Jesus is sitting right next to me. The president on TV knows who I am." Later, her hallucinations would recur along two threads: she was a prophet doing battle with Satan, or she was in communication with NASA." ..
... "At 28, disowned by her family and desperate for a new start, she lied about her medical history and enlisted in the Army."

["Our Towns," David M. Halbfinger, *The New York Times*, March 24, 2002, p. 32.]

This woman, suffering from paranoid schizophrenia, is here displaying her severe bisexual conflict and gender confusion when she hallucinates being a "prophet doing battle with Satan" and also being in contact with NASA.

In 99 out of 100 cases, prophets are invariably thought of as being male figures, and it would also be quite unlikely that an ordinary female like herself would be in touch with NASA unless, of course, she thought she was an astronaut undergoing training, or applying to be one. Both of these themes in her recurring schizophrenic hallucinations point to megalomaniac, grandiose estimates of herself as being a male figure of great influence and power in worldly affairs. And the fact she enlisted in the Army further points to a masculine identification, for down through history, until very recent times, the armies of all nations have been overwhelmingly male-oriented.

This woman is obviously afflicted with schizophrenia, the bearded lady disease.

- 519 But his doubts about their two-month experiment in communal living in the Provencal town of Arles were confirmed the next night, when Van Gogh, distraught over Gaugin's impending departure, ran after him in the street hurling wild accusations. Gaugin turned to confront him, whereupon Van Gogh returned to the house they shared. There he used a razor to cut off part of his left ear, which he carefully wrapped and presented to a young woman at the local brothel. Van Gogh was hospitalized, and Gaugin left for Paris the next day. But after Van Gogh's discharge from the hospital, he begged Gaugin in a letter not to speak ill of "our poor little yellow house." Some dreams die hard.

["Strange Bedfellows," Joseph Harris, *The Smithsonian Magazine*, December 2001.]

This famous episode in the lives of these two artists is very telling, in that it demonstrates the very powerful feelings of love Van Gogh had for Gauguin. Van Gogh's "distraught" actions were similar to what a jilted woman might do and feel if her lover planned to leave her. "Some dreams die hard," Mr. Harris comments. And truly, Van Gogh's dreams were to have Gauguin live happily ever after with him in "our poor little yellow house."

Van Gogh's lifelong schizophrenia had its roots, as is always the case, in the severe bisexual conflict and confusion which he was never able to resolve satisfactorily. The extreme mental anguish resulting from this conflict is what finally drove him to suicide.

520 He was 5-foot-1 and talked to himself more than to anyone else. He grew up in an asylum for "feeble-minded" children but wrote, and lavishly illustrated, a fantasy novel more than 15,000 pages long. He died in obscurity in Chicago; today he is one of the stars in an international constellation of outsider artists. ...

While many of Darger's scenes are pastoral idylls, others show children being throttled, eviscerated and crucified en masse by their enemies. The fact that the victims are often nude girls, some with male genitals, only adds to the impression that "The Story of the Vivian Girls" is the record of an unhinged psyche suddenly laid bare.

["Visions of Childhood Showing Purity and Evil," Holland Cotter, *The New York Times*, April 19, 2002, p. B36.]

The American artist Henry Darger (1892-1973), now considered one of the most famous of a group of artists known as "outsider artists," was afflicted by schizophrenia throughout his life. And as is invariably the case, the factor of severe bisexual conflict and confusion formed the pathogenic core of his illness. This is best exemplified by the scenes in some of his drawings where "the victims are often nude girls, some with male genitals," which "only adds to the impression that 'The Story of the Vivian Girls' is the record of an unhinged psyche suddenly laid bare." Exactly: Unconsciously Darger identified as one of the Vivian girls, albeit a girl possessing a penis, and his lifelong schizophrenia stemmed from this conflict between his unconscious female identification and his conscious male (penis) one. Finally, the fact Darger was only five-foot-one would make it easier for his unconscious psyche to identify as a female rather than as a male. Darger was truly a bearded lady.

521 The first clue as to this came in a dream in which she and another person were in a house. The other person seemed to be a part of herself and at the same time seemed to be a man. She was afraid someone would see the man so she jumped into bed and pulled the sheet over her head but then

said, as if speaking to the man who was a part of herself, 'What does it matter if they do see you? Why try to conceal it any longer?'

This dream foreshadowed an increasing realization of the resentment she felt at her own femaleness and the envy she felt toward men. She recognizes (in the dream) that she thinks of herself as part man, part woman – but tries to conceal the 'man' part. In fact, it could be said that her entire life centered about the wish to become a boy like her brothers and the feeling of guilt implicit in the idea of becoming a boy by robbing them of their masculinity. It proved to be the unconscious motive back of her repeated submission to surgeons. One day while in church to which she had gone compulsively as a part of her atonement ritual, it suddenly came to her that perhaps she wanted to suffer like Jesus as she had obviously been doing for a long time, even to the point of having the same pain in her side that Jesus had, for the following reasons: Jesus was a man; hence, by being Jesus, even though one suffers, one can be a man.

Such an 'irreligious thought,' as she termed it, disturbed her very much, but later she returned to a realization that it was the basis of much of her religious fervor. It explained her wish to believe in miracles, her faithfulness to her devotions, her feeling that some day she would get her reward and that God would answer her prayers. She felt that perhaps if she suffered greatly she might be granted the privilege of becoming a man. This began to appear very clearly in her analysis. She kept complaining that she was getting nowhere. It was not clear what she wanted of the analysis but she evidently expected something wonderful to happen. She expected the analysis to gratify her lifelong quest for masculinity. To this end she assured the analyst of her belief in miracles and implied that she expected a miracle to happen in her analysis. In every way she showed that unconsciously she was taking the position that if the analysis would make her into a man it was worth the suffering it cost her.

[*Man Against Himself*, Karl Menninger, M. D., (Ibid., pp. 135-136)]

This case illustrates how deep-seated and intense can be the wish to be of the opposite sex, and how this wish, when repressed and unconscious, can lead to the development not only of the severe psychopathology which is to be found in schizophrenia but also to the growth of florid psychosomatic symptomatology, as demonstrated by the patient's voluntary submission to unnecessary and potentially harmful medical treatment.

522 Another case will bring out more of the motives. A thirty-year-old naval officer, married, was brought to the hospital with a history of having mistreated himself and of having contemplated suicide. He was quiet, neat, mildly depressed.

The history was that his father had been very religious but very difficult to get along with and had deserted the family while the patient was yet small. The mother had been obliged to work very hard to support them. The boy himself had to go to work at an early age but in spite of this obtained a fair education intermittently. He had joined the navy and worked himself up to petty-officer rank. A year before admission he noted that he worried about his work and asked his friends if they noticed that he was not doing so well. He became increasingly depressed.

Then he began to notice strange noises, thought he heard his shipmates talking about him and accusing him of perverted practices (i.e., of being homosexual). (Individuals with such fears and hallucinations rarely are homosexual overtly, but react with terror to the thought that they might be – just as 'normal' persons do, but in greater degree.) Finally he went to the bathroom and with a safety razor amputated his penis.

When questioned about it the patient said he has been confused and hadn't known what he was doing. He seemed however, to show little concern or regret. Later he jumped overboard but climbed back aboard the ship on the anchor chain. He admitted, however, that the thought of drowning had always fascinated him.

The examination showed that he still suffered from auditory hallucinations with voices telling him to do odd things and commenting on what he did. Concerning the charge of homosexuality he was quite perplexed because he had never indulged in it but began his heterosexual life very early. Except for the mutilation his physical condition was excellent and his intelligence above average.

Later the patient announced that he was 'ready for the supreme sacrifice' (suicide) and wrote a note saying, 'I am a pervert and will pay the penalty.' He became increasingly restless and disturbed and exhibited impulses to fight with patients and attendants.

..... There is, however, another element which we must not lose sight of. A man who feels guilty about his sex organs because of conscious or unconscious homosexual impulses, accomplishes two purposes when he cuts off his genitals. He punishes himself, but at the same time he converts himself by this deprivation into a passive, penisless individual, anatomically comparable with the female. By this anatomical identification, he comes closer to the homosexuality about which he feels guilty than he was before the act. He feels guilty about his homosexual wishes and by castrating himself appears to atone for and relinquish them, but in reality only changes himself so as to be incapable of the active role and even more disposed to the passive role.³⁵ (Ibid., pp. 236-237)

Because he lacked a close male role model early in life, the father having deserted the family, the patient unconsciously identified himself more as

female like his mother than as a normal male. The sex-role alienation which resulted from this primary female identification subsequently led to such a severe bisexual conflict that it drove the patient mad, or schizophrenic, and in the midst of this madness he amputated his penis, thereby gratifying his powerful, unconscious homosexual desire to be a female.

523 Most schizophrenics have a homosexual bent or conflict. This was fully confirmed by the histories and psychological tests of our two groups of patients: 27 of the 30 in each group revealed homosexual tendencies. But there was a sharp contrast in expression of the tendency. In the 27 Irish patients the homosexuality was latent but repressed, whereas 20 of the 27 Italians had become overt homosexuals. The underlying factors in both cases are clear. The Italians had rejected a male role out of hostility to their overbearing fathers and elder brothers. Italian men, no less than Irish men, take pride in masculinity; indeed, they are, if anything, more masculine in behavior. But they are also readier to act on sexual impulses, and when they lose their sense of sexual identification in schizophrenic illness, they do not shrink from overt homosexual behavior. Irish men, on the other hand, flee from their identity as males through fear of the mother rather than hostility to the father. All of our Irish schizophrenic patients were either pallidly asexual or latently homosexual. Most of them avoided females. Their homosexuality was repressed because sexuality in general is inhibited in the Irish culture. But it emerged in their fantasies. Indeed, some misidentified themselves as women: one patient had the delusion that the front of his body was covered by an 'apron which bled periodically.'

[*Schizophrenia and Culture*, Marvin K. Opler (publication not recorded), August 1957, p. 120.]

All schizophrenics "have a homosexual bent or conflict," not just "most," for without the severe bisexual conflict there would be no schizophrenia.

The Italian male schizophrenics mentioned here who "do not shrink from overt homosexual behavior" have a much greater chance of recovery from their illness than do the more sexually repressed and inhibited Irish males, for schizophrenia can only be "cured" by the process of allowing the unconscious homosexual cravings to become conscious so that they can then either be satisfied orgasmically or else sublimated, that is, their sexual energy utilized in other, nonsexual endeavors.

524 Frazier, an auto mechanic who appeared in the courtroom one day with the left side of his head, beard and eyebrows shaved, pleaded not guilty by reason of insanity.

["Woman Painfully Recalls Family's Brutal Murder," Dawn Garcia (staff writer), *San Francisco Chronicle*, October 20, 1990.]

Frazier is a classic example of the "bearded lady" disease – schizophrenia. He is half man – half woman, one side of his head shaved, or female – the other hairy, or male. His outward appearance reflects the state of his inner psyche, which is one of intense bisexual conflict and confusion.

525 He had been a girl
It had been a trick, a deception.
He bounced back, righted himself.
He assumed his rightful place in the company of men.
He went further, he became a superboy.
Secretly, he believed in his invulnerable and unique intelligence.
In psychotic transformation he became a superman.
He assumed his rightful place in the company of the gods.
It had been his secret, mythic life all along.
But he was even more special than the gods – he was a mortal who accomplished it on his own.

Born somewhat late in his parents' lives, he was their only child. His father, known for his heavy drinking and occasional episodes of abuse, maintained an emotional distance from his son. On the other hand, Donald was very close to his mother and was clearly a treasure in her life. They communed with each other about their experience of God and she did her best to protect him. But all the evidence indicates that she was bringing him up as a girl! A photograph of him at the age of six shows him with long curly hair, which hung below his shoulders. He is demurely sitting in his parents' garden in a white sunsuit and gives the unmistakable appearance of being a little girl. His mother had longed for a daughter, and on her insistence his hair was not cut until shortly after his seventh birthday. A picture from that time shows his remarkable change into a little boy, holding his sailboat. Within a year came the first reports of the bravery that was to become the signature of his character.

[*The Seduction of Madness*, Edward M. Podvoll, M. D., Harper Collins (Publishers), New York, 1990, p. 109.]

Due to his faulty upbringing, Donald was destined to become either a homosexual or a schizophrenic. He rejected his homosexuality and consequently became schizophrenic, thus validating the concept that schizophrenia is the negation of homosexuality. The classic parental configuration of an emotionally distant father and of a close, binding, intimate (CBI) mother invariably produces a son with strong homosexual tendencies.

These can either be acted upon or else repressed. If repressed, the outcome for the son will be the development of a neurosis or a psychosis, the strength of the repressed homosexual drive determining the severity of the ensuing mental illness.

526 They both reported finding Bretnall dead when they entered the house; she was disemboweled and her eyes were gouged out.

[Name Deleted] was found next to the mutilated Bretnall stabbing herself in the neck while reportedly saying, 'I am the devil. I was making love to her. I killed her.'

..... Those who knew [N.D.] said that for months before the slaying she had been tormented by psychological demons, threatening to hurt or kill or commit suicide. She had been in and out of the mental health crisis unit at Marin General Hospital. In one instance, she wound up there after slashing her hands and legs with a razor knife at Northgate Mall in San Rafael.

["Slaying Stirs 911 Probe," Alex Neil, *Marin Independent Journal*, Nov. 27, 1990, p. A9.]

The "psychological demons" which were tormenting [N.D.] were her powerful unconscious homosexual longings. These eventually focused on the person of Bretnall and, because they had been repudiated by [N.D.'s] ego, led to an orgy of violence rather than to an orgy of homosexuality, which is exactly what transpires in all cases of "running amok." When [N.D.] stated that she was "the devil" and had made love to Bretnall, what she was really saying was that in her paranoid delusion she had become a man and had made love to a woman, the culmination of her deepest unconscious wishes. The tremendous guilt she felt over these "perverse" desires was assuaged somewhat by her self-mutilations and the mutilations she inflicted on the unfortunate Bretnall.

527 Case A – Patient was a forty-six-year-old divorced man suffering from a psychosis. He had recently broken up with his live-in girlfriend, an event which had triggered his schizophrenic break. He believed he was turning into a woman, and took great pride and pleasure in this fact. During therapy with him it was decided that his male side would be called 'Mars' and his female side 'Venus.' It was pointed out to him that his present psychotic condition was the result of a very severe conflict between his Mars and his Venus. The patient readily agreed with this explanation.

The thrust of therapy with this patient consisted in the therapist trying to strengthen the patient's Mars while simultaneously allowing his Venus, which had long been deeply repressed, to come out and have her day on stage, so

to speak. This she did over a period of several months, while his Mars stood aside and allowed her complete freedom of action and thought.

On one occasion during this time the therapist mentioned to the patient that he had seen a friend of the patient's drive by with a very pretty blond woman by his side. The patient responded that yes, he knew that, because it was actually the patient himself whom the therapist had seen sitting in the passenger seat of the friend's car. When the therapist countered that on the occasion he was speaking of, it had definitely been a blond female he had seen in the car, the patient replied that yes, he understood that, but the blond was really himself. The therapist then acquiesced to the patient in this matter, seeing that it was futile to differ with him about the identity of the pretty female, as the patient so clearly and emphatically identified himself as being this particular woman.

At another point during his therapy, the patient brought the therapist a postcard showing a beautiful, voluptuous female lying naked on a bed, with clouds and some angels overhead. The patient told the therapist that the woman shown on the postcard was really himself, as in his psychotic mind this was how he pictured himself at that moment. His Venus was in full bloom at this time.

Later, as the therapy progressed, the patient's Venus diminished somewhat in power and his Mars began to regain its rightful place in the patient's psyche.

Towards the very end of his therapy the patient, in one of his sessions, handed over the above-described postcard to the therapist to keep, stating that it no longer represented what the patient looked like. Shortly after this the patient terminated his therapy. (Anonymous case reported to compiler.)

From the moment this schizophrenic patient was able to accept his passive, feminine, homosexual drives on a conscious level and begin assimilating them into his total concept of himself as a man, he was well on the road to recovery from his severe mental illness.

528 Case B – Patient was a thirty-seven-year-old married man suffering from extreme anxiety and incipient paranoia.

He reported that one evening, after he had gone to bed, he suddenly began remembering the contents of certain perverse, bisexual phantasies which he had masturbated to many years before, an activity he had discontinued upon realizing how 'unhealthy' it was. He had successfully repressed any memory of these events until this very moment.

Now that he was suddenly confronted again on a conscious level with these long-repressed masturbatory phantasies, he experienced an extraordinary phenomenon. He stated that the very first phantasy he allowed into conscious awareness from its unconscious hiding place caused a

transformation in his penis from a state of total flaccidity to full erection and spontaneous orgasmic discharge, all within the space of five seconds or less. When queried about the extremely short time interval between complete penile flaccidity and spontaneous orgasmic discharge, patient answered that the time element may have been even shorter than five seconds, for to him it had seemed like an almost instantaneous happening.

Greatly astonished by what had taken place, patient said he was able to repeat this phenomenon several more times during the same night, naturally with an increasingly longer time-lag between conscious awareness of a particular phantasy and the ultimate spontaneous orgasm. Patient further reported that he continued this practice nightly for several months until he had exhausted his store of long-repressed phantasies and until these phantasies had lost their power to stir up any more sexual excitement.

Patient also stated that by the end of this period of phantasy abreaction his anxiety had completely disappeared, along with the incipient paranoia, and that his overall health, both physical and mental, had greatly improved. (Anonymous case reported to compiler.)

The extreme importance of this case lies in the insight it sheds on the toxic effects of undischarged libido upon the organism. The fact that the patient's penis could be transformed from its flaccid state to full erection and orgasmic discharge in a matter of seconds vividly illustrates the enormity of the force which can be built up by the sexual impulse when it has been denied access to normal orgasmic discharge through the process of repression. Furthermore, it is precisely this undischarged homosexual libido which provides the energy which fuels the myriad symptoms of mental illness, among the most serious of which are delusions and hallucinations. (It was Dr. Maurits Katan who first made this observation in one of his papers dealing with schizophrenia.)

In this particular case, it is very clear that the patient's incipient paranoia was directly attributable to the toxic effect of his undischarged homosexual libido, and that if he had been unable to discharge it in the manner in which he did, he soon would have developed a full-fledged case of paranoid schizophrenia, replete with all its classic, malignant features.

529 She was "terrified of any sexual contact" and dressed in "the clothing of a ragtag soldier or a poor monk." Weakened by poor nutrition, plagued by migraines (which were no doubt exacerbated by her fasting) and handicapped with abnormally small, feeble hands, she naturally decided that strenuous manual labor was the only means to grasp social and spiritual truth. Her relentless determination to do men's work led to a chain of Buster Keaton-like misadventures – overturning a farmer's plow, sending her fellow soldiers diving for cover during rifle practice in Spain and ultimately being sent home

when, while nearsightedly wandering around the campsite, she stepped into a pot of boiling water.

[Laura Miller (review of *Simone Weil* by Francine Du Plessix Gray and Francis Du Gray), *The New York Times Book Review*, August 5, 2001 (page not noted).]

Simone Weil, described by reviewer Laura Miller as "the French philosopher, activist and mystic," died in 1943 in an English psychiatric institution, apparently a suicide, after years of self-imposed semi-starvation. She was 43.

As we can see from the main quotation above, Simone was afflicted with schizophrenia due to her severe bisexual conflict and gender confusion. She was male in everything but body, and she did a very proficient job of destroying that hated body by starving it for years and finally killing it outright.

Her only salvation would have been for her to accept her obviously deeply repressed homosexual nature and then to act upon it. But as Freud once said so pessimistically, in schizophrenia the victory lies with repression. Tragically, that was the case with Simone Weil as it is with countless other unfortunates. But schizophrenia is not necessarily always a "death sentence," for as Frieda Fromm Reichmann once explained, it takes a lot of hearts and minds to cure a schizophrenic. But it can be done.

Finally, reviewer Laura Miller says that "The novelist Georges Bataille, who knew and liked Weil, probably put it best when he described her as a 'Don Quixote,' but in Weil's case the enemies titled at were real enough. Only her lance was imaginary." In Freudian terms, that "imaginary lance" was surely her longed-for penis which would have made her the complete man she had so fervently wished to be.

530 After prolonged silences and occasional desultory remarks which I could not put together, the patient, a woman in her middle twenties, suddenly – and for the first time – started to talk about sexual fantasies she had about being a man, about having a penis, and about becoming like me under these circumstances. At the same time, she started to make gestures as if she were bored, gave evidence of some restlessness, and looked repeatedly at her watch. The overall impact of these manifestations was confusing to me.

[*Borderline Conditions and Pathological Narcissism*, Otto F. Kernberg, M.D., Jason Aronson, Inc., Northvale, New Jersey and London, 1985, p. 197.]

This woman was definitely afflicted with schizophrenia – the "bearded lady" disease – even though her symptoms were not yet florid. Her intense

confusion as to which sex she belonged to made her act in ways which conveyed this confusion to her therapist to such a degree that even he began to feel confused, thus giving him a taste of the extreme anxiety she was experiencing.

- 531 These were grandiose fantasies, inflated by Nijinsky's sense of self-importance. But they were also connected to his unresolved love-hate relationship with Diaghilev, which preoccupied him a great deal. Diaghilev was more crafty and had greater political skill than he did. Nijinsky thought that Lloyd George resembled Diaghilev; his 'intentions are terrible.' Clemenceau on the other hand 'seeks the truth.' Paderewski 'is not a pederast' (an example of punning, or what Dr. Greiber called 'clang-associations'). Paramount in Nijinsky's estimation was Woodrow Wilson, President of the United States, for whom he had once danced and with whose pacifism he identified. 'Wilson wants to stop the war but men do not understand him.'

[*Vaslav Nijinsky, A Leap into Madness*, Peter Ostwald, Carol Publishing Group, New York, 1991, p. 189.]

If Nijinsky had remained with his homosexual lover, Diaghilev, instead of attempting to live a heterosexual life with Romola, he would never have succumbed to schizophrenia. His severe mental illness developed as the direct result of the severe bisexual conflict which was engendered by his sudden, impetuous rejection of his previous, long-standing homosexual way of life for what was to him, an alien, heterosexual one. When Nijinsky says that Diaghilev's "intentions are terrible," he is very likely referring to the fact that Diaghilev played the active role in pederasty with Nijinsky, who was the passive partner. He then adds that Paderewski "is not a pederast" – that is, he is not a pederast like Diaghilev was. At a repressed, unconscious level Nijinsky still craved the sexual gratification he had received as the passive partner in his pederastic relationship with Diaghilev, and it was on account of denying this reality that he succumbed to schizophrenia.

This brings to mind Freud's dictum that what man represses at his deepest level are his pederastic instincts. This is certainly applicable to Nijinsky's case, for Nijinsky was, and remained throughout his life, basically a homosexual. If he had found the strength to remain true to his own feelings he would have been spared the ravages of his schizophrenic illness.

- 532 For example, when on 10 May a male patient invited him to play billiards, Nijinsky accepted, but then began 'to manipulate his cue' in his usual provocative way until 'it dropped on the other man's foot.' An argument broke out, and Nijinsky challenged the patient to a fight. An attendant had to

intervene and get Nijinsky to apologize, after which the two men were 'reconciled.' (Ibid., p. 230)

Even though in schizophrenia the victory always lies with repression, as Freud so aptly stated, nevertheless the homosexuality that is being repressed can still find ways to express itself, as this episode so clearly demonstrates. In essence what Nijinsky is symbolically doing here is masturbating in the other man's presence, an act which could be construed as a veiled invitation to the other man to engage in some sort of homosexual activity with him.

533 Then there was his ambiguous involvement with Herr Vogel (not his real name), a wealthy, unmarried patient, twelve years Nijinsky's senior, who not only looked like Diaghilev, but even claimed to have been a 'dance-director for 5 years.' Vogel played the violin, well enough so that Ludwig Binswanger, who was an amateur pianist, performed with him occasionally. Vogel also had a reputation for enticing other patients into his bedroom, which was strictly against the rules at Bellevue. (Vogel's diagnosis was 'imbecility and hebephrenia.') At first Nijinsky seemed to be attracted to this man, 'stared' at him a great deal, and tried to elicit his friendship, but when Vogel started to reciprocate, Nijinsky began complaining of 'incomprehensible anxieties, and a vague feeling that he wanted to kill me.' These are paranoid reactions. Nijinsky told the doctors that Vogel 'has been looking at me in a funny way. I know he's a good fellow, and yet I can't get rid of the feeling that he wants to do something to me. I know this is 'sick'. It produces a dreadful feeling around my heart.' ⁷ (Dr. Greiber had mentioned the 'paranoid content' of Nijinsky's psychosis in St. Moritz. Paranoid suspicions were also described during Nijinsky's last year of touring with the Ballets Russes.)

Recognizing Nijinsky's susceptibility to paranoid thinking, especially the frightful idea that certain men were out to do him harm, Kurt Binswanger now established a policy of controlling his social contacts, much as Diaghilev had done in the past, in order to minimize encounters that might prove to be too stressful. In mixed company Nijinsky tended to be much less disturbed. (Ibid., p. 230)

Again we see the unmistakable signs of Nijinsky's very strong homosexual drives, this time focused on the person of "Herr Vogel," who reminded Nijinsky of his former lover, Diaghilev. When Nijinsky says of "Herr Vogel" that he, Nijinsky, "can't get rid of the feeling that he wants to do something to me," the "something" is that which Diaghilev used "to do" to Nijinsky, namely, have anal sex with him. Nijinsky's passive pederastic cravings, which he had abruptly repressed after breaking off his affair with Diaghilev, were still very operative and urgent in his unconscious. The severe bisexual conflict which had arisen as the result of his denying these powerful homosexual feelings had caused him to sink slowly but inexorably into the schizophrenia which

now enveloped him, and which, in this instance, led to his paranoid thinking that it was "Herr Vogel" rather than himself who wanted to engage in homosexual behavior. "I know this is 'sick,'" says Nijinsky. The fact he had come to believe homosexual behavior was "sick" is partly what had motivated him to repress these feelings, with disastrous consequences for both his mental and physical health.

- 534 Because of the severe agitation, especially at night, it was finally decided to reinstate Fritz Wieland as Nijinsky's attendant, to sleep in the same room and watch over him all day. But now the dancer no longer regarded Wieland as acceptable. He complained about him bitterly in a paranoid way: 'The attendant strikes terror into me and wants to kill me.' He called Wieland a 'black man' (recalling the Blackamoor who slays Petrushka at the end of Stravinsky's ballet) and screamed, 'I'm being killed here like a wild animal, it's awful to terrorize me like that.' To avert what was recognized to be an incipient panic with homosexual overtones, on 21 July Binswanger assigned a female nurse as Nijinsky's roommate, with Wieland sleeping in an adjoining room. This arrangement resulted in immediate improvement: 'The patient has become somewhat calmer at night, and sleeps quite well most of the time.' (Ibid., p. 245)

Nijinsky was clearly very attracted homosexually to his attendant, Fritz Wieland, but the repression of his homosexuality remained in place and in its stead arose a paranoid delusion that Wieland wanted to "kill" him. The introduction of a female nurse helped to dampen the severe homosexual conflict caused by Wieland's presence. As stated in the previous quotation, "In mixed company Nijinsky tended to be much less disturbed." Obviously the reason for this was that homosexual temptation was not such an unsettling factor for him in mixed company as it was in same-sex company.

- 535 As if to rid himself of this most ghastly fantasy and make himself feel alive again, Nijinsky instigated a whole series of animal imitations. He 'jumped around like a monkey on the floor,' started 'eating like a monkey,' and 'sat on his attendant's lap' in order to be petted and fed. (Ibid., p. 246)

When Nijinsky "sat on his attendant's lap in order to be petted and fed," he was acting like a woman would when she sits on the lap of a man. This is yet another example of Nijinsky's unconscious alienation from the normal masculine sexual role.

- 536 Different from the dancer's first admission to Bellevue was his seeming absence of fear. Instead of the earlier dread that something awful might happen, that he might be put to death or die of a heart attack, this time he

deliberately sought danger and assaulted others as well as himself with unbridled fury. Similarly absent this time was any inhibition of homosexuality. Nijinsky tried openly to seduce his male attendant, kissed his hands and feet, and said to him, 'You are my wife.' So insistent was he in trying to remove the attendant's wedding ring that the latter finally had to take his ring off and hide it. Nijinsky also chased one of the male doctors and tried to grab his wedding ring. When the doctor resisted, Nijinsky 'hit him and then wept.' He seemed more confused than ever before. The staff observed him 'talking to himself, taking off his shirt and kneeling in front of his attendant with folded hands, eyes screwed-up, gnashing his teeth, ejaculating loud screams and spitting at the attendant.' While in the bathtub, Nijinsky 'made every possible sort of movement with his body.' Suggesting the religious ecstasies of saintly Russian catatonics, or an attempt at orgasm. Occasionally, he pointed to his navel, saying, 'This is a woman or an idea.' He may have been trying to express an attitude in regard to Romola's pregnancy, much as he did in 1913, while expecting their first child, or he may have wanted to give birth himself, perhaps to a new idea. He kept talking nonsense, 'emitting words that did not hang together: planet, detective, airplane, medicine, art.' (Ibid., p. 256)

This is a very graphic description of a man in the throes of an acute attack of catatonic schizophrenia, precipitated, as it invariably is, by intense conflict over homosexual and heterosexual drives. The catatonic is very uncertain about which sex he or she belongs to, and projects this uncertainty onto others in the immediate environment.

In Nijinsky's case, he believes his male attendant is a female: "You are my wife." Furthermore, he wishes to be, or thinks he is, a pregnant female, as when he points to his stomach and says "This is a woman or an idea."

537 Generally, Nijinsky felt more 'calm' and 'agreeable' when left alone with his male nurse, who helped him get dressed and undressed, took care of his hygienic needs, and occasionally gave him a 'colonic irrigation to aid with digestion.' (Ibid., p. 317)

The "colonic irrigation" administered to Nijinsky by his male attendant "to aid with digestion" could very well have been a symbolic replacement for the passive anal intercourse he had previously experienced in his relationship with his ex-lover, Diaghilev. If so, these particular ministrations would undoubtedly have made Nijinsky feel more "calm" and "agreeable."

538 The nurse now working for them was a man Romola suspected of getting sexually involved with Nijinsky. 'I can't prove it absolutely,' she wrote Dr. Müller, 'but one day I came into the room unexpectedly, and found a very peculiar situation.' Twice the nurse had been 'left alone with my husband, and

his homosexual appearance became apparent to others as well.' Nijinsky was now 'practicing this habit [masturbation] everyday, after lunch. Then he is relaxed. Couldn't this damage his heart?'⁶⁰ (Romola need not have worried: orgasms are a healthier way to release tension than convulsions produced with 'dry shock.')

She writes that after she confronted the nurse with her concerns about homosexuality, the man 'quit immediately and then made as much trouble for me as he could,'⁶¹ meaning that he reported to Dr. Müller his own version of what was going on in the hotel. (Ibid., p. 313)

Nijinsky's homosexual tendencies had by this time become very obvious to everyone connected with his case.

An interesting sidelight here is the remark by author Peter Ostwald that "orgasms are a healthier way to release tension than convulsions produced with 'dry shock.'" Unbeknownst to himself, he has revealed the reason E.C.T. (electro-convulsive-therapy) is beneficial in certain recalcitrant cases of schizophrenia when all other methods of treatment have failed. These "convulsions produced with 'dry shock'" are in actuality artificially produced "orgasms" which serve to release the enormous quantity of repressed homosexual excitement which has built up in the organism due to the fact its natural course of discharge through genital orgasm has been blocked by the repressive ego. In Nijinsky's case, the fact he had begun masturbating openly was a very healthy and hopeful sign, for it meant he was now able to release in a more normal manner the intense sexual excitement engendered by his long-repressed homosexual fantasies and cravings, the frustration of which had driven him insane.

539 Sexuality seems to have been a huge problem for Nijinsky, matched only by his wife's homophobia, although she overcame that, to a certain degree, by accepting female lovers. Romola lived for another twenty-eight years. She travelled widely, usually with Paul Bohus, visited Russia – where she had an amusing interview with Khrushchev – and Japan, where she fell in love with a transvestite actress who remarkably resembled the young Nijinsky. (Ibid., p. 341)

By falling in love "with a transvestite actress who remarkably resembled the young Nijinsky," Romola was attempting to recapitulate her affair with her husband, for emotionally Nijinsky was a "transvestite actress" – a mixture of both male and female, a "bearded lady," a man who became insane as the result of repressing his highly-developed, passive, feminine, homosexual nature. And Romola, too, was a "transvestite actress," for only a woman of a decidedly masculine, homosexual temperament could have wed a man like Nijinsky. Romola's later career confirms the accuracy of this observation, for

after Nijinsky's death she shed all pretense of heterosexuality and embraced a basically homosexual way of life.

540 Altogether, 22 percent had had contact with the police for bizarre or inappropriate behavior as part of their first episode of schizophrenia, including such events as the strangulation of a pet canary, cutting off the heads of the flowers in the family garden, and a male graduate student walking through a quiet suburb in lady's underpants embracing each exposed garbage can.

[*Schizophrenia Genesis (The Origins of Madness)*, Irving I. Gottesman, W. H. Freeman and Company, New York, 1991, p. 192.]

The male graduate student "in lady's underpants" is exhibiting unmistakable signs of the severe bisexual conflict which has driven him crazy. The garbage cans most likely symbolize male figures to whom he is homosexually attracted.

541 Neither twin was ever interested in girls.

Both Herbert and Nick held various unskilled jobs as delivery boys until age 22. Herbert then began to behave oddly, staring silently into space, sitting in awkward positions for long periods, neglecting himself, grimacing and laughing to himself; he interpreted passing automobiles as the sound of enemy aircraft.

..... On January 8, Herbert was admitted to our hospital and came onto the twin register: 'You feel people are deceiving you. I'd be reading people's thoughts when I concentrate Some people talk backwards and some people you have to get along on top of their talk. [Later] I'm sure an 'interdiscrete society' could help you. Communist aggression mixed with racial intolerance'..... Herbert was committed to long-term care in a mental hospital and was still there after more than 28 years.

Unknown to us at the time, Nick was admitted to a different hospital on January 5 after running across a plowed field with his arms outstretched as if in prayer. The night of his visit to Herbert, he was found crying and the next day seemed lost in thought and was making clicking sounds with his tongue. After New Year's Day, he amazed his adoptive father with unintelligible talk; he felt that he had special powers but that they left him when a cigarette pack was thrown away; he smashed a porcelain dog – 'The devil was there and it was either him or me'; he saw a mass of flames and heard voices singing 'Hark, the Herald Angels Sing.' He was admitted to a mental hospital the next day in a confused and agitated state. Like his twin, he had been virtually continuously in hospital for over 27 years. (Ibid., p. 122)

Herbert and Nick were both afflicted with paranoid schizophrenia as the result of their repressed homosexual cravings. "Neither twin was ever interested in girls."

542 Thus, a predisposed young man – wrenched from his psychosocial support network, exposed to the rigors of basic military training, his fragile sexual identity threatened by 'homosexual' horseplay in group showers, and fatigued from sleeplessness – decompensates when forced to make his way through strange terrain during nighttime maneuvers. (Ibid., p. 225)

The author does not make clear whether this is an actual or a hypothetical case, however it is a clinically accurate description of an episode of homosexual panic which develops ("decompensates") into a schizophrenic break with reality. Mention is made of the young man's "fragile sexual identity" which is threatened not only by the "homosexual' horseplay" in the showers but also by the close, all-male environment which he is subjected to on a 24-hour basis. Any young man already afflicted with severe bisexual conflict would be prone to "decompensate" into a homosexual panic and consequent schizophrenic symptomatology if placed in a similar all-male setting of homosexual temptation.

543 I stopped crying. My socks were still wet. The gray snow from my snowsuit and boots melted onto the rug. I was scared. Lincoln was in a very happy mood. My nose was stopped up and I felt half-feverish, but he was too excited to notice.

He pulled my grandmother's hand-crocheted afghan off the couch and a monstrous, humorous creature was revealed. She wore one of my mother's housedresses. Her body was made of pillows. She had coffee cups for breasts and cardboard mailing tubes for legs. She wore my mother's bowling shoes and carried her patent-leather dress-up bag on her white elbow-length gloved hands. Her arms were golf clubs and her neck was a mop handle. Her head was the mop itself; Lincoln had combed it back and held it in place with my barrettes and rubber bands. Aunt Matilda's eyes were covered by my mother's rhinestone sunglasses. Lincoln had made her nose from an old bronzed baby shoe, and Aunt Matilda's mouth was a red pepper. She lay on the couch looking half dead.

'Say hello,' Lincoln ordered me, 'and curtsy.'

'Hello, Aunt Matilda,' I said. I curtsied. Lincoln's voice changed to a falsetto.

'Hello, you darling little sweet thing you,' said Aunt Matilda. 'I can't believe how you've grown grown grown. What a lovely woman you've become. Are you married yet?'

'I'm only five,' I explained.

'Well, I would have taken you for eight on any day,' said Aunt Matilda. This pleased me immensely.

'I travelled all the way from Oregon just to see you,' said Aunt Matilda. 'Now tell me all about school.'

I was growing impatient. My feet were freezing and I had to go to the bathroom badly.

'I'm in kindergarten,' I said.

Lincoln's voice broke in. 'Stand still,' he commanded me, 'or you'll give your aunt heart failure.'

I tried to obey.

'What do children do in kindergarten?' cooed Aunt Matilda. 'I'm so very old I can't remember.'

I shrugged. 'We learned to tie our shoes.'

'That's lovely, dear,' said Aunt Matilda. 'Why don't you show me how to tie a bow and I'll give you one of the fabulous presents I brought all the way from Oregon.'

[*The Four of Us, The Story of a Family*, Elizabeth Swados, Farrar, Strauss and Giroux, New York, 1991, p. 12.]

Lincoln Swados, the author's brother, was diagnosed in his freshman year at college as suffering from "schizophrenia with severe paranoid tendencies." As this passage so clearly indicates, he was already markedly sex-role alienated by the time he was thirteen, the age at which he proudly and excitedly constructed his "Aunt Matilda" dummy and played the role of this imaginary visitor from Oregon before an audience of one – his bewildered younger sister, Elizabeth. By no stretch of the imagination could this activity of Lincoln's be called "normal" sex-role behavior on the part of an adolescent male. What it does illustrate, of course, is that Lincoln was already gripped by such intensely conflicting bisexual drives and gender role confusion that a schizophrenic break with reality was inevitable.

Although the author takes poetic license in transcribing the exact wording purportedly used by both she and her brother on this particular occasion, nevertheless it is certain she has realistically captured the markedly effeminate nature and tone of Lincoln's dramatic production.

544 Sometimes he called using made-up voices and never admitted that it was he. I can remember talking to a Marine sergeant from Texas, a rock-and-roll star from England, and a dying female ex-math teacher from the Midwest. (She wanted to confess about all the terrible things she'd done to her students.) I played by brother's straight man, but I wished at times that the strange conversations were over long before he hung up. I was fifteen or sixteen at the time, and didn't want to admit it, but I preferred talking to my

boyfriend about movies, jazz, and his mustang to listening to my brother's disjointed poetry. (Ibid., p. 30)

In his early twenties Lincoln, by now definitely diagnosed as afflicted with schizophrenia, shows additional evidence of his severe bisexual conflict when he plays both the male and female roles during his strange, "schizophrenic" phone calls to his patient, but still-bewildered sister. Lincoln is a classic example of how the "bearded lady" syndrome forms the etiological core of schizophrenic symptomatology.

545 This was the time that I was receiving strange collect phone calls from New York. I knew the calls were from my brother, but he disguised his voice and refused to tell me his name. Sometimes he posed as a fictional rock-and-roll star, Bart T. Blue. Bart T. Blue told me he was in love with me and asked me to marry him. I never refused. Other times he was a woman, Marticia Downsfeather, who was calling on behalf of the orphans of America. She needed brownies, Fritos, and cans of Chef Boyardee Ravioli. I sent them to my brother's address and they were never returned. The night my mother took ill, the phone rang and I picked it up in the middle of the first ring, as I'd been instructed. My father was a little hard-of-hearing and didn't hear the phone until the second or third ring. This time a low, breathy voice chanted in my ear.

Don't believe what you hear about the inner ear.
Don't believe what you hear about the inner ear.

The voice chanted this line for several minutes and then hung up. I tried to imagine the ear inside the ear. The one which heard what the brain and heart and veins were saying. (Ibid., p. 192)

This quotation provides additional evidence of Lincoln's severe bisexual conflict and "bearded lady" status.

546 The owner of the theater, Ellen Stewart, called me into her office and waved some manuscripts in my face. 'What am I to do with these?' she asked sympathetically. 'They're your brother's plays. All they are is balls balls balls, honey. Touchin them, suckin them, bouncin them. I don't want to hurt Lincoln's feelings, but does he think he discovered being gay?'

'Maybe it's new to him,' I said in shock. 'Maybe it'll pass. He's a good writer.'

'All I see is balls balls balls,' Ellen sighed. 'What do I do with him?' (Ibid., p. 37)

Lincoln's powerful homosexual drives, long repressed and denied, finally surface in his writings. This is actually a healthy sign, as the repression and denial of these feelings are what have driven him insane in the first place. By derepressing them and allowing them into conscious awareness, his ego, or intellect, now has an opportunity to deal with them rationally and thus hopefully to bring them under some semblance of control, rather than having them drive him insane as before.

547 I have begun the day with men and women who believe themselves to be Robert E. Lee or God the Father and counseled others who shake with the expectation of torture.

[*The Dinosaur Man (Tales of Madness and Enchantment from the Back Ward)*, Susan Baur, Harper Collins Publishers, New York, 1991, p. 2.]

For a woman to believe delusionally that she is Robert E. Lee or God the Father shows unmistakable signs of severe sex-role alienation, and this sex-role alienation, always beginning in early childhood, leads inevitably, following puberty, either to a homosexual way of life or else, if these feelings are denied and repressed, to the development of schizophrenic symptomatology.

548 What was a small, sharp-eyed man really asking for when he showed me his vicious drawings of women with pointed teeth and barbed-wire jewelry, then let me hold the rag doll he cared for with obvious tenderness. (Ibid., p. 3)

This schizophrenic male demonstrates an intense hatred and fear of women while simultaneously revealing very strong feminine and maternal instincts of his own. His hostility must stem partly from intense jealousy of the female role, jealousy which is an invariable product of every schizophrenic male's severe bisexual conflict. The "penis envy" which plays such an important pathogenic role in the psyche of every schizophrenic female has its exact counterpart in the "vagina envy" felt by every schizophrenic male.

549 On his other side, a rather shapeless woman with a scarf around her head and a large handbag had settled onto the step. 'Hello, Leonard,' she said warmly to someone I couldn't see, 'I mean, oh dear, *Bernie*. It's you.'

I moved to get a better view and found that she was holding a powdery compact in her hand and smiling at her own reflection. (Ibid., p. 6)

This patient looks in the mirror and sees the unconscious masculine image she has of herself in its reflection.

550 As I disentangled myself from his ideas, he floated back to the far corner of the dayroom and knelt before one of the heavy brown chairs that sat in two straight rows in front of the television set. One of the aides had already told me that Mr. Nouvelle performed unnatural acts on invisible men, but from where I stood I could not tell whether the Nicodemosaurus was bobbing up and down or simply praying. I watched for a moment or two and wondered what was going on. Perhaps if I got to know him (Ibid., p. 18)

Mr. Nouvelle is obviously afflicted with very powerful homosexual cravings of an oral nature, the conscious disavowal of which have driven him insane, or schizophrenic.

551 Our early meetings were totally confusing. He was a Venetian policeman, the Inspector General, my father, or even me, and in turn I was mother, wife, son, daughter, duck egg, and dinosaur. (Ibid., p. 18)

Probably the most bewildering aspect of these early meetings between the author and Mr. Nouvelle was the intense confusion he displayed concerning not only his own sexual identity but that of the author's as well.

552 'I told them I was the son who never sucked dick,' he wailed. 'I promised not to eat anything until my eyes were fixed. I gave the sign' – and here he kissed the ends of his fingers from little finger to thumb and back again – 'but still they cut into my brain and took it out by the pailful. When are they going to fix me and send me home to my wives?' (Ibid., p. 20)

Again we see evidence of Mr. Nouvelle's extremely powerful oral homosexual cravings. When he asks "When are they going to fix me and send me home to my wives?" it's as if he's asking "When are the doctors going to cure me of my intolerable craving to perform fellatio on other men so that I can then be rid of my homosexuality and become sexually interested in women?"

553 Mr. Nouvelle was born in a small logging town not far from the Canadian border, the youngest of nine children, and came into the world to replace a daughter born barely a year earlier, who had died of whooping cough. Her name was Claudine, and the family called Maurice by his middle name, Claude. Times were hard for the family in those years. His father was apparently drinking to dull the pain of an old back injury, and his mother, still mourning the death of her baby, was sad and very, very tired. The care of Maurice fell to his four older sisters, and it was they who dressed him in frocks like a girl or a doll and pushed him around in a big wicker baby carriage. (Ibid., p. 22)

Maurice also began to join in the games of his older brother, such as 'dick flicking' in the woods behind the school, but he was always the youngest and smallest, and something of his early years as a 'girl' led the older boys to taunt him. (Ibid., p. 22)

Sex-role alienation began for Mr. Nouvelle at a very early age. He was treated by his family as if he were a girl almost from the very beginning of his life. Furthermore, the fact the father was an alcoholic meant he could not have been an adequate masculine role model for his son, while his obviously depressed mother could not have provided him with sufficient maternal nurturance to enable him to build a healthy self-esteem as a beloved son. Thus Mr. Nouvelle's fate was sealed almost from the moment of his birth. He would become either homosexual or schizophrenic, the outcome depending upon his acceptance or denial of his extremely effeminate nature. As we know, he became schizophrenic, a strict religious upbringing undoubtedly supplying him with one of the major motivations for repressing his powerful homosexual strivings, thus dooming him to a lifetime of emotional chaos and pain.

554 His delusions concerning sex, greatness, and persecution also flowed into his French, and he was soon able to discuss 'being queered' or squeezing zucchini in either language. (Ibid., p. 23)

..... Mr. Nouvelle's answer was incomprehensible. However, he repeated 'taking away' several times, and, as was his custom when agitated, he took an imaginary dick from his pocket and began sucking upon it. Clearly this curious man desired to be understood, and just as clearly the giving away of his secrets and rediscovery of his past felt extremely dangerous to him. (Ibid., p. 23)

Mr. Nouvelle's barely disguised oral homosexual cravings seem to be the driving force behind his schizophrenic symptomatology.

555 There followed nightly orgies of incredible proportions, the descriptions of which sounded like the rich interleaving of a pornographic novel and a poultry breeder's manual. Sweet milk ran from the wombs and penises, a son sucked his mother's zucchini, and duck eggs moved throughout the male and female anatomy as easily as one draws a breath. Soon the invisible ladies moaned in ecstasy, as Mr. Nouvelle drove his thirty-eight good dicks into their cantaloupes and streams of green beans poured from the women's fingers and out their ears. (Ibid., p. 25)

Here we see delusions of a mother who has a penis (zucchini) which is being sucked by her son, eggs which appear in both males and females, and

"invisible ladies" moaning in sexual ecstasy as the patient "drives his thirty-eight good dicks" into their "cantaloupes." The meaning of all this is that the patient is trying to convince himself that he is not, contrary to all the evidence, a man who has very urgent, oral homosexual cravings and is extremely confused as to which sex he really belongs to, but rather that he is an intensely virile and potent male who can provide heterosexual satisfaction to numerous women.

556 I had watched Mr. Nouvelle take the arms of an empty wooden armchair in his hands, kneel before it, and bob silently up and down, and I had seen him play around with a man known as the Extortionist. The two would bump into each other or poke half-heartedly at each other's private parts. Mr. Nouvelle told me that once he gave a patient a dollar to follow him into the basement of Building 2 and there let him reach into his pants. Because he found no 'dick,' but 'only a small zucchini,' he knew he had chosen a man who was really a woman. (Ibid., p. 27)

Mr. Nouvelle projects his own intense confusion as to which sex he belongs to onto the man in the basement who, because he has "only a small zucchini," is perceived as being a woman rather than a man.

557 As we approached the pond, a school of fingerlings darted into the shallow, and abruptly, matter-of-factly, Mr. Nouvelle recounted the story of his first hospitalization – how he believed the men at the logging camp thought he was queer, how they had sent messages to him through the cosmic whine of the screeching saws, and how at last he'd been carried off the job with crazy sounds of wheezing and jeering in his ears. Sometime later he had been taken to a hospital, and there he was questioned, medicated, and given shock treatments that 'walk the thoughts right out of your mind.' Finally he was taken home and there met by a family who 'looked at me like an animal.' (Ibid., p. 33)

This is a classic case of a paranoid schizophrenic break with reality occasioned, as it invariably is, by the outbreak of powerful homosexual cravings which the patient has denied and repressed.

558 For nearly a week Mr. Nouvelle ignored this news and then with unbearable energy called back all the magic he had ever used to endure thirty-seven years of chaos and loneliness. He went on a hunger strike and lost 15 pounds. He stuffed his jacket pockets with invisible dicks and sucked on them incessantly. He made the sign by kissing his fingers not once but three times, and he increased his number of wives to a thousand and then to a hundred thousand. (Ibid., p. 35)

The patient's unconscious defense against his overwhelmingly intense oral homosexual cravings is to deny their reality altogether and instead to insist that he is actually so virile and heterosexual that he has literally thousands of wives.

559 The last two weeks with the Dinosaur Man were terrible. He was upset and delusional, and there were no reprieves. During our last meeting he caught sight of a new patient, a man of about twenty-five. He stared across the hall at him and poured into that stare the same intense question and promise that he'd held in his eyes when he first looked at me, and before me at his six wives, at a hundred nurses, and at all the women in the world.

'Miss Baur,' he asked, still staring at the patient, 'am I obliged to stay with you the whole hour?'

'No, Mr. Nouvelle.'

'I see Tommy Hammond over there with a bag in his hand,' he continued, swaying toward the young man. 'He may be my Dinosaur son, and I think he has something for me.' (Ibid., p. 36)

Mr. Nouvelle's powerful current of homosexual lust, the denial of which has driven him insane, is graphically described in this quotation wherein he espies Tommy Hammond across the hall and "poured into that stare the same intense question and promise that he'd held in his eyes" when he had first met the author, Susan Baur, all the nurses on the wards, and his multitude of delusional girlfriends and wives. What the author is describing is a look of profound sexual lust, animal-like in its frankness, and in this instance directed towards the true object of Mr. Nouvelle's deepest sexual desires – another man.

560 As frequently happened on the ward, it was difficult to know which parts of Mr. Brunetti's stories were true, in the usual sense of the word, and which imaginary, but in his case the essentials were well documented. For over fifteen years this slow-moving rather shapeless man had been steadfastly in love with one of the female patients at Mountain Valley. Most of the time her name was Jolinda Muniz, and she was a short, sturdy-looking woman who wore coveralls. Occasionally, she was John Hines, a bomb builder for a secret government agency, but this, she explained, did not change her feelings for Mr. Brunetti. It merely made her vision so sharp that she saw the world as if through the wings of a fly. (Ibid., p. 63)

..... For her part, Jolinda maintained that 'her friend' was 'OK.' Yes, he gave her things, but nothing she couldn't get herself, and yes, she liked to sit with him on the benches because he never got fresh, and no one bothered her when they were together. (Ibid., p. 64)

..... 'I designed the bomb, you know,' said Jolinda Muniz belligerently, as I tried to get her to say and think my words. 'I did. I mean really. It's mine.' (Ibid., p. 65)

Jolinda Muniz' intense bisexual conflict, and consequently her deep-seated sense of confusion as to which sex she really belongs to, becomes very apparent from the material presented in this quotation. She is truly a "bearded lady."

- 561 Conversely, I might have assumed that all noisy patients are likely to be as incomprehensible as Paul Whitman, who, sashaying into the testing room with his T-shirt tied into a bolero, dramatically proclaimed himself to be 'Magnolia.' 'A woman's test,' he squealed, snatching one of the recognition sheets off the table before he'd even begun to read or think the words. 'Flower,' he read. 'Yes, I'll take flowers. 'Bread' is good too. But 'soldier'? No, no, no. Soldiers are for boys. And boys,' he suddenly shouted, his voice deep and menacing, 'don't get pregnant!' With that he clasped his hands over his crotch and shimmied out of the meeting room. (Ibid., pp. 66-67)

Closely following in Jolinda Muniz' footsteps is yet another "bearded lady," Paul Whitman, otherwise known as "Magnolia." This schizophrenic man presents a picture of such total sexual confusion and conflict that any objective observer would undoubtedly be left shaking his or her head in complete bewilderment as to exactly what was being perceived.

- 562 'Mary Frances! Mrs. Quinette!' shouted a patient through the glass, pulling his T-shirt higher up his chest and rubbing his belly. 'Mr. Whitman, don't.' 'They found the baby in my stomach, on the X ray.' 'Mr. Whitman,' repeated the nurse, who was also this patient's advocate or case manager, 'don't yell through the glass. Knock on the—' 'They took an X ray and saw the baby with a snake in it. That proves I'm a woman,' and with that the volatile Mr. Whitman disappeared around the corner and into the men's room. (Ibid., p. 110)

Mr. Whitman is definitely suffering from a severe case of schizophrenia, the "bearded lady" disease.

- 563 After lunch, for example, it was common to see eight to ten men, all smoking, sitting around the periphery of the first-floor lounge. Most were silent, many rocked or tapped. Ivana Goldman negotiated a hot deal with invisible business partners, and an absolutely wild-eyed man, whom I'd seen

when I first arrived on the back wards, inscribed enormous figures in the air and claimed to be reading Coptic braille. (Ibid., p. 112)

Ivana Goldman? The unfortunate Mr. Goldman's sex-role alienation must have begun at a very early age, due in part to his own obviously sexually confused parents having bestowed upon him the feminine equivalent of the name "Ivan." It reminds one of the American country western song called "The Boy Named Sue."

564 'You've had some hard times?' I questioned sympathetically.

'I could write a book,' said Wanda, leaning back in her old velvet chair and dabbing her eyes with the handkerchief she kept tucked in the cuff of her blouse. 'And no one would believe what I've been through My mother named me Lester before I was born, you know. She and my father wanted a boy so bad. But there I was, a little mite.' Her voice began to break. 'A little innocent baby.' (Ibid., p. 131)

As much as Wanda's parents may have wanted a boy named "Lester," when they were faced with the disappointing fact that their newborn was of the female sex, they at least gave her a suitably feminine name, unlike the parents of the above-mentioned Mr. Ivana Goldman. Perhaps this may explain why, although suffering from severe mental illness due to her bisexual conflict and confusion, Wanda was never-the-less able to remain on an outpatient basis rather than being committed to a mental hospital, the fate which befell the unfortunate Ivana.

565 When I first asked Mr. Nouvelle for his earliest memory, the Dinosaur Man was at his most elusive.

'I was eighteen months old,' he said dreamily. 'I slept in my parents' room and I saw them making love. I saw her give my father a hand job and I said, 'I can do better than that,' so I gave him a blow job. It's hard the first time you get caught,' he continued, 'but you just agree with them and say, 'Yes, I'm eating my father. He likes it. It's a good thing to do.' Then they let you alone.' (Ibid., p. 190)

Mr. Nouvelle's intense oral homosexual cravings, the repression of which has driven him insane, appear to have originated in an early childhood fixation on his father. Rather than developing the more normal, or usual, "positive" Oedipal complex, wherein the son is sexually and emotionally attracted to the mother and identifies in a competitive manner with the father as a male, Mr. Nouvelle developed the "negative" Oedipal complex, wherein a son identifies in a competitive manner with the mother as a female and takes the father as the object of his sexual lust and emotional yearnings, later on

transferring this lust to all other men. The "negative" Oedipal complex leads inevitably, in both males and females, to either a frank homosexual orientation or, if repressed, to neurosis or psychosis, as exemplified by Mr. Nouvelle's case. (The "negative" Oedipal complex in the female occurs when the daughter takes her mother as her love object and competes in a masculine fashion with the father for her attention, and later on for that of all other women.)

566 For example, during my time on 9-2-D, Dallas Grey's memories of Dr. Sweetheart were refreshed and reinforced, and with them Mr. Grey's confidence in himself. Although I never figured out what was going on in this man's mind, apparently something happened that helped him to live outside the hospital for the first time in many years, albeit for a limited time. When I think of Mr. Grey (who chose his own pseudonym by asking to be called Stella Dallas or Zane Grey), I think of a carved wooden box, the kind with a false bottom and a secret drawer that Yankee seamen made on long voyages. I asked myself if there were anything I could do to the outside of such a box – and that is all I had access to – that would influence the inside, but Dallas Grey very quietly suggested that I was asking too many questions. (Ibid., p. 195)

Dallas Grey, otherwise known as Stella Dallas or Zane Grey, very definitely suffers from the "bearded lady" disease – schizophrenia.

567 His writings conclude with thoughts of his mother, who was killed by her third husband, Williams's abusive stepfather.

His mother, he said, was his best friend.

'We made brownies together and we shared sandwiches we made,' he wrote. 'I walked in her shoes and she wore my hat and we laughed because we needed each other.'

..... In saying his letter was on the way, Williams said: 'You can call it the writings of a madman.'

["Serial Killer Tells Chilling Tale of Why He Stalked Victims," Rebecca Powers, *Gannett News Service, The Marin Independent Journal*, Marin County, California, June 19, 1992, p. A4.]

Williams, who has raped and killed numerous women, intuitively realizes he is insane – "You can call it the writings of a madman."

The American psychiatrist Harry Stack Sullivan once wrote: "From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately

related as a sequent to unfortunate prolongation of the attachment of the son and the mother."

From the brief description given here of Williams's relationship with his mother, it can be seen that they had developed an extremely close, symbiotic bond, to the extent they would sometimes wear each other's clothing – he would walk in her shoes and she would wear his hat. Such activity constitutes a form of transvestism and implies a marked degree of sex-role alienation and confusion in both parties.

As a consequence of his symbiotic bond with his mother, Williams would have developed the characteristics of a "mama's boy," that is, of a basically effeminate and passive male who harbors a certain degree of animosity towards females. These characteristics would eventually lead to either an openly homosexual way of life or, if the homosexuality was repressed, to the development of schizophrenic symptomatology, as happened in this case.

568 [Name Deleted], a diagnosed paranoid schizophrenic, is being held at the Montgomery County jail in Rockville, MD. Though he hasn't confessed, police say that during questioning he lapsed into voices – an infant, a woman and a man – who said to look for 'them' in New Jersey. Police combed his boyhood neighborhood of Warren, NJ, but found nothing.

..... In 1989, [N.D.] was arrested for stealing purses from a church while dressed as a woman. He lived in his car in the church parking lot, less than 25 yards from where police found Laura Houghteling's bloody pillowcase, making a living from doing odd jobs.

["A Deadly Brother Act: 2 Vicious Crimes, Identical Horror," Gina Boubion, *San Jose Mercury News*, reprinted in the *Marin Independent Journal*, Marin County, California, Sunday ed., December 13, 1992, p. C7.]

The most obvious signs of the severe bisexual conflict which has driven Mr. [N.D.] insane, or schizophrenic, are the incidents where he spoke in a woman's voice and earlier had dressed in female clothing.

569 There is this condescending attitude in business that when you get emotionally and mentally raped, well 'you got screwed' and the accepted results is that the victim is now supposed to go to work at 7-11 or become homeless and the rapist is admired and envied as 'a winner.' I have always admired and tried to copy winners, but rape of any kind is deplorable and against the law. Remember the time when the same sneaking, laughing attitude was bestowed upon drunk drivers, and the victim got no sympathy? Remember the time when the person raped physically did not dare to report it because of the humiliation and ridicule that the legal system put the [victim] thru. When you hire a consultant or an attorney you don't hire

for the purpose of getting raped and then having all your efforts towards legal recourse totally thwarted by a corrupt legal system of 'esquires.' Esquires in the dark ages romed the countryside to steal from the working people and give to the prince. Do attorney want us to call them esquires because their allegiance is to the monarchy?

["Excerpts from Gunman's Letter," Gianluigi Ferri, *San Francisco Chronicle*, July 3, 1993, p. A12.]

Gianluigi Ferri, the author of the above proclamation, pushed to the breaking point by his extreme bisexual conflict, went on a murderous rampage in July of 1993 in San Francisco, killing eight people, including himself, and wounding six.

The targets of his outer rage were the employees of the law firm whom he, in his paranoid delusion, believed had "raped" him. The fact that the employees he slaughtered were both male and female illustrates the depth of his bisexual confusion and gender alienation.

It is obvious from this letter that Ferri unconsciously identifies himself as a female, one who has been "raped" repeatedly by strong males, i.e. the lawyers of the targeted firm. This complaint appears again and again in this rambling, delusional letter. Unconsciously, of course, he would very much like to be a woman being raped by a strong male, his paranoid schizophrenia being nothing more than a defense against such powerful, unconscious homosexual feelings.

When he writes that he "always admired and tried to copy winners," what he is saying is that he has attempted to identify with the strong male figures in his life, but in vain. This effort failed because his unconscious identification as a female was so powerful that it overwhelmed his virile, heterosexual side.

Here again we have a tragic example of how the "bearded lady" disease can drive a person insane. In this instance Ferri's bisexual conflict resulted in a deadly episode of "running amok," the frequent consequence of such a paranoid-schizophrenic break with reality.

570 My future wife is Julia Murray. Before I met her, I had heard about Julia. Julia was – can I say this? Julia had lost her mind for a while. O.K.? Like most transgendered people do. We all get confused, we lose our minds, we end up in hospitals. Julia had lost her mind. And when I was moving into Transie House, Julia was just coming home. We became very good friends.

[Sylvia [Name Deleted], *New York Times Magazine*, June 27, 1999.]

In this short exposition by Sylvia [N.D.], herself a "transgendered" person, the root of mental illness is clearly laid bare, i.e., severe bisexual conflict and

confusion. "We all get confused, we lose our minds, we end up in hospitals." This is what schizophrenia is all about, and nowhere has its cause been more clearly illustrated than in the above comments by Sylvia.

571 Mr. Carlile is at pains to reconcile the many actual sexual anomalies in Hemingway's life, among them his mother's having tried to 'pass him off as a girl' for the first four years of his life, as Mr. Carlile puts it, 'keeping him in dresses and long curly hair and bonnets'; his penchant for switching sexual roles with his wives, and the double standard he held in his acceptance of lesbians and his hatred of male homosexuals.

[Christopher Lehmann-Haupt (review of Clancy Carlile's *The Paris Pilgrims*), "Books of the Times" section of *The New York Times*, July 7, 1999.]

Ernest Hemingway was a victim of the "bearded lady" disease, as are, and have been, millions of others. His paranoid schizophrenia led to his death by suicide (the most serious symptom of schizophrenia) in 1961. From the above quotation, it is very easy to see why Mr. Hemingway developed sex-role alienation at a very early age, leading to severe bisexual conflict and confusion and consequently to his slowly developing madness following puberty.

572 Responding to some of Hemingway's more extreme behavior near the end of 'The Paris Pilgrims,' Robert McAlmon, his friend and publisher, speculates that 'Hemingway might someday realize that the qualities he found so despicable, so unacceptable and hateful in other men, might be the very qualities he was trying to deny in himself.' The character McAlmon continues. 'But if Hemingway was to escape insanity or suicide, those repressed qualities would someday have to come out'..... (Ibid.)

The "character McAlmon" in Clancy Carlile's The Paris Pilgrims is a most astute psychologist, unerringly fathoming the psycho-dynamics behind Hemingway's extreme mental turmoil. Furthermore, his brilliant analysis applies not only to Hemingway but to all mentally ill persons, in that the only way "to escape insanity or suicide, those repressed qualities would someday have to come out." This derepression of the "repressed qualities" is the only way to "cure" the bearded lady disease, and can only be achieved through rigorous psychoanalysis or other depth-oriented psychotherapy.

573 A man who fatally shot two people and wounded six others in 1980 outside a gay bar in Greenwich Village is seeking to be released from the maximum-security mental hospital where he has been held for 14 years.

The man (name and age deleted) has admitted that he was suffering from paranoid delusions about homosexuals when he opened fire outside the Ramrod Bar.

[*The New York Times*, news report, July 20, 1999.]

Referring to quotation 572 further above, the analysis applied to the Ernest Hemingway case by "the character McAlmon," wherein McAlmon says that the homosexual qualities Hemingway found so "despicable, so unacceptable and hateful in other men, might be the very qualities he was trying to deny in himself," applies similarly to all such cases which lead to insanity, such as the one referred to in this news report.

574 But political crises have turned into bouts of religious zeal in China before. The most notable was in the 1850's, when a failed Confucian scholar named Hong Xiuquan claimed to be the younger brother of Jesus and tried to build the Taiping Heavenly Kingdom in southern China. By the time Hong's enterprise was crushed by Government troops, his murderous Taiping Rebellion had cost millions of lives. (Author not noted.)

Here is but one of many unfortunate examples of the devastation the Bearded Lady disease has wrought upon mankind since the beginning of so-called "civilized" existence. Hong Xiuquan was obviously suffering from paranoid schizophrenia, caused by his severe bisexual conflict, and his mental illness resulted in "millions of lives" lost.

575 At Harvard, Ted felt socially isolated by other students. He recalls that 'their speech, manners and dress were so much more 'cultured' than mine.' There was even greater unease in Ted's life; he suffered from what he calls 'acute sexual starvation.' Sexual references run throughout his book, and although he never ties them into a knot, one cannot help wondering if sexual frustration was his main despair.

[Steven J. Dubner (in an article on Ted Kaczynski, the Unabomber), *Time Magazine*, October 18, 1999, p. 47.]

"Sexual frustration" is the "main despair" of all mentally ill persons, including Ted Kaczynski, a diagnosed paranoid schizophrenic. The "sexual starvation" is caused by the acute conflict between the homosexual and heterosexual drives, which basically cancel each other out, leading to a total blockage of sexual satisfaction, or orgasmic release. The toxic affect of all this undischarged libido is what provides the energy to fuel the actual symptoms of mental illness, such as auditory and visual hallucinations, mania and

depression, feelings of persecution, etc., all symptoms of the "bearded lady" disease – schizophrenia.

576 According to a psychiatric report compiled before his trial, Ted, while in graduate school at the University of Michigan, experienced several weeks of intense and persistent sexual excitement involving fantasies of being a female. During that time period, he became convinced that he should undergo sex-change surgery. (Ibid., p. 47)

Mr. Kaczynski actually went so far as to schedule an appointment with a psychiatrist to discuss his wishes to be transformed into a woman, but cancelled the appointment at the last minute. It is obvious from his own words that Mr. Kaczynski was no longer able to repress his intense homosexual cravings and that they had now gained ascendancy in their struggle with his heterosexual drives.

It is important to point out that it was not Mr. Kaczynski's sexual feelings per se which caused him to develop paranoid schizophrenia, but the denial, or repression, of these powerful urges. In and of themselves, they would cause no problems at all, but repressed, they literally drove him insane.

577 I dreamt several times that my former nervous illness had returned; naturally I was as unhappy about this in the dream, as I felt happy on waking that it had only been a dream. Furthermore, one morning while still in bed (whether still half asleep or already awake I cannot remember), I had a feeling which, thinking about it later when fully awake, struck me as highly peculiar. It was the idea that it really must be rather pleasant to be a woman succumbing to intercourse. This idea was so foreign to my whole nature that I may say I would have rejected it with indignation if fully awake; from what I have experienced since I cannot exclude the possibility that some external influences were at work to implant this idea in me.

[*Memoirs of My Nervous Illness*, Daniel Paul Schreber, Ibid., p. 63.]

In the above quotation, we see that the basic cause of Daniel Paul Schreber's mental illness has finally surfaced – namely, his intense bisexual conflict, with sex-role alienation. His rigid and punishing super ego has tried to keep this conflict repressed in the unconscious, but here it has finally broken through into consciousness where his ego will be forced to deal with it. Unfortunately his ego deals with it in the paranoid manner we can see developing here, when he writes that he "cannot exclude the possibility that some external influences were at work to implant this idea in me." In other words, the "paranoid shift" has begun to take place at this moment in his psyche, and he goes on to develop a full-blown case of paranoid

schizophrenia as a result of not being able to admit that these sexual feelings are really products of his own desires and wishes, and not those of some "external" forces being thrust upon him.

As we have noted before, Sigmund Freud developed his theory of paranoia from this particular case and it is considered by many to be the most important psychiatric case ever studied, which of course it is. As Macalpine and Hunter said in their notes on the Schreber case, "Schreber's name is legion." Mr. Ted Kaczynski (the subject of Quotations 575 and 576, above) is just one of millions of Schreber's "legion," as is every person mentioned in Schizophrenia: The Bearded Lady Disease, be they male or female.

578 Several were naked. Many were only partly dressed. Few had shoes, though the floor was puddled with urine and scattered with piles of men's feces. The men do not have their own clothes and each morning picked through stacks from the laundry. Unfortunately, the clothes were not carefully sorted, and one man ended up with women's black buckled shoes; a second wore a flowered blouse; the third had on a skirt. [name deleted], articulate man of 37, explained that he was schizophrenic, had been there three years and wanted desperately to leave.

["The Global Willowbrook," Michael Winerip, *The New York Times Magazine*, January 12, 2000, Section 6, p. 61.]

The above scene took place in the state mental hospital in Hidalgo, Mexico. Most noteworthy is the fact that three of the mental patients, afflicted with schizophrenia, chose women's clothing. This was not by accident, as the writer seems to infer, but was determined by the patients' basic sex-role alienation and resultant gender confusion, which is always to be found at the core of the schizophrenic illness, in both male and female, if one investigates deeply enough.

579 Pol Pot was less comfortable and revealing in a larger arena, making few public appearances even when in power, obscuring his identity, changing residences and warning of treachery from every quarter. When he had a stomach ailment he said his cooks were trying to poison him. When the power at his residence failed, he had the maintenance workers killed.

This fear of treachery – by foreign nations or by poisonous 'microbes' within his own organization – motivated much of his behavior, from his secretiveness to the bloody purges that began to consume his revolution beginning in 1977.

Speaking to a party cadre in 1976, he said: 'We search for the microbes within the party without success; they are buried. As our socialist revolution

advances, however, seeping into every corner of the party, the army and among the people, we can locate the ugly microbes.'

[*When the War was Over*, Elizabeth Becker, Simon & Schuster, New York, 1986 (in an article by Seth Mydans, journalist and author, *The New York Times*, date not noted).]

The above description of Pol Pot – the murderous Cambodian Kymer Rouge leader who ruled Cambodia from 1975 to 1979, instituting a reign of terror which resulted in the deaths of approximately one quarter of his country's seven million citizens – is that of a man suffering from a textbook case of paranoid schizophrenia.

All the classic symptoms of this disease are present: the fulminating paranoid suspicions, the grandiose ambitions, and the murderous rage and retaliation when the goals set by these ambitions are thought to be threatened or thwarted in any way. Pol Pot is another Daniel Paul Schreber – "Schreber's name is legion" – a person afflicted with a severe case of paranoid psychosis (schizophrenia) caused by his severe unconscious bisexual conflict, the result of deep-seated sex role alienation and confusion. Pol Pot is but one more of the too numerous examples of the terrible tragedy and suffering that can be inflicted upon society by persons who have been driven insane by their "bearded lady" conflict.

580 Since his childhood, the phrases used to describe him were uninspiring, polite, mediocre, soft spoken, patient, even shy. (Becker, Ibid.)

This description of Pol Pot as a young man describes a male figure evidencing somewhat effeminate mannerisms.

581 He was actually elegant, with a pleasing face, not handsome but attractive. His features were delicate and alert and his smile nearly endearing. At most he nodded his head slightly or flicked his dainty wrist for emphasis. (Becker, Ibid.)

Again we see evidence of effeminate mannerisms in Pol Pot, bringing to mind the same opposite-sex qualities so often displayed by another madman and mass murderer, Adolph Hitler, a fellow paranoid schizophrenic.

582 The interview, with Nate Thayer for the Far Eastern Economic Review, portrayed a man succumbing to age, bored and preoccupied with his aches and pains, but free of remorse. 'I came to carry out the struggle, not to kill people' he told his questioner. 'Even now, and you can look at me: Am I a savage person?' (Becker, Ibid.)

This is an amazing and obviously insane statement made by a man who had just recently ordered one of his oldest friends and closest colleagues in the Kymer Rouge, Son Sen, assassinated, along with many of his relatives, including his grandchildren. Why? Because – insanely suspicious – he believed Son Sen was responsible for the Kymer Rouge's and his own loss of power in Cambodia.

The Soviet madman, Joseph Stalin, likewise had hundreds of his closest followers murdered because of his paranoid suspicions of them, not to mention millions of his fellow citizens. The "bearded lady" disease has caused the deaths of many millions of innocent people down through the ages, and this is why it is so urgently necessary to bring schizophrenia's actually quite simple genesis and mechanism into common knowledge, so the necessary steps can be taken to negate the disastrous effects of this horrendous scourge on mankind.

583 It was, you'll recall, in November 1918 at the army hospital in Pasewalk that Hitler experienced some kind of transformative vision or hallucination. It was a life-changing moment of metamorphosis brought on by the news of the German army surrender – a surrender that, he makes clear in his own account of the moment in Mein Kampf and elsewhere, was accompanied by a simultaneous sickening sense that the November surrender was a betrayal, a sellout, a stab in the back. In that moment of utter collapse (personal and national), total despair, and then subsequent visionary (or hallucinatory) summons, Hitler conceived the mission and the myth that would bring him to power fifteen years later.

[*Explaining Hitler: The Search for the Origins of His Evil*, Ron Rosenbaum, Random House, Inc., New York, 1998, p. 54.]

The "metamorphosis" that Hitler actually experienced at Pasewalk was an acute paranoid schizophrenic episode, or so-called psychotic break with reality, from which he never emerged. The madness of murderous hate and suspicion which consumed his life from this time forward was the direct result of this "metamorphosis," or schizophrenic breakdown, and the world paid dearly on account of it.

584 In *Mein Kampf* he tells us he decided on his war against the Jews in November 1918, when, at the military hospital in Pasewalk, he learned, in rapid succession, of the naval mutiny at Kiel, the revolution that forced the abdication of the Emperor, and finally the armistice. 'Everything went black before my eyes,' he wrote. In the ensuing 'terrible days and even worse nights,' while he pondered the meaning of these cataclysmic events, 'my own fate become known to me.' It was then that he made his decision: 'There is

no making pacts with the Jews; there can only be the hard: either – or. I, for my part, decided to go into politics.' (Ibid., p. 376)

Hitler's schizophrenic breakdown was no different in form and content from that suffered by any other schizophrenic down through the ages. It was replete with hallucinations, delusions of grandeur and persecution, and overwhelming rage against the persecutor(s) along with vows of revenge. The tragedy in Hitler's case is that due to the historical and political currents of the time, this madman was able to get into a position of power where he could act out his crazed delusions, rather than being restrained in a mental hospital, where most other severely deranged schizophrenics end up.

Unfortunately, as we have seen from the history of the Cambodian dictator, Pol Pot (commented on briefly in the preceding quotations), Hitler was far from being the only madman who rose to a position of power in his society from which he could wreak savage destruction upon society. Joseph Stalin, certainly, should be added to this list, among many other lesser tyrants. "A tyrant is paranoid, cunning and ruthless," one observer has said, and these qualities always spring from paranoid schizophrenic illness. In short, all these monsters were afflicted with the "bearded lady" disease, and thus were as much victims of their own illness as the millions they destroyed, and were then themselves destroyed.

585 The Hitler family doctor during the years when he was growing up in Linz was a Jew, Eduard Bloch. This is a dramatic enough fact in itself, and coupled with the fact that Bloch attended Hitler's mother, Klara, during her final illness, it has given rise to some particularly energetic flights of conjecture. Klara, to whom her son was devoted, died of breast cancer when he was eighteen: she suffered great pain, made worse by the application of idioform-soaked gauze. It has been suggested that Bloch bungled the treatment, or that even if he didn't Hitler assumed he had; either way, it is argued, Hitler was left traumatized, with a festering resentment against 'the Jew.' As against this theory, there are two undoubted facts. Hitler expressed warm gratitude to Bloch at the time (and made him a present of one of his watercolors); more telling still, after the Nazi takeover of Austria in 1938, he gave him special permission to leave the country. Needless to say, for those who subscribe to the theory this simply means that Hitler's hatred of Bloch was buried deep in his unconscious – and all the more virulent in consequence. Most of us, however, would probably prefer to reserve judgement.

[*Explaining Hitler: The Search for the Origins of His Evil*, Ron Rosenbaum, Random House, Inc., New York, 1998 (in "A Nice Pleasant Youth," John Gross, *The New York Review of Books*, December 17, 1998, pp. 12-17).]

In reading Ron Rosenbaum's next to last sentence in the above quotation, we find the clue to Hitler's madness. All that is required is the substitution of the word "love" for "hatred" and the genesis of Hitler's paranoid schizophrenia becomes clear. The sentence then reads: ".....for those who subscribe to the theory this simply means that Hitler's love of Bloch was buried deep in his unconscious – and all the more virulent in consequence."

As Sigmund Freud so brilliantly demonstrated in his famous case of Daniel Paul Schreber Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides), in every case of paranoia the underlying factor is invariably the denial, or repression of, homosexual love for the person who later becomes the persecutor. The formula is: "I love him (or her)." Then comes the denial – "No, I don't love him (or her), I hate him (or her)." And then finally – "No, I don't hate him (or her); he (or she) hates me and persecutes me, therefore I have to defend myself against that person even to the point of killing him (or her)."

In Hitler's case, his deep affection and respect for his childhood physician had a strong element of homosexual love in it, which Hitler violently repressed and disavowed, yet which came back to torment him – the return of the repressed. This is what caused his schizophrenic collapse at the age of twenty-eight when he was in the army hospital at Pasewalk suffering from the effects of mustard gas.

Unable to assign the persecutory blame directly on Dr. Bloch, following his "recovery" from his psychotic, or schizophrenic break at Pasewalk, this hatred was displaced on all the Jews. He retained enough "reason" in his paranoid mind that consciously he was unable to think of Bloch, himself, as a persecutor, unlike the case of Daniel Paul Schreber, where Schreber's doctor, Professor Daniel Flechsig, did become the main persecutor in his delusional mind. Hitler, after all, was never so out of control that he had to be locked up in a mental asylum, as was Schreber, because he was able to retain somewhat more of his sanity after his schizophrenic break. Hitler remained "sane" enough to consciously know that Bloch meant him no harm, but was paranoid enough from his repressed homosexual feelings toward Bloch to extend his paranoia to all other Jews, against whom he then proceeded to defend himself by killing off as many as he could. This was "displacement" in its extreme. Actually, the fact he did not have Bloch killed proves the existence of his powerful feelings of love for him, which in his "crazed mind" he was fortunately unable to turn into feelings of persecution per se. But in this particular case of paranoid schizophrenia, Bloch's good fortune became the terrible misfortune of all other Jews.

586 What struck Binion most forcefully in listening to the recordings was how often Hitler articulated his hated (sic) of Jews as hatred of 'the Jew.' 'It's so strange, in the first years he's inevitably using the singular – 'the Jew.' I just

felt there had to be a Jew. Now, at first I thought maybe it was the guy who invented poison gas because Hitler was gassed. Then I saw a Getrud Kurth,' the analyst who'd worked on the OSS profile of Hitler for FDR. 'Wonderful woman. She had written an article called 'The Jew and Adolph Hitler.' saying just as I did that 'the Jew' was a person, and look, here's this guy [Dr. Bloch] who treated his mother and [Hitler] didn't know what was involved in the treatment, but obviously patients always blame the doctor unconsciously when something goes wrong. And Hitler sent Bloch loving postcards afterwards with 'yours gratefully, Adolph,' and he became the protector of Dr. Bloch after the 1938 Anschluss.'

The peculiar relationship between Hitler and the Jewish doctor intrigued Binion. 'I thought, this is something worth investigating,' he told me.

[*Explaining Hitler: The Search for the Origins of His Evil*, Ron Rosenbaum, Random House, Inc., New York, 1998, p. 242.]

Historian and professor Rudolph Binion is certainly correct in his assumption that it is "worth investigating" the relationship between Hitler and Dr. Bloch, since Bloch played such an important role in the young Hitler's life, both emotionally and physically – the latter through his continuing intimate physical examinations of Hitler as he was growing up. The fact that Hitler's later schizophrenic delusions of persecution and paranoid rage were directed against "the Jew," proves there really was one single Jewish person at the center of his pathological fantasies, just as in Freud's Schreber case, there was one single male figure at the center of Schreber's delusional system – also his physician, Professor Paul Emil Flechsig.

Binion and others have concluded that although Hitler expressed exceedingly fond feelings for Bloch, unconsciously he hated him because he was unable to save his beloved mother from the horrors of an agonizing death from breast cancer, and thus later displaced this hatred onto all Jews. The only problem with this explanation is that paranoid schizophrenic symptoms are invariably caused by the repression into the unconscious of very powerful homosexual feelings, in Hitler's case it being his homosexual feelings for his beloved father figure and early "seducer" – Dr. Bloch.

587 The epigraph opening the article is a quotation from Nazi Party ideologist Gregor Strasser attacking the attempt by parties on the left to abolish the Weimar Constitution's famous paragraph 175, the clause that made homosexual acts serious crimes. 'But,' the article begins, 'every knowledgeable person knows, especially Gregor Strasser, that inside the Hitler party the most flagrant whorishness contemplated by paragraph 175 is widespread.'

'Now,' they continue, 'Hitler is making Roehm [who'd spent several years in semiofficial exile in Bolivia to let previous homosexual scandals die down] his chief commander, [which] is like trusting the cat to guard the cream.' The *Munich Post* is *not*, it goes to great length to make clear, condemning homosexuality but rather 'the disgusting *hypocrisy* that the Nazi Party demonstrates outward moral indignation while inside its own ranks the most shameless practices prevail.' (Ibid., p. 46)

Ernst Roehm was one of Hitler's closest comrades and a trusted leader in the Nazi Party, despite widespread knowledge of his flagrant homosexuality. Hitler was eventually reluctantly forced to order the assassination of his old friend, partly to appease the German military establishment, whose backing Hitler eagerly sought in his rise to power. Roehm and many other disgraced party stalwarts were arrested and murdered during the so-called "Night of the Long Knives," all on Hitler's direct orders.

Hitler's own sexual orientation has often been called into question by historians, psychologists and ordinary observers and students of that era. The fact he never had children and did not marry until the final moments of his life, his effeminate bearing, voice and gestures as well as his exceedingly emotional – almost hysterical – style of speaking, all lend credence to this view. That he deeply repressed his homosexuality, thus causing his paranoid schizophrenic breakdown at the age of twenty-eight, from which he never recovered, fully supports the truth of the above observations.

Hitler was another of Schreber's legions, driven insane by his severe bisexual conflict and gender confusion. If only he had been able to acknowledge his homosexuality at an early age and integrate these feelings into his psyche, without repression, the world in all likelihood would have been spared the Holocaust. "No Hitler, no Holocaust," as had been said by some, correctly so. For it obviously took a madman to create the Holocaust, in conjunction with a "favorable" political climate, plus the crucial fact that the person at the pathological core of Hitler's paranoid illness was a Jew, his once dearly beloved – and later violently repudiated – Dr. Eduard Bloch.

588 'I have never seen a boy so ineffably saddened,' Bloch would say later. Adolph's suffering was intense. And transformative, Binion believes: 'Hitler's experience of his mother's last illness,' Binion concludes, 'looms behind his later tireless diatribes against 'the Jewish cancer,' the 'Jewish poison,' the 'Jewish profiteer.' '

He cites examples from Hitler's rhetoric of the spectral presence of his mother's medical trauma: 'How many diseases have their origin in the Jewish virus! [The Jews are] poisonous abscesses eating into the nation, an endless stream of poison being driven by a mysterious power into the outermost blood vessels' of the body politic.

Binion deals with the obvious objection to this theory – Hitler's profusions of gratefulness to Bloch at the time, the singular protection he extended to Bloch when he absorbed Austria in 1938, the 'undying gratitude' Bloch himself later described as Hitler's attitude toward him – by insisting that 'consciously Hitler bore Bloch no grudges' because he was both traumatized *and* knew himself to be implicated in the 'order to burn out the abscesses ... to the raw flesh' of his mother. (Ibid., pp. 244-245)

Proof of the fact Hitler's paranoid delusions about the Jewish people can be traced back to Dr. Bloch are his use of the terms "the Jewish cancer" (his unconscious reference to Dr. Bloch and his mother's cancer treatment), the "Jewish poison," the "Jewish virus." Professor Binion is certainly correct on this score, but he has drawn the wrong conclusion from it. It was not Hitler's unconscious hate for Dr. Bloch that drove him insane, but his profound feeling of love for him, tinged with very powerful homosexual feelings. That "endless stream of poison ... being driven by a mysterious power into the outermost blood vessels" of the German nation, is nothing more than Hitler's own repressed homosexual feelings for his beloved Dr. Bloch. The similarity between the Hitler case and Freud's Schreber case is striking, both men becoming insane over their strongly repressed homosexual feelings for their physician. Paul Emil Flechsig and Eduard Bloch were unknowingly the direct cause of the madness which overtook their patients.

"There are more things in heaven and earth, Horatio, than are dreamed of in your philosophy."

589 The fear of his father's imagined castration threat because of the Oedipus complex added to anxiety, as did identification with his mother while she was also perceived as a phallic castrating figure. All these converged in an unconscious acceptance of an image of himself as castrated and also resulted in the feminine passive inclinations which he disavowed so disastrously. (Ibid., p. 145)

Here the psychoanalyst Norbert Bromberg gives the psychoanalytic interpretation of the reasons for Hitler's strong, passive, feminine inclinations, the complete disavowal of which eventually led to his psychotic break at Pasewalk and his ensuing madness. Hitler's later constant refrain that Germany had been "stabbed in the back" by the Jews and his use of the phrase the "endless stream of poison ... being driven by a mysterious power into the outermost blood vessels" of the German nation point symbolically to repressed, passive homosexual, anal erotic longings, lending credence to Freud's dictum that what man represses at the deepest level are his pederastic instincts. Hitler reportedly enjoyed having chamomile enemas administered to him – evidence of his passive, feminine, anal erotic nature. In

the above references, Hitler was really speaking of himself, and not Germany. It was he who had been "stabbed in the back" and the "endless stream of poison" which was "being driven by a mysterious power into the outermost blood vessels" of the German nation represents his own passive homosexual longings and wishes.

590 At the end of the interview as we were leaving, Bloch made a point of telling us 'what a nice pleasant youth' Hitler was. More than fifty years later, Dr. Kurth can't get over this. 'Outside in the street, Laner and I laughed and laughed at that – bitter laughter,' she told me, shaking her head.

It is not that she disputes the possibility that Hitler was 'a nice pleasant youth.' That has always been the crux of the problem for Hitler explainers – how and why a youth who was remembered by many as pleasant, at least gentle and harmless seeming, could turn into a blood thirsty mass killer. It was, rather, she says, Bloch's insistence on clinging to, selectively emphasizing, in 1943, the nice gentle aspect which provoked the bitter laughter. (Ibid., pp. 147-148)

The reason Hitler changed from being a "pleasant, at least gentle and harmless seeming" young man into a "blood thirsty mass killer" can be blamed squarely upon the paranoid schizophrenic break he suffered when he was twenty-eight years old, while being treated in the army hospital at Pasewalk, in Pomerania. The vast paranoid delusional system of persecution and consequent rage which overcame him at this time remained with him for the rest of his life, with dire consequences for millions of his fellow human beings.

591 Still, she had no doubt whatever about the truth of Bloch's answer to the question Langer put to him about Hitler's genital normality. He examined Hitler as a youth, Bloch said, and found that, in fact, there was no genital defect or testicular deficit. 'Langer asked him whether the examination included the genitals,' she recalls, 'and he said 'absolutely, they were completely normal'.'

In which case, bitter laughter might indeed be in order now, considering all the elaborate theorizing psychoanalysts and others have erected on the shaky foundation that Hitler was monorchid, all that cogitating about the probing fingers of his mother Klara, anxiously searching for the missing testicle in the child Hitler, thus disturbing forever his sexuality and paving the way of his murderous political pathology. (Ibid., p 148)

It was not the "probing fingers of his mother Klara" which resulted in "disturbing forever his sexuality and paving the way for his murderous political pathology," but the "probing fingers" of young Hitler's family physician, the good Dr. Bloch, occurring during his possibly unclothed routine

physical examinations of his "nice pleasant" patient. There can be no doubt that Hitler had formed a strong transference to Bloch as a benign father figure (in contrast to his relationship with his own, often violent and punitive, real father), and that he had developed a love for Dr. Bloch which would have been "normal" under the circumstances. The fact this love contained more than the usual amount of homosexual feeling can be attributed directly to his own extremely close ties to his mother and the disturbed relationship with his father, as well as to the extremely intimate physical examinations by Dr. Bloch. In short, Hitler was a "mama's boy," exceedingly vulnerable to these kinds of homosexual feelings for his physician. Unfortunately, these feelings were deeply repressed by Hitler but came back with a vengeance to terrorize him when he was twenty-eight – "the return of the repressed" – and were the direct cause of his schizophrenic collapse at Pasewalk, as they are in all cases of schizophrenia.

It has been said that "Schreber's name is legion," referring to Daniel Paul Schreber, in the famous case wherein Freud developed his brilliant theory of paranoid schizophrenia. Hitler is just another one of the multitude of Schreber's legions, but unfortunately in his case, due to being born in the wrong place at the wrong time, his ensuing madness had terrible repercussions for the world at large.

592 Question 27: Where was the press conference held at which Nixon said, 'I am not a crook.'? Why did Nixon afterwards slap a bystander?

Answer: The press conference was held at Walt Disney World. On leaving the site, Nixon approached a man and boy standing outside the auditorium and asked the man if he was the boy's mother or his grandmother. When the man replied that he was neither, Nixon slapped the man's face, said 'Of course you're not,' and walked off.

["Watergate: The Quiz," W.S. Moorhead, *The Washington Post National Weekly Edition*, August 14-20, 1989, p. 12.]

It is well known that many persons close to Richard Nixon during the time he was caught up in the Watergate scandal and in the days immediately preceding his resignation from office were acutely worried about his mental stability. It was reported he walked the halls of the White House late at night conversing with the portraits of former presidents and was exhibiting many other symptoms of being in the midst of a schizophrenic breakdown. More specifically, he was suffering from paranoid schizophrenia, the "bearded lady" disease, as his encounter, quoted above, with the man and his son outside Disney World clearly demonstrates.

In asking the man if he was a woman, Nixon was projecting on to him his own unconscious bisexual conflict and confusion as to which sex he himself

belonged to. The question itself and the following slap to the bewildered man's face was obviously the act of a "madman," which Nixon was at the time. His paranoia had been commented upon by many observers during his career and, as is invariably the case, it had its roots in unconscious bisexual conflict and gender confusion.

- 593 The devil being hunted in three new books is Andrei Chikatilo, who killed some 50 women, boys and girls in Russia in the 1970's and 80's. He stabbed them, cut off or cut out their genitals, sometimes eviscerated them, and reached sexual climax in the course of these acts.

[Julian Symons (book review, title and author not noted) *The New York Times Book Review*, March 14, 1993, p. 6.]

Mr. Chikatilo is obviously insane, afflicted with schizophrenia, the "bearded lady" disease.

- 594 Andrei Chikatilo was a colorless figure, a vulnerable backward child who had later done his time in the army, then worked in physical education, taught Russian language and literature in a vocational school and eventually became a supply clerk in a huge industrial complex. In all these occupations he was inefficient, unsuccessful. He was married with two children, but, as his wife said, sexually inadequate, capable of ejaculation but not erection. He obtained true satisfaction only by stabbing, biting, evisceration, occasional cannibalism. (Ibid., p. 6)

Mr. Chikatilo's severe bisexual conflict and gender confusion kept him from performing in a normal heterosexual manner with his wife.

- 595 To a certain extent he was the invisible man, the average Soviet citizen, a Communist Party member who listened to the radio, watched television, believed what he was told. He was an apparently faithful husband, a good father and grandfather, affectionate to his grandchildren. Many of his victims were picked up at Rostov railway or bus stations. (Ibid., p. 6)

Beneath the façade of this "average Soviet citizen" lurked a raving maniac, a man driven mad by his repressed bisexual cravings and his frustrated desire to be a woman.

- 596 At his trial the prisoner, who was placed in an iron cage in the Rostov courthouse, behaved at times like a madman. Suggested the judge would like to have sex with him, said he was a woman about to give birth, dropped

his trousers to reveal his genitals, asked for a Ukrainian lawyer. It is likely that he was hoping to persuade psychiatrists that he was insane. (Ibid., p. 7)

Any psychiatrist who would not believe that this murderous man was insane would have to be insane himself! In the insightful words of Daniel Paul Schreber, Freud's famous paranoid schizophrenic, "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." If Andrei Chikatilo had been able, like Schreber, to consciously accept his urges to be a female and play the passive feminine role in sexual intercourse with another male, he would have been spared his terrible paranoid schizophrenic insanity, and his murderous psychotic spree undoubtedly would never have taken place. Schreber, as Sigmund Freud pointed out in his famous study of the case, regained partial sanity after he was finally able, after many years of the most severe psychosis, to consciously accept his passive feminine homosexual urges, although still not accepting full responsibility for these ego-dystonic feelings. Instead, he attributed them to God's plan for him to establish a new species of human beings on the earth.

597 OCEANSIDE – The profile emerging of the Wisconsin drifter jailed in connection with the weekend slashing death of a 9-year old Northern California boy is one of a clean-cut, but troubled man.

[Name Deleted], 20, faces an arraignment today on charges he killed Matthew Cecchi of Oroville while in a public restroom at Oceanside harbor as the boy's aunt waited for him outside the door. Police said [N.D.] confessed to the killing when he was arrested Monday in Hollywood for stabbing and trying to rob a woman on her way to work.

As word reached [N.D.'s] hometown of St. Coix Falls, just outside Minneapolis, that he was suspected in the murder, friends and neighbors expressed concern and disbelief. Andy Jepson attended Unity High School in Balsam Lake, Wisconsin, with [N.D.] and said his friend was interested in alternative religions and occasionally came to school dressed in women's clothing.

'That's just the way he was,' said Jepson, a senior. 'He acted different.'

[Associated Press, Marin Independent Journal, Marin County, California (date not noted).]

[Name Deleted] was afflicted with paranoid schizophrenia, the "bearded lady" disease, as can be seen from his friend's comment that he occasionally came to school dressed in women's clothing and "He acted different." The reason he acted "different" was because he was already in the grip of

schizophrenia. In the two years before the horrendous murder reported above, [N.D.] had spent time aimlessly touring the country by Greyhound bus, during which period his mental illness grew more and more intense until finally, he stated, he was hearing voices (auditory hallucinations) instructing him to kill someone. This is yet another tragic example of how severe bisexual conflict and gender confusion leads to paranoid schizophrenia, with its often horrifying and tragic consequences.

- 598 After the suicide of his wife, Nadezdha, in 1932, Stalin led a bizarre and lonely life, up most of the night with his collection of frightened Politburo colleagues. He forced them to sit through repeated movies and long drunken dinners, and even to dance with one another while he watched.

[Steven Erlanger, *The New York Times*, 1995 (month and day not noted), p. 44.]

There was obviously a very strong homosexual element in these all-male parties which Stalin orchestrated between himself and his "frightened Politburo colleagues." Actually, "terrified" would probably be a better word to describe the feelings of his captive audience whose members never knew from one minute to the next when his raging paranoia would fixate on one or another of them, with usually fatal consequences.

Over a period of time, Stalin would become unconsciously enamored homosexually with a member of this inner circle. The "paranoid shift" would then become operative, i.e., "I love him – no, I don't love him; I hate him – no, I don't hate him; he hates me and is trying to destroy me, so I have to kill him first." And of course this is what Stalin did, many, many times. His fulminating paranoid schizophrenia resulted not only in the destruction of many of his closest colleagues, but also of millions of other innocent human beings, caught up in his pathological delusions of persecution and megalomania, all products of his "bearded lady" disease.

- 599 Members of the dictator's entourage were always at risk. On Stalin's orders, the wife of Mikhail Kalinin was arrested and tortured while her husband continued to serve as the country's titular president. The wives of foreign minister, Vyacheslav Molotov, and of Stalin's personal secretary, Alexander Poskrebyshev, were also imprisoned.

[Patricia Blake, *Time Magazine*, June 26, 1989, p. 83.]

Not only were Stalin's men friends always in deadly peril due to his paranoid schizophrenia, fueled by his repressed homosexuality, but also were the wives of these men. Why? The only answer can be – simple jealousy.

Stalin was jealous that the men he loved had wives that they loved. If he could get rid of the wives, then it would lessen the competition. These particular "boyfriends" were married and loved their wives, when he wanted them to love only him, as he loved them. These feelings were, of course, deeply repressed and were an integral part of his paranoid schizophrenia.

600 After World War II the Soviet government undertook a propaganda campaign to entice Russian emigres in the West to return home. Thousands accepted the offer of Soviet citizenship and the chance to help rebuild their devastated motherland. In return for their devotion, most were summarily executed or imprisoned, victims of either Stalin's paranoia – he thought they must be imperialist spies – or of a state that reserved some of its greatest cruelties for those who trusted and believed in it.

[A.O. Scott, "Film Review," *The New York Times*, April 7, 2000.]

This is just one of many examples of the terrible destruction wreaked upon innocent people by Stalin's paranoid schizophrenic delusions. He was a man driven mad by the bearded lady disease, and the world suffered greatly for it, just as it has done with Hitler, Mao, Pol Pot, and countless other madmen down through the ages, and unfortunately most likely will in the future as well.

601 The cultural revolution was started for precisely that reason. The aging Mao saw plunging knives in every shadow. Old comrades, who had long ago become terrified sycophants, were still seen as threats. The smallest criticisms that had been made against Mao years before were still brooded over and became in his paranoid mind clear signs of simmering rebellion. That is why he decided, in 1966, to incite millions of frustrated teenagers to pounce on their teachers, fathers, mothers, and finally even the top party leaders, apart from Mao himself, a handful of useful courtiers, and the coterie of extremists around Jiang Quing, Mao's detested wife.

In May, 1966, the People's Party announced that Mao was 'the source of our life' and whoever dared to oppose him 'shall be hunted down and obliterated.' A frenzied murder spree in every Chinese city was followed by extensive purges inside the party, orchestrated, as always, by the expert in these matters, Kang Sheng.¹¹

["Divine Killer," Ian Buruma (a review of *Mao: A Life* by Philip Short, and *Mao Zedung* by Jonathan Spence), *New York Review of Books*, February 24, 2000, p. 24.]

Here is but one more example of how a world leader, afflicted with paranoid schizophrenia – the "bearded lady" disease – inflicted untold death and suffering on millions of his own people. The comparison between Mao and Stalin is remarkable, especially the fact that Mao's "old comrades" had become "terrified sycophants," and that many were destroyed due to his paranoid suspiciousness, as had been the case with Stalin's own inner circle.

602 Mao's China, then, like Hitler's Reich, was to be a Gesamtkunstwerk of one man's crazed imagination. In 1959, a year after he made this statement, Mao embarked on his Great Leap Forward, one of the most fatal schemes (in sheer numbers, the most fatal) cooked up in the twentieth century. The idea that China, by having everyone melt down pots and pans in their courtyards and conduct bizarre agricultural experiments cribbed from Stalin's ideological scientists, would catch up with Britain in a few years was pure fantasy. But up to 30 million people died as a result. (Ibid., p. 23)

Mao's Great Leap Forward was a direct product of his grandiose and megalomaniac delusions engendered by his paranoid schizophrenia. They were totally divorced from reality and consequently caused enormous human and material damage when put into practice.

603 Spence puts all this lunacy down to Mao's wholesale divorce from reality. No one could or would tell him the truth about anything anymore. (Ibid., p. 24)

"Lunacy" is just another word for paranoid schizophrenia. Lunacy, madness, insanity, craziness all add up to the same thing – and Mao was a classic case of a man afflicted with the "bearded lady" disease, otherwise known as paranoid schizophrenia.

604 Hitler and Mao both suffered from 'neurasthenia,' an affliction that is no longer fashionable but was apparently so prevalent in Mao's entourage that his doctor called it the 'Communist disease.' The main symptoms are insomnia, headaches, dizzy spells, and impotence. Mao's potency, so his doctor informed us, was much affected by his political fortunes. Things went well when Mao felt on top of things, but any threat, real or imagined, to his absolute grip on power and the chairman wilted, no matter how many girls shared his bed. Such psychosomatic problems are perhaps the price people pay for living in a state of permanent anxiety of being knifed in the back, either by courtiers or, in the case of the courtiers, by the tyrant himself. (Ibid., p. 20)

Mao's "impotence" was caused by his severe bisexual conflict, the root of his paranoia, as is invariably the case.

605 More interesting is the question of what drives certain people, sometimes, it seems, quite unremarkable people, to become the killers of millions. Is it just a peculiar set of circumstances? Is it an axiomatic matter of absolute power always leading to moral anesthesia? Or were such people as Mao, Himmler, Pol Pot, Hitler, and Stalin not in fact mediocre at all, but evil geniuses who grabbed the chance to do their worst? (Ibid., p. 20)

The above-mentioned persons were not "evil geniuses." They were all individuals afflicted with paranoid schizophrenia, and their "evil" deeds were the direct product of their madness.

606 For in the end, or perhaps from the very beginning, there was but one overriding concern, in aid of which all policies, principles, and artistic visions were twisted and turned, and that was Mao's own power, his need for total control, his pathological fear of impotence. (Ibid., p. 24)

Mao's "pathological fear of impotence" was exactly that – his pathological fear of the powerful homosexual impulses he had deeply repressed, and which had consequently driven him mad, due to the toxic affect of the accompanying undischarged libido.

607 An admirer when he first joined 'Group One' (the code name for Mao's personal staff), Li grew progressively more disillusioned, not just with Mao but with the party and the regime. In part, he was repelled by Mao's personal conduct, particularly his penchant for sex with an endless succession of young women, sometimes two or three at a time. Wang Dongxing, Mao's chief of security, speculated to Li that Mao's compulsive sexual adventures reflected a fear of death. But Li was also dismayed by Mao's politics and policies.

Imagining enemies everywhere, Mao vindictively persecuted many of his most loyal followers. His grandiose schemes for revolutionizing China led to economic, social and moral disaster.

[*The Private Life of Chairman Mao*, Dr. Li Zhisui, edited by Anne F. Thurston, translated by Tai Hung, Random House, New York, 1994 (as reviewed by Arnold R. Isaacs in *San Francisco Book Review*, date and page not noted.)]

Mao's "compulsive sexual adventures" reflected not "a fear of death," but a fear of his own unconscious homosexual cravings. In Psychoanalytic terms, Mao suffered from the "Don Juan syndrome," – a.k.a. satyriasis – which

invariably is a defense against repressed, unconscious homosexual wishes. (The same holds true for nymphomania in females.)

The close tie between Mao's compulsive sexuality and his paranoid schizophrenia is self-evident. The reviewer, Arnold R. Isaacs, writes that "Imagining enemies everywhere, Mao vindictively persecuted many of his most loyal followers." As history shows, Stalin's and Pol Pot's own paranoid schizophrenia caused them to treat their own "loyal followers" in exactly the same murderous fashion.

Furthermore, Isaacs writes that Mao's "grandiose schemes for revolutionizing China led to economic, social and moral disaster." Again, the similarities in actions and results between Mao, Stalin, and Pol Pot are glaringly evident. Schizophrenia, the "bearded lady disease," has caused untold disaster to the world, and will continue to do so until its cause, severe bisexual conflict and confusion in the individual, is recognized for what it is and treated accordingly.

608 For myself, I wish now that in covering China, South Africa under apartheid, the Soviet Union and wars in Afghanistan and the former Yugoslavia, among other places – scars, all, on the conscience of the 20th century – I had made further allowance for, or understood better, the role of wounded psyches in producing the Maos, Stalins, Vorsters, Najibullahs, Karadzics and Arkans I wrote about along the way.

[John F. Burns (review of *Mao: A Life* by Phillip Short, and *Mao Zedong* by Jonathan Spence), *The New York Times Book Review*, February 6, 2000, p. 6.]

It is greatly hoped that Schizophrenia: The Bearded Lady Disease will provide the reader with the insight and ability to "understand better" the "wounded psyches" of the 20th and 21st Centuries (and of all centuries) which have had such a devastating impact on the world around them. That, simply, is the purpose of this compendium - to shed light on exactly what caused these psyches, and millions of others like them, to be so grievously wounded, with such horrendous results.

609 It was a memorable scene in downtown Fairfax Saturday. Mark, a macho cowboy type from West Marin, sat at the Parkade enjoying his morning cup of coffee. A colorfully dressed man with multiple tattoos, a shaved head and three rings in one of his eyebrows approached and asked for help.

'Excuse me,' the man politely started. 'I have done so many bad things in my life that I'm afraid my karma is going to catch up to me and I'll die a violent death in the near future.'

Mark took a big swig of coffee and then asked in a deep voice, 'Is that all?'

'No. Lately, I have been having female tendencies, especially in the way I like to dress. I think that you may have the answer,' the man pleaded.

Mark looked thoughtful for a moment and turned to the man. 'Yes, I do have the answer,' he said. 'I think you should cross-dress for a week – and then blow yourself away.'

["Code of the Zen West," Alex Horvath, the *Pacific Sun*, Marin County, California, Sept. 14-20, 1994.]

The "colorfully dressed man" who approached Mark in the coffee shop is obviously suffering from schizophrenia, caused by his severe bisexual conflict and gender confusion. And the fact he stated he was afraid he would "die a violent death in the near future" points very strongly to suicidal ideation, which is always the outcome most to be feared in schizophrenia.

This unfortunate schizophrenic male appears homosexually drawn to Mark, whom he says "may have the answer." What he really seems to be implying is that if Mark would love him as he would a woman, then all his homosexual desires could be gratified and he would find happiness and regain his mental equilibrium.

Unfortunately, Mark's rather unenlightened advice to "blow yourself away" only reinforces the man's strong suicidal bent. (It would be interesting to know the final outcome stemming from this brief and rather tragic encounter.)

610 He later reenacted Slavik's final terror for his ex-roommate Gale Croxell. 'He came over to my house before the cops got him and said he'd killed these chicks, and at first I couldn't believe it,' Croxell remembered. 'So he lay down on the ground to show me how he did Linda Slavik, and in a woman's high voice, said, 'Don't do it, don't do it.' And then he said, 'Once you've killed, you can always kill again.'

[Kevin Fagan (in an article on Darrell Rich), *San Francisco Chronicle*, March 13, 2000.]

Darrell Rich was executed at San Quentin prison on March 15, 2000, for the rape and murder of Linda Slavik and several other young women. The fact he would lay on the floor and imitate Linda Slavik's voice in describing how she pleaded with him before he murdered her shows a strong unconscious female identification on his part, demonstrating, as always, the severe bisexual conflict and confusion at the root of his schizophrenic illness.

611 As a boy Rich's parents 'fought constantly and he had few friends,' his lawyers argued in the trial. They divorced when he was 15 and he stayed with his 'domineering' mother, who ran an in-home day care center.

'His academic performance deteriorated ... he was suspended for fighting, and was sometimes truant,' the court transcripts read. At age 17, he became so depressed 'he went hunting and shot himself in the chest in what was possibly an attempted suicide.' By age 19 he was doing time in the California Youth Authority for attacking someone with a tire iron after drinking. (Ibid.)

The so-called "domineering mother" and an absent or else passive, ineffectual father form the classic psychoanalytic parental model which can produce either homosexual or schizophrenic children, the homosexual and schizophrenic being the opposite sides of the same coin, so to speak.

The fact Mr. Rich shot himself in the chest at 17, in what was obviously a suicide attempt, bespeaks the malignant depression which assails all schizophrenics and which leads so often to their self-destruction. And by boasting of his murderous deeds to his friends, Mr. Rich was in reality committing suicide, knowing in all probability he would be denounced to the authorities, arrested, convicted, sentenced to death and executed.

612 Then in 1977 his wife left him and moved out of the state after he hit her several times, investigators said. A year later, at the age of 23, Rich began his summer of raping and killing.

'Sure, he was a hardass, a real fighter if you messed with his bike or got him mad, but in a million years I would never have thought he would do what he did to those women,' said Gale Croxell, who worked with Rich and roomed with him until shortly before his arrest. 'He played on our company softball team. He liked to go drinking and riding his bike, like most other guys around here. He didn't stand out.' (Ibid.)

Mr. Rich's unconscious bisexual conflict became increasingly severe as time went on, until it caused him to have a psychotic – or schizophrenic – break with reality, leading directly to his murderous rampage. In other words, he "ran amok," and running amok in any culture is invariably the direct result of severe bisexual conflict and confusion in the individual which, finally becoming unbearable, triggers a psychotic rage with all its attendant destruction, either suicidal or homicidal.

613 Rich's attorneys argued he suffered from 'explosive disorder and major depression.' And they noted that after his arrest, he said in bewilderment that 'he didn't understand how he could have done what he did.' Prosecutors and investigators countered that the mental defense was overblown. He was just a normal country boy who went inexplicably sour, they said.

'I've been a detective 30 years, and I knew Darrell from the time he was a little boy, but I never saw anything as horrible as the things he did,' said Shasta County Sheriff's Lt. Bradd McDannold, who helped track down the

killer. 'If I had an answer to why he went so bad, I'd be a very wealthy individual.'

'Some things you just can't explain.' He said sadly. (Ibid.)

The explanation for Mr. [N.D's] horrible crimes lies in his ever deepening schizophrenic illness, which finally "exploded" into homicidal rage, as is the case with all individuals who set out on murderous rampages, or run amok, and always to the great detriment of their fellow citizens.

614 Bossier City, La. – Six youngsters aged 10 to 14 found a man hanging from a tree near a park yesterday, gagged, handcuffed and wearing women's clothes. Police said his death was accidental and sexual in nature.

[*Marin Independent Journal*, Marin County, California, July 11, 2000, p. A5.]

The "bearded lady" disease claims yet another tragic victim. Although the death may possibly have been "accidental and sexual in nature," nevertheless the victim must have been in a suicidal frame of mind to end up as he did.

615 'That was the physical transformation. The emotional transformation was feeling what it feels like to go out in your everyday life as a transgendered person. Some people thought I was a boy. But there were also people who didn't know what gender I was. And if that was the case, they didn't want to have anything to do with me. It was a very lonely and sad and hopeless feeling. I hope I was able to communicate that.'

While making the movie, Swank lost touch with her female side. When filming ended, 'I was floating between genders. I wasn't quite a boy, and I wasn't quite a girl. It was actually a scary place to be because I was out of touch with me, like I was in some way channeling Brandon. I didn't know if I was ever going to be able to find myself again.'

["Hilary Swank Playing Oscars by Ear," Ruthie Stein (staff writer), *San Francisco Chronicle*, March 19, 2000.]

Hilary Swank conveys in this interview many of the emotions the schizophrenic person feels – that is, not knowing to which sex he or she really belongs. The major difference here is that Ms. Swank's feelings of sexual confusion are conscious ones, whereas in the schizophrenic they are always unconscious. The person afflicted with schizophrenia is unaware that the reason he or she experiences "lonely and sad and hopeless" feelings is due to these unconscious "transgendered" emotions which make other more "normal" persons wary of them, thus contributing to their sense of isolation

and loneliness. The end result of these feelings can be the development of severe depression, ending in suicide.

"When filming ended, 'I wasn't quite a boy and I wasn't quite a girl. It was actually a scary place to be because I was out of touch with me, like I was in some way channeling Brandon. I didn't know if I was ever going to be able to find myself again.'"

Ms. Swank thus sums up perfectly the predicament schizophrenic persons find themselves in – namely, not knowing at an unconscious level whether they are male or female. Only intensive psychoanalytically oriented psychotherapy can help them rediscover and decide on their emotionally true, conscious standing in the world as either male or female. This is the only path that can lead to their ultimate recovery from severe mental illness.

616 At 17, he joined the marines to get away from his mother, but he was unable ever to shake the sense of perpetual grievance with which she had imbued him, or his anger at a world that stubbornly refused to grant him the recognition she had taught him should be his.

Not surprisingly, the military did not suit him. Cold, sarcastic, withdrawn, he was taunted as 'Ozzie Rabbit' and 'Mrs. Oswald' by his fellow marines, and was court-martialed and found guilty twice, first for shooting himself in the arm with a .22 pistol he was unauthorized to carry and again for pouring a drink over the head of a sergeant who had dared assign him to K.P. duty. He subsequently suffered an apparent breakdown, weeping and firing shots into the night while on guard duty. After that he was called 'bugs.'

[*Case Closed - Lee Harvey Oswald and the Assassination of John F. Kennedy*, Gerald Posner, Doubleday, New York, 1994 (*The New York Times Book Review*, date of review and name of reviewer not noted).]

We can see from the above quotation that Lee Harvey Oswald, the assassin of President John F. Kennedy, was afflicted with schizophrenia at an early age, which, of course, is always the case, even though the more severe symptoms of the disease might not appear until later in life. (This is the reason the original name for the disease was "dementia praecox" – or precocious dementia – until it was changed to "schizophrenia" by Dr. Eugen Bleuler, a contemporary of Sigmund Freud's who was much influenced by Freud's discoveries.) In Oswald's case, the more severe symptoms of the "bearded lady" disease appeared early in his late teens – as was shown by his psychotic actions in the Marine Corps as quoted above.

It is most interesting that his fellow Marines intuited Oswald's already severe bisexual conflict and confusion by referring to him as "Mrs. Oswald" and "Ozzie Rabbit," the latter obviously not a name one would apply to a masculine, gungho Marine type. It was immediately clear to his fellow

Marines that Oswald was an effeminate "mama's boy," and later that he was "bugs," or crazy.

617 But, as his newly opened K.G.B. files make clear, the Soviets turned out to be no more admiring of him than his fellow Americans had been. He had to slash his wrists to keep from being expelled from the country once his tourist visa ran out. Two Soviet psychiatrists independently declared him 'mentally unstable,' according to Yuri Nosenko, a K.G.B. defector, and he was finally granted asylum only because the Soviets feared that if he succeeded in his next try at suicide, they might be blamed for murdering an American tourist. (Ibid.)

Obviously the Soviets thought Oswald was so seriously mentally ill that he was a definite risk for suicide, and suicide has been called – and rightly so – the most serious symptom of schizophrenia.

618 He proclaimed himself head of a local chapter of the Fair Play for Cuba Committee but failed to attract a single member. And he talked of hijacking a jet and forcing it to take him and his family to Cuba, which he had now persuaded himself was the only place he could find a revolutionary role worthy of his talents; while in the grip of this last vision, he took to bounding around his home in his underwear, herding imaginary fellow passengers until his frightened wife began whispering to their daughter, 'Our papa is out of his mind.' (Ibid.)

Oswald was certainly "out of his mind" by this time, being firmly in the grip of paranoid schizophrenic delusions of grandeur, or of what the author, Gerald Posner, calls his "vision."

619 In September 1963, Oswald turned up in Mexico City, seeking a visa to enter Cuba and bringing with him a fat dossier to impress the authorities: in it, he claimed to be a skilled translator, specialist in 'Street Agitation,' 'Radio Specker and Lecturer,' 'organizer,' ideologist, soldier and potential spy. Once the Cubans saw it, he assured his wife, he would be welcomed eagerly to Havana. 'You laugh now,' he told her, 'but in 20 years when I am prime minister, we'll see how you laugh then.'

The Cubans and Russians did not laugh; Oswald's visit was too unnerving for that: he wept, shouted, pulled a revolver that he said he carried because the F.B.I. was out to kill him. His application was denied, nonetheless. (Ibid.)

From the above description of Oswald's activities, it is glaringly obvious he was suffering from delusions of grandeur and delusions of persecution, all common symptoms of paranoid schizophrenia. In short, "Mrs. Oswald," or

"Ozzie Rabbit," was now a raving maniac and had been for some time – a time-bomb waiting to explode, as explode it did when he assassinated President Kennedy along with the first police officer who tried to arrest him afterwards.

And Marina, Oswald's wife, only aggravated his madness further by taunting him about his inadequate marital sexual performance, while concurrently expressing admiration for President Kennedy and stating that the President reminded her of a former boyfriend in Russia.

Thus the mounting pressure from his severe bisexual conflict and confusion finally reached the breaking point, and he "ran amok," killing the person he was most obsessed by. Invariably there is a powerful element of unconscious homosexual attraction in these paranoid obsessions. Homosexual attraction which is denied and turned into delusions of persecution by the paranoid person produces the classic "paranoid shift": first the denial – "I love him – no, I don't love him, I hate him:" then the paranoid shift – "no, I don't hate him, he hates me and is persecuting me, therefore I have to kill him to protect myself."

Lee Harvey Oswald suffered from schizophrenia, the "bearded lady" disease, and history will long remember the tragic consequences.

- 620 In [*PASSPORT TO ASSASSINATION: The Never-Before-Told Story of Lee Harvey Oswald by the KGB Colonel Who Knew Him*; Birch Lane/Carol Publishing,] Oleg M. Nechiporenko, a retired officer in the foreign intelligence division of the K.G.B. who was one of the three Soviet officials who interviewed Oswald in Mexico City, confirms Mr. Posner's version of his bizarre visit: 'We decided we could not take Oswald seriously. His nervousness ... his rambling and even nonsensical speech at times, his avoidance of answering specific questions and the shifts from strong agitation to depression, gave us reason to believe that his mental state was unstable or that, at the very least, he suffered from a serious nervous disorder.

[*The New York Times Book Review* (review of *Passport to Assassination: The Never-Before-Told Story of Lee Harvey Oswald by the KGB Colonel Who Knew Him*, by Oleg M. Nechiporenko, Birch Lane/Carol Publishing, 1993) (name of reviewer and date of review not noted).]

It must now be obvious to even the most casual observer that Lee Harvey Oswald was a madman, a person suffering from paranoid schizophrenia, an illness which had wrapped him in its suffocating folds from a very early age – specifically, from puberty onwards.

As stated previously, the original name for schizophrenia – dementia praecox, or precocious dementia, was assigned this devastating illness primarily because it had been observed to strike its victims in their early

teens, or concurrent with the first stirrings and manifestations of puberty. You would think that an immediate etiological connection would have been made between these two phenomena, i.e., the development of schizophrenia alongside the development of puberty, and the conclusion drawn that schizophrenia must somehow be connected to a person's sexual feelings and strivings. But unfortunately no such uniform connection was made then, nor ever, as a matter of fact, until the writings of Dr. Edward J. Kempf appeared in America in the early 1930's and 1940's. Of course Sigmund Freud was the first significant voice to blame the "neuroses" on the repression of unconscious sexual "perversions," but Dr. Kempf was the first to expand these findings to encompass all mental illness – the psychoses as well as neuroses.

Lee Harvey Oswald was driven insane because he had repressed his strongly passive, feminine, homosexual nature – his "Mrs. Oswald" side, as named by his fellow Marines in boot camp.

As Daniel Paul Schreber, the famous psychotic, once wrote: "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." Rather than consciously accepting the "spirited woman" part of himself, Oswald unconsciously chose to keep it repressed, thus leading to his "dementia."

It should be noted here once again that Schreber's "formula" applies also to women – that is, if a woman represses her "spirited man" side, she, too, becomes "demented."

621 He asked that "the person who will wash my body near the genitals must wear gloves on his hand so he won't touch my genitals."

Mr. Atta, said to be painfully shy around women throughout his life, asked that women play no role at his funeral. "I don't want any woman to go to my grave at all during my funeral or any occasion thereafter," he wrote. "I don't want a pregnant woman or a person who is not clean to come and say goodbye to me because I don't approve of it."

["Will Suggests Suspect Had Long Planned to Die for Beliefs," Philip Shenon and David Johnson, *The New York Times*, October 4, 2001 (page not noted).]

Mohammed Atta, the suicidal terrorist who flew a plane into the North Tower of the World Trade Center, here clearly demonstrates his powerful repressed homosexual tendencies, demonstrated first by his intense, stated dislike of, and disgust for, woman-kind in general, and then by his extreme overreaction to having another man touch his genitals, even after he was dead.

There cannot be the slightest doubt that Atta suffered from paranoid

schizophrenia, the bearded lady disease, caused by his intense bisexual conflict and gender confusion.

He was noticeably effeminate as a child and it is said that he used to sit on his mother's lap until he entered the University of Cairo. His father was constantly berating his mother for making a "girl" out of him. When he finally left the family and went to Hamburg, he formed a very close bond with a group of like-minded men. He finally began dating a girl, his first ever "romantic" experience with the opposite sex. When this romance ended, Atta became "distraught," according to his father, and it was at this time that the extraordinary change in his nature took place. From a shy, timid, diffident young man, he suddenly metamorphosed into an aggressive, "holy" warrior, bent on a suicidal mission.

It was at this juncture that he had his schizophrenic break with reality which set him on his course toward death and almost unimaginable destruction. In the words of Harold Searles, the insightful psychoanalyst, "Not infrequently the schizophrenic illness is precipitated in a setting of rejection in a love affair."

It is ironic that Atta was at one time bearded but was clean-shaven when he perished in his suicidal flight into the World Trade Center. He was a classic victim of schizophrenia, the bearded lady disease, as were the thousands of his victims who also suffered and died because of it. It has often been said that suicide is the most serious symptom in schizophrenia, and it certainly was in this incredibly tragic case.

622 But Lewis's sufferings were not heroic; they were human and they wore him down. By the end of his time as governor, he was ordering inhumane policies against the Indians that his wiser subordinates ignored. He was drinking and taking opium. In his last days, he headed down the Natchez Trace, telling his servant that Clark was on the Trace, too. "He heard me comeing on," Clark later wrote. "He was certain ... that I had heard of his situation and would come to his releaf."

On a lonely ridge in Tennessee, Lewis remarked to his hostess at the inn, "Madame, this is a very pleasant evening," and later that night he put a pistol to his head.

["Undaunted Craziness," Brian Hall, *The New York Times*, January 21, 2003 (page not noted).]

Meriwether Lewis was suffering from paranoid schizophrenia – the bearded lady disease – when he killed himself that "very pleasant evening" at the Inn on the Natchez Trace. He was hallucinating that his beloved friend and fellow explorer, William Clark, was coming to save him, or "comeing on" to his "releaf," as Clark later wrote. The great tragedy of this case is that

Clark could have saved Lewis, but only by declaring as great a love for Lewis as Lewis had for him. In short, Lewis was in love with Clark and had been for some time, but it was an unrequited love, Clark being predominantly heterosexual whereas Lewis was predominantly homosexual, albeit at a deeply repressed level. It was the repression of and consequent frustration of his great love for Clark that drove him into his final schizophrenic breakdown and resulting suicide.

Lewis had shown signs of mental illness from his boyhood on. A story was told that when he was a boy in Virginia he would go out at night hunting in the middle of winter in his bare feet, leaving a bloody track behind him from the cuts he received from the snow and ice. As Brian Hall, the author of The New Times article, "Undaunted Crazy," tells us, President Thomas Jefferson himself observed that Lewis had "undaunted courage" but then added that "while he lived with me in Washington I observed at times sensible depressions of the mind."

Lewis was so anxious to have Clark accompany him on his journey west that he told him he would make sure he would be named a co-captain of the expedition.

Instead of the promised captaincy, President Jefferson commissioned him a second lieutenant, a bitter blow to Clark, since Lewis had previously served under Clark in the Army before receiving his appointment as Jefferson's personal secretary. When Lewis wrote to Clark to invite him on the expedition, he told him that "I should be extremely happy in your company." This is a very telling statement as it provides a glimpse into the very deep feelings of affection and love that Lewis had for Clark.

Lewis exhibited increasing signs of mental illness during the four years it took for the Corps of Discovery to accomplish its mission. As author Brian Hall states, Lewis demonstrated "a recklessness bordering on flirtation with death." This sort of recklessness is always a sign of the deep, suicidal depression that is inevitably an integral part of the schizophrenic illness. Lewis would walk out into grizzly bear country by himself whereas his men went in groups; he led his men on unnecessarily dangerous trips through the rapids in their canoes; split his party into four groups and led his own into territory dominated by hostile Indians. He was displaying a recklessness and heedlessness to danger that was becoming increasingly pathological as the trip progressed. As Brian Hall tells us, "He seems emotionally exhausted. He threatens to burn down an entire village when a saddle and horse robe go missing." These are the actions of a man slowly losing control of his emotions and sinking deeper and deeper into his schizophrenic illness.

After his return from his epic journey, Lewis was wined and dined by an admiring group of his contemporaries, but he seemed to take no great pleasure in the attention bestowed upon him. Brian Hall remarks that Lewis "would write to friends about courting some beauty, but then act to ensure

that nothing came of it. On the eve of Clark's marriage, Lewis wrote to an old friend, another lifelong bachelor, about 'that void in our hearts I never felt less like a hero than at the present moment but on this I am determined, to get a wife.'"

Of course he never did "get a wife," due to his severe bisexual conflict and ensuing final schizophrenic breakdown, during which he hallucinated that his dear friend Clark was, in Clark's words again, "comeing on" to save him from his suicidal depression. Lewis died of a "broken heart" in the true romantic sense, in that he knew at an unconscious, and perhaps by then even conscious, level, that his great love for Clark could never be reciprocated.

"I should be extremely happy in your company" would never be realized again.

- 623 Phil Morowski, an acquaintance, said that when McVeigh returned from the Gulf War, he complained that the Army had implanted a computer chip in his buttocks apparently to keep track of him.

[Lee Hancock and David Jackson, *Dallas Morning News*, (reprinted in the *Marin Independent Journal*, Marin County, California, April 23, 1995, p. 1).]

The fact that Mr. McVeigh believed the Army had implanted a computer chip in his buttocks to monitor his whereabouts points immediately to the certainty he was suffering from paranoid schizophrenia, the "bearded lady" disease. This is a classic symptom of this condition – namely, the psychotic belief that an unfriendly entity has implanted some kind of a device in or on the body to control or monitor the schizophrenic person's actions. The fact that in Mr. McVeigh's case the implantation took place "in his buttocks" strongly points to unconscious, passive, anal erotic cravings.

- 624 William McVeigh portrayed his son as a bright person who, as a boy, could never quite succeed either in school or at sports. As an adult, his father said, Timothy McVeigh bounced from job to job because he could not stand pressure, could not take orders, and could not handle the responsibilities of day-to-day work.

["McVeigh's Letters Show Deep Anger," Jo Thomas, *The New York Times* (date and page not noted).]

The above portrayal of his son by his father is a portrayal which matches almost exactly that of all young schizophrenic persons, male or female.

- 625 Previously undisclosed letters by Timothy J. McVeigh to his younger sister before the bombing of the federal building in Oklahoma City reveal him as

deeply frustrated and at one point suicidal over his inability to confide the extent of his anti-government activities to his family.

Mr. McVeigh's letters, along with conversations at his father's house in upstate New York, revealed so much anger and alienation that when the bomb exploded on April 19, 1995, eventually killing 168 people, members of his family suspected him almost immediately, they later told the Federal Bureau of Investigation. (Ibid.)

The fact Mr. McVeigh was "suicidal" obviously points to a deeply disturbed individual, one made so by his paranoid schizophrenic delusions of persecution and grandiosity, triggered, as always, by the total sexual frustration caused by his bisexual conflict.

626 At one point, he wrote, he had gone to the house of their grandfather, who has since died, and considered killing himself there.

'I have an urgent need for someone in the family to understand me,' Mr. McVeigh told his sister. 'I will tell you, and only you.' (Ibid.)

Mr. McVeigh's "urgent need" to have someone "understand me" was really an urgent need for him to understand himself, to understand that he had been driven psychotic by his repressed bisexual conflict and confusion, the invariable ingredients in schizophrenia, the "bearded lady" disease, with which he was so tragically afflicted – tragic not only for himself but also for the 168 other innocent persons also destroyed by his malignant illness.

627 But Jennifer McVeigh thought the breaking point came earlier, in 1991, at Fort Bragg, N.C., where he was an unsuccessful candidate for the Special Forces. Army records show that Mr. McVeigh dropped out of the program after saying he could not meet the physical demands. (Ibid.)

His failure with the Special Forces points up continuing failure in his life that his father mentioned earlier in comments about his son – namely, that as a boy he was unable to find success in either sports or school and that later he could not hold a steady job due to his inability to stand the pressure connected with the normal masculine responsibilities of life. In short, he was not "man enough" to fit in with other "manly" men. (It reminds one of Lee Harvey Oswald's similar inability to fit in with his Marine Corps comrades, and their taunting him with epithets such as "Mrs. Oswald" and "Ozzie Rabbit." At some unconscious level, McVeigh must have been aware of this fact, and such insight could easily have caused him to reach a "breaking point" in his schizophrenia and set into slow motion the process of his "running amok," ending with the final tragedy of the Oklahoma City bombing.

628 Joe Solino Jimero was publicly beheaded in Saudi Arabia for stabbing and beating surgeon Rashid Abu Jabal to death after the doctor reattached his penis.

Authorities said Jimero had cut off his penis because he wanted to become a woman.

[*The Pacific Sun*, Marin County, California (date and page not noted).]

Occasionally schizophrenic males such as Mr. Jimero will amputate their own genitalia when the pressure from their bisexual conflict becomes too much to bear, consequently causing them to become floridly psychotic as their long repressed feminine strivings overwhelm their ego.

629 A 73-year old Milwaukee woman claimed she became sexually attracted to other women and started having spontaneous orgasms after an electric bingo scoreboard fell on her head. The woman asked for \$90,000 from the church where the bingo game took place, but the judge threw out her case because she refused to undergo court-ordered psychological examination. (News story, publication not noted.)

This woman had obviously been repressing her intense homosexual feelings for a long time, perhaps her entire life, until the point was finally reached where it was no longer possible for her to deny them, at which time her body took over and discharged involuntarily the dammed up libido. The shock of the bingo board falling on her must have weakened her physical and psychological defenses sufficiently so that these powerful repressed feelings were finally able to break through and discharge themselves naturally through orgasmic release. This case demonstrates the enormous toxic potential of these unconscious, repressed homosexual feelings and shows how the only "cure" for their toxicity is by means of orgasmic release, or discharge.

This case is somewhat similar to the case of Daniel Paul Schreber, the schizophrenic German judge, whose name was made famous by Freud's study and interpretation of his paranoia. Schreber, in his memoirs, attributed his mental breakdown to one night wherein he experienced six or seven involuntary orgasmic discharges, or what are commonly referred to as "wet dreams." Freud speculated in his case study of Schreber that these orgasms were connected with homosexual fantasies which Schreber had been repressing, and which had finally become so intense due to their denial that they, as in the case of the woman in the above quotation, took over the bodily apparatus and discharged themselves, thus reducing the enormous anxiety and tension under which these two persons were laboring. The "bingo woman" was consciously able to accept her homosexual feelings as her own,

to a certain extent, but Schreber was completely unable to and consequently developed a very severe case of paranoid schizophrenia.

The toxic effect of undischarged libido is the "smoking gun" in all mental illness, and the only real "cure" is to arrange somehow for this undischarged libido to be discharged as nature intended it to be, that is, through genital orgasm. But since most people would rather "die than admit to" their homosexual feelings, bringing about this curative release of repressed homosexual excitement through orgasm is the most difficult problem in the psychotherapy of all emotionally disturbed persons.

Actually, rather than refer to the mentally ill as "emotionally" disturbed, a far better and more accurate term would be to call them "toxically" disturbed, the toxicity being the result of repressed, undischarged homosexual libido. When Freud wrote that in all psychoanalyses one of the primary tasks facing the analysand is for him or her to return to the earlier, now repressed, "perverse" masturbatory fantasies and discharge them genitally once again, he was in effect saying that to get well in the analysis, the patient must revisit these old fantasies and work through them, both physically and emotionally, before it would be possible to move on into mature adulthood and heterosexuality, which in reality are one and the same thing.

630 Being born a woman is my awful tragedy. From the moment I was conceived I was doomed to sprout breasts and ovaries rather than penis and scrotum, to have my whole circle of action, thought and feeling rigidly circumscribed.

[*The Unabridged Journals of Sylvia Plath, 1950-1962*, (transcribed from the original manuscript at Smith College, edited by Karen V. Kukil) Anchor Books, New York (from book review, publication not noted).]

These are the words of the poet, Sylvia Plath, a schizophrenic woman who committed suicide at the age of 30, after many years of mental illness. She is expressing in the above quotation the feelings of all mentally ill women, the major difference being that in her case these feelings appear to be recognized at a conscious level, whereas, generally, they are deeply repressed and denied. (Anyone doubting Sigmund Freud's formulation of "penis envy" in certain women needs look no further than the above quotation for proof of its accuracy and validity.)

Conversely, in the unconscious psyche of the schizophrenic, or mentally ill male, could be found the following reconfiguration of Sylvia Plath's words: "Being born a man is my awful tragedy. From the moment I was conceived I was doomed to sprout penis and scrotum rather than breasts and ovaries, to have my whole circle of action, thought and feeling rigidly circumscribed." While these opposite-sex thoughts predominate in the repressed unconscious

of the mentally ill person, they are present in the conscious awareness of the overtly homosexual person. For the homosexual often states that he or she has the brain of one sex but the body of the other, i.e., a male mind in a female body for the lesbian, and a female mind in a male body for the homosexual man.

- 631 In a smarmy matriarchy of togetherness it is hard to get a sanction to hate one's mother; so how do I express my hate for my mother? In my deepest emotions I think of her as an enemy: somebody who 'killed' my father, my first male ally in the world. She is a murderess of maleness what a luxury it would be to kill her, to strangle her skinny veined throat But I was too nice for murder. (Ibid.)

It is easy to see why Sylvia Plath had such a difficult time identifying herself as a woman when her first and most important female role model was such a hated figure, a "murderess of maleness" as she so venomously describes her mother. However, Ms. Plath had unconsciously identified with her mother to a certain extent, as can be seen in her description of herself in her poem "Lady Lazarus":

*"Herr God, Herr Lucifer,
Beware
Beware.
Out of the ash
I rise with my red hair
And I eat men like air."*

A woman who "eats men like air" could likewise be called a "murderess of maleness." Thus Ms. Plath has partly become the one person she hates most in the world – her own mother.

Note should also be made here of the fact that "Lady Lazarus" is a "bearded lady" reference – Lazarus being a male in mythology. In reality, Ms. Plath unconsciously realizes that she, like her mother, is a "bearded lady," half man, half woman. It is this deep gender confusion and resulting bisexual conflict which was the direct cause of her lifelong schizophrenia and eventual death by suicide.

- 632 Bodfish, 56, kept a diary for 22 years and wrote frequently that she hated her body, according to police. In excerpts released yesterday, she described it as a 'stupid piece of s_ _ _ that should be beaten to death.'

She also wrote of the 'Bl. D.C.,' which investigators believe is the 'Blue Demon Conscience' that she refers to as a person and says should be beaten.

Police say it was possibly an alter ego constructed by Bodfish or part of her troubled psyche.

["Diary Leads to Theories in Orinda Mom's Death," Charlie Goodyear (Chronicle staff writer) *San Francisco Chronicle*, March 31, 2000.]

Margaret Bodfish was a transvestite who lived as a man. When she was beaten to death, suspicion fell on her son, who committed suicide the following day. Thus her wish that her female body, which she described as a "stupid piece of s_ _ _ that should be beaten to death" was fulfilled. She had undergone removal of both breasts. Bodfish was obviously suffering from schizophrenia due to her severe bisexual conflict and sex-role alienation. She was a true "bearded lady."

In her diary, she wrote that "When Bl. D.C. mouths go off, go silent. Don't speak to her or about her. Don't speak. Walk over to the nearest good solid object. Pick it up. Come back. Hit her up the side of the head. Total silence. No comment after, either. Silence." [Reported by Gary Klein (staff reporter), Marin Independent Journal, March 31, 2000, p. A11.]

Thus it can be seen that Margaret Bodfish, like the poet, Sylvia Plath, had developed schizophrenia as the direct result of her hatred of being born a female and of her overpowering wish to be a male and assume the male role in life. This wish, if followed to its logical conclusion, would lead to loving other women both sexually and emotionally. This final consummation of their deepest and most intense desires seems to have been avoided and frustrated by both women, consequently leading directly to their mental illness, the "toxic effect" of undischarged homosexual libido invariably being the precipitating factor.

633 [Name omitted] – who, according to police and prosecutors, is known locally as 'The Man Hater' – was arraigned yesterday on a charge of assault with a deadly weapon with a hate-crimes enhancement... [Name omitted], 38, an unemployed houseboat resident, was arrested Wednesday after an incident in the Sausalito waterfront. Sausalito Officer Mike Embley said the alleged victim was going to the public boat ramp to get his boat when [name omitted], shouting obscenities and accusing the man of raping her, poked him in the stomach with a six-foot oar and then clubbed him six times with it.

Embley said [name omitted] is known to police for shouting at male strangers and accusing them of sexually assaulting her. Authorities said she was already on probation for a misdemeanor conviction for assaulting a delivery man for the United Parcel Service.

'She has a habit of walking up and down the street yelling at men,' Embley said.

["Gender-Based Attack Blamed on 'Man Hater'," Gary Klein (staff reporter) *Marin Independent Journal*, Marin County, California, November 10, 2000.]

This obviously paranoid schizophrenic woman, who in earlier times would have been safely locked away in a mental hospital, is here displaying her propensity for being a "a murderess of maleness" in a very clear manner, in contrast to the more subtle manifestations of such feelings attributed by Sylvia Plath to her mother, Aurelia, and then demonstrated by Ms. Plath herself in her poem "Lady Lazarus."

634 "Of course they are much younger like the sort of person I've mentioned..... . I feel often as if I were similar to the girls that love the Beatles so wildly since they seem so attractive and amusing to me." "Nash was always forming intense friendships with men that had a romantic quality," Donald Newman observed in 1996..... "He was very adolescent, always with the boys,"..... Newman recalled: "He tried fiddling around with me. I was driving my car and he came onto me." D.J. and Nash were cruising around in Newman's white Thunderbird when Nash kissed him on the mouth. D.J. just laughed it off.

[*A Beautiful Mind*, Sylvia Nasar, Simon & Schuster, New York, 1998, p. 169.]

Any male (or female) who harbors such powerful opposite-sex emotional feelings as those chronicled here – emotional feelings which are invariably accompanied by the corresponding opposite-sex sexual feelings – would be in serious jeopardy of developing schizophrenia were he (or she) to attempt to deny or repress these feelings in order to live an ostensibly "normal" heterosexual life. In this particular instance, of course, that is exactly what happened and a schizophrenic illness soon manifested itself.

635 In five short years, between the ages of twenty-four and twenty-nine, Nash became emotionally involved with at least three other men. He acquired and then abandoned a secret mistress who bore his child. And he courted – or rather was courted by – a woman who became his wife. (Ibid., p. 167)

The severe bisexual conflict and confusion outlined here will inevitably lead to schizophrenia when the complex is denied and repressed into the unconscious as the result of being unresolvable on the conscious level. Once in the unconscious it inevitably forms the pathogenic core of the ensuing schizophrenic illness.

636 Cohen said: "His psychoanalysts theorized that his illness was brought on by latent homosexuality."⁴ These rumored opinions may well have been held

by Nash's doctors. Freud's now-discredited theory linking schizophrenia to repressed homosexuality had such currency at McLean that for many years any male with a diagnosis of schizophrenia who arrived at the hospital in an agitated state was said to be suffering from 'homosexual panic.'⁴³ (Ibid., p. 259)

It is exceedingly ironic that the author of A Beautiful Mind refers to "Freud's now-discredited theory linking schizophrenia to repressed homosexuality" when, in fact, her book can be considered a classic case history proving beyond any reasonable doubt the correctness of that "now-discredited" theory. Furthermore, the author makes no mention of how Freud's theory has been "discredited" or by whom. It is akin to referring to Darwin's theory of evolution as his "now-discredited" theory, again without going into any particulars as to why or by whom it has been discredited.

637 But several studies have since shown that basic military training during peacetime can precipitate schizophrenia in men with a hitherto unsuspected vulnerability to the illness.¹⁵ Although study subjects were all carefully screened for mental illnesses, hospitalization rates for schizophrenia turned out to be abnormally high, especially for draftees. (Ibid., p. 126)

For men with a powerful latent homosexual orientation, suddenly being thrown together with a group of other men on a very intimate basis, can, and often does, trigger a classic "homosexual panic" leading to schizophrenic symptomatology. Furthermore, being draftees, these men are usually rather unwilling subjects of this forced male bonding and intimacy.

638 Having already called Julius Nyerere, the president of Tanzania, a coward, an old woman and a prostitute, he announced that he loved Mr. Nyerere and "would have married him if he had been a woman." He said he expected Queen Elizabeth to send him "her 25-year old knickers" in celebration of the silver anniversary of her coronation.

In other comments he offered to become king of Scotland and lead his Celtic subjects to independence from Britain.

[Michael T. Kaufman, Obituaries, *The New York Times*, August 17, 2003, p. 22.]

Idi Amin, the maniacal, homicidal ruler of Uganda for eight years during the 1970's, who is reliably reported to have been responsible for the demise of at least 300,000 of his fellow citizens, obviously was afflicted with paranoid schizophrenia, the bearded lady disease. This is confirmed by the history of his life and by some very revealing information contained in the above

quotation, especially in the first few lines where Mr. Amin discussed his feelings about Julius Nyerere, the president of Tanzania. When he calls Mr. Nyerere a "coward, an old woman and a prostitute," he is in reality projecting onto Mr. Nyerere his own deeply repressed, unconscious image of himself. He then confesses his love for Mr. Nyerere, stating he "would have married him if he had been a woman." Again, the true psychological meaning of this utterance is that he, Idi Amin, wishes that he himself were a woman and that Mr. Nyerere would marry him. In any case, the homosexual overtones in this remark are very clear. The projection of a person's own repressed, unconscious wishes and feelings onto others is an invariable phenomenon in paranoid schizophrenia.

Further proof of Amin's schizophrenia are his statements that he wished, or expected, that Queen Elizabeth would send him her "25-year old knickers," and that he wished to become King of Scotland. It is interesting to note that Amin wished to have in his personal possession a piece of clothing worn by a female who just happened to be a queen, making that item of clothing the ultimate in femaleness, or at least most likely to be considered so in his disordered mind.

In conclusion, Amin here demonstrates the invariable bisexual conflict and gender confusion which forms the core of schizophrenia. His name is one more to be added to that long list of schizophrenic leaders who, due to their bearded lady disease, have wreaked untold horror and tragedy upon the innocent citizens of their countries.

(Note: Allegations that Amin suffered from untreated syphilis have never been proved. Furthermore, the symptoms of organic general paresis caused by tertiary syphilis are easily distinguishable from the symptoms of paranoid schizophrenia and Idi Amin displayed all the classic symptoms of this latter disease, including delusions of grandeur, persecution, manic depression, and hysteria, to catalogue just a few of its most common manifestations.)

639 This list didn't include the important questions, like how did he discover gravity or why did he suffer a mental breakdown at the pinnacle of his career?

Did Isaac Newton ever have sex, the voyeuristic modern wants to know? He never married, never kept company with a woman and apparently never had a lover. Though he never recorded details of his private life, his notes do occasionally reveal his feelings about sexuality, and they are morbid – suffused with horror and disgust, sometimes of a religious nature.

Once he wrote John Locke that he wished him dead, "being of opinion that you endeavoured to embroil me with women."

[James Gleick, Think Tank, *The New York Times*, August 16, 2003, and author of "Isaac Newton," Pantheon.]

Sir Isaac Newton experienced a mental collapse due to his severe bisexual conflict. Because of his intense dislike of women, his erotic affections must necessarily have been concentrated on men. This state of affairs would obviously have led him into overt homosexuality if he had granted them free, conscious reign. The fact he did not, and instead repressed them, instead led inevitably to his schizophrenic psychosis, or his "mental breakdown at the pinnacle of his career." It should be noted here that any man expressing such an extreme loathing of women as Newton evidenced is invariably motivated by a very powerful unconscious envy of the female state of being, a state which would most nearly meet his deepest emotional, physical, and sexual needs if unrepressed.

Thus Newton, for all his brilliance and genius, like so many others of lesser intellect, became a helpless victim of the bearded lady disease. Again quoting Daniel Paul Schreber, the famous schizophrenic patient and memoirist, "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me."

And, finally, one of Sigmund Freud's favorite quotations: "There are more things in heaven and earth, Horatio, Than are dreamt of in your philosophy."

[Wm. Shakespeare's *Hamlet*, Act 1, Scene 5, Line 166.]

640 Van Tilburg has really given us three books in one, a history of a unique society, a Gothic novel, and a powerfully moving biography. The variously furious, passive-aggressive, inept, and effective relations of Routledge and her husband with each other, with other expedition members, with islanders, and with the island priestess Angata, who gained spiritual power over Routledge – all that makes a fascinating story. Routledge wrote of herself in 1891, 'It was my misfortune to be born a woman with the feelings of a man.' Her tragic biography traces how a rich heiress with a family history of mental illness mastered her inner problems sufficiently to become one of the earliest women graduates of Oxford University, then to make her own way through a man's world, and to contribute to our understanding of Easter Island, only to succumb at last to paranoia and to die in the mental asylum to which her husband and brother finally committed her.*

[Jared Diamond, "Twilight at Easter," *New York Review of Books*, New York, March 25, 2004, p. 6.]

Katherine Routledge's paranoid schizophrenia can be traced directly to her statement that "It was my misfortune to be born a woman with the feelings of a man." She is the classic female "bearded lady," emotionally a man, physically a woman. Every woman suffering from mental illness, at the

deepest level of her psyche, is similar to Routledge and would make the same plaint.

Conversely, every mentally ill man, at the deepest level of his psyche, would feel that it was his "misfortune to be born a man with the feelings of a woman," as the psychotic yet insightful Dr. Daniel Paul Schreber so eloquently stated it: "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." (The psychotic woman would reverse Schreber's statement.)

641 Schizophrenia means split-mindedness, duality of purpose, lack of interpretation. Thus, a fifty-five-year-old laborer, born in Hungary but residing in the United States, complained bitterly that whenever he wanted to drink a glass of water, the baby in him protested violently or wanted a glass for itself. (His name was John, and he called the baby Little John.) It was impossible for him to buy one necktie because the baby always wanted one too. He felt an urgent need to get rid of the baby, and he would frequently tell the baby (with great emphasis and in the manner of an adult) that it should go out. He spoke in English; the baby answered in Hungarian, in a whining and pitiful voice, explaining that a baby could not live without its mother, and that if it went out into the world there would be nobody to feed it and there would be no bed to sleep in. The disputation between him and the baby went on endlessly. It is quite clear that he was both adult and baby and that the baby did not want to come out of the womb. In this case contact with reality had ceased.

[*Magic and Schizophrenia*, Geza Roheim, Indiana University Press, Bloomington and London, 1970, p. 98.]

It is quite obvious that this psychotic male patient believes he is a woman about to give birth to a baby. His severe, unconscious bisexual conflict/gender confusion has overwhelmed him to the point where he actually believes, in the delusion described here, that he is a pregnant female. His "bearded lady" disease – schizophrenia – has now seized total control of his psyche and of his life.

642 The next night I dreamed that I wanted to have intercourse, but I could not see the girl. Somebody must be doing this to me. Then I was awake and my bedcover was thrown off. A crown prince stood at my bed with a sword, as if he were equal and going to fight. You know, as if your father had come in the morning to wake you up. There were many girls. They had yellow hair like angels, and their faces were like mine. (Ibid., p. 140)

In this dream, the patient's deep-seated confusion as to which sex he belongs to is highlighted by his statement that the faces of all the girls with their "yellow hair like angels" were like his own. In other words, he primarily identified gender-wise with these girls rather than with his own masculine sex. He is truly a "bearded lady," consequently afflicted by schizophrenia.

643 I met many N.N.'s. When I went home, my family did not recognize me. Or I could not find my way home because my name was lost. Once I fell off a slope or a hill and banged myself. I lost my name when I was banged, and the same thing happened to another fellow, so that our names got exchanged. I met some girls who also had the same name, but it turned out they were Mrs. N.N. – and they were all men. They all looked like me, both the girls and the men. (Ibid., p. 174)

The patient's severe bisexual conflict and gender confusion are glaringly obvious in this quotation when he says that all the girls "were Mrs. N.N. – and they were all men" and then that "both the girls and the men" all looked like him, the patient. The patient's gender confusion here is complete and total and is even confusing to the observer transcribing it.

644 In discussing the magic, which is manifested in the symptomatology of schizophrenia, Schilder notes: 'The cases reported here show with great clarity that the magical is greatly surcharged with the sexual. To affect, to influence, means, on this level of development, to influence sexually. Tausk has shown that in schizophrenia the influencing mechanism is nothing else than the body, and in the last analysis, the genitals of one thus influenced. One patient felt herself influenced by a Phoenix, a bastard who had no genitals, or only a shrunken penis. The patient, however, called herself a bastard and claimed to derive from this characteristic her witchcraft.' (Ibid., p. 98)

Here the patient identifies herself with a Phoenix, "a bastard who had no genitals, or only a shrunken penis." In her unconscious this is how the patient perceives herself, as a castrated woman, yet one who still possesses a "shrunken penis." She is afflicted with schizophrenia, the "bearded lady" disease.

645 Consider C. A. Tripp and his argument that Lincoln was gay. His book, *The Intimate World of Abraham Lincoln* begins with the fact that Lincoln during his late 20's and early 30's shared a bed with a young man named Joshua Speed. As President, Lincoln may also have shared his bed with a captain of his guard in Washington. As I dug into the story, I learned about the two times, at ages 26 and 32, when Lincoln broke down so severely that he came

near suicide; about his profound gloom in his middle years and his deliberate work to cope with it; and finally, about how his depression both plagued him and fueled his great work as President.

[*The True Lincoln*, Joshua Wolf Shenk, "Time Magazine," July 4, 2005, pp. 42-43]

There can be little doubt that C. A. Tripp, in his book on Lincoln, has unearthed valuable material relating to Lincoln's psychological profile. From the evidence gathered, he makes a very strong case that Lincoln was beset by severe bisexual conflict, severe enough at times to lead him to the brink of suicide. Considering the fact suicide has been called the most serious symptom of schizophrenia, then Lincoln definitely suffered from this illness.

The glaring fact that he shared the same bed with his dearest male friend, Joshua Speed, for such a lengthy period of time would mark Lincoln today as being homosexual beyond any reasonable doubt. Also the fact that he was unhappily married to a woman similarly beset with severe psychological (read bisexual) conflicts adds further proof to this hypothesis. (The father of a schizophrenic patient once said: "When I married I was only half a man and could only marry half a woman.")

Lincoln's life-threatening, lifelong depression was the direct result of his bearded lady conflict. Furthermore, this conflict engendered his ever-strengthening religious, messianic-type certainty that he was doing God's will by freeing the slaves and saving the Union during the Civil War. In short, he was exhibiting, in a subtle manner, one of the classic symptoms of paranoid schizophrenia.

Finally, it is interesting to note how many pictures of Lincoln exist today showing him at times with a beard and then without one.

This "shrunken penis" motif is found in the common folklore about witches flying around on broomsticks, i.e. their faux penises. And the term "witch" is commonly applied to females who are masculine, aggressive, and castrative to men due to their extreme penis envy, and envy of the male role in life in general.

646 In addition to Robert, the dominant personality, the one he presents to the world, his other two active selves are Bobby, an attention-needing and affection-starved child who has grown into a quizzical young adult; and Wanda, a quiet Buddhist-like presence who was once submerged in the viciously cruel personality known only as the Witch.

[Bruce Weber, *The New York Times*, October 1, 2005, in a review of the book: "A Fractured Mind: My Life With Multiple Personality Disorder" (Hyperion)]

As in all cases of so-called "Multiple Personality Disorder," the person so afflicted inevitably reports that both male and female characters inhabit his or her body. If a male, he reports one or more females; if a female, one or more males.

In short, MPD is just one of the many disguises worn by the mental illness known as schizophrenia, the bearded lady disease. MPD sufferers are often described as being victims of a "split personality." Actually, this definition is the correct one – a schizophrenic is a person whose psyche is split almost evenly between male and female components, resulting inexorably in that state of severe bisexual conflict and gender confusion which fuels the myriad symptoms of mental illness.

647 In a surreal speech, Mr. Rader read notes from yellow legal paper about what he had in common with his victims; like Kathryn Bright, he spent time on his grandparent's farm; Delores Davis shared his love for dogs; he and Marine Hedge were both gardeners; Joseph Otero was a veteran of the Air Force.

'She liked to write poetry – I liked to write poetry,' he said of Mr. Otero's 11-year-old daughter, Josephine, in a macabre reminder of the depraved poems and sketches the police found in his home. 'She liked to draw, I liked to draw.' Also seized by the police were lewd Polaroids of Mr. Rader's 'self-bondage' in his victims' clothing, and extensive collection of Barbie-style dolls he would paint and pose in sexual positions, and books on serial killers, one subtitled, 'The Methods and Madness of Monsters' that had a mention of B.T.K. highlighted.

[Jodi Wilgoren, *The New York Times*, August 19, 2005, p. A13]

The B.T.K. killer is obviously insane, suffering from schizophrenia. A close reading of Jodi Wilgoren's reportage on his case immediately highlights examples of his severe bisexual conflict/gender confusion, always the basic pathogen in mental illness.

We can see how he strongly identified with the women he murdered; he liked to do many of the same things they did, he was quoted as emphasizing. And then we have the most obvious example of all of his severe bisexual conflict/gender confusion in the fact that he took Polaroids of himself while wearing the actual clothing of his murder victims and posed in the same bondage positions he had placed them. Here his self-identification as a female is clearly apparent.

Mr. Rader hated his own feminine component so much and was so terrified of it that he had to murder other women in a psychotic attempt to kill his own repressed feminine longings. And the man he killed, Joseph Otero, had undoubtedly stirred up strongly repressed homosexual longings in

Mr. Rader. By killing him, he destroyed the object of his homosexual temptation, which is a common theme in many same-sex homicides, both male and female. It should be noted that he masturbated both during and after all his murders, thus highlighting the basic etiological role played by sexual confusion and repression in all mental illness.

Finally, in a picture accompanying Jodi Wilgoren's article on Mr. Rader, a detective assigned to the case is holding up a mask used by him in one of the killings. The mask is very feminine-appearing. Mr. Rader, as well as all his victims, were destroyed by his schizophrenia, the bearded lady disease. It is but one more story in the ages-old saga of the tragedies caused by this illness.

648 I obviously lack insight and somewhat am lost confused and fragmented. Today, I have had the feeling in my chest as if I had tits furthermore, I still keep on viciously pulling out hairs from my chest (removal of penis, want tits?) and from my belly-button (want a baby?) I am concerned if I have returned to my real boy self or if I still remain as a girl and perhaps girl on girl. I don't want to form my sexual identity until I am 100% sure I am real boy again boy on girl identity would just be disastrous and girl on girl in boy body would be pure gay (?).

How could I tell with no insight that I am real boy again? Without alcohol I simply don't know what I want what I feel who I am etc. Furthermore, I have forgotten about the girl of the bar who transmitted me love last weekend. AHHHHHHHHH. Perhaps, when I drink, I am acting in the opposite direction of my subconscious (?? clueless). I've been sitting some time today like a lady and touching my hair, listening to rap and love songs it's a tough cookie to find the way out of a labyrinth with bandaged eyes. DAMIT!!

Is there any method or trick I could use periodically to check and be sure that Mars still wears the pants? I need to know I am not going to build a boy over girl again only man trips twice over the same stone

[Personal Communication]

This young man is obviously in the tenacious grip of schizophrenia – the bearded lady disease, due as always to a severe case of bisexual conflict and gender confusion.

There is hope, however, that this conflict will be resolved for him at a later date in favor of both a healthier emotional and physical state since he is not repressing this conflict but is wrestling courageously with it on a conscious level. If his severe bisexual conflict/gender confusion had been unconditionally repressed into his unconscious, he would consequently have developed many of the more florid manifestations of schizophrenia, such as

paranoid delusions of persecution and grandeur as well as manic/depressive symptomatology, among others.

Unlike the famous paranoid psychotic, Daniel Paul Schreber (see his Memoirs of My Nervous Illness), the above young man will be able to effect "a social recovery with insight" from his schizophrenia. Schreber, on the other hand, experienced a partial social recovery, but definitely without insight, as he persisted in his psychotic belief that it was God who had wished him to turn into a woman rather than accepting these powerful sexual feelings and desires as his very own.

649 Since the authors discussed by Dr. Schweitzer agree on one point, namely that Jesus suffered from some form of 'paranoia,' a few words concerning this type of mental disorder may not be out of place. The word is an old one – it was used in the Hippocratic writings, though in a general sense, as meaning mental disease. It was introduced into German psychiatry as early as 1818 by Heinroth, but with so loose a definition that at one time from 70 to 80 percent of the patients in European mental hospitals were diagnosed as suffering from 'paranoia.'

One may disagree with Schweitzer on one or two minor points. He takes for granted that the failure of Jesus to develop ideas of injury or persecution rules out the possibility of a paranoid psychosis. This is not necessarily true; some paranoids manifest ideas of grandeur almost entirely and we find patients whose grandeur is very largely of a religious nature, such their belief that they are directly instructed by God to convert the world or perform miracles. Again, he offers as evidence of freedom from paranoia the fact that Jesus modifies his views as to his missions. Some paranoids substantially modify their delusions in accordance with their view of environmental factors, and may indeed appear to reason logically concerning events of interest to them – logically, that is, if one grants their premises.

[Winfred Overholser, M.D., President, American Psychiatric Association, Washington, D.C., 1948, in his foreword to *The Psychiatric Study of Jesus – Exposition and Criticism*, by Albert Schweitzer, The Beacon Press, Boston, 1948, pp. 12-15.]

It would be a fair-minded assessment of Dr. Overholser's views, as expressed in the above quotation, that the historical figure known as Jesus of Nazareth was suffering from paranoid schizophrenia, or the bearded lady disease. (The Apostle Paul was once quoted as having said that "Jesus is neither male nor female.") Following logically from Dr. Overholser's careful reasoning, this same diagnosis could be similarly applied to the founders of all the major religions of the world, both ancient and modern. (See, for one example, the prophet Moses' hallucinatory description of having seen God's

visage in a "burning bush.") These so-called, or self-described prophets have each been afflicted with grandiose, paranoid schizophrenic delusions about their own special place in the world and of a specific, world-encompassing mission, or missions, their personal God has called upon them to fulfill.

In Jesus' time the Jewish religion had long been awaiting the coming of its Messiah, and as a Jew himself, Jesus was fully aware of this expectation. In his deluded, or "diseased" state of mind, he slowly came to the belief he was this very person, and as a direct consequence of this paranoid belief, a new world religion sprang up around him and his teachings, albeit slowly and not without having first afflicted immense suffering and hardship upon its followers. There had been many persons prior to Jesus' time who claimed to be this long-awaited Messiah and there have been many such afterward. In modern times, however, these deluded souls have in most cases been consigned to the confines of mental hospitals after having been correctly diagnosed as suffering from paranoid schizophrenic delusions of grandeur and megalomania.

650 That I command the impartiality necessary for this undertaking I believe I have proved by my former studies in the field of the life of Jesus. Should it really turn out that Jesus' object world must be considered by the doctor as in some degree the world of a sick man, still this conclusion, regardless of the consequences that follow from it and the shock to many that would result from it must not remain unuttered, since reverence for truth must be exalted above everything else. With this conviction I began the work, suppressing the unpleasant feeling of having to subject a great personality to psychiatric examination, and pondering the truth that what is great and profound in the ethical teachings of Jesus would retain its significance even if the conceptions in his world outlook and some of his actions had to be called more or less diseased.

[*The Psychiatric Study of Jesus, Exposition and Criticism*, by Albert Schweitzer, The Beacon Press, Boston, 1948, Preface to 13th ed., p. 28.]

Dr. Schweitzer's reverence for the truth, no matter where that truth may lead, reminds one of the same great reverence for truth demonstrated by naturalist Charles Darwin when he first propounded his revolutionary new Theory of Evolution. Darwin realized that many of his contemporaries would be deeply disturbed and shocked by the implications stemming from this theory, yet he, as did Dr. Schweitzer, also understood that "reverence for the truth must be exalted above everything else." For mankind to have progressed beyond its original state of primeval ignorance and superstition, nothing less is demanded, and will continue to be so ad infinitum.

Thus, when it is stated here that the founders of all the major religions of the world can be proved to have been clinically insane, suffering from all the various delusions and hallucinations peculiar and ever-present in the mental illness called paranoid schizophrenia, or the bearded lady disease, is strict adherence to this one great, all-encompassing principle and foundation of science and rationality – namely, that the truth surpasses all else in importance. Nor does the fact of the diseased state of mind of all these so-called religious prophets totally negate, as pointed out by Dr. Schweitzer, any positive effects their various religious teachings may have had, but it also does not excuse many of the malignant features of these teachings which exist today alongside the positive ones.

On a somewhat lighter note, the quotation attributed to an English grande dame upon first learning of Dr. Darwin's Theory of Evolution, should be mentioned here. "I hope Mr. Darwin's theory is incorrect," she declared, "but if it is correct I hope it does not become widely known."

This same attitude is relevant to all new truths that may shake the foundation of common beliefs, such as the statement made above concerning the diseased state of mind of all persons who proclaim themselves to be religious prophets. Hopefully this fact is not true, but if it is true, also hopefully it will not become widely known!

651 As to the revelation itself, it caused Muhammad [ibn Abdallah] considerable anguish. Sometimes he heard voices; sometimes he saw visions, sometimes, he said, the words were found in his inmost heart, and at such times their production caused him acute physical pain. When the revelations began he feared for his sanity, and only after reassurances from his wife and friends did he accept that he was the recipient of the divine gift of the Word.

[Salman Rushdie, writing in the *New York Review of Books*, date not noted.]

In today's world this violently afflicted individual would be quickly and easily diagnosed as suffering from an acute attack of paranoid schizophrenia, with accompanying florid delusions of grandeur mixed with aural and visual hallucinations. In short, when he himself is said to have feared for his sanity, he was a much better diagnostician of his diseased state of mind than were either his wife or his friends.

The same diseased state of mind must also be attributed to the man called Joseph Smith, who claimed that at the age of fifteen he had been visited by an angel called Moroni. Supposedly this hallucinated angel thereupon gave him directions on how to find and uncover the buried Golden Tablets whereon were already transcribed the words to what would later come to be known as the Book of Mormon.

It should be noted here that many cases of schizophrenia first appear in the early teens, around puberty, when the so-called "raging hormones" newly-awakened sexuality first takes hold. If a young person has a powerful, latent bisexual conflict/gender confusion issue, this is the period when severe mental illness can first occur. Schizophrenia was once called "dementia praecox" (precocious dementia), denoting that often it made its first appearance during these early years of confused sexual awakening.

The two cases mentioned in the above Quotation and Comment sections pertain to individuals who went to establish religions with a worldwide reach. As is well known, and in spite of, and due in most part to, their severe mental illness.

652 At home things really began to deteriorate. I seemed to be tired all the time and I'd sleep for hours without being refreshed by the rest. I became indifferent to Laurie and my sexual appetite vanished; on those rare occasions when we did have intercourse, neither of us were satisfied. I began to doubt my masculinity. There must be something wrong with a man who can't satisfy the woman he loves. Maybe I'm a homosexual. That thought terrified me. On the streets I began to fancy that other men were looking at me. I began to see homosexuals everywhere, and all of them were laughing at me. (A terrible kind of desexualization, a loss of masculine identity, seems often to accompany schizophrenia when it develops in men, and perhaps this accounts for their morbid anxiety over homosexuality.)

[*In Search of Sanity, The Journal of a Schizophrenic*, by Gregory Stefan, University Books, Inc., Hyde Park, New York, 1965, p. 19]

The terrifying phenomenon that Mr. Stefan is experiencing, as described in the above quotation, is what is commonly known in psychiatry as a "homosexual panic." He is clearly undergoing a classic case of this very frequent schizophrenic symptom, triggered invariably by powerful, though strongly repressed and denied, homosexual feelings and desires. In fact, in this case, conflict is so acute that it has led Mr. Stefan into a floridly paranoid state where he is deluded into believing he sees homosexual men surrounding him, all of whom are looking and laughing at him. In short, his repressed homosexual conflict is the direct cause of his paranoid schizophrenia, or the bearded lady disease.

In Mr. Stefan's own explanatory note stating that, in men, a loss of a sense of "masculine identity," or "a terrible kind of desexualization," is common in schizophrenia, is certainly correct and it applies equally to women as well as to men. The latter experience a frightening loss of their sense of feminine identity to an equal degree as do men their sense of masculine identity, as they too are suffering from schizophrenia, the bearded lady

disease, or of not knowing at the deepest level of their psyche which sex one is a member of.

653 'Do you believe in demon possession?' I asked.

'Why do you ask?'

'Well, it's strange,' I said, 'but I remember that at my sickest, it was as though Gression took complete possession of me. It was as though I lost my soul and Gression's soul entered my body and I became Gression and my body did his bidding.' (Ibid., p. 213)

In this paranoid delusion of persecution that his former psychoanalyst, Dr. Gression, had taken "complete possession of me," Mr. Stefan unconsciously demonstrates his passive, feminine attitude towards his former therapist. For a man to believe that another man has taken "complete possession" of him, "body" and "soul," as we can see from the remainder of this quotation, most assuredly indicates the presence of very strong homosexual feelings.

This delusion of Mr. Stefan's of being "possessed" by Dr. Gression is remarkably similar to the one experienced by the famous paranoiac, Daniel Paul Schreber, in relation to his former physician, Dr. Flechsig. In Schreber's case, as interpreted by Sigmund Freud, his "affectionate dependence upon his physician" had "become intensified to the pitch of an erotic desire." This desire was violently opposed and denied by Schreber's ego, leading to his paranoid delusion that Dr. Flechsig had now become his persecutor, one who wished to use him sexually as a female prostitute. In exactly the same manner Mr. Stefan had repressed his own powerful erotic feelings towards Dr. Gression, leading to his paranoid delusions as outlined in the above quotation.

Mr. Stefan had further stated to his current physician that he had wanted to kill Dr. Gression for what he "did to me and my wife." (p. 212) He went on to say that "I've killed him a thousand times in my imagination. I've shot and stabbed and beat him and" For this reason it can sometime be dangerous for physicians to treat persons suffering from paranoid schizophrenia, which condition is invariably the result of repressed and denied homosexual feelings. The initial positive transference of the male patient to the male physician can quite easily become intensified to the point it becomes erotic longing, leading to the delusion of being persecuted by the physician, followed by the wish to kill or otherwise destroy and remove this object of homosexual temptation. From his own words, it is quite clear that Mr. Stefan himself was very close to crossing this fragile line into violence against Dr. Gression, fueled as it was by his unconscious, unacceptable homosexual feelings for him.

654 Reflecting on a visit to a reunion of his mother's relatives, the photographer Walker Evans wrote to a friend that ' How fatal it has been that all the women have ruled the men right out of their masculinity, independence, courage, will and at last, brains even.'

[*Walker Evans*, by James R. Mellow [Source not noted]]

The type of woman mentioned by Walker Evans, in the above quotation, is the type from which springs all homosexuals, male and female, as well as all schizophrenics, considering the fact that schizophrenia is caused by the repression or denial of homosexuality. This type of woman rules not only her son "out of their masculinity, independence and courage," but also her daughters out of their femininity, independence and courage, thus dooming both sexes to either outright homosexuality or mental illness. Admittedly this is a harsh statement, but unfortunately a true one.

In the insightful words of Dr. Lewis B. Hill, in his outstanding book, Psychotherapeutic Intervention of Schizophrenia, the equation goes thus:

"It would seem that the schizophrenic patient is often of the third generation of abnormal persons of whom we can gain some information. The preceding two generations of mothers appear to have been obsessive, schizoid women who did not adjust well to men. There is some evidence that they were, in a sense, immature and that within the obsessive character structure could be found hysterical difficulties. It is to be noted, also, that there are two preceding generations of men who are not masters, or equals, in their own marriages and homes, or psychosexually very successful, and who are often described as immature, alcoholic, and passive, or hardworking, self-centered, and detached from the family." In a nutshell, this is the scenario intuited by Walker Evans in the above quotation.

Dr. Hill further emphasizes his position in the following insightful summary of the so-called "schizophrenogenic" mother, and her forebears. "The maternal grandmothers of the patients are usually reported to have ruled their homes either directly or, more commonly, through tears and suffering. Mothers of the patients have learned this technique from these grandmothers and with very few exceptions dominate, in one way or another, the family situation, including the husband. Usually they employ the hurt techniques to make others feel guilty; much more rarely they are arbitrarily and angrily in charge."

Thus we can see the critical importance of the mother's own mental stability in determining the emotional destiny of her children. The insightful words of the photographer Walker Evans takes us into his own family's warped psychological dynamics and demonstrates to us its malignant consequences for all his relatives.

Unfortunately, in his brilliant exposition of the skewed family dynamics which produce schizophrenics, Dr. Hill neglected to mention that these same family dynamics also are operative in every case among the relatives of children who turn out to be homosexual, thus proving the thesis that the genesis of schizophrenia is denied and repressed homosexuality.

655 The mother's attitude was so subtly ingratiating, and yet domineering, that she would almost have to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own womanhood and independence. [Dr. Edward J. Kempf]

The above type of mother perfectly fits the definition of the "schizophrenogenic" mother, or the mother who is the direct cause of the development of schizophrenia in her daughter. The latter's only escape from this malignant fate, as Dr. Kempf so clearly points out, is somehow to free herself from this mother's "terrible influence," preferably through intensive, long-term psychoanalytic therapy.

Interestingly enough, although not mentioned here by Dr. Kempf, is the similar schizophrenogenic influence this type of mother would have on a son. Both son and daughter would be in great psychological danger when so dominated by this kind of woman-mother. Unless escape can be effected, they would be equally in grave danger of developing schizophrenia or its opposite manifestation, homosexuality. Most assuredly, either they would be afflicted with bisexual conflict/gender confusion, which, if not dealt with correctly, leads to one or the other state of being.

656 From my material, in which negative instances are consciously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequent to unfortunate prolongation of the attachment of the son and the mother.

[Dr. Harry Stack Sullivan]

Here again we can see the all-important role the mother inevitably plays in determining the mental health of her children, for good or for ill. The so-called CBI mother, or Close Binding Intimate mother, is the cause of schizophrenia, not only in her son, but also in her daughter (see previous quotation). The children of a CBI mother either become homosexual, or, if the homosexuality is denied and repressed, schizophrenic. Of course, there are gradations of schizophrenia, just as there are of homosexuality, but definitely the offspring of such a mother will inexorably suffer from some degree of bisexual conflict/gender confusion, leading in its most severe form to either outright schizophrenia or homosexuality. And proof of the fact schizophrenia

is rooted in the negation and repression of homosexuality is the inescapable truth that the CBI mother produces both schizophrenic and/or homosexual children.

657 I tracked Domino down in Hollywood, where she was modeling and bounty hunting,' Mr. Scott said over the phone from his Los Angeles office late last month [September, 2005]. 'Domino lived in an apartment above the garage because she wasn't allowed in her mother's house with all her guns. We'd sit up in her apartment with the Soldier of Fortune magazines and AK-47's scattered around the room, and then I'd go and have tea with Mum and the Jack Russells and the Francis Bacons on the wall.'

[Allison Hope Weiner, "A Lust For Life And Danger," *The New York Times*, Oct. 9, 2005, 'Sunday Styles,' Section 9, p. 1]

The very sad story of Domino Harvey, the one-time model turned bounty hunter, provides us with a classic case demonstrating how severe bisexual conflict and gender confusion form the basic etiological root of all mental illness, up to and including schizophrenia. And Domino very definitely suffered from schizophrenia, the bearded lady disease. On the one hand, she had once been a beautiful model; on the other, she became a tough-as-nails, masculine, shaven-head, bounty hunter. There was no subtlety at all to her bearded lady self. It was shockingly and glaringly apparent to all who crossed her path in life.

658 But the movie's subject, who was eagerly awaiting the release, will not. She was found dead in her bathtub on June 27. She died after suffering from a heart attack and had toxic levels of fentanyl, a pain killer, in her blood, said Stephen Bernard, her lawyer, citing a coroner's report. 'Domino,' which focuses almost exclusively on Ms. Harvey's exploits as a bounty hunter, does not dwell on the darkest part of her life: a 15-year struggle with drug addiction. What it does capture, her friends and family say, is the essence of someone who was so fascinated with danger that she organized her life around it, becoming one of the few female bounty hunters in the country and helping to capture 50 fugitives, often in life-threatening circumstances. (Ibid., pp. 2-3)

The title for this article about Domino Harvey, written by Allison Hope Weiner for "The New York Times," would have been more fitting if it had been headed A LUST FOR DEATH AND DANGER, rather than A LUST FOR LIFE AND DANGER, considering the fact that her entire life had been one long descent into madness and death, ending in her 35th year. There is no way to prove that Domino committed suicide, but she was facing the prospect of a

jury trial and potentially long prison term if she were to be found guilty of dealing in drugs, as she had been charged with. We also know that suicide is considered the most serious manifestation of schizophrenia, the bearded lady disease.

It is an interesting, though macabre fact, that many suicidal persons resort to using a bathtub to carry out their final act of self-destruction, presumably on the grounds that it would leave a less messy death scene and could more easily be cleaned up afterwards. (This commentator had a physician friend who suicided in a bathtub by slitting open several arteries.)

659 'She was a beautiful girl with the height and everything else, but she had a particular look that was actually very sexually ambiguous with the tomboy thing and the shaved head,' said Mrs. Nelson, who met Ms. Harvey when the girls were 11 and in an English boarding school. 'Modeling is all about having the right look at the right time, and it wasn't the right time for her.'

Ms. Harvey had a close but at times difficult relationship with her mother. 'Her personality was completely different than her mother's,' said Heidi Gibbs, Mrs. Morton's sister. 'What was important to her mother was being a lady, and that just wasn't important to Domino.'

In California, Ms. Harvey pursued various unlady-like careers like work on a ranch and as a fire fighter before finding her calling at Celes King Bail Bonds in South Central Los Angeles.

Although tabloids frequently described her as a lesbian, Ms. Harvey dated a series of men. 'They were all losers,' Ms. Stone said. 'She was captivated by anybody with a dark side.' (Ibid., p. 3)

Here again we can see the very severe bisexual conflict/gender confusion problem that dominated Domino's life and led to her slide into madness or schizophrenia, the bearded lady disease. She certainly was a 'bearded lady' in every sense of the word.

660 'I don't know what occurred at the end,' Ms. Gibbs said. 'She was excited about the future. She kept talking about how there was going to be a movie about her. She had a purpose.'

Ms. Stone [Domino's mother] guesses that because Ms. Harvey was anxious and desperate for sleep, she took too many painkillers. No one knows how she obtained the pills. Ms. Stone described the upbeat voice mail message Ms. Harvey left on the day she died. 'She wanted to tell me about the four people she'd employed to look after her,' Ms. Stone said. 'She said, 'Mumsy, everything is going to be fine. They're really, really nice people. Boys at night to keep the riff-raff away. Don't worry about me. I love you lots.' (Ibid., p. 3)

When Domino's mother stated that Domino was "desperate for sleep," she was accurately describing one of the most malignant symptoms of schizophrenia – insomnia. This writer has personally known three persons suffering from this symptom, two of whom it drove to suicide and the other very close to it, until he was saved at the last moments by forced hospitalization. And one of the suicides ended life in a bathtub, as did Domino, and for basically the same reason, to end the intolerable pain caused by his prolonged insomnia.

In Freud's famous Schreber case, the psychotic Schreber's major complaint in the early, most florid stage of his paranoid schizophrenia, was of his inability to sleep, causing him to declare that there was nothing left for a man to do in order to end the agonizing pain of his insomnia than to kill himself, which he tried repeatedly to do. Thus it is very tragic that Domino herself had not been hospitalized before she succumbed to her painkillers as a way of ending her intolerable pain.

We can clearly see in her case how her schizophrenia, caused by her intense bisexual conflict/gender confusion, brought her life to a very sad end as it has done to so many others in the past, and will continue doing to so many others in the future, until the truth of the cause of this devastating illness can finally be acknowledged and dealt with accordingly, to the benefit of all humankind.

Domino's final tragic words to her mother, "Mumsy, everything is going to be fine," sounds like a term of endearment ("Mumsy") that a small child would use. And in truth, her emotional growth really had become fixated at a very early, tomboyish stage, the remainder of her life being but an extension of this immature state of development with its consequent total blockage of any further emotional growth.

661 "I do love her. But I am not in love with her. Nor with her two brothers or sister. Yes, I have four children. Four children with whom I spend a good part of every day bathing them, combing their hair, sitting with them while they weep their tragic tears. But I am not in love with any of them. I am in love with my husband."

It is his face that inspires in me paroxysms of infatuated devotion. If a good mother is one who loves her child more than anyone else in the world, I am not a good mother. I am in fact a bad mother. I love my husband more than I love my children.

[Ayalet Waldman, "Truly, Madly, Guiltily, Modern Love," *The New York Times*, March 27, 2005, p. 11.]

If every mother could honestly make the above comments about her feelings towards her husband and her children, both mental illness and its

cause (bisexual conflict and consequent gender confusion) would be eradicated from the world. A bold claim, but true. For the greatest gift a mother can give her children is to be "in love with" their father, and likewise the greatest gift a father can give his children is to be "in love with" their mother. Note that the emphasis is placed on the phrase to be "in love with" rather than just "to love."

Why should this 'romantic' state of affairs between the father and mother be so vitally important for the mental health and well being of their children? Simply stated, it is because this romantic climate between the parents provides such a felicitous atmosphere of heterosexual normality for the children of both sexes to identify with, thus thankfully sparing them from the unfortunate and often malignant emotional entanglements which unhappily-matched parents all too frequently inflict upon their children, leading to the latter's loss of self-confidence and joy in their budding sexual identity and appropriate gender identification.

An emotionally starved mother will turn to her children to fulfill her frustrated longings for love and acceptance, thus placing upon one or more of her children an enormous psychological burden which is ruinous to their emotional well being and normal psychological development. Philip Wylie, the noted author, once wrote a book titled Generation of Vipers to describe this type of mother, highlighting in it the deadly effect she has on the emotional life of her children. And of course, the emotionally starved father has a similar deleterious effect on the psychological health of his children.

The so-called 'mama's boy' and 'daddy's girl' are the direct products of a hot-house of warped emotional attachments in these types of families where emotionally frustrated parents turn to their children for the emotional satisfaction and love they should be receiving from each other in the 'romantic' sense. Thus the normal masculine emotional growth of the 'mama's boy' is stunted, as is the normal feminine emotional growth of the 'daddy's girl.' And the end result of this sexual identity blockage in the children, if not checked and corrected early on, is a post-pubertal descent into schizophrenia, the bearded lady disease, or else its opposite, the pursuance of a homosexual lifestyle, for these emotionally warped sons and daughters of emotionally warped fathers and mothers.

And so author and mother, Ayalet Waldman, would want that every child in the world be so fortunate as to have a mother like you, one who loves her children dearly but is "in love with" her husband, and not her children, and who is married to a husband with the same romantic feelings towards you that you have for him, and who also possesses a similar deep love for his children, without being "in love with" them.

662 Case C – Patient was a twenty-eight-year-old single woman suffering from severe depression. During the course of her therapy, which consisted of over

sixty hours of Freudian psychoanalysis, supplemented by face-to-face 'talk' sessions with a female therapist at another location, the patient's depression deepened.

During one of her last psychoanalytic sessions, the patient was lamenting the fact that her female therapist had gone on vacation and she expressed a deep and anguished longing for her. She mentioned that she had seen an advertisement in the 'personals' column of her local newspaper which she thought this therapist might have placed with the hope that the patient would see it and know that it was from her. The ad stated how much the writer, a female, missed and loved a certain unnamed person.

At this point the analyst realized the patient had such a powerful and overwhelming homosexual love for her female therapist, the full import of which she was denying to herself, that she had become psychotic, as demonstrated by the paranoid delusion that her therapist was trying to contact her secretly through the 'personals' column.

Very shortly thereafter, patient broke off her psychoanalysis while continuing her work with the other therapist, who by this time had returned from vacation. Patient then discontinued this therapy as well and started anew with a psychiatrist who prescribed heavy doses of anti-depressant drugs for her.

She terminated this latter treatment after several months and eventually found her way into a group therapy situation where she formed a close friendship with another female member of the group. This friendship quickly grew into an intimate homosexual relationship and the two women have now lived together for a number of years.

[An anonymous case history.]

Simply speaking, this patient became schizophrenic as the direct result of repressing her strong homosexual feelings and then recovered her mental health as the direct result of finally being able to acknowledge and act upon them.

663 If they knew who D'arcy was they'd cheerfully lock her up for good. Then John could wait forever. I incorporate John into the witch fantasies. The one permitted male, the sorcerer, the broad figure in white who wears a coat and whose face is puffy from incarceration. Much like Agatha here, who in her age and continuously narcotized state has come to resemble a man. If John is here as Agatha, who is D'arcy then? My eyes rove the room but can find no parallel for the nonpareil. My God, then she was here. It happened. There is no opposite number here – the clue. That would mean that she has left John here in Agatha for solace while she is gone.

[*The Loony-Bin Trip*, Kate Millett, Simon & Schuster, 1990 by Kate Millett, p. 238.]

This passage vividly illustrates Millett's intense sexual confusion. "If John is here as Agatha, who is D'arcy then?" And then there is Agatha, "who in her age and continuously narcotized state has come to resemble a man." Finally, Millett believes that D'arcy "has left John here in Agatha for solace while she is gone." The sense of severe schizophrenic sexual confusion exhibited by Millett in this passage should be readily apparent to the 'normal' reader.

664 ELIZABETH WURTZEL'S DEPRESSION IS of such mammoth proportions, she might as well be famous for it. Or at least that's what she seems to think. 'I'm starting to wonder if I might not be one of those people like Anne Sexton or Sylvia Plath,' she writes in the prologue to PROZAC NATION (317 pages, Houghton Mifflin, \$19.95). 'I might as well be Elizabeth Taylor in Cleopatra,' she says on the following page. And later: 'I felt like Audrey Hepburn in Breakfast at Tiffany's,' or perhaps, 'like Mary Tyler Moore, throwing her hat, as if it were caution, to the winds of Minneapolis.' Wurtzel's depression is apparently of the megalomaniacal sort. At various other points in the book she compares herself to Virginia Woolf, Natalie Wood, Axl Rose, Miss Havisham, Brian Jones, Gregor Samsa and the title character in the film 'Betty Blue.'

["To be Young, Gifted and Blue," Karen Schoemer, *Newsweek*, August 29, 1994, p. 58.]

At least three of the people Ms. Wurtzel identifies with were afflicted with schizophrenia – Anne Sexton, Sylvia Plath and Virginia Woolf – and all three were driven to suicide as a result of their mental illness. They were victims of the 'bearded lady' disease, just as Ms. Wurtzel seems to be when she identifies herself with both female and male persons, the latter being Axl Rose, Brian Jones, and Gregor Samsa. Her so-called depression "is of such mammoth proportions," according to the author of this article, that "she might as well be famous for it." The author also states that Ms. Wurtzel's depression "is apparently of the megalomaniacal sort." The term 'megalomaniacal' refers to a symptom always found in paranoid schizophrenia, as is also the symptom of depression. So it would appear Ms. Wurtzel definitely fits into the category of those persons who could be called 'schizophrenic' – that is, persons afflicted with the 'bearded lady' disease.

665 Even the most glamorous hookup – J.F.K. and Marilyn Monroe – lost some of its film noir allure after a report of how Marilyn had robotically described it

to her shrink: 'Marilyn Monroe is a soldier ... the first duty of a soldier is to obey her commander in chief.'

[Maureen Dowd, *The New York Times*, Op-Ed page, December 31, 2005.]

Marilyn Monroe is generally considered to have committed suicide by ingesting an overdose of drugs. And as we know, suicide is the most serious symptom of schizophrenia, the bearded lady disease. That Marilyn was seriously mentally ill when she took her own life is obvious and it can fairly be said that she suffered from this malignant illness.

Specific mention is made in the above quotation that during her psychotherapy she reported to her psychiatrist that she was a "soldier" obeying the orders of her superior, her commander-in-chief, when she acquiesced to the presumed entreaties of President Kennedy to sleep with him. Note must be taken here of her strong unconscious identification as a male in this remark to her psychiatrist, as there is no doubt that she meant it from a male soldier's viewpoint. (This was before the days of increased enlistment by females in the military services.) It may be difficult to conceive of the 'glamorous' Marilyn as suffering from the 'bearded lady disease,' but her severe bisexual conflict/gender confusion, as evidenced in the above quotation, marks her as a victim of it. For in her unconscious mind she really was a male "soldier," doing the bidding of her commanding officer, as insane as this idea may appear at first glance. (It would be interesting to know if her psychiatrist pointed out this Freudian slip-of-the-tongue to her and explored with her its deeper meaning and direct relationship to her mental distress.)

A manicurist who once worked on her hands was quoted as having observed that she had very "masculine hands." This would fit in with the concept of a basic unconscious masculine identification, an identification which she spent her entire life defending herself against conscious knowledge of, by projecting onto both herself and the world, an ultra-feminine, girlish persona.

666 She included a previously unknown Auden poem in the form of a letter written on Christmas Day 1941, in which the events of the Nativity are given outrageous counterparts in the relationship between Auden and Kallman. It reads, in part: 'Because mothers have much to do with your queerness and mine, because we have both lost ours, and because Mary is a camp name: As this morning I think of Mary I think of you. '

[Douglas Martin, *The New York Times*, Obituary page, November 2, 2003, eulogizing the life of Dorothy J. Parnan, and referencing her book, *Auden in Love*, Simon & Schuster, 1984.]

"The hand that rocks the cradle rules the world, as the old saying goes." The most profound psychological truth is contained in this observation. If the mother is emotionally mature and mentally stable (one and the same thing, really), her children will grow up to be likewise. If she is not, then her children will suffer accordingly. And only too often this suffering will result in the development of the warped sexual and emotional attitudes leading to homosexuality, or, if the latter is repressed and denied, to schizophrenia.

Obviously, as we can see from the above poem and from other knowledge of their lives, the poet, W. H. Auden and his lover, Chester Kallman, were certainly not repressing their homosexual feelings, and thankfully so, for if they had tried, they would both have become insane. We can also see that both men had great insight into the all-important role their mothers had played in the development of their "queerness."

The psychiatrist G. W. Socarides has referred to homosexuality as a "neurotic" adaptation that in males stems from emotionally-demanding, all-possessive mothers who are wed to emotionally and/or physically absent fathers. Still another way to describe these mothers of homosexual sons is that they are close, binding and intimate with them, as well as with their daughters, leading to the same result in both sexes – children who are conflicted and confused as to which sex they belong and to what sexual orientation most fits their neurotic needs.

She is the classic masculine mother who rules the roost, or 'wears the pants' in the family, as she has steadily been described down through the ages, and who is married to the similarly classically-ineffective, effeminate man who often tries to disguise his feckless behavior behind a shield of disruptive, psychopathic behavior, such as alcoholism, drug addiction, satyriasis, etc.

667 It has dawned on me that masturbation is the one major habit, the 'primal addiction,' and that it is only as a substitute for it that the other addictions – for alcohol, morphine, tobacco, etc. – come into existence.

["Extracts from the Fliess Papers," Sigmund Freud, Letter 79, p. 272, Vol 1, *The Complete Psychological Works of Sigmund Freud*, the Hogarth Press, London.]

In many ways this is the most profound insight uncovered by Freud during his lifetime. For truly, masturbation is mankind's "primal addiction," lasting a lifetime. And not only does this hold true for all humans, without exception, but for all other mammals as well, both the young and the old. Masturbation is not just mankind's "primal addiction," it is the universal one.

Freud, far more than most, realized the immense importance of masturbation to the physical and mental wellbeing not only of his own patients but

of everyone else as well. Fully one-and-a-half pages in the index to his 24 volumes of collected works have citations directly under the heading "Masturbation."

In essence, what Freud was trying to explain in the above quotation is that the addictive cravings for alcohol, tobacco, drugs, gambling, etc. arise as substitutes for the powerful sexual satisfactions once provided by masturbatory fantasies, fantasies which have long been repressed and denied due to their ego-dystonic nature. By that is meant that these masturbatory fantasies eventually became threatening to the person's self-esteem and self-regard, in the great majority of cases because these now ego-dystonic masturbatory fantasies are fantasies of being of the opposite sex. These type of opposite sex fantasies occur universally and naturally during the early, androgynous state of development common to the young of all cultures.

Once repressed into the unconscious these early masturbatory fantasies can only grow in strength and urgency until later in life they are finally able to break out of their psychological/physical confinement and find release by converting their frustrated sexual energy into the addictive cravings mentioned by Freud.

Thus the cure for these later substitute addictions is for the addict to return consciously to those long-repressed, primal, now ego-dystonic masturbatory fantasies and derepress and abreact them masturbatorily until they lose their power and ability to fuel the addictive, substitute cravings, cravings which can be so hugely destructive to the individual so afflicted.

This derepression and abreaction of long-repressed masturbatory fantasies is one of the primary goals to be reached in anyone's psychoanalysis, male or female. (See also Quotation 528 in the book, Schizophrenia-The Bearded Lady Disease, to gain an understanding of how this derepression and abreaction mechanism can be accomplished, always to the great benefit of the individual concerned.)

- 668 Hysterical symptoms hardly ever appear so long as children are masturbating, but only afterwards, when a period of abstinence has set in; they form a substitute for masturbatory satisfaction, the desire for which continues to persist in the unconscious until another more normal kind of satisfaction appears when that is still obtainable.

["A Case of Hysteria," Sigmund Freud, p. 79, Vol. 7, *The Complete Psychological Works of Sigmund Freud*, Hogarth Press, London.]

What Freud is basically postulating here is that all hysterical symptoms are fueled by, and have their genesis in, old masturbatory fantasies once enjoyed by the patient but now long repressed. Obviously, then, the cure for these present day hysterical symptoms requires a return to those old masturbatory

fantasies and the orgasmic satisfactions connected therewith. This results in the diminution and eventual eradication of the hysterical symptoms to the point that the patient is no longer bothered by them and can then proceed to change these archaic orgasmic satisfactions into "more normal kind of satisfaction" if hopefully that outcome "is still obtainable." But as long as these fantasies remain repressed in the unconscious, no real psychosexual growth for the individual so afflicted is possible.

Thus we can see that one of the primary goals in any person's psychoanalysis is to uncover these archaic and predominantly "perverse," or bisexual/gender confused, masturbatory fantasies which are still clinging tenaciously to life in the patient's unconscious psyche, where they assert such a powerful, regressive effect on the person's overall striving towards psychosexual health and maturity, and then abreact them by orgasmically discharging them as many times as needed until they finally lose for good their sexual power to disturb the psychic equilibrium. Only in this manner will these heretofore repressed masturbatory fantasies at last be robbed of their power to wreak havoc on the individual's psychic health, and the hysterical symptoms will be eradicated, a beneficial result much to be desired in all cases of mental illness.

669 Sex is messy, passionate, unclear, tentative, anxious, liberating, frightening, embarrassing, consoling, and cerebral. It's contradictory, different for different people and different for the same person at different times. It operates at three or four levels simultaneously. And all that covers only masturbation.

[Pepper Schwartz, Professor of Sociology, University of Washington, USA.]

In this brilliant analysis, Professor Schwartz treats the universal phenomenon of masturbation with the profound wisdom, depth of insight and respect that the subject deserves. We are all intimately connected with it and what he has to say about it, whether we acknowledge it or not.

670 Mais, dans des cas pareils, c'est toujours la chose génitale, toujours! Toujours! Toujours!

[Jean-Martin Charcot (1825-1893)]

The renowned French neurologist, Jean-Martin Charcot, one of whose students for a brief period was Sigmund Freud, is here stating the fact that in every case of mental illness he had investigated at his famous Parisian clinic, the underlying cause of the illness was invariably related to sexual (genital)

disturbances in the individual so afflicted, be it male or female – "always! always! always!"

Charcot's teaching had a profound influence on the development of Freud's later theories, which up to that time had not stressed the overwhelming importance of repressed sexual factors in the development of mental illness.

The second greatest influence on Freud's thinking in this field was Dr. Wilhelm Fliess, an otorhinolaryngologist from Berlin, who was the first person ever to broach to him the subject of the innate bisexuality of all humans. Freud was skeptical of this insight in the beginning but as he progressed further into his psychoanalytic practice, he began to see how this bisexual factor appeared sooner or later in the reports of all his patients, albeit in most cases only after very severe resistance to its recognition on their part.

Freud eventually began to accept the fact that everyone is a "bearded lady," some more than others, and that it was the repression of this conflict between the two sides of the person, the male and the female, that lay at the root of all the neuroses and also of the psychosis he called paranoia, now called paranoid schizophrenia.

Unfortunately, Freud believed paranoia and schizophrenia were two different illnesses with different early fixation points, and therefore that investigators must look elsewhere for the cause of schizophrenia. Because of this critical error in judgment on his part the vast majority of investigators who followed in his wake has ever since been conducting a fruitless search for the supposedly elusive cause of this devastating illness.

The fact that schizophrenia, originally called dementia praecox (precocious dementia), begins most often in individuals at or shortly thereafter the onset of puberty, should certainly have alerted investigators to the fact it must be closely connected to sexuality in some manner, even though its bisexual conflict/gender confusion component was not so clear at first and required some serious psychological digging to uncover.

Through the brilliant pioneering work of Charcot to Fliess to Freud lay the path of discovery allowing future generations of investigators finally to uncover the ultimate secrets of mental illness.

671 Boston, Feb. 6 – The note was short, scrawled by hand and not very detailed. But to investigators in New Bedford, Mass., where 18-year-old Jacob D. Robida used a hatchet and a gun to attack three patrons in a gay bar last Thursday, the note Mr. Robida apparently wrote that same night was a portent there was more violence to come. "It was the note of a disturbed and desperate young man," said Paul F. Walsh Jr., the district attorney of Bristol County, which includes New Bedford. "It said something like, 'I love you Mom,' that kind of stuff. 'I'm leaving.' But the intriguing part was something

like: 'I'm going and if I have to go out in something akin to a blaze of glory, then so be it.'"

[Pam Belluck, *The New York Times*, 2/7/06, p. A-13.]

This is a classic case of a schizophrenic young man in a so-called "homosexual panic," one brought on by his own powerful and long repressed homosexual longings which are suddenly threatening to break through to conscious awareness. This factor is invariably the trigger in all these cases where men (and less often women) suddenly run amok, trying to kill all within their reach and then finally, in most instances, themselves also, either by their own hand or by forcing others in self-defense to destroy them, as in this particular case.

District attorney Walsh, in commenting on Jacob Robida's note, stated that "My gut early on, in kicking it around with the investigators, was that he will go down in a blaze of bullets, that this is a suicidal rampage, and our fear was that he would kill five cops." (Ibid., "New York Times," p. A-13, see above)

Mr. Walsh was certainly prescient, as Robida finally ended his "suicidal rampage" after killing one police officer and then a woman friend riding with him in his car, until he was finally shot to death by the police. Robida had been driven to suicide, always the most serious symptom of schizophrenia, by his fulminating schizophrenic delusions fueled by his repressed bisexual conflict/gender confusion. Tragically, in all too many cases the schizophrenic person will kill others before he himself is either killed or commits suicide. This case has all the elements of a "suicide by cop" situation, wherein the schizophrenic person transfers responsibility for his act of self-destruction over to the police. "There's got to be something that triggered that rage," district attorney Walsh commented, and added that he and his investigators were trying to figure out what that trigger might have been.

That "trigger" Mr. Walsh was searching for is always the homosexual panic situation which drives the afflicted person literally insane. Previously there had been "no suggestion that he was antigay," said Mr. Walsh, speaking of Mr. Robida, so it was puzzling to the investigators why Robida would suddenly go into a gay bar and attack the patrons within. Actually what Robida was really attacking was the enormous temptation the patrons of the gay bar represented to his own deeply repressed and denied homosexual feelings, feelings which were so powerful they both terrified him while concurrently tempting him to act upon them. It was this terrible inner conflict, finally surfacing from his unconscious mind where it had long been repressed, that drove him mad and was the immediate trigger leading to his psychotic and lethal rampage, as it is in every such case of sudden and terrible mayhem.

Finally, the district attorney's comment that "This kid's awful young to be that hateful" can readily be explained by the fact that schizophrenia most

often strikes at young persons during their pubertal period, or closely thereafter. The original name for this devastating illness was "dementia praecox," because it was observed that it most often developed for the first time during this critical period of adolescence when new, powerful sexual feelings, fueled by the pubertal hormonal surges, become all-important in the individual's psychic and physical development. And if there have been prior deviations in this development, such as bisexual conflict and gender identity confusion in the individual, then the conflict caused by the onset of these powerful new forces of sexuality can lead to psychotic, or schizophrenic behavior in the afflicted individual of either sex, exactly as happened in this case. Mr. Robida's puzzling and psychotic "hate" was the direct result of the complete frustration of his homosexual drives through their repression. Frustrated sexuality always converts into hate. This is a basic law of nature. The energy of the denied sexual urge is what fuels the hate, and the stronger the denied sexual urge is, the more powerful the hate, as in this case of the unfortunate Mr. Robida and his unfortunate, innocent victims.

Schizophrenia, the bearded lady disease, has once again reaped death and destruction upon the world we live in, as it will do again and again ad infinitum into the future, like it has always done in the past, until we can understand its mechanism, thus enabling us to deconstruct it before greater damage and tragedy can ensue.

672 Current nosology lists schizophrenia, affective disorders, and paranoia as "functional" psychoses. These psychoses normally can be readily distinguished from organic psychoses. Evidence of organic brain disease is absent and intellectual deterioration does not occur. Sexual disturbances are multifaceted and common. With affective disorders, the sexual drive frequently increases with mood elevation and decreases with mood depression. Homosexual aspirations and concerns may be associated with all psychoses, but are most common with paranoia. Doubt about sexual identity, altered sexual performance, exaggerated sexual needs, and especially intimacy fears predominate in schizophrenia.

[Patrick T. Donlon, M.D., Assoc. Clinical Professor of Psychiatry, University of California School of Medicine (Davis), in *Medical Aspects of Human Sexuality*, November, 1976.]

Dr. Donlon here provides further corroboration of the fact that severe bisexual conflict/gender confusion lies at the root of all functional mental illness. He says that "homosexual aspirations and concerns may be associated with all psychoses, but are most common with paranoia." In actuality, they are equally common to all the psychoneuroses as well, but become clinically

most apparent in the delusional behavior associated with paranoid schizophrenic symptomatology.

673 Mr. Rogov, a professor at City College of New York, argues in his book "A Fatal Friendship: Alexander Hamilton and Aaron Burr" (Hill and Wang, 1998) that Hamilton became obsessed with his hatred of Burr and that this obsession ultimately prompted him to force the situation that led to his death in their duel. Hamilton, more than Burr, was thus responsible for Hamilton's death, Mr. Rogov argued Mr. Rogov used his psychoanalytic knowledge to diagnose Hamilton as a manic depressive who, in effect, committed suicide by agreeing to fight a duel with Burr. Mr. Rogov argued that Hamilton was pulled down by recurring illnesses and was depressed by Washington's unexpected death in 1799.

Hamilton's decision not to fire, as well as his serenity in the days before the duel, contributed to Mr. Rogov's diagnosis.

[Douglas Smith, *The New York Times*, March 2, 2006, p. C23.]

Alexander Hamilton's obsessive hatred of Aaron Burr was based on a powerful, unconscious homosexual attraction to him, as is always the case in such examples of paranoid and obsessive behavior. The fact that Hamilton was known by his peers to be suffering from "recurring illnesses," i.e. manic depression, which name is interchangeable with the term schizophrenia, adds further proof to this diagnosis.

As Sigmund Freud so brilliantly explained the working of the paranoid mechanism, the schizophrenic's thinking invariably follows the following pattern: "I love him." Then immediately comes the denial, "No, I don't love him, I hate him." Next appears the so-called paranoid projective shift, "No, I don't hate him, he hates me and wants to kill me, so I have to kill him first in self-defense." (This same paranoid mechanism holds equally true for schizophrenic women, obviously.) Note here that it was Hamilton who forced the fateful (and fatal) duel, not Burr. "Hamilton's decision not to fire, as well as his serenity in the days before the duel, contributed to Rogov's diagnosis," Douglas Martin observes in the above quoted article, commenting on Professor Rogov's diagnosis that in essence Hamilton was committing suicide and using Burr as his means of doing so. Suicide has often been called, and correctly so, the most serious symptom of schizophrenia and this case is just one more proof of the accuracy of that insight.

Furthermore, there was clearly a passive, feminine homosexual undertone in Hamilton's actions at the duel, as he presented himself in a totally helpless physical posture to Burr and waited for the latter to shoot him with a gun, symbolically representing being penetrated by the issue of Burr's penis, i.e.

gun. Basically what Hamilton's actions were telling Burr was "Here, take me, and do what you will with my body."

As Burr was later quoted as having remarked following the duel, "My friend Hamilton, whom I shot." This is proof that Burr held no great animosity towards Hamilton and that all the hate and anger were emanating from Hamilton's side as the direct result of his psychotic paranoia. Currently, almost every day, we are confronted with similar cases wherein a psychotic male will set up a situation where police officers are forced to fire at him in order to protect their own lives. We call this "suicide by cop." In Hamilton's case it was "suicide by Aaron Burr."

It is true that Burr didn't have to kill Hamilton after Hamilton refused to fire, but in Burr's defense Hamilton may later have insisted on another duel at which time he could have fired and killed Burr.

Thus we see that schizophrenia, the bearded lady disease, claimed yet another of its countless victims, the esteemed but psychotic Alexander Hamilton. (Professor Arnold A. Rogov, the author of the above quoted book on Hamilton and Burr, who recently died, was a great psychoanalyst/political scientist and will be sorely missed by all in the intellectual and rational world.)

674 For example, on one or two occasions in my years-long work with a physically attractive and often very seductive paranoid schizophrenic woman, I have felt hard put to it to keep from going crazy when she was simultaneously (a) engaging me in some politico-philosophical debate (in which she was expressing herself with a virile kind of forceful, businesslike vigour while I, though not being given a chance to say much, felt quite strongly urged to argue some of these points with her, and did so); and (b) strolling about the room or posing herself on her bed in an extremely short-skirted dancing costume, in a sexually inflaming way. She made no verbal reference to sex, except for charging me, early in the hour, with having 'lustful,' 'erotic' desires; from there on, all the verbal interaction was this debate about theology, philosophy, and international politics, and it seemed to me that the nonverbal interaction was blatantly sexual. But – and here is, I think, the crucial point I – felt no consensual validation (at a conscious level) from her about this more covert interaction; this non-verbal sexual interaction tended to appear as simply a 'crazy' product of my own imagination.

[*Collected Papers on Schizophrenia and Related Subjects*, Harold F. Searles, M.D., International Universities Press, New York, 1965, p. 258.]

It is very obvious from a reading of the above quotation that this deeply disturbed, paranoid schizophrenic woman is mightily conflicted between her male and female sides, or her bearded lady self. Displaying them both so forcefully, yet simultaneously, is what makes her 'craziness' readily apparent,

while concurrently demonstrating the very unsettling effect her deep-rooted bisexual conflict/gender confusion state of mind has on Dr. Searles' own mental equilibrium, just as it would affect anyone engaged in any manner of personal interaction with her, be it a male or a female.

675 A patient just released from a mental hospital feels, whether correctly or incorrectly, that he is being watched with some degree of doubt and suspicion and even with hostility. He is paralyzed by the fear of doing or saying anything, because it may seem strange and be misinterpreted. Whether his feelings about how others are reacting to him may be only in his mind, nevertheless he feels keenly that others are sizing him up and perhaps discussing him (and what is more, some of them really are doing just that). He is compelled continuously to prove himself in some way – to pass some kind of test and jump through hoops – in order to be readmitted to the society of "normal" people. He becomes so anxious to prove that he is normal that he often does do and say strange things that make him appear "different" and unlike himself. There is bound to be at first a strained atmosphere, and the ex-patient becomes bewildered and feels rejected and frightened.

[*The Prison of My Mind*, Barbara Field Benziger, Walker and Company, New York, 1969, pp. 154-155.]

The questions this resident asked caused resentment and loss of faith in myself again and generated old doubts and fears. I said nothing at the time to him, but I hated myself for being so passive, and decided to have it out with him. I felt a lot better after I had talked to him. I told him, "Please try never to be unaware about a former mental patient's feelings. He is already so troubled about physical and mental stability and emotional health that the attitude with which he is approached can cause grave doubts in his mind about himself, withdrawal, and a relapse." (Ibid., p. 143.)

The fear of losing me, or my identity, again is still with me. The fear of "going back" remains the worst of all. I say to myself, even if I did have to "go back," and I don't think I will, I made it once, and I can make it again, and it will be easier next time because I know more about the kind of treatment I need. I don't always believe I could make it again, though. (Ibid., p. 145.)

Without first knowing the identity of the author of the above quotations, the average person reading them would undoubtedly be very surprised to learn that it is a woman rather than a man, since all references to mental patients in them are presented in the masculine gender, whereas in reality their author is a female mental patient. This very clearly demonstrates the very powerful, unconscious identification of the patient with the male sex

rather than with her own sex, thus highlighting her severe bisexual conflict/gender confusion and its consequent role in being the root cause of her mental illness, as it invariably is, all mental illness.

The fear of losing her "identity," which she mentions in the last quotation, is really her fear of once again losing her gender identity as a female, which loss had originally precipitated her descent into mental illness.

Before she had succumbed to her mental breakdown, she had been a typical "daddy's girl," or tomboy, who had strongly identified unconsciously as a male with her father, having engaged in many childhood hunting and fishing expeditions with him and then later in life participating actively in highly competitive sports. This is a common formula which leads to the development of severe bisexual conflict and gender identity confusion in women, resulting inexorably in schizophrenic, or bearded lady disease symptomatology when the consequent bisexual, or homosexual, interests and cravings are deeply repressed by the concerned individual.

676 I am tired of being sad; I had a beautiful giggle, now my heart is split in two. It will take time to heal. I am clean now, I don't want to be dirty; it's like being gay. I drove tanks at Ft. Knox and loved the discipline of the Army. I loved being clean, perfect, with my brass shined; I shined all my bars until they glowed.

[*Solving Psychiatric Puzzles, How Sad and Bad and Mad It Was*, V. Sagar Sethi, M.D., Ph.D, with George W. Jacobs, AuthorHouse, Bloomington, IN, 2004, p. 155.]

My mind began to unravel. The only thing I could focus on was killing myself. If I tried to concentrate, thoughts would bind me to the sadness of childhood. I was finally under a psychiatrist's care. I began to tell him things that had haunted me for years – my desire to be I still refuse to bear the thought of being gay or bisexual. I just want to be a mother, take care of others, or give a hug to a person with cancer. It felt right. Being gay is not me, being a woman would make the thoughts and desires normal. (Ibid., p.162)

At his third visit, three weeks later, Lee was doing better. He was seeing a new therapist, his business was doing well, and he was considering reconciliation with his wife. However, this stage in his recovery was brief. When Lee came the following month he recounted many problems: suffering from diarrhea and back pain, was irritable and depressed, and was having problems with the phone at work. At this session, he recounted an issue that obviously brought him severe stress. Lee was quite confused with his sexual identity. Unsure if he was gay or bisexual, he practiced cross-dressing. He enjoyed shaving his legs, wearing pantyhose and women's clothing. His

therapist encouraged him to discuss this issue with me. Lee was specific in relating that he was not happy in his own body as a man. He denied being suicidal. I increased his Remeron to 60 mg, and recommended him to a therapist who specialized in sexual issues. (Ibid., pp.166-167)

His sexual therapy was going well. He was able to masturbate. He liked women's clothing, and had been purchasing panties, sweaters, and bras. (Ibid., p. 169)

At his August visit, Lee spoke about telling his story during an AA meeting, and at his church. He feels very proud of his accomplishments in business and his relationship with his sons, who are working with him.

Lee has wanted to be a girl all his life. He received laser treatment to remove hair from his face, arms, and legs. He is wearing pantyhose, bras and makeup. He also has found a jeweler who has made him rings and a necklace. He is planning to take estrogen, and has located a surgeon who specializes in removing male sexual organs and reconstructing them to resemble female organs. Lee says he has not had sexual relations with anyone for three years and denies being homosexual. While this may appear rather contradictory, becoming a woman for Lee allows him to feel feminine, have relationships with men, and not consider himself homosexual. (Ibid., pp. 170-171)

Lee, the name of the above patient, had been obviously suffering from schizophrenia, the bearded lady disease, before taking the ultimate step of having himself surgically transformed into a female. He had previously been an alcoholic, a drug addict, suicidally depressed, and hospitalized numerous times in psychiatric institutions. Being unable to tolerate the thought he was a homosexual, he took refuge in the illusion that he had been born into the wrong body as a male rather than a female. Finally, he took the steps to right what he considered this grievous wrong done him by Mother Nature by having himself "reborn" as a female. Thus his long, tortuous journey through all the painful vicissitudes of being severely mentally ill had led him to this ultimate destination, one where hopefully at last he would experience a modicum of happiness and contentment, so long absent from his previous life.

*Lee would certainly be in agreement with that famous psychiatric patient, Daniel Paul Schreber, who wrote in his seminal autobiography, *Memoirs of My Nervous Illness*, that "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me."*

Lee had lived his own life as a "demented human being" before having himself transformed into a "spirited woman" by the marvels of modern medicine. Daniel Paul Schreber was instead forced to utilize the powers of his

own delusional, psychotic imagination to self-transform his body into that of a female.

In the words of Dr. Ida Macalpine and Dr. Richard A. Hunter, editors of the Wm. Dawson & Sons Ltd., London, 1955, edition of Schreber's monumental treatise describing his own case of "nervous illness" – "Schreber's name is legion." What they meant by this description is that all cases of paranoia/schizophrenia invariably have as their common denominator this factor of bisexual conflict/gender confusion. In other words, Schreber, Lee, and brethren are afflicted, one and all, with the bearded lady disease – schizophrenia.

677 If you talk to God, you are praying. If God talks to you, you have schizophrenia.

[Dr. Thomas Szasz, Psychiatrist.]

What is the difference, really? If hearing voices is one of the common symptoms of schizophrenia (see, for example, the case of Joan of Arc), then answering or initiating a discourse with the source of that voice, be it God or otherwise, would also be a mark of schizophrenic behavior.

678 Consistently, psychosexual confusion and underlying homoerotic impulses are apparent. On Rorschach Card III he cannot decide whether to attribute male or female gender characteristics to ambiguous figures, and passive floral imagery abounds – an apparent polar opposite to his father. In more heavily identifying with his mother he apparently perceived her as consistently the more powerful parent – symbolically castrating both himself and his father. Her control, perhaps in part resulting in a resentful paternal aloofness and covert competition toward the son, has left Mr. Koffend with fears of a male attack. But the strength of his castration fears seems in direct proportion to his driven need to deny all negative or aggressive feelings towards men. He attempts to diminish the frightening power of other males in an almost hysterical counterphobic manner.

[*A Letter To My Wife*, by John Koffend, Saturday Review Press, New York, 1972, p. (xxvii).]

The individual described in the above-quoted psychological analysis is very obviously a person afflicted with severe bisexual conflict and gender confusion and is one who has described himself as "schizoid, though not schizophrenic" and suffering at various times from alcoholism, intense depressions, and suicidal thoughts.

Furthermore, he is very fortunate to have gained just enough ego strength from various positive masculine life experiences to keep him from slipping into outright schizophrenic symptomatology from his self-described "schizoid" state. There is a very fine line, however, to be drawn in this case between the one and the other, and that "schizoid" balance could very easily be upset by any further negative life influences impinging upon his male/female self-image, or his "bearded lady" self.

679 Field Marshal Gebhard Leberecht von Blucher served with the combined British-Prussian army that was about to whip Napoleon Bonaparte on June 18, 1815, at Waterloo. But the field marshal didn't get into that fray. Immediately after he made a short speech to his troops, he was taken into protective custody and hustled away from the front. He later retired as the most highly decorated marshal in the Prussian Army. But what he said on that day in that short speech was he'd just discovered he was pregnant and about to give birth to an elephant.

[From a newspaper clipping, author not noted.]

It is very obvious the field marshal was having a psychotic (schizophrenic) breakdown when he publicly stated he was pregnant and ready to give birth to an elephant. That he was suffering from a severe case of bisexual conflict/gender confusion is glaringly apparent and marks him as definitely afflicted with schizophrenia, the bearded lady disease. It would be interesting to know if he ever recovered from his psychosis or remained insane for the remainder of his life.

680 "Schreber's basic bisexuality had developed into a true manifest ambisexuality, male and female potentials being equally matched. Thus he developed fantasie of self-impregnation while he was acting the part of the woman having intercourse with himself."⁶

This penetrating reanalysis of Schreber's material reminds us of elements described in some former detailed clinical observations of schizophrenia, in particular the classic publications of Nunberg.⁷

The role of ambisexuality, with its far-reaching consequences in the clinical picture of advanced schizophrenia, has been evident for a long time. From a clinical point of view, one should bear in mind that Schreber not only went through periods of deep paranoid aggression and extensive elaboration but also long periods of catatonia. We know especially, from detailed observations of catatonic attacks and catatonic stupor, that fantasies of self-procreation frequently play an important part.

It is also generally recognized that confusion about one's own sexual identity is a frequent and important part of schizophrenic symptomatology. It

may occur at a relatively early stage of the illness and, at times, may be detected by psychological testing prior to becoming manifest clinically. In my opinion, this symptom reflects a significant change in the patient's ego and may be described as a struggle of the feminine and masculine identification or, in their words, generally speaking, of the paternal versus the maternal introject.

["Elimination of Guilt as a Function of Perversions," by Ritske Le Coultre, M.D., in *Perversions – Psychodynamics and Therapy*, edited by Sandor Lorand, M.D., and Michael Balint, M.D., Gramercy Books, New York, copyright, 1956, by Random House, Inc., New York, pp. 98-99.]

The above quotation provides further unassailable evidence of the key etiological role that bisexual conflict and gender confusion plays in the formation of schizophrenic symptomatology. All schizophrenic persons suffer from the bearded lady disease, a devastating, mentally destabilizing conflict between their male and female selves. In truth, all mentally ill patients suffer from the bearded lady disease, some more, some less, and the different stages and degrees of their illness (see "catatonic stupor" above) have been arbitrarily labeled with different names, but basically their illness is the direct product of but one disease process, and therefore can be designated by whatever arbitrary name(s) one wishes.

681 There is hardly any need to multiply these examples. This and similar observations led me to the conclusion that the latent homosexual constellation is a constant and most significant element of latent schizophrenia. This constellation centers around a primitive maternal identification [in the male] which, by virtue of splitting, remains isolated from the rest of the ego field. Among these defensive measures of the ego, we may detect narcissistic withdrawal, secondary hostility and bouts of active homosexuality. Owing to the dissociation of the passive segment of the ego field, the rest of the ego is able to develop a deceptively "normal," seemingly realistic and even pseudo-masculine behavior while passivity, masochism and the megalomania of primary narcissism remain confined to the dissociated segment of the ego. This facade may be maintained until the moment when, due to some precipitating event, a breakdown of ego defenses reveals a crack in the total ego structure and results in manifest psychosis.

Psychoanalytic observations of schizophrenics subjected to insulin shock therapy provide another opportunity for an understanding of the role of latent homosexuality in the origin of paranoid schizophrenia. In particular, these observations illustrate the important role played by the homosexual disappointment and the homosexual panic. The cathartic discharge provoked by the insulin coma creates a release of repressed libidinal impulses. The

ambivalent homosexual attitude becomes split into its two components, with the positive one invested ideally in the transference reaction and thus accessible to analytic interpretation and working through.

Psychoanalytic investigations have demonstrated the affinity between homosexuality and the schizophrenic break. In certain complex cases of latent homosexuality, the counter-cathexis built by the ego in order to maintain the dissociation of the psychotic core from the rest of the ego, is so precarious that the psychotic invasion occurs, as it were, spontaneously and periodically The kinship between schizophrenia and homosexuality is based on certain characteristics of ego formation. In my study of the ego of homosexuals, I have shown that the ego weakness characteristic of them is related to the ego weakness characteristic of schizophrenics. I came to the following conclusion: "The homosexual [male] does not pursue the union with the woman, since, in its deep core, his ego has never separated from her. For the same reason, his ego has never really abandoned his prenatal narcissism and he has never acquired the feeling of virility. As a final consequence, he has never really been born into the society of men." Exaggerated narcissistic cathexis is a common characteristic of the ego of the homosexual and the ego of the schizophrenic.

[Homosexuality and Psychosis, Gustav Bychowski, in *Perversions, Psychodynamics and Therapy*, edited by Sandor Lorand, M.D. and Michael Balint, M.D., Gramercy Press, New York, copyright, 1956, by Random House, Inc., pp. 105-107.]

We can once again observe in the above examples how homosexuality and schizophrenia are inextricably intertwined, the one – schizophrenia – being the negation of the other – homosexuality. This is invariably the case. Underlying and fueling schizophrenic symptomatology can always be found repressed homosexual desires, fantasies, and concerns.

Furthermore, the same equation holds true for all the other more common manifestations of functional mental illness, including depression, mania, alcoholism, and drug addiction, as we shall see more convincingly elucidated in Quotations 684, and 685. Repressed bisexual conflict and gender confusion are the sine qua non underlying every case of severe emotional disturbance, in all races, cultures, and in both sexes.

682 Passive homosexual feelings began to dominate the transference situation and were warded off by fleeting ideas of reference and persecution. I shall return to this observation at a later point in the discussion of the structure of latent psychosis. For future reference, I shall call this patient Michael.

Such changes in the body ego, when further advanced, may result in the sensation of transformation into a female. Incidentally, we observe with much

less frequency the delusion of transformation into a male in a woman. It would be incorrect to assume that such changes occur only in advanced clinical stages of frank schizophrenia. We observe them in initial stages of ambulatory or even latent schizophrenics, when we have the opportunity to study their structure and various shadings.

Generally speaking, we may say that these patients [male] begin to feel, as it were, an invasion by a feminine body image substituting in parts for their masculine self. Since the process, in my opinion, consists in the maternal introject trying to replace the paternal image, it is natural that, in most cases, the change starts with the breasts. They seem to grow and to assume the feminine shape. One may say that the patient's body ego tends to revert to its original identification with the maternal breast.

[(Ibid., Quotation 681, Gustav Bychowski, *Homosexuality and Psychosis*, pp. 100-101)]

The inescapable factor of bisexual conflict and gender confusion, which is clearly observable in all schizophrenic persons, and, to a lesser extent, in less severely mentally ill persons, is precisely demonstrated by the above-quoted case history. This example could be multiplied a million-fold in both men and women who have been fortunate enough to experience similar psychoanalytic depth psychotherapy, if undertaken to help them cope with relentless emotional distress.

683 Elements of homosexuality may be included in the structure of various forms of depression. They are evident in some cases of paranoid depressive reaction in the period of involution. Here the paranoid ideas not infrequently represent a projection of long-repressed homosexual fantasies; the patient either feels directly accused of homosexual acts or threatened by persecutors who want to assault him, make him into a male (or female as the case may be) prostitute, etc. To be sure, some germ of paranoid delusion can be observed in almost every case of depression of long duration. This was already recorded by that great expert on melancholy, Robert Burton. "The melancholy are always aggressive. They cannot speak but they must bite. But they are unaware of their own aggression and feel attacked instead. As they that drink wine think all runs around when it is in their own brain."¹⁵ Under certain circumstances, it may even be possible that a young person is preconsciously or even consciously aware of his sexual deviation but tries to deny it to himself, usually under the impact of horror aroused by a feeling of guilt. In these cases, which naturally have become less and less frequent due to the progress of general enlightenment, we have the rare opportunity of relieving an individual from depression by means of a simple and thorough explanation. It will depend upon a variety of circumstances whether we

should then attempt to correct the inversion by means of analytic therapy We need more detailed psychoanalytic observations to understand the role of latent homosexuality in the structure of depression.

[(Ibid., Quotation 681, Gustav Bychowski, *Homosexuality and Psychosis*, pp. 108-109)]

"Latent homosexuality" always leads to bisexual conflict and gender confusion in the individual, which condition, if not satisfactorily resolved either through psychotherapy or more rarely self-insight, invariably leads to mental illness, one of the many manifestations of which is depression.

The bisexual conflict neutralizes the person's libido to such an extent that all sexual satisfactions are muted and the afflicted individual becomes, in essence, sexually starved. At its core, depression is caused by the absence of libidinal happiness and well-being, directly attributable to the unresolved bisexual conflict. Or, to express it more succinctly, in the simple but intuitive words of an unidentified young French girl, "Passion is always the sister of joy." If a person lacks this "passion" (sexual) due to a severe bisexual conflict (latent homosexuality), there can be no genuine happiness, or joy, in his or her emotional and physical life, and consequently the malignant psychological process we call "depression" will gain the upper hand.

684 The personality structure of drug addicts shows in many instances, elements of latent or manifest homosexuality. The homosexual deviation in cocaine addicts was first described by Hartman in extensive clinical studies.¹⁸ In certain cases, addiction is but the manifestation of a latent or circumscribed psychosis. In an observation of Benedek, the patient wanted to destroy her feminine body which she hated. This wish had emerged in her adolescence. She drank heavily and stuffed herself with large quantities of food. The drive toward bodily self-destruction served as a defense against repressed homosexuality. In this context, I would like to mention briefly my own observation of compulsive bulimia in a schizophrenic girl. Here analysis demonstrated clearly that the compulsive eating served the purpose of reestablishing the original oral identification with her mother; at the same time it meant the destruction of her feminine loveliness, since it transformed her into a shapeless mass of flesh and fat. In this way the patient was defending herself desperately not only against any heterosexual potentialities but, on a deeper level, against the narcissistic homosexual love for the mother and her substitutes. In my observations of neurotic obesity, I became aware of the role played by repressed homosexuality in my predominantly female patients. One of them, in addition to compulsive overeating, developed during analysis addiction to Benzedrine which led her

to take, in complete secrecy, immense quantities of the drug. She then displayed a transient paranoid psychosis in which the analyst became her chief persecutor with evil sexual intentions. The homosexual element could easily be detected in this heterosexually oriented delusional formation. Among my woman patients who were addicts, denial of femininity was a prominent feature; it manifested itself by amenorrhea and avoidance of feminine grace and apparel. In homosexual episodes, patients played the aggressive masculine roles. In their heterosexual relations they showed complete vaginal anesthesia and, as one of my patients put it: they did not "discover" their vagina until a fairly advanced stage of analysis.

[(Ibid., Quotation 681, Gustav Bychowski, *Homosexuality and Psychosis*, pp. 114-116)]

We can see from the above examples cited by Dr. Bychowski of patients in the throes of extreme emotional and physical distress, that the underlying cause of their distress, no matter how ostensibly different their outward symptoms may appear, is always the direct result of the inner conflict between their masculine and feminine selves, or between their heterosexual and homosexual strivings. In drug addiction, anorexia, bulimia, and "neurotic" obesity the malignant factor of severe bisexual conflict and gender confusion is invariably to be found as the source fueling the pathology underlying the various symptoms. And as will be further illustrated in the next quotation, number 685, every case of alcoholism likewise falls into the same category as each of the above-mentioned symptoms of mental illness, and has precisely the same pathological root.

685 Finally, we have to consider the role of homosexuality in that most popular and best-known form of addiction, alcoholism. Both superficial and clinical observation concur in stressing the predominance of certain homosexual trends in alcoholics. Here belong such trends as the importance of drinking in common in certain male group activities, the particular kind of conviviality and fraternization displayed by the drinker and, on the defensive side, the manifestation of paranoid tendencies with their further psychotic elaboration. However, psychoanalytic authors, by and large, have agreed on the importance of latent homosexuality in the dynamics of alcoholism. Theoretically, this could be expected in view of such trends as orality and narcissism – trends which certainly are shared by the alcoholic and the homosexual. Clinically, we are impressed by the fact that alcoholism appears as one of the significant patterns of behavior in individuals with a weak ego structure. A similar ego structure is found in most homosexuals, latent as well as manifest. Clinical observations of non-psychotic and psychotic alcoholics point to trends which may be considered as characteristic – though certainly

not specific – of latent homosexuality, such trends as impotence, suspiciousness and jealousy. The analytic insight into the personality structure of many alcoholics shows that they are characterized by narcissism and orality. They are individuals in whom difficult family constellations were responsible for oral frustrations in early childhood. Oral fixations resulted in a personality structure similar to the depressive personality with a low frustration tolerance. As a result of this early development, male individuals tend to turn away from the frustrating mother to the father; that is, they substitute an inverted for the positive Oedipal constellation. In this way the basis is laid for future homosexuality.

Abraham was the first to recognize the significance of latent homosexuality in the etiology of alcohol addiction. He spoke of men turning to alcohol as a means of gaining an increased feeling of manliness and of flattering their complex of masculinity. He drew attention to characteristic mannerisms of alcoholics and to special drinking customs among such groups as university students – all of them being typical latent homosexual characteristics. He also drew an interesting comparison between the structure of alcoholics and perverts.²² Juliusburger discussed the relation of homosexuality to inebriety and pointed out that periodic stages of anxiety may result from strong latent homosexual impulses. According to his observations, dipsomania is a manifestation of such unconscious homosexual drives, periodically breaking through the barrier of repression. Anxiety which manifests itself at the beginning of a dipsomaniac attack arises from the impact of an unconscious homosexual wish; in our modern terminology, we would describe it as a reaction of the ego to the breaking through of the id impulses.²³ Weyl (1926, 1944), who has made an extensive study of alcoholism and has developed some original ideas on the subject, stressed the role of homosexuality and the destruction of homosexual sublimations. The latter became replaced by superficial sociability and anal-sadistic regression. Knight observed, in his alcoholic patients, a conscious or almost conscious fear of being regarded as feminine. They showed impotence and ejaculation praecox and a typical dichotomy is their love and sex life.²⁵ I can also confirm his observation that women with a strong homosexual component resort to drinking as a means of identifying and competing with men. In the least complicated alcoholic psychosis, alcoholic delirium, we may observe elements of slightly disguised heterosexuality or homosexuality. Tausk pointed out, as far back as 1915, the analogy of structure between the typical occupational delirium and the occupational dream. He interpreted alcoholic delirium as the expression of sexual excitement in patients who are impotent and, at the same time, it is an attempt to sublimate their homosexuality.²⁶ The most complete, to my knowledge, analysis of a case of delirium tremens was published in 1926 by Kielholz. The analysis confirmed his former findings concerning the importance of the homosexual component

in alcoholics. Clear homosexual and sadomasochistic tendencies in the patient were instrumental in shaping frightening hallucinations of individuals who were, for the most part, objects of his emotional and libidinal attitudes. Some of these fancied attacks on the patient had the characteristics of direct homosexual aggression. Kielholz pointed out the connections between the mass character of animal hallucinations and the deep libidinal links binding the drinker to his male drinking friends.²⁷

The threatening and castrating character of the hallucinations in alcoholic delirium was the object of a special study by Bromberg and Schilder. They described the dismembering tendency of these experiences which they found in the foreground of the clinical picture. The persecutors were chiefly other men – soldiers, drinking companions and the like. The choice of these persons was motivated by latent homosexual tendencies.²⁸

Paranoid elements may already appear in the acute stages of so-called alcoholic hallucinosis. Voices accuse the patient of various misdeeds, among them not infrequently homosexual activities, and threaten him with a punishment which often amounts to symbolic or undisguised rape and castration.

In further clinical development, both the delirium and the hallucinosis may evolve into a chronic paranoid psychosis. It is generally believed that, in such cases, alcoholism was the manifestation of a latent or otherwise not recognized schizophrenia. It is easy to recognize typical defense mechanisms, used by the ego in its struggle against the breaking through of homosexuality, in the ideas of jealousy. They are a classic feature in many a chronic alcoholic and reach their peak in a paranoid psychosis.

The struggle against homosexuality may be covered up by the ego in various ways so that, in certain cases, we may see in succession a whole gamut of defense mechanisms. Obsessive compulsive symptomatology may be followed by paranoid episodes until, finally, aggressive homosexuality may break through under the impact of alcoholic intoxication. In such patients, inebriety assumes the characteristics of so-called pathological intoxication, with outbursts of violent aggression and homosexual acts or, at least, overt impulses and phantasies.

[(Ibid., Quotation 681, Gustav Bychowski, *Homosexuality and Psychosis*, pp. 117-123)]

From a study of the multitude of clinical examples delineated above, it is impossible not to conclude that the factor of repressed, or latent, homosexuality plays the same basic etiological role in alcoholic addiction as it does in all the other previously cited addictions. The choice of which particular addiction, or addictions, is unconsciously "chosen" by the addict to deal with his or her "bearded lady" conflict, most likely depends on that

individual's family background and environment. For example, an addiction-prone person raised in a family where alcoholic beverages are regularly consumed as part of the daily social routine, would theoretically be more susceptible to choosing alcohol rather than, for example, heroin, as his or her drug of choice to alleviate the severe tension and anxiety caused by the bisexual conflict.

Basically, neurotic addiction of any type is an attempt at self-medication for the sole purpose of lessening the unremitting pain caused by malignant anxiety – the anxiety which is the direct conversion product stemming from the repression of the afflicted person's homosexual cravings and strivings. More simply stated, the drugs taken by the addict temporarily ameliorate the toxic effect (affect) of the undischarged homosexual libido.

686 Hello, I will make this brief as I don't want to take up too much of your time.

I have recently read up about Bearded Lady Disease online. I was diagnosed with Bipolar type one after psychotic episodes I had last year. Is it truly possible I could cure my disease with psychotherapy? I had strong male-male friendships while young that I broke off when they became too intimate.

I had early and lasting sexual attraction to women but a powerful homosexual crush in high school.

I put it out of my mind in college and later when a female love interest I was obsessed with rejected me I began growing psychotic.

I have undergone such terrible pains with this disorder, and any advice you have for me (I will buy the book, but otherwise) would be greatly appreciated.

Thank you very much.

Sincerely, [Name deleted for privacy reasons.]

[Source: A personal communication.]

This is obviously a person afflicted with schizophrenia – the bearded lady disease, caused, as it invariably is, by intense bisexual conflict and gender confusion. "Bipolar type 1," as the patient was informed his condition is called, is just a newer term for "manic-depressive insanity," which it was known by in the 19th and early 20th century, and which later became "schizophrenia," thanks to its naming by Professor Eugen Bleuler.

This case, however, should have a welcome outcome because the bisexual conflict/gender confusion conflict is now on a conscious level where it can be dealt with in intensive psychotherapy in order to resolve it, one way or another. By that is meant that the psychotherapy will lead either to the

subject's comfortable acceptance of a homosexual lifestyle or else his maturation into heterosexuality.

His phrase "I put it out of my mind in college" refers to his repression into the unconscious of his homosexual longings. With "the return of the repressed" (S. Freud), these unconscious longings became powerful enough to fuel his "obsessive" interest in a "female love interest" (a reaction-formation against his powerful homo-erotic longings) and his following slide into psychosis.

Again, fortunately, the subject presently seems to have a very clear understanding of how his bisexual conflict has contributed so fundamentally to his psychological distress, and with the successful outcome of the intensive psychotherapy it has been strongly recommended he undertake, the "terrible pains" he has suffered "with this disorder" should happily cease once and for all, since they have been caused not by the homosexual longings themselves but by his repression of them.

687 Toward the autumn of 1913 the pressure which I had felt was in me seemed to be moving outward, as though there were something in the air. The atmosphere actually seemed to me darker than it had been. It was as though the sense of oppression no longer sprang exclusively from a psychic situation, but from concrete reality. This feeling grew more and more intense.

In October, while I was alone on a journey, I was suddenly seized by an overpowering vision: I saw a monstrous flood covering all the northern and low-lying lands between the North Sea and the Alps. When it came up to Switzerland I saw that the mountains grew higher and higher to protect our country. I realized that a frightful catastrophe was in progress. I saw the mighty yellow waves, the floating rubble of civilization, and the drowned bodies of uncounted thousands. Then the whole sea turned to blood. This vision lasted about one hour. I was perplexed and nauseated, and ashamed of my weakness.

Two weeks passed; then the vision recurred, under the same conditions, even more vividly than before, and the blood was more emphasized. An inner voice spoke. "Look at it well; it is wholly real and it will be so. You cannot doubt it." That winter someone asked me what I thought were the political prospects of the world in the future. I replied that I had no thoughts on the matter, but that I saw rivers of blood.

I asked myself whether these visions pointed to a revolution, but could not readily imagine anything of the sort. And so I drew the conclusion that they had to do with me myself, and decided that I was menaced by a psychosis. The idea of war did not occur to me at all.

An incessant stream of fantasies had been released, and I did my best not to lose my head but to find some way to understand these strange things. I stood helpless before an alien world; everything in it seemed difficult and

incomprehensible. I was living in a constant state of tension; often I felt as if gigantic blocks of stone were tumbling down upon me. One thunderstorm followed another. My enduring these storms was a question of brute strength. Others have been shattered by them – Nietzsche, and Holderin, and many others. But there was a demonic strength in me, and from the beginning there was no doubt in my mind that I must find the meaning of what I was experiencing in these fantasies. When I endured these assaults of the unconscious I had an unswerving conviction that I was obeying a higher will, and that feeling continued to uphold me until I had mastered the task.

Psychologically, Philemon represented superior insight. He was a mysterious figure to me. At times he seemed to me quite real, as if he were a living personality. I went walking up and down the garden with him, and to me he was what the Indians call a guru.

Whenever the outlines of a new personification appeared, I felt it almost as a personal defeat. It meant: "Here is something else you didn't know until now!" Fear crept over me that the succession of such figures might be endless, that I might lose myself in bottomless abysses of ignorance. My ego felt devalued – although the successes I had been having in worldly affairs might have reassured me. In my darkness (*horridas nostrae mentis purga tenebras* – "cleanse the horrible darkness of our mind" – The Aurora Consurgens says) I could have wished for nothing better than a real live guru, someone possessing superior knowledge and ability, who would have disentangled for me the involuntary creations of imagination. This task was undertaken by the figure of Philemon, whom in this respect I had willy-nilly to recognize as my psychagogue. And the fact was that he conveyed to me many an illuminating idea.

[*Memories, Dreams, Reflections*, by C. G. Jung, recorded and edited by Aniela Jaffe, translated from the German by Richard and Clara Winston, Vintage Book, New York, 1961, 1962, 1963, pp. 175-177, 183-184.]

The famed psychologist, C. G. Jung, is here describing vividly a period in his life when he was afflicted by a very severe paranoid schizophrenic psychosis. He eventually recovered, but his return from madness took the form of a social recovery without insight, as opposed to one with insight. By this is meant that he never truly came to grips with the basic etiological cause of his madness, namely, his bisexual conflict and gender confusion. As a result of this lack of insight, it can truthfully be stated that he never completely regained his full intellectual and emotional faculties, a truth borne out by the fact that his later theoretical conjectures veered off into the strange, occult world of mythology. This is certainly one of the major factors which played a role in his final estrangement from his erstwhile friend and admirer, Sigmund Freud.

688 When I was writing down these fantasies, I once asked myself, "What am I really doing? Certainly this has nothing to do with science. But then what is it?" Whereupon a voice within me said, "It is art." I was astonished. It had never entered my head that what I was writing had any connection with art. Then I thought, "Perhaps my unconscious is forming a personality that is not me, but which is insisting on coming through to expression." I knew for a certainty that the voice had come from a woman. I recognized it as the voice of a patient, a talented psychopath who had a strong transference to me. She had become a living figure within my mind.

Obviously what I was doing wasn't science. What then could it be but art?

It was as though these were the only alternatives in the world. That is the way a woman's mind works.

I said very emphatically to this voice that my fantasies had nothing to do with art and I felt a great inner resistance. No voice came through, however, and I kept on writing.

Then came the next assault, and again the same assertion: "That is art." This time I caught her and said, "No, it is not art! On the contrary, it is nature," and prepared myself for an argument. When nothing of the sort occurred, I reflected that the "woman within me" did not have the speech centers I had. And so I suggested that she use mine. She did so and came through with a long statement.

I was greatly intrigued by the fact that a woman should interfere with me from within. My conclusion was that she must be the "soul," in the primitive sense, and I began to speculate on the reasons why the name "anima" was given to the soul. Why was it thought of as feminine? Later I came to see that this inner feminine figure plays a typical, or archetypal, role in the unconscious of man, and I called her the "anima." The corresponding figure in the unconscious of woman I called the "animus."

[(Ibid., Quotation 687, pp. 185-186)]

Out of the turmoil and anguish inflicted upon his psyche by the psychotic visions and hallucinations which he was enduring during this period, Jung's powerful bisexual conflict emerges in the form of "the woman within me." This hallucinated person who had become "a living figure within me" was the embodiment of his strongly homosexual nature, hitherto severely repressed and denied. It had finally broken through into conscious awareness only as the result of his psychosis. Unfortunately, Jung never admitted in his writings, or elsewhere, from this time forth that this "anima" he had discovered within himself was in reality also a crude, lustful, sexual being. Instead, he treated her wholly as a spiritual being who was an integral part of his "soul." For this reason, his recovery from his psychosis, as stated previously, was essentially a social recovery only, without insight, and thus left him prone to a lifetime of

continuing mental illness, or schizophrenia, though never again on such a severe scale as before. Jung's theory of the "animus" and "anima" within everyone was but a desexualized version of Freud's theory of the basic bisexual nature of us all. It was a version of the psyche which was received much more acceptingly at that time in so-called polite society than was Freud's more elemental, yet more truthful, bisexually-based one. Even today this is the basic theoretical concept differentiating the followers of Freud and Jung.

689 In any case, the appearance within awareness of the homoerotic interest stirs such violent self-reproach that a dissociation or a vigorous defensive process results. If the self is able to dissociate the abhorrent system, the personality continues thereafter to be in grave danger of panic with succeeding schizophrenia, unless the sexual tensions are being drained off by some collateral procedure such as frequent masturbation or more or less definitely auto-sexual intercourse with women. Moreover, under cover of the dissociation, experience in any case continues to be integrated into the dissociated system, and its partition of energy in the personality to grow.

[Harry Stack Sullivan, M.D., *Personal Psychopathology*, W. W. Norton & Company, Inc., New York, 1972, p. 212.]

The great psychoanalyst Harry Stack Sullivan here succinctly and brilliantly describes the psychological and physical mechanics underlying all functional mental illness. First, there appears in the person's conscious mind the sudden awareness of the dreaded homosexual wishes, followed immediately by the harsh denial and repression of these wishes, and then by their slow but unrelenting buildup in the unconscious mind until the sheer force of the accumulated sexual tensions underlying them cause the breaking point to be reached. It is at this stage of the malignant process that the so-called "homosexual panic" takes over and invariably ushers in the onset of the frank schizophrenic symptomatology.

690 These sudden reintegrations of tendencies opposed to homosexual activity in turn set up the situation of homosexual cravings, with consequences similar to those above indicated. That the outcome in these individuals who have had earlier overt experience is somewhat less ominous than is the case in its absence is not only theoretically to be expected, but actually the case both in the paranoid developments and in those who undergo schizophrenic disorders. (27)

[(Ibid., Quotation 689, p. 214)]

What Dr. Sullivan is emphasizing here is the fact that persons who have had actual homosexual experiences, either in reality or by means of masturbatory fantasy, and then subsequently repress the memory of them, for whatever reasons, fare much better psychologically when these repressed homosexual cravings inevitably force their way back into conscious awareness than do those persons who are experiencing consciously for the first time sudden, frightening eruptions of homosexual desires and longings.

691 HOUSTON – Andrea Yates, who said she drowned her five children in the bathtub because she believed she was saving them from Satan, was found not guilty by reason of insanity Wednesday at her second murder trial The fact that Yates was mentally ill – she said she believed she was possessed by the devil and that the media had planted bugs in her house to record her poor parenting – was never in doubt during the four-week trial. Neither was the fact that she had committed the crimes: She called 911 just minutes after killing the children and confessed ...

..... Yates had a well-chronicled history of mental problems, which had led to several hospitalizations and at least two suicide attempts. A deeply religious woman, she believed she was failing to properly home school her children in the Houston suburb of Clear Lake and was haunted by visions that one of her sons would become a gay prostitute.

["Jury Finds Yates Legally Insane in Murder Retrial," by Miguel Bustillo, *Los Angeles Times*, July 27, 2006.]

Andrea Yates was obviously suffering from a very severe case of paranoid schizophrenia when she killed her five children. And the clue to her severe bisexual conflict and gender confusion, invariably the cause of schizophrenia and its related mental illnesses, lies in the last sentence of the above quotation wherein it was stated that she was "haunted by visions that one of her sons would become a gay prostitute."

Actually, the real fear which "haunted" Andrea Yates was the fear of her own powerful homosexual nature which she had repressed completely her entire life due to the strictures of her narrow religious beliefs which designated homosexuality as sinful and "Satanic."

In her insane mind, utilizing the psychological mechanism of projection which is invariably operative in paranoia, one of her sons, the oldest of whom was seven at the time of his murder, becomes the one she fears might turn out to be homosexual, and not herself. Furthermore, Yates's severe gender confusion was demonstrated by the fact she chose a male, a son, to represent her own homosexual fears. In her irrational mind, she unconsciously identified not only as a sinful, "Satanic" homosexual but also as a

masculine one, the gay male prostitute in her "visions," i.e. her paranoid schizophrenic delusions.

Lastly, in news photographs of Andrea Yates, it is extremely difficult to discern any traces of genuine femininity in her appearance. Her basic masculine nature predominates. Thus schizophrenia, the bearded lady disease, has once again become the instigator of a terrible human tragedy.

692 The patient's [Daniel Paul Schreber] delusional system amounts to this: he is called to redeem the world and to bring back to mankind the lost state of Blessedness. He maintains he has been given this task by direct divine inspiration, similar to that taught by the prophets; he maintains that nerves in a state of excitation, as his have been for a long time, have the property of attracting God, but it is a question of things which are either not at all expressible in human language or only with great difficulty, because he maintains they lie outside all human experience and have only been revealed to him. The most essential part of his mission of redemption is that it is necessary for him first of all to be transformed into a woman. Not, however, that he wishes to be transformed into a woman, it is much more a must according the Order of the World, which he simply cannot escape, even though he would personally very much prefer to remain in his honourable manly position in life. But the beyond was not to be gained again for himself and the whole of mankind other than by this future transformation into a woman by way of divine miracle in the course of years or decades. He maintains that he is the exclusive object of divine miracles, and with it the most remarkable human being that ever lived on earth. For years at every hour and every minute he experiences these miracles in his body, has them confirmed also by voices that speak to him. He maintains that in the early years of his illness he suffered destruction of individual organs of his body, of a kind which would have brought death to every other human being, that he lived for a long time without stomach, without intestines, bladder, almost without lungs, with smashed ribs, torn gullet, that he had at times eaten part of his own larynx with his food, etc.; but divine miracles ("rays") had always restored the destroyed organs, and therefore, as long as he remained a man, he was absolutely immortal. These threatening phenomena have long ago disappeared, and in their place his "femaleness" had come to the fore; it is a question of an evolutionary process which in all probability will take decades if not centuries for its completion and the end of which is unlikely to be witnessed by any human being now alive. He has the feeling that already masses of "female nerves" have been transferred into his body, from which through immediate fertilization by God new human beings would come forth. Only then would he be able to die a natural death and have gained for himself as for all other human beings the state of Blessedness. In the meantime not only the sun but also the trees and the birds, which he thinks

are something like "remains of previous human souls transformed by miracles," speak to him in human tones and everywhere around (p. 388) him miracles are enacted."

It is not really necessary to go further into all the details of these delusional ideas, which by the way are developed and motivated with remarkable clarity and logical precision – the description given should suffice to give an idea of the content of the patient's delusional system and of his pathologically altered conception of the world, and it only remains to mention that also in the patient's behavior, in the clean shaving of his face, in his pleasure in feminine toilet articles, in small feminine occupations, in the tendency to undress more or less and to look at himself in the mirror, to decorate himself with gay ribbons and bows, etc., in a feminine way, the pathological direction of his fantasy is manifested continually. At the same time the hallucinatory processes, as already mentioned above, continue in unaltered intensity and they as well as certain pathological motor impulses are shown by very noticeable involuntary automatic actions. As the patient himself declares, he is very frequently forced by day and night to utter "unnatural bellowing sounds"; he affirms that he cannot control them, that it is a matter of divine miracles, of supernatural happenings, which cannot be understood by other human beings, and these vociferations, based on physical compulsion, and very annoying also for his environment, occur so unremittingly that they disturb the patient's nightly rest in the most painful way and necessitate the use of sleeping drugs. (Signed)

[Dr. G. Weber, Superintendent of the Asylum [9th December 1899, at Sonnenstein Asylum in Pirna, Kingdom of Saxony, Germany], Area Psychiatrist, Psychiatric Adviser to the Court, as published in Dr. jur. Daniel Paul Schreber's (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, pp. 272-273.]

From even a cursory reading of the above quotation, it is shockingly evident that the mental patient Daniel Paul Schreber is stark, raving mad – as mad as one can possibly be. And it is also glaringly evident that the immediate cause of his madness stems from his severe bisexual conflict/gender confusion, amply illustrated by means of his florid bearded lady symptomatology.

This case finally lays bare for all to see the basic underlying conflict which invariably generates the fierce and fearsome symptoms of all mental illness, in both males and females – in the latter by simply reversing the psychic imagery of the psychosis. In the male it is always the repressed and denied

wish to be a female and love men, while in the female it is the wish to be a male and love women."

It was from this case, the so-called "Schreber case," considered by many to be the most important psychiatric case ever studied, that Sigmund Freud drew the evidence on which he based his ground-breaking theory that the symptoms of paranoia occur inevitably as the result of repressed homosexual wishes and feelings in the individual so afflicted, regardless of the gender, social standing, race, or any other defining characteristics of that person.

If Daniel Paul Schreber had consciously been able to acknowledge and accept the reality that his gender-dystonic homosexual feelings were his alone, and not the result of some outside source – i.e. God – forcing them upon him so it would be necessary for him to create a new race of human beings on earth, he would have become just an ordinary, effeminate homosexual man rather than the raving maniac he turned into. He could not bear to accept what to him would be the frightful reality of his homosexual wishes, and consequently he fled from them into the relative safety of his paranoid delusions. And so it is in all cases of mental illness. "Schreber's name is legion," the concept which was very clearly stated by G. Weber, the superintendent of the asylum where Schreber was held during the most severe stages of his psychosis. As Superintendent Weber explained to the court, Schreber's psychosis differed little in form or content from that of any other inmate in the asylum.

693 For all students of psychiatry, Schreber, its most famous patient, offers unique insight into the mind of a schizophrenic, his thinking, language, behavior, delusions and hallucinations, and into the inner development, course and outcome of the illness. His autobiography has the advantage of being complete to an extent no case history taken by a physician can ever be: its material is not selected or subject to elaboration or omission by an intermediary between the patient and his psychosis, and between both and the reader. Every student therefore has access to the totality of the patient's products. Indeed the Memoirs may be called the best text on psychiatry written for psychiatrists by a patient. Schreber's psychosis is minutely and expertly described, but its content is – as Dr. Weber explained to the Court – fundamentally the same and has the same features as that of other mental patients. Schreber's name is legion.

We ourselves have learnt from it things which neither textbooks we read, nor lectures we attended could teach us. It helped us understand the actions and speech of chronic psychotics, enabling us to make contact with them, and in this way lessen their alienation. In milder patients, particularly hypochondriacs and schizophrenics, we could help them understand their concern and preoccupation with body and body functions, or vague anxiety in

terms of fantasies and budding delusions about their physical and mental identity.

We have talked and listened to many Schrebers since we studied the Memoirs.

[(Ibid., Quotation 992, pp. 25-26)]

Drs. Ida Macalpine and Richard A. Hunter (mother and son) performed a very great service for the English-speaking world when they were the first scholars/psychiatrists to translate Daniel Paul Schreber's Memoirs of My Nervous Illness into English in 1950. Considering the fact the book was first published in Germany at the turn of the century and was very favorably reviewed in 1903, this translation was long overdue. Schreber's memoirs has the well-deserved reputation of being the most important psychiatric case ever chronicled and studied, and is the one from which Sigmund Freud drew the material to support his revolutionary theory that paranoia is invariably caused by repressed homosexual drives.

As Drs. Macalpine and Hunter so eloquently describe Schreber's seminal work, "To write such a frank autobiographical account required Judge Schreber's intellect, his determination to grapple with his madness, his training in logical thinking, his inborn quest for truth, his integrity, absolute frankness, and finally admirable courage in laying his innermost thoughts and feelings bare before other people, knowing that they thought him mad." Windscheid, 1904, stated that "Never before have the symptoms of paranoia been offered in such detail and so completely because of his high intelligence and logical training, Schreber's presentation must be called perfect by the well-informed physician. The book is therefore recommended to all psychiatrists."

And Pelman, in another 1903 review of the book, declared that "Dr. Schreber's memoirs stand sky-high above publications of other mental patients Written without malicious intent, they contain the story of his mental illness from his point of view and are of the greatest interest The great clinical value of this book is further enhanced by the inclusion of Court documents and medical reports The memoirs deserve the closest study."

Judge Schreber was indirectly the first person to solve the mystery of the genesis of mental illness by so ruthlessly and honestly reporting on his own bisexual conflict and gender confusion, to an extent that had never been done before. He thus provided the astonishing insights which enabled other investigators, including Freud, to see into the deepest levels of the core conflict which invariably fuels the myriad symptoms of mental illness, the very conflict which had driven him insane, just as it has every other person who has ever become functionally mentally ill, or psychotic. As has been stated many times before, "Schreber's name is legion." It can truly be said that

mankind owes Judge Daniel Paul Schreber an incalculable debt of gratitude for gifting it with the invaluable knowledge to be gained through a careful reading of the chronicles he so faithfully kept describing the tumultuous course of his psychosis and the intense physical and mental agonies he experienced during it.

694 You know, for the 15 years that I have been having ASP, I thought I was haunted by an evil spirit, the target of a malevolent spirit. It started when I was fifteen, and it would occur when I was especially exhausted. I would here [sic] this extremely evil sounding voice just off in the distance but could never see the face or image thankfully, I guess. The only thing I could do would hyperventilate to force the episode to end. This sometimes would occur dozens of times per night. When I went away to college, it stopped and when it started again, I thought "great, it found me." When I moved back home to finish my undergraduate degree it stopped again for some time and then returned and I felt the same way. Each and every time I moved, I felt that it eventually followed me.

I had run into one other person with similar symptoms and she and her family thought she was being haunted or possessed by an evil spirit and was seeing a priest and that scared the heck out of me.

I never went into any significant detail about my episodes to my wife because I didn't want to frighten her. We have a system going when I feel the episode beginning, I begin to hyperventilate to the point that it wakes her up and she wakes me up. Just touching me does not wake me, even light speech won't. She has to violently shake me sometimes to arouse me. This mostly occurs when I fall asleep on my back, however, it appears to not matter what position I sleep in.

I had an episode last night that was particularly frightening. Like I said early, the voice has no face. This time, I saw the image and it was of my father in law, whom I actually love, he ran up to my face in superhuman speed and was malevolently threatening my life and smothering me and pressing on my chest. This is the first time I saw it as an image and could make out any detail. It occurred again four to five times as I attempted to fall back to sleep. i [sic] here [sic] this is familial, I hope my daughter does not get this frightening affliction. I do my best to have as best sleep patterns as I can, but working in health care sometimes precludes this.

I have read some websites about standing up to the image, defending your self spiritually and physically, or laughing at the image to force it to go away, but I have not been about to try it. The fear paralyzes me that I cannot think to do anything but hyperventilate so my wife can wake me up. I guess I will keep trying.

Thankfully, this only occurs sporadically, mostly with months in between episodes. I can't imagine going through this daily or even weekly. Sorry about

the long post. I look forward to reading through some of the past posts and future threads. [Name deleted for privacy reasons]

[Source: An anonymous posting on the internet.]

This is obviously the case of a man who has been experiencing schizophrenic symptoms ever since the age of fifteen. (The original name for schizophrenia was "dementia praecox," or precocious dementia, because it was noted that the symptoms of the disease usually began to appear for the first time in adolescence, around the time of puberty.) The "visions" he speaks of here are actually visual hallucinations, one of the hallmarks of the disease, often experienced in conjunction with audio hallucinations where the person hears unseen and/or unknown voices speaking to him or her. "When the schizophrenic's bisexual conflict becomes overwhelming, the repressed homosexual excitement discharges itself through the medium of the psychotic hallucination rather than through the medium of genital orgasm, as would be the case under normal circumstances where there was no repression of the homosexual lust by the ego. Thus the psychotic hallucination is actually a 'hysterical conversion' mechanism utilized by the organism for the discharge of sexual tension which has been blocked by repression from its normal route of genital orgasmic discharge."

[J. Michael Mahoney, *Schizophrenia - The Bearded Lady Disease*, Quotation 503, p. 374.]

The "evil spirit" haunting this man is in reality a person of the same sex to whom he is unconsciously sexually attracted at the time, but due to the complete repression of these feelings metamorphoses by projection into the evil spirit which tortures him episodically with his unseen presence.

The fact that the "evil spirit" has finally showed a face, for the very first time, in the figure of his loved father-in-law is indicative of his strongly repressed homosexual attraction towards this man. In this particular vision, the stepfather runs up to him and is "malevolently threatening my life and smothering me and pressing on my chest" while the subject lies on his back in bed, in a feminine sexually-receptive position.

The great threat here is that the subject's powerful homosexual desires, in this particular instance related directly to his beloved father-in-law, are close to breaking through to conscious awareness from their many years of total repression and denial. To have this happen would indeed be terrifying for it would force him to face and deal with, for the first time, his strong homosexual nature. If he had the ego-strength to do this, however, the "evil spirits" which had haunted him since the age of fifteen would disappear forever and he would grow emotionally into a more mature and happier

human being, no matter the final outcome of his sexuality, whether homosexual or heterosexual.

695 The way to accomplish a positive transference relationship is, as we have reported, a very simple one. We must give to the patient that motherliness which he lacked as a child and which the patient, without knowing it, has searched for all of his life. I do not refer here to the privations which Freud has shown us are connected with the child's insatiable longing for love destined to remain unfulfilled, because that love is directed towards the parent of the opposite sex. All of the patients I have reported here are women. Turned away from the world, mute or excited, they remained inaccessible for any kind of treatment, for any kind of human help. Through motherliness they came within reach. Does this not mean that the mother-child relationship stood in the foreground in the life history of each of these female patients? The hypothesis that we are dealing here with patients who have lacked the experience of motherliness (which must be identical with the death of the mother) was confirmed. All of my patients have grown up, in the deepest sense of the word, motherless.

Here it seems necessary to reflect on the nature of motherliness. Are not its chief characteristics the ability for one to feel, that is, to grasp intuitively the needs of another; the ceaseless preparedness, or, as Dr. Federn has formulated it, "making the fate of another as important as one's own." But let us make a more precise differentiation: motherliness and mother love are not identical. Motherliness is the product of sublimation resulting from the original mother function and from the woman's natural preparedness for devotion. The preparedness for devotion, however, is meant for the object. Its aim is the merging of the ego with the object through an almost complete conversion of ego libido into object libido. Motherliness is therefore only possible for those women who can without any reservations avow themselves to the function of motherhood.

The original mother love is something primary, natural and "instinctual." Its existence can also be demonstrated in animals. The mother without motherliness does not love her child as an object, she loves it exclusively as a part of herself. From this we may conclude that in motherliness more object libido is expressed than in mother love.

Mother love is sufficient in the lower animals. It was also sufficient for man at a time when culture and the demands of society (religious, moral, economic, etc.) did not require the amount of restrictions of the instincts required today.

This unused, unsatisfied natural preparedness for devotion must necessarily be sublimated to motherliness in many women. We must yet explore the relation of this preparedness for devotion to the ever increasing demands on the person who is growing up in our culture. We may speculate

that it is the motherliness – the sublimated preparedness for devotion in the mother – which offers the child in our culture the help which he needs for the mastery of the oedipal conflict, and also the help for mastering that period of waiting between the time of his biological sexual maturation and the time when the culture allows him a life of full sexual activity.

All of the patients whom I described in the first chapter lacked the experience of motherliness from their mothers. Alice, an illegitimate child whose mother died at the time of the patient's birth, was left in a loveless environment without an adequate mother substitute. I have already described Betty's mother as an ambitious woman preoccupied with social activities, a type of mother I call the "busy, society-conscious woman." Dora grew up without a mother and received indifferent care. Can we not assume that a mother, who puts her newly born baby into a situation where it can receive only bad care and who then calls again for the child fourteen years later, has no motherliness at all? Elly's mother is an active business woman whose masculine traits impress one. She always considered the child as a burden and had neither time for her nor interest in her development.

The mothers of those patients which will be reported later together with the mothers of those patients whose histories I cannot report here can be divided into three groups:

- 1) The very busy, society-conscious woman.
- 2) Sick, neurotic women who devote their time and interest to their own persons.
- 3) Very active, masculine-identified women who are usually very competent in masculine occupations in the business world.

We cannot explore the history of these mothers here. But I can state that in every case where historical material was available, confirmation was found for the conjecture that the mothers of these patients had also lacked their own mothers. In most instances, death of the mother had made the child motherless. In some cases I found motherlessness in our sense of the word.

Of course, there are many reasons why these privations have such different effects. Some such women are driven to a life expressing the mother function in busy, conspicuous public activity, which, however, lacks the vital core of motherliness. Other such women react to their unsatisfied need by developing illnesses or by engaging in antisocial behavior. Still other women turn away bitterly from the function of womanhood or motherhood.

The first group of these women attempts to find a solution to their conflicts by attempting to give to others the motherliness which they themselves have lacked. A final analysis of their lives, noting particularly the illnesses of their own children, indicates that the privation was not overcome – these women never achieve their goal.

The illnesses or the antisocial behavior of the women of the second group may be the consequence of particularly difficult early life experiences, the

result of an inherited disposition, or these reactions may be the consequence of the interaction of both these factors.

In my opinion the "masculine woman" of group three is determined by a biological disposition I refer to the relative strength of the feminine and masculine chromosomes which determine the sexual and biological disposition of the sexual glands and in the organism. Of course the personality development of such individuals is also influenced by environmental conditions, particularly by circumstances which are favorable for identifications with the father or other males. We have observed that the patients whose case histories are reported here lacked the mother. I have found that the mother was also lacking in many neurotically ill patients. All such people need psychoanalytic help but the help cannot always be offered in the same way.

[*A Way To The Soul Of The Mentally Ill*, Gertrud Schwing, International Universities Press, Inc., New York, New York, 1954, pp. 51-55.]

In every case of schizophrenia, it would be possible to prove that the mentally ill person, male or female, had never experienced in the earliest stages of their life, when it is so vitally important to both mental and physical health, the type of "motherliness" which has been so brilliantly and intuitively described by Gertrud Schwing, in the above quotation. And this basic lack of motherliness of course would play the same critical role in all the other lesser grades of mental illness, since "schizophrenia" is but an arbitrary name we apply to the most severe cases of emotional disturbance.

Thus it can truly be said that the so-called "schizophrenogenic mother," i.e. the mother of the person who develops schizophrenia, was invariably emotionally unable, for whatever reason, to provide this key factor of motherliness to her developing child. (As Ms. Schwing points out, this is most often the case because the mother herself had lacked the experience of motherliness from her own mother.) This critical factor of "motherliness" allows the child to gain the emotional confidence and knowledge that he or she is loved and cherished unconditionally for himself or herself, which includes total acceptance of the child's sex, thereby firmly establishing the child's anatomically-correct sexual orientation and identity. Such a child is therefore permanently insured against ever developing "schizophrenia, the bearded lady disease," or any of the lesser mental illnesses as well, which are always caused by severe, unconscious bisexual conflict and gender confusion.

The hand that rocks the cradle rules the world, as the old saying goes, and to the extent that the mother's "hand" lacks the quality of true "motherliness," the world suffers accordingly. All mental illness basically springs from this lack of true motherliness, and all we have to do is look around us to see what havoc and destruction mental illness has wreaked

upon the world and its inhabitants, not only today but throughout the history of mankind.

696 Then she gave it to me because she had written it for me. I asked her if this was the poem which I so very much would like to have from her. "That I do not know," she suggests, "I simply had to write now for you, but I do not know what it is." She took the pad back. Looking at then pencil she said, "One cannot draw with this. It would have to be much bigger and thicker! I would need a carbon crayon." But nevertheless she drew. A whole leaf was formed, gray-black in color with slanting vertical and horizontal lines. The she wrote on it with large letters, "I love," and gave the leaf back to me. I remained silent. She again took the pad, sketched and shaded in leaf after leaf, writing a sentence on each and then showed the final leaf to me. The pencil had become blunt and I wanted to sharpen it but the patient quickly put it in her mouth and with one jerk bit the wood through the middle. Without saying anything I took both pieces and returned them to her sharpened. Three or four drawings were lying on the chair. After drawing for a little while longer, she put everything away, reached out her arms to me and pulled me to her so that our cheeks touched. I sensed that she longed for a kiss but that she did not dare to ask for one. I kissed her softly on the forehead. The patient took my head into her hands, pressed her mouth on mine and kissed me ardently. Then she lay back and was quiet for a long time, her hand pressed on her cheeks. After awhile she began to sing softly: "Quiet, quiet, holy song." At first she sang softly and then more loudly with greater spontaneity. It was as if the tenderness granted her had finally gratified a deep longing and thus she was now able to turn to other matters. After she finished singing she told me about her hometown, about book, poems and music. Noticing that her hands were black from the pencil, I expressed a wish to clean them with my handkerchief.

Smiling in response, she took the handkerchief and looked at it for a long time. "Oh no," she said, "This is so very beautiful that I shall swipe it from you." All the while she searched my face with a questioning but roguish look.

Since she could not discover a "no" in my facial expression she carefully put the handkerchief next to her heart. Later she let me take it back without any resistance because she knew that handkerchiefs were not permitted in the section for disturbed patients. Then she asked me for water, drank half of the cupful, placed it on her forehead for a few minutes and later poured it through a slit in her shirt over her naked body. "To cool off," she explained to me. Just as I was ready to leave the patient the door was opened and a man's voice could be heard. Quickly she lifted her head, listened intently, and said, "That is Dr. X and he is the one who has my voice."

In the daily report it was written, "Patient Frieda spent the entire day lying quietly in an open bed."

[*A Way to The Soul Of The Mentally Ill*, Gertrud Schwing, International Universities Press, Inc., New York, NY, 1954, pp. 78-80.]

Patient Frieda is obviously deeply in love with her therapist, both emotionally and physically, or homoerotically. Witness the description by the therapist that "The patient took my head into her hands, pressed her mouth on mine, and kissed me ardently." It is due to the severe repression and denial of her homosexuality and gender confusion up to this point in her life that the patient had become schizophrenic, or psychotic. Now that she has finally been able to express some of these heretofore deeply repressed feelings in her transference relationship with her analyst, the first step on the road to recovery from her severe mental illness has been taken.

Further signs of her deep-seated bisexual conflict and gender confusion are demonstrated by the remark, on hearing the male doctor's voice in the hall, "That is Dr. X and he is the one who has my voice!" One other masculine action was when she took the pencil which needed to be sharpened, put it into her mouth and "with one jerk" bit it in half.

In summary, the above quotation describes a woman who is deeply in love with another woman, her therapist, and whose severe mental illness stems directly from her long-term repression and denial of these same-sex feelings, now finally allowed to surface in her transference relationship with her analyst.

697 Afternoon: She looked tired and miserable. One of the physicians came up to her bed and asked, "Why don't you get up?" "Yes, but may I?" the patient asked with astonishment. Her voice sounded more humble and submissive than I had ever heard it. "Not only should you get up, but you should make your bed and help on the ward!" Without a word Frieda got out of bed beginning stiffly and awkwardly to turn the mattress. In so doing she fell twice. After her second fall she remained lying on the floor for a long time in a typical catatonic position. I helped the patient and then accompanied her through the ward on the walk which had been ordered for her. Quietly, her arms hanging rigidly at her sides, she wandered through the room – sometimes with very tiny steps, at other times with very large steps. Her gaze seemed turned inward; there was no indication that she saw anything around her. We came to the bed of an unconscious young woman from whose throat issued a loud rattle. Our patient woke up as if from a dream. Terrified, she stared at the wasted figure whose eyes were sunken and half opened. She took two quick steps toward the patient and then collapsed wordlessly. Tearless sobbing shook her body. I sat down with her, putting her head on my lap. After a few minutes I began to talk quietly of the harshness and cruelty in life. She became quiet and wept. I helped her to get up and slowly led her back. She stopped at every bed, here and there patted a pale, despairing

face, gave some fresh water to a feverish, thirsty patient and then quietly went to her own bed. Although her handshake was hearty, her look indicated that anything she might say then would only disturb her. I left her alone for a while.

Later on she was completely clear, moving about like a normal person, talking about her childhood, about her uncle, about fairy tales and children's songs. Pointing to the ward nightshirt she said, "I'm so happy about this shirt. Earlier I was always forced to wear ladies' nightshirts, but I always hated them. I like men's shirts only and this one seems to be a man's shirt. I am so glad that someone has given it to me."

[(Ibid., Quotation 696, pp. 83-85)]

The analyst Gertrud Schwing here provides a firsthand account of the after effects of insulin-coma therapy on a group of female patients in a psychiatric hospital, including her own patient, Frieda. This therapy was used extensively in such hospitals and sanitariums before the advent of the newer psychotropic drugs. In Frieda's case, we learn of its beneficial effect upon her from Schwing's remark that "Later on she was completely clear, like a normal person, talking about her childhood, about her uncle, about fairy tales and children's songs." Before her insulin-coma treatment, Frieda had been in a state of complete catatonic inaccessibility. And now that she is "completely clear," the genesis of her schizophrenia becomes apparent – namely, her severe bisexual conflict and gender confusion, as demonstrated by her comments in the last lines of the above quotation wherein she declares how happy she now is to be able to wear a man's nightshirt rather than a woman's. Basically she is saying that she strongly rejects the female role in life and embraces the male role, with its consequent love of women rather than men.

It has been the rejection of this knowledge, or insight, leading to the repression and denial of her powerful homosexual feelings, which has led to her present schizophrenia and its related catatonic symptomatology. As always, the cure lies in the lifting of the repression, the conscious acknowledgement of these powerful ego-dystonic, homo-erotic feelings, and then the beginning of the process of working through them until the point is reached where a reasoned decision can be made by the patient as to which sexual and gender orientation, homosexual or heterosexual, male or female, will best fit her long-term emotional and physical needs, and provide her with the most overall satisfaction, peace-of-mind, and general happiness. (What has been said here about Frieda would apply equally to the cure of any male schizophrenic patient.)

698 "We're going to be murdered," Marshall Herff Applewhite told a reporter in 1972. "And when we are, after three and a half days, we're going to walk out into life in the next level above human." Two years earlier, hearing voices, Applewhite had checked into a psychiatric hospital, seeking to be "cured" of his homosexual urges. Apparently "cured," the former music teacher went on to become, variously, "Bo," "Do," the "Present Representative" and "The One That Was Jesus."

Last Wednesday, he was found dead, along with 38 members of the Heaven's Gate movement, in the worst mass suicide on American soil. Most attempts to understand the Heaven's Gate members' bizarre final exit are put in the social context of religious cults. But Applewhite's weird mixture of messianism, ufology, paranoia and the belief that one is not of this world may have been more a product of extreme mental illness than a tortured search for spiritual answers.

["Marshall Applewhite's Cry for Help," www.salon.com, March 31, 1997, by Jonathan Broder.]

Marshall Applewhite was suffering from paranoid schizophrenia, the direct consequence of his severe bisexual conflict and gender identity confusion. As the result of this illness, he was the catalyst leading directly to the deaths of 38 other people, himself included, in a mass suicide. And in exactly the same manner did the paranoid schizophrenic leader Jim Jones, in Jonestown, Guyana, and the Branch Davidian leader, David Koresh, in Waco, Texas, lead all the members of their own two "religious" cults into a frenzy of mass suicide/murder. Thus well over a combined total of a thousand persons – men, women and children – died because Applewhite's "bearded lady" madness similarly afflicted the latter two charismatic, though also totally insane, personalities.

In Applewhite's Heaven's Gate cult, it was discovered after their death that many members had previously orchestrated their own castration.

Thus we can observe, again and again, the terrible tragedies which have been wreaked upon mankind since the beginning of its history on Earth by schizophrenia, the bearded lady disease.

As the noted psychiatrist Dr. Alfred Honig was quoted as remarking in the above-quoted article from Salon magazine, "The leader [Applewhite, Jones, and Koresh] is constantly saying, 'The world is going to end.' – The idea that the world is coming to an end is in every psychotic's mind – and they all drift into a state characterized by delusions of a world-ending catastrophe. Then, as I said, either of two things happen – suicide or psychosis. I've seen it happen many times."

These common "end of the world" fantasies which are embraced by the psychotic person are not nearly as "delusional" as they may sound, for in

reality, from the psychotic's point of view, being suddenly, or even gradually, transformed into the opposite sex, or becoming manifestly homosexual, certainly would constitute "the end of the world" for the vast majority of psychotics as they have known it and lived it right up until the advent of their paranoid schizophrenic illness.

699 I was posting to let you know that my voices seem to harass me with religion. I was born and raised Catholic. But three years ago my voices were giving me a hard time with religion. They mostly blasphemed and gave me genital tactiles when I read the bible.

I would really get frustrated after a while of this torture and yell at the voices, "what do you want me to do put my genitals on the bible" I'd yell at them. I seem to be evil too, but I don't think it is my fault. If there is a god in the universe, I hope that entity will understand that I was under mind control techniques.

I then joined a Japanese based religion, Sukyo Mahikari. There I was given light and did not have to pray except when you get there at first. The prayers are just to thank Su God for everything. In the Catholic religion we would pray and go to church every Sunday. I did that but the voices would attack me and after a while and tell me evil things. As well I got tortured in the genitals and could not really think. I guess I am weak and stop going to church every Sunday. I belong to the Knights of Columbus and it really helps my esteem. I do projects with this fraternity and am the recorder for meetings.

After a while of going to Sukyo Mahikari I was becoming a bit stronger. I did not get genital tactiles at this religion. For two years I have been going. I feel spiritual or this goodness inside of me. The evil voices are not brainwashing me even though I can hear them faintly. I am reading religious material again the bible, Sukyo Mahikari books, etc. But if this affliction wants to attack me I am sure it would only take three days to strip me of my religion with mind control techniques. Harassing the genitals is torture. On top of that I get a sick white female voice yelling at me, "do you want, do you want!!!" I want to be a good person and mind my own business. I like to socialize with anybody who is kind. Religion or no religion. I do believe there is a god or ultimate power. But I don't know how accurate the bible is or all these difference I seem to hear when I go to different religions. The Pentecostal, Jehovah witness, Catholics are religions I have encountered. All believe in the same god and Jesus but have different beliefs. I feel more comfortable with Sukyo Mahikari. It doesn't matter what religion you are and you can enjoy your life without much worry about sinning in the eyes of mankind with their rules. I don't get harassed in the genitals. I just have to go twice a week for about an hour and I am done.

This has helped me with my other faith Catholicism. I am in a Catholic fraternity Knights of Columbus, I sometimes go to church but not every Sunday. I socialize with my brother knight [Name deleted for privacy reasons] and we see movies together or get lunch. It is something that is good and that I can do without worrying about hearing voices and having an episode. I used to make it a great deal. But now it's not so bad. I let people know if I am hearing voices and take medication and don't have to worry about a crises.

Lately I have been reading the bible and now listening to gospel music. But recently, the voices told me "GET OUT" and I was reading religious material and listening to the Katinas a gospel group. We got our first storm and the lights flickered and the CD player skipped. I found this odd and wondered if the government is the cause of this? I put down the book and reset the CD player. It happened once more but I was writing notes of what was going on and what the voices are saying. It stopped. I went back to reading and I just got twitches on my left side of my shoulder.

I have been discouraged from religion before and felt lousy. My mentality starts to deteriorate and I get angry and carry all this ugly hatred inside. Because the voices defeats me when I feel good and full of morals. The mind control works for them and lets them know that any time of the day they can harass me and taunt me and then go for the gonads and kill my spirit. I start cursing god for not helping me and wonder if he exists and wonder why he lets voices harass me. I don't mean to be a religious fanatic but all I am saying is that I think it is good for my life and hope that I never give up on religion. I guess deep down inside I believe there is a god but the voices at anytime can discourage me from religion.

Sincerely,

[Name deleted for privacy reasons. Transcribed from an Internet posting on a schizophrenic support group site.]

The above-quoted individual is obviously and floridly insane, afflicted with the malignant mental illness known as paranoid schizophrenia, the "bearded lady disease."

When he talks about his "genital tactiles," he is referring specifically, of course, to the sexual stirrings in his genital area which are caused by his repressed, homosexual cravings. He further states that he is often "harassed in the genitals" and that "harassing the genitals is torture." He continues in this same vein when he complains that the voices he hears "can harass me and taunt me and go for the gonads and kill my spirit."

It is clear from these statements that this paranoid schizophrenic man is constantly tormented by his overwhelming, ego-dystonic homosexual cravings which have been completely repressed and denied, consequently leading to

his self-described delusional state of mind. And as in all such cases of psychosis, the ever-present factor of bisexual conflict and gender confusion is invariably the basic etiological pathogen in the illness.

Finally, his remark that "On top of that I get a sick white female voice yelling at me, 'do you want, do you want!!!" shows that unconsciously he almost certainly identifies himself as "a sick white female," the ego-dystonic nature of which is projected, in typical paranoid fashion, on to the outer world, thus protecting his ego from the conscious knowledge of his transvestism. (If the author of the above-quoted material happens to be of a different color other than white, the basic premise of projected transvestism would still be a valid construct in this case.)

The phrase 'do you want, do you want!!!' could further be interpreted as meaning, "Do you want sexual satisfaction as a sick white female?" It follows logically that this man, who is fully aware of his schizophrenic illness, would thus view himself as a "sick white female" in the repressed, unconscious gender image he has of himself.

Truly as it has been said, "Schreber's name is legion."

700 Anorexia is one of the deadliest psychiatric diseases; it's estimated that up to 15 percent of anorexics die, from suicide or complications related to starvation. About a third may make some improvement but are still dominated by their obsession with food. Many become depressed or anxious, and some develop substance-abuse problems, like alcoholism. Almost half never marry. It is thought that if anorexia is not treated early on, during adolescence, it tends to take an average of five to seven years for the person to recover – if it happens at all.

["One Spoonful at a Time," Harriet Brown, *The New York Times Sunday Magazine*, 11/26/2006, beginning on p. 52.]

If you delete the words "anorexia" and "food" from the above quotation, and substitute the word "schizophrenia" or "schizophrenics," the reader is left with a very precise definition of that illness. The reason for this is because "anorexia" is but one of the many varied and seemingly unrelated symptoms of the mental illness we have arbitrarily named "schizophrenia," which further includes "autism" and many other widely divergent manifestations of this disease, the basic etiological factor in which we now know is that of severe bisexual conflict and gender confusion. This basic etiological factor is especially transparent, and thus more easily confirmed, by studying the most common symptoms of the schizophrenic illness we call "anorexia."

It will be noted that "anorexia" begins, in almost every case, during a girl's adolescence when the normal hormonal changes ushering in puberty begin to alter a girl's physical appearance by adding feminine "curves" to her

breasts and hips. And it is the psychological repudiation of this feminizing process by the girl who develops anorexia which causes her to resort to starving herself to keep this from happening. Thus there is a grim and sometimes fatal "method in her madness" as the desired effect of obliterating these hated and feared physical signs of her developing femaleness is rapidly realized, resulting in the wasting away of her body, sometimes to the point of death, unless emergency interventional steps can be taken in time to prevent such a tragic outcome. One noted example of the devastating effect this illness can cause is the case of the well-known French writer and intellectual Simone Weill, who early in life developed schizophrenia/anorexia and eventually died of starvation as the result of it.

Many [anorexics] become depressed or anxious, and some develop substance-abuse problems, like alcoholism. Almost half never marry. It is thought that if anorexia is not treated early on, during adolescence, it tends to take an average of five to seven years for the person to recover – if it happens at all. This is a perfect description of known schizophrenic symptoms and their outcome. Anorexia most often begins in adolescence. Schizophrenia most often begins in adolescence. In fact dementia praecox, the original Latin medical term for schizophrenia, means "precocious dementia" because it was noted that the onset of this disease occurs most frequently during or shortly thereafter the beginning of the pubertal era.

Schizophrenics also develop substance-abuse problems, have a much lower rate of marriage than non-schizophrenics, and take a long time to recover from the disease – "if it happens at all." And finally, what has been called the most serious symptom of schizophrenia – suicide – is also a significant threat to persons who suffer from anorexia. Thus we can see that anorexia and schizophrenia share many of the same symptoms, and this is so because they are one and the same illness, whose underlying etiology, as stated above, is invariably that of severe bisexual conflict and gender confusion.

The fact that anorexia is an illness experienced almost exclusively by sexually maturing adolescent girls points unerringly to the twin factors of denial of appropriate gender identity orientation and bisexual conflict as playing the central role in the genesis of this illness. And as anorexia is almost exclusively an illness experienced by young girls, autism is almost exclusively an illness experienced by young boys.

The role of the mother is the all-important factor in the causation of both illnesses, but it has been more widely documented in the case of autism by such investigators as Dr. Bruno Bettelheim, who laid the blame for the schizophrenic autistic syndrome squarely on the "evil mother," who then became, in popular parlance, the "refrigerator mom," or the mother who, due to her own psychological problems, is unable to provide normal nurturing and maternal warmth and love to her child who consequently develops autism. A

patient named Henry who was undergoing psychoanalysis once made this very pertinent statement about mothers and motherhood: "In the Metropolitan Museum I saw a sculpture – a group of women putting away the body of Jesus Christ. They looked at the wounds with different feelings – beautiful compassionate faces. I have never seen faces like this in the world. If I had seen looks of love and compassion in my mother's face or other women's faces, I would have been different." [In Search of a Response, Leida Berg, M.D., and Harold Steinberg, The Tiresias Press, Inc., New York, 1973, p. 27]

If all mothers in the world could be loving and compassionate like the women portrayed by the artist in the above-mentioned sculpture, mental illness would be banished from the face of the earth. No more schizophrenic anorexics, autistics, paranoids, depressives, obsessives, etc. But of course this will never happen, unfortunately for mankind. The "hand that rocks the cradle rules the world," always, for better or for worse.

701 But that night George Merrett never reached his destination. As he passed the entrance to Tennison Street, between where the south side of the Lambeth Lead Works abutted onto the north wall of the brewery, there came a sudden cry. A man shouted at him, appeared to be chasing him, was yelling furiously. Merrett was frightened; this was something more than a mere footpad – that silent and menacing figure who lurked in the dark carrying a lead-tipped cosh and wearing a mask; this was something quite out of the ordinary, and Merrett began to run in terror, slipping and sliding on the frost-slick cobbles. He looked back: the man was still there, still chasing after him, still shouting angrily. Then, quite incredibly, he stopped and raised a gun, took aim, and fired.

The shot missed, whistling past him and striking the brewery wall. George Merrett tried to run faster. He cried out for help. There was another shot. Perhaps another. And then a final shot that struck the unfortunate Merrett in the neck. He fell heavily onto the cobbled pavement, his face down, a pool of blood spreading around him.

..... His landlady, Mrs. Fisher, said that he had been a perfectly good tenant, but odd. He used to go away for several days at a time, and on returning, rather ostentatiously left his hotel bills – the Charing Cross Hotel was one she remembered, the Crystal Palace Hotel another – lying around for all to see. He seemed, she said, a very anxious man. Often he demanded that the furniture in his room be moved. He also seemed afraid that people might break in. He had one particular worry, Mrs. Fisher told the police: Doctor Minor was apparently formidably afraid of the Irish. He would ask interminably whether or not she had any Irish servants working in the house – and if so, demanded that they be sacked. Did she have Irish visitors, any Irish lodgers? He was always to be kept informed – of a possibility that in

Lambeth (which had a large population of casual Irish laborers, working on the legions of London construction sites) was in fact all too real.

..... The London police, for a start, admitted that they were already somewhat acquainted with him, and that for some time before the murder had known that they had a troubled man living in their midst. A Scotland Yard detective named Williamson testified that Minor had come to the Yard three months earlier, complaining that there were men coming to his rooms at night, trying to poison him. He thought that they were members of the Fenian Brotherhood – militant Irish nationalists – and they were bent on breaking into his lodgings, hiding in the roof rafters, slipping through the windows.

..... The witness, whose name was William Dennis, was a member of a profession that has long since receded from modern memory. He was what was called a "Bethlem watcher." Usually he was employed at London's Bethlehem Hospital for the Insane – such a dreadful place that the name has given us the word bedlam – where his duties included watching the prisoner-patients through the night to make sure that they behaved themselves and did not try to cheat justice by committing suicide. He had been seconded to the Horsemonger Lane Jail in mid-February, he said, to watch the nocturnal activities of the strange visitor. He had watched him, he testified, for twenty-four nights.

It was a most curious and disturbing experience, Dennis told the jury. Each morning Doctor Minor would awake and immediately accuse him of having been paid by someone specifically to molest him while he slept. Then he would spit, dozens of times, as though trying to remove something that had been put in his mouth. He would next leap from his bed and scabble about underneath it, looking for people who, he insisted, had hidden there and were planning to annoy him. Dennis told his superior, the prison surgeon, that he was quite certain William Minor was mad.

From the police interrogation notes came the evidence of an imagined motive for the crime – and with them a further indication of Dr. Minor's patent instability. Each night, Minor had told his questioners, unknown men – often lower class, often Irish – would come to his room while he was sleeping. They would maltreat him; they would violate him in ways he could not possibly describe. For months, ever since these nocturnal visitors had begun to torment him, he had taken to sleeping with his Colt service revolver, loaded with five cartridges, beneath his pillow.

On the night in question he awoke with a start, certain that a man was standing in the shadows at the foot of his bed. He reached under the pillow for his gun; the man saw him and took to his heels, running down the stairs and out of the house. Minor followed him as fast as he could, saw a man running down into Belvedere Road, was certain that this was the intruder, shouted at him, then fired four times, until he had hit him and the man lay still, unable to harm him further. The court listened in silence. The landlady

shook her head. No one could get into her house at night without a key, she had said. Everyone slept very lightly; there could not have been an intruder.

And as final confirmation the court then heard from the prisoner's step-brother, George Minor. It had been a nightmare, said George, having brother William staying in the family house in New Haven. Every morning he would accuse people of trying to break into his room the night before, trying to molest him. He was being persecuted. Evil men were trying to insert metallic biscuits, coated with poison, in his mouth. They were in league with others who hid in the attic, came down at night while he was asleep, and treated him foully. Everything was punishment, he said, for an act he had been forced to commit while in the American army. Only by going to Europe, he said, could he escape his demons. He would travel and paint and live the life of a respected gentleman of art and culture – and the persecutors might melt away into the night.

The court listened in melancholy silence while Doctor Minor sat in the dock, morose, shamed. The lawyer the American consul-general had procured for him said only that it was clear that his client was insane, and that the jury should treat him as such.

..... Dr. William C. Minor, surgeon-captain, U.S. Army, a forlornly proud figure from one of the oldest and best-regarded families of New England, was hence-forward to be formally designated in Britain by Broadmoor File Number 742, and to be held in permanent custody as a "certified criminal lunatic."

[*The Professor and the Madman – A Tale of Murder, Insanity, and the Making of the Oxford English Dictionary*, Simon Winchester, Harpercollins Publishers, New York, 1998, pp. 10-11, 16-21.]

This is a classic tale of a man driven insane, or paranoid schizophrenic, by his repressed homosexual cravings. That these powerful, unacknowledged homosexual desires drove him to the senseless murder of a totally innocent man who was on his way to work in the early hours of the morning, only adds a higher element of tragedy to this already very sad story.

It would appear that the most powerful of Dr. Minor's repressed homosexual desires was an intense craving to orally copulate another man. This is demonstrated by his paranoid delusion that some unknown male intruders were attempting to insert some kind of "poison" into his mouth. Replace the word "semen" for "poison" and it becomes obvious what this oral craving was all about. Also, as the witness Dennis told the court, "Then he would spit dozens of times, as though trying to remove something that had been put into his mouth." In Dr. Minor's deranged mind that "something" undoubtedly was a penis.

Later on in Broadmoor, The English Asylum for the Criminally Insane to which he had been sentenced, it was reported [June 1875] that he was

"convinced that intruders manage to get in – from under the floor, or through the windows – and that they pour poison into his mouth through a funnel." Here again his paranoid delusions take on a distinctly oral erotic hue, the poison once more representing semen and the funnel the penis.

Dr. Minor explained to the court that he was being punished for an "act he had been forced to commit" while serving as a medical doctor in the U.S. Army. In reality this act could very well have been an act of oral copulation performed by the Doctor on a male patient (perhaps a bedridden, uneducated soldier of Irish descent, hence his projected paranoid obsession about being "molested" by men of that ancestry), and the memory of which act was then totally repressed but later broke free from his unconscious mind (see Freud's Return of the Repressed) and became an overwhelmingly powerful craving to repeat it. He was thus driven insane due to his complete, conscious repudiation of this intense ego-dystonic homosexual longing, which, if he had consciously admitted to or succumbed to, would have placed him in that very unwelcome category of men known disparagingly in common parlance at that time as "cocksuckers." For a proud military officer from a well-known and highly-respected New England family, this denouement would have been intolerable to him. Historically, many a similarly proud man has committed suicide upon being consciously confronted with such a horrific sexual dilemma. This is what gives true meaning to the term, "I would rather die than admit it." In place of actually dying, the great majority of people confronted with such a severe bisexual conflict "escape" into insanity, or paranoid schizophrenia, rather than face these powerful homosexual cravings which are total anathema to their conscious self-image of themselves.

The fact of Dr. Minor being driven insane specifically by repressed, homosexual oral cravings is, of course, conjecture, but there can be not the slightest doubt, from a careful reading of the testimony presented to the court, that there was obviously a very powerful element of some type of homosexual orality mixed in with all his many paranoid delusions.

From a careful reading of the all evidence presented in this case it would not be at all surprising to learn that the key role of the homosexual factor would have been surmised by all involved in it, though never actually stated, based upon the common knowledge of the evidence presented about the general content Dr. Minor's paranoid delusions. For everything in them points to some kind of a homosexual conflict.

Thus we have here one more example of the tragedy which schizophrenia, the bearded lady disease, can wreak upon an unsuspecting world. Dr. Minor spent the remainder of his life in either prison or mental hospital solely due to the murder he was driven to commit as the direct result of his paranoid schizophrenic delusions, caused, as they invariably are, by repressed homosexuality.

Most fortunately, however, he was able to put his high intellectual abilities to excellent use during his long years of incarceration by greatly aiding in the Making of the Oxford English Dictionary, as the subtitle of Simon Winchester's magnificent book about his case alerts us to.

Again we see the inescapable truth in the saying that "Schreber's name is legion." Thus Dr. William Minor's name must be added to that huge "legion" of paranoid schizophrenic persons, of both sexes, who would rather suffer the "death" of insanity rather than consciously admit to their homosexual cravings.

702 Alice Lakwena, Ugandan Rebel

GARISSA, Kenya, Jan 18 (AP) – Alice Lakwena, a Ugandan warrior priestess who led an insurgency in the 1980s and claimed to have spiritual powers to protect her fighters from bullets by anointing them with oil, died Wednesday at a Kenyan refugee camp. She was in her 40s. She died after being sick for about a week with an unknown illness at the Ifo refugee camp in the eastern Garissa district, said Dennis Ogola, a local administrator.

She was born Alice Auma, the daughter of a clergyman from the Acholi people, a small ethnic group in northern Uganda. Ms. Lakwena, whose name means messiah in Acholi, mesmerized followers with claims that spirits spoke through her.

She led the Holy Spirit Movement, which combined Christianity with traditional Acholi beliefs, in a year-long insurgency aimed at toppling President Yoweri Museveni of Uganda. Army troops defeated the movement in late 1987.

Ms. Lakwena became a major embarrassment to the Ugandan government because the foreign news media reported so extensively on her bizarre exploits.

Known as Mama Alice, Ms. Lakwena raised a battalion of as many as 15,000 followers, armed with only sticks and stones. Thousands of her followers died as Mr. Museveni's army crushed her campaign.

[News article, *The New York Times*, January 19, 2007.]

Mama Alice, aka Alice Lakwena, Uganda's "warrior priestess," was obviously suffering from paranoid schizophrenia, the "bearded lady disease."

Indisputable evidence of this illness is provided by her delusions of grandeur and by her insane belief that she was a messiah, thus her adoption of the Acholi name for that concept, Lakwena. Proof of her underlying severe bisexual conflict and gender confusion is demonstrated by the fact that she behaved in a manner precisely mimicking the ways of a powerful male figure, or fierce "warrior."

Her paranoid schizophrenic delusion that she could protect her followers from the lethal effects of bullets fired at them by soldiers of Ugandan President Yoweri Museveni's army by "anointing them with oil," resulted inexorably and tragically in the senseless slaughter of thousands of the approximately 15,000 followers of her "Holy Spirit Movement," armed only with sticks and stones, whom, in the throes of her madness, she had raised to help topple the Ugandan government and empower her to assume dictatorial control over her benighted nation.

Mama Alice, born Alice Auma, daughter of a clergyman, had obviously identified at a basic psychological level as a male religious figure like her father, while also partly identifying with her mother, thus her use of the name "Mama Alice" as her "nom de guerre." This fact illustrates her severe bisexual, schizophrenic split as being part male, part female. She was indeed a "bearded lady," and it was on account of this severe bisexual conflict/gender confusion that her madness eventually arose, as it inevitably does in all such cases, and which in far too many the end result is the insane commission of untold horrors, crimes, and tragedies, as in her particular case.

Finally, it should be mentioned here that Uganda has been victimized by more than its fair share of paranoid schizophrenic "leaders" within the last several decades. Foremost among them was the notorious and homicidal maniac, Idi Amin, who was for many years Uganda's ironfisted ruler. Thousands of innocent Ugandan citizens met grisly death at the hands of his henchmen, as he slowly descended into insanity as the consequence of his severe "bearded lady" paranoid affliction. [See Quotation 638 in Schizophrenia: The Bearded Lady Disease.] Then along came the insane Mama Alice and her Holy Spirit Movement, and thousands more bewildered Ugandans met their untimely doom. Presently Joseph Kony, leader of the Lord's Resistance Army, has been battling President Museveni for many years, and once again thousands more innocent persons – men, women and children – have been destroyed wantonly and savagely.

Thus once more we can clearly observe the heartbreaking, indiscriminate destruction that schizophrenia, the bearded lady disease, has wrought upon the world in times past and continues to wreak today, and undoubtedly will keep on doing so far into the future. Mankind's only hope is speedily to recognize the subtle signs of developing mental illness in individuals so afflicted and then somehow to neutralize them before they can gain enough power to unleash unspeakable suffering and destruction on others while living out, relentlessly and remorselessly, their insane, schizophrenic visions.

703 The Aggrieved Husband – With her spouse incarcerated, Mirta secretly accepted a modest stipend from her brother Rafael, the deputy interior minister, through his office. When the arrangement became public, Fidel

Castro refused to believe it, insisting that Ramon Hermida, the interior minister, was trying to blacken his name.

July 17, 1954

To Luis Conte Aguero:

This is a machination against me: the basest, most cowardly, most indecent, the vilest and intolerable. Mirta is too level-headed to have ever allowed herself to be seduced by her family, agreeing to appear in the Government employee roster, no matter how hard her economic situation. I am sure she has been miserably slandered.

Only an effeminate like Hermida at the lowest degree of sexual degeneration would resort to these methods, of such inconceivable indecency and unmanliness. Now I have no doubt that the statement attributed to me about being well-treated was his doing.

I do not want to become a murderer when I leave prison. Has a political prisoner no honor? Ought a political prisoner be offended in this way? May not a prisoner challenge someone to a duel when he leaves prison? Must he graze on the bile of infamy in the impotence and despair of confinement?

I am ready to challenge my own brother-in-law to a duel at any time. It is the prestige of my wife and my honor as a revolutionary that is at stake.

["Portrait of the Maximum Leader as a Young Man," Ann Louise Bardach, *The New York Times Op-Ed*, Sunday, August 13, 2006, p. 10.]

Fidel Castro is definitely exhibiting signs of paranoid schizophrenia, the bearded lady disease, in the above-quoted letter to his friend Luis Conte Aguero.

First are his paranoid feelings of persecution. "This is a machination against me," he complains. He is referring to the fact that his wife has accepted a small sum of money from her brother Rafael, a member of the Batista government which has jailed him, in order to provide for her daily needs while Castro is incarcerated. In this letter, not only does Castro rage against his brother-in-law Rafael, the deputy interior minister, for understandably wanting to help his sister in her time of need, he also rages against his wife to the point that he soon divorces her for allegedly dishonoring his name. Castro here is exhibiting "faulty reasoning," the definition of the term "paranoia" in its original Greek derivation. Especially indicative of this paranoia is Castro's virulent attack on the interior minister himself, Ramon Hermida, for being an "effeminate like Hermida at the lowest degree of sexual degeneration," for having resorted "to these methods, of such inconceivable indecency and unmanliness." In reality what Castro is raging against here is his very own effeminacy and unmanliness, the total

repression of which has inevitably resulted in the development of the paranoid schizophrenic illness which has bedeviled him, and consequently through his irrational actions the Cuban nation, his entire post-pubertal life. For in attacking another man's supposed effeminacy so violently, he is in actuality attacking his own deeply hated and feared effeminate tendencies. Again, in another letter to Luis Conte Aguero, Castro states that "The minister of Governance has behaved just as he is, a perfect pansy."

Furthermore, not only does Castro demonstrate the typical paranoid's "faulty reasoning" and his convictions of being persecuted, he also demonstrates the typical paranoid's grandiose sense of self-importance, just one example of which is illustrated in another letter to a colleague, Melba Hernandez, wherein he compares himself to the illustrious Cuban hero Jose Marti.

All Castro's letters written at this time to his revolutionary colleagues are textbook examples of the typical paranoid mind at work. Similarly, Castro's later rule over Cuba has been that of a paranoid dictator at work. His megalomaniac, paranoid sense of self-importance has led him to believe that only he knows what is best for the millions of his fellow-citizens. Consequently, it appears that only his death will free the Cuban people from the yoke of his madness. Finally, it was Castro's twisted, paranoid mind which caused him to urge the Russian leader Nikita Krushchev, during the Cuban "missile crisis" in 1962, to launch an all-out atomic war against the United States in the event the latter dared to invade Cuba in order to destroy the missiles aimed at it. Fortunately, the Russian leader was not similarly afflicted with paranoid schizophrenia and thus brushed aside Castro's insane pleadings. The fact that Castro was perfectly agreeable to having untold millions of innocent people incinerated in an all-out atomic holocaust demonstrates the depth of his madness, madness which is invariably the result of the afflicted individual's severe unconscious bisexual conflict and gender confusion.

704 Subject: true schizophrenia

hello i would like to say first of all that i am a true schizophrenic and the topic of your book has deffenitely caught my eye for several reasons. i do know what it like to be possessed by a spirit of the opposite sex. I personally find it hell. how ever i also walk with the lord, not to mention my love for the male body. well any way i just want to say that i always have intrusive schizo thoughts popping in and out of my brain some sick and perverted and anit-christ like. but what is important to know is the all the schizo's in the world are chosen people. and if you know anything about being a true christian you know that sufforing is part of the deal when you follow him with true devotion. so i pray it away and i tell my demon inside to kiss my ass and get the hell behind me. i do not accept it, or any other perverse mind flash i

have. i strongly recommend this to other suffering with this illness. i find it not but a moment later that god lets me know he loves me and thanks me for holding on to what i know. Peace

[Name deleted for privacy reasons]

[Source: E-mail communication from the
www.Schizophrenia-TheBeardedLadyDisease.com website.]

It is very obvious that the woman in the above quotation, is seriously mentally ill, or schizophrenic, as she tells us. The man, or "demon," who inhabits her body is in reality her unconscious self-identity as a male, an identity which is totally ego-dystonic to her and which consequently has been repressed and denied and projected onto the outer world in the typical paranoid schizophrenic fashion. Her repressed, masculine, homosexual feelings are thus experienced as being forced upon her, against her will, by some alien, hostile force, i.e. by the "demon" of a man who has taken over her body and her life.

To be cured of her schizophrenia, it would be necessary for her, through intensive psychotherapy, to reach the stage where she could consciously admit to her powerful, manly sexual feelings and then abreact them either through actual homosexual experiences with other women, or by means of masturbatory phantasies. In this manner, she would eventually exhaust the pent-up store of her long-repressed sexual phantasies and would then be in a position to make a conscious decision as to whether she wants to live as either a male or a female, homosexual, or heterosexual. In any case she will have finally overcome the so-called "toxic affect of undischarged libido," the said toxicity being the sexual energy force which keeps all the varied symptoms of mental illness operational. Without this repressed sexual energy force, the symptoms of mental illness lose their power and fade away.

Finally, note the overall masculine tone of her e-mail communication, specifically when she writes that "I tell my demon inside to kiss my ass and get the hell behind me." In any culture this would not be considered a typically "feminine" way for a woman to express herself. Actually the entire e-mail has as a distinctly masculine expressive tinge to it, to the extent that without knowing that the writer used a female name in her e-mail communication, it would be somewhat difficult to decide if the subject was a man or a woman. That she is definitely afflicted with schizophrenia, the bearded lady disease, is a given.

Lastly, the only slight hint of possible female sexuality in the subject is when she says she tells her demon to "kiss my ass" and get "the hell behind me." In the Middle Ages very religious women, as our subject also is, who were suffering from hysteria were often reported to have complained that the devil

had engaged in sexual intercourse with them in the coitus a tergo position, i.e., from behind. With enough investigation of these coitus a tergo phantasies, it readily become apparent that these women actually desired this kind of sexual activity but considered it "sinful" and therefore repressed their wishes for it. This repression led directly to the projection of these intense sexual feelings outwards onto the "devil," which allowed for their guilt-free enjoyment and sexual satisfaction by means of phantasy-life. It brings to mind the old psychologically-astute saying that "I didn't want to, but the devil made me do it!" Thus here the subject may be demonstrating, in a very disguised fashion, an embryonic femininity which has long been overshadowed by her strong masculine nature. If she were to enter into psychoanalytic treatment as a means for overcoming her mental illness, one of the primary goals of the analysis would be to encourage and nurture her rudimentary feelings of femininity since that is what she is, after all – a woman.

705 Source: An anonymous article by a minister.

Prophets, Apostles, and Mental Illness

I have kidded for decades about the fact that in my ministerial years I have met at least 23 of the Two Witnesses. One felt he was both of them, thus the odd number.

I remember going with a minister to a home in Idaho once where the woman heard the voice of God often in her head. She had a young baby so the minister asked me to tend to the baby while he talked to her about her visions and voices. The baby had not had a diaper change in a pretty long time, so I took care of that in the kitchen while the minister tried to help her. Seems she was killing chickens on the farm and trying to resurrect them without much luck. We never made any connection to the danger and I doubt either of us understood the symptoms of schizophrenia, but I do now. After that, I returned to Ambassador for my last year and was reading the LA Times in the lounge before breakfast. My eye fell on a small article about a woman in a small town in Idaho who was found sitting in her car on a Mountain top waiting for Jesus to return. I knew the name. They found the baby dead on the farm. Or should I say, still dead.

From the Bible we find a man once laid on his right side for 390 straight days and then flipped over for another 40 because the voice in his head told him to. He built little models of Jerusalem in the sand and laid siege to a stone with a pot (Ez. 4). He even cooked his food with human waste (Ez. 4:9) and dug a hole in his own home and squeezed himself through it with his possessions on his back (Ez. 12). His name was Ezekiel. Maybe he was traumatized by the captivity or the destruction of the symbol of all that was holy and stable to him, the temple. He died forever ago and lots of the stuff

he said was going to happen never really did far as we can tell. I hear a lot of minister types quoting him 2500 years later as if you can read the newspaper and immediately see what Ezekiel was talking about. I guess if they lay siege to a rock, lay on their sides for a year or more and give up charcoal for human waste at cookouts, well ewwww. Time to find another church.

I know most will say that God told him to do these things but think about what you are saying. Would you say that about Andrea Yates who God told to drown her kids or Mijailo Mijailovic who killed the Swedish Foreign Minister, Anna Lindh, saying when asked who told him to do it, "I think it was Jesus. That he has chosen me"?

An Old Testament character, Moses, went up into the mountains a few times because the voice in his head that no one else could hear, called him up for a meeting. He said it was God, but when he came back down the mountain carrying, what he said were the rules from the voice in his head, he ordered the murder of 3000 more pretty nice people, men women and children for not patiently waiting for him. And these people had already had a pretty tough time getting out of Egypt doing what the voice in this guys head told him to do. He had friends killing friends and families. Bummer that was a heck of a lot of drama and walking for nothing. From what I understand, hardly anyone who fled Dodge City, Egypt believing the voices in this man's head ever made it to the Promise Land. I'm not sure the story really happened, which would be a relief. I just can't imagine this as a good way to begin their understanding of "Thou Shalt Not Kill." This same fellow, was pretty sure that the voice spoke to him from bushes in the desert too. Not a good sign in the world of mental health types.

Yet again, an Old Testament figure called Abraham, decides to take his only son, up the mountain and kill him as a sacrifice. Perhaps a weird way to say thanks for the son that he could never have before. But I'd think that was going a bit too far. Reminds me of cutting off the nose to spite the face. Anyway, the voice in his head said to and then decided it was only kidding. The child, who probably refused ever again to go on any "just a campout" with dad, was replaced by an animal conveniently stuck in a nearby bush.

What's the chance of that! I can't imagine Isaac ever quite trusted ol' dad again.

There was a guy who married a prostitute because the voice told him to. We had to drop the standard laws of marriage for this one, but it's ok if you are doing it for God. Man was his wife mad about that! The guy even began to think he was a reincarnated form of the guy before him who talked to the bush. Tons of people obeyed this guy for a time, but usually not for very long. Hosea I think.

The more I think about it, the more I have to admit that voices in the heads of people I never met, and no one at that time could hear themselves,

have played a really big role in who gets the final say in religion. What if Nah.

Paul in the New Testament fell off a donkey when he heard a voice in his head about giving Jesus a hard time in his old job. He even saw a flash of light in his head, brighter than the sun and it was already noon when this happened! That's pretty darn bright! When people in the Bible light up, it's ALWAYS brighter than the sun. You'd think more people would notice. The others either heard the voice but did not see the light, or saw the light but not the voice, stood up, or all fell down depending on the story your read in the Bible. The voice in Paul's head told him it was time to change jobs and he'd get his vision back from a guy in town if he did what he was told. Today we might say he had all the symptoms of a sunstroke or maybe even temporal lobe epilepsy where voices and flashes are pretty darn common along with an intense sense of morality that others must get in tune with.

Paul went on to write most of the New Testament and continue to tell people nothing about any real Jesus he had ever met. No stories, no miracles, no teachings, nothing about the 12 guys Jesus had to follow him, and I would expect to have passed the teachings on to others. Maybe even write something about Jesus, after all there were 12 of them! But alas, they didn't much and we have no clue what happened to that bunch. It's all hearsay. Some say that they were merely a symbol of the twelve signs of the zodiac surrounding the central sun/son, and not real people, but let's not go there.

Paul spoke volumes about the one who spoke to him in his head and he saw often in visions. When he gave the instructions for eating the body and blood of Jesus, he said very plainly Jesus himself told him about the details of that. Paul never met the real Jesus so I'm pretty sure he meant in vision. When he said, "have I not seen the Lord?" he didn't mean in person. He meant in his visions. He even took a trip to the third heaven, but said the stuff he saw was too much to share at this time Hey!

At any rate, Paul ends up in Rome for some unnamed offense and disappears. Sometimes I think his death or execution must have been an embarrassment to the church as the last we hear of him, he is under house arrest having a pretty good time. I'm sure they knew how it ended for the guy and why, but it might have annoyed the early Christians to know the truth of it all, so they left it out.

I even heard or read in the book of Mark that Jesus mom and brothers came down to Jerusalem to get him because THEY thought he was "mad." I don't think they thought he was angry, but rather a bit daft. Jesus kind of blew them off in a way that would have got me slapped by my dad for being so rude to mom. It was like he didn't know them. Mary had evidently completely forgotten about his wonderful birth story and all those great things she kept and pondered in her heart. Besides he had to do what the voice in his head said.

Later, other guys who wrote about Jesus dropped this hot little tale and told a really cute story about how Jesus came to be. God himself had visited her, well no, I guess the Holy Spirit did. You know the third thing in the Trinity and she was pregnant by no less than the Deity. She burst into song about this in Luke and seemed to know that Jesus was literally "fully God and fully man," whatever that means. I can understand one thing being fully something, but not two things being fully the same thing but different and coequal but not. Oh never mind. Church talk. I guess it's one of those mysteries we hear about when one story leads to the next and we tie ourselves in a knot, wrapped in a enigma, coated with cheese.

Matthew tells a great story of Jesus birth, different from Luke's, but at least they cleaned up that embarrassing tale about Jesus being hauled away by his family for being nuts. Mark must have been mistaken according to Matthew and Luke, but Mark was the embarrassing story and came before the cute story, I suspect it had a ring of truth to it, at least as Mary saw it. Sometimes I wonder if Jesus was so anxiety ridden not to know who his real father was that he took mom literal when she got tired of him asking and said "God is your father." Who knows?

I always found it interesting that the poor kid in the New Testament who threw himself in both the fire and water often, or maybe just fell in them when this hit him, cried out, foamed at the mouth and then recovered pretty quickly when the demon was put out, had all the symptoms of infantile epilepsy. Every one!

Some say his cursing trees for having no fruit at a time of year when there is not supposed to be fruit, or attacking the legitimate money changers in the temple who really were simply changing pagan money into temple scrip for the purchase of sacrifices, were not good signs of quality mental health. That last act probably got him killed by the Romans, though somehow it ended up being the Jews fault. I guess it was easier and a bit wiser to blame the Jews who could not hurt you, rather than the Romans who could kill you. At any rate, this temper thing is not a good sign of good mental health.

I wonder how people back then would treat a kid with epilepsy! It runs its course in about 30 minutes so it would sure appear that the old demon was banished. I also wondered as a kid, what a kid would have to do to get a real demon lurking in his body. Must have been some weak minded kid to let that happen. I remember as a kid hoping no demon would jump on me. I'd vote infantile epilepsy and not blame the folks of 2000 years ago for not knowing the symptoms or how it manifested. Anyway, the demon was put out, but we don't know if it ever came back. Jesus had a hard time doing this stuff in his hometown because a prophet has no honor in his own town or with his own family. Well duh! They know you pretty darn well and got so concerned they came down to retrieve you for your own good, if you believe Mark. Of course he blamed the weak faith of the group, but maybe that's because they all

know you so well and aren't easily convinced. I mean, if Jesus was God, really, really, really GOD, would the force be thwarted just because the neighbors who knew you as a kid had a hard time accepting that? I think not! Since when does being God in the flesh depend on the acceptance of the people who know you best?

I once read a story about Jesus where, as a child he kills another playmate for some offense towards him. Gosh, I hope that didn't really happen but I can see why it never made the cut. I guess Jesus could have heard about Moses knocking off the Egyptian for picking on a buddy and God said it was ok to express your anger that way if you need to.

Jesus also got rid of a whole legion of demons in a man that lived in a cemetery, naked and was really an angry guy that was so strong he broke the chains they tried to bind him in. I guess that was sorta the lithium of the times chains. Anyway, aside from this man having every symptom of schizophrenia, all the demons got thrown into a herd of pigs and they ran down into the sea from a town no where near the sea and drown. Kind of a marathon run and by the time they got there, they'd be skinny and pooped out pigs. But this is another story. Boy, I bet that made the farmer mad at Jesus! Of course, this would not be a Jewish farmer so it's ok. In the OT, if you found some animal that was defective, you couldn't eat it yourself, but you could sell it to the pagans, so hey, not your problemo.

Anyway I guess we could really wonder about the book of Revelation Whoa that is some good drugs! Whoever wrote that was one angry human being Death, destruction, fire, plagues, trombones, vials and all sorts of stuff pour out on everyone! This Jesus is not such a nice guy. Sometimes I get to thinking the one in the Gospels can't possibly be the same one as the guy in Revelation, but that's what they say. The one in Revelation seems like an end stage schizophrenic gone amuck. I'm not sure I could be comfy in heaven or the kingdom with one who could be so freaking mean to everyone except those special ones. I always felt a few seminars or maybe a refresher type program would send a kinder gentler message, instead of all the butt kicking, death and destruction. Maybe a nice lunch between encouraging sessions and a Luau in the evening where we could all marvel at actually meeting the real God and Jesus. And hey if the presenter is really God or Jesus come down I mean really really I'd listen and be good. But alas, this Jesus in Revelation is a case maybe literally. It's just one big vision in someone's head hearing voices again that others can't hear and seeing things others don't see. Makes me nervous. And people today base their entire life perspective on a vindictive vision expressed almost as a "oh yeah, well this is what you get for not believing me." Nuther symptom. Vengeance.

Someone once asked what's the difference between a Bible Prophet or Christian fundamentalist and a paranoid schizophrenic? Well, one hears voices

in their head, has a heightened moral code, is judgmental yet can be very deceptive and manipulative, has delusions of being on a mission from God, sees things that no one else present sees, hears things that one else hears, sees lights in his head, is the center of the universe and has special knowledge that must be kept secret until the right time and then can only be understood as explained by the one. The other, of course, is a paranoid schizophrenic.

I had a close friend in high school who in college came down with the classic symptoms of schizophrenia. Very intelligent but all of a sudden was overcome with the chemistry of schizophrenia that comes mostly between 18 and 35. He simply could not function in this world. His perceptions and his reality were far different than even he could understand. He died in his chair, alone in a dingy apartment last year. I wish I had gone to see him. Nice kid.

What if most, some or even ONE of the characters of religion, are humans who suffered from certifiable mental illnesses? What if some get followings because they are so darn fascinating and in combo with reading the Bible can seem so right? Perhaps we are dealing with traumatized human beings and their coping mechanisms. Schizophrenic and paraphrenic personalities can be brilliant yet fragile. A narcissist can rise to amazing heights of success and productivity. They can have "beautiful minds" and be very, very ill. They make great dictators and Televangelists.

We know more now than we did 3000 years ago. And yet when it comes to the Bible and those who declare themselves the special men of God, we go as blind as Paul claimed to go on the road to Damascus. (Even though Paul himself never says this was the mechanism of his conversion. Perhaps even worse, like Jeremiah and Jesus, he was called before birth in the womb as he notes in Galatians.) Pretty darn special! And yet we can allow that kind of perspective to be religious when today, we would get very uncomfortable with a real person saying that about themselves. What seems ok as long as it is in the distant past becomes freaky if in the present. Many who turned away from Paul or an Ezekiel may have had that gut level discomfort. I doubt anyone today would feel a religious zealot who cooked dinner with his own dung would be anything but twelve short of a dozen.

Why is this an issue? Because a minister, maybe sincere, and maybe simply mentally unstable or delusional can hide in the ministry much better than he can hide at IBM. A minister that is prolific, charismatic while also dictatorial and delusional looks spiritual and obedient. The quirkiness is mistaken for spirituality and obedience to God. They have the ability to be deceptively compassionate one minute and intensely angry at anything and everyone the next. They don't like to be contradicted, corrected nor have their mental processes questioned. They NEVER take personality tests! How is it that normal human beings, who have accurate perceptions about the

mental instability of some at work, then lose that instinct at church? The quirkiness at work becomes the spiritually desirable trait in church! Go figure!

When Alexander Haig declared himself in charge of the government after the Reagan shooting, he was torn to shreds for his misstep and is still trying to explain it. But when a pastor type declares himself a "Watcher" or an "Apostle" or a Prophet or incredibly more special than the average human, it gets swallowed hook, line and sinker?

What if the behaviors recorded thousands of years ago that has been the basis for so much religious zealotry is simply better understood in the context of mental illness? We always say if it walks like a duck, looks like a duck and swims like a duck, there is a good chance we may be dealing with a duck.

When it comes to religion however we change our perceptions. If it walks like a narcissist, if it talks like a Para or schizophrenic and if it has all the symptoms of temporal lobe epilepsy, it must be a man of God!

What if some of the many heroes of faith, even some of the biggies, were simply mentally ill as we understand it today? Wow.....what a thought! Makes you think doesn't it?

[Source: E-mail communication from the
www.Schizophrenia-TheBeardedLadyDisease.com website.]

The person who wrote the above article has correctly intuited the truth in the supposition that the great majority of the early founders of the Judeo-Christian tradition was stark, raving mad, or suffering from what today would be designated clinically as "paranoid schizophrenia." The usual method for handling these severely mentally ill persons presently would consist in the administration of powerful, sedating psychotropic drugs, and/or their commitment to the nearest mental institution. It must be admitted, however, that there are currently many severely mentally disturbed "preachers" still plying their "holy" trade with relative impunity.

When the author of the above quotation asks in the final paragraph, "What if some of the many heroes of faith, even some of the biggies, were simply mentally ill as we understand it today? Wow what a thought! Makes you think, doesn't it"? It certainly does make one think, or it should, and in Quotation 706, the thoughts and conclusions of some early investigators/researchers who did "think" about it very seriously will be presented.

It is strikingly evident from the above quotation that schizophrenia, the bearded lady disease, has bedeviled mankind for as long as he has been recording his own history, and undoubtedly for far longer than even that.

706 It was inevitable that in the quest for motives some consideration should be given to the possibility that the beliefs of Jesus might be explained as those

of a mentally abnormal person, perhaps even one clearly deranged. Possibly the merely nascent state of psychiatry furnished one reason why more of the iconoclasts did not venture earlier on this path of inquiry. Noack, (*Die Geschichte Jesu*, 2nd ed., 1876) referred to Jesus as an "ecstatic," but did not impute mental disease to him – that was left for the 20th century.

In the first two decades of the 20th century no less than three medical writers embarked upon a psychiatric "interpretation" of Jesus – a German, Dr. Georg Lomer, who wrote under the pseudonym of George de Loosten; a French writer, Charles Binet-Sanglé; and an American, Dr. William Hirsch. A fourth writer, Emil Rasmussen, Ph.D, included Jesus among a group of prophets whom he classified as psychopathological types. It is to a refutation of these four books that our author dedicates this volume, his thesis offered for the degree of Doctor of Medicine at Strassburg University in 1913. Dr. Schweitzer, already the holder of degrees in philosophy and divinity, had shown himself a sound historian in his *Geschichte der Leben-Jesu-Forschung* in 1906; in his present study he marshals his historical data effectively, together with the knowledge of mental disorder as it then existed in Europe.

Since the authors discussed by Dr. Schweitzer agree on one point, namely that Jesus suffered from some form of "paranoia," a few words concerning this type of mental disorder may not be out of place. The word is an old one – it was used in the Hippocratic writings, though in a general sense, as meaning mental disease. It was introduced into German psychiatry as early as 1818 by Heinroth, but with so loose a definition that at one time from 70 to 80 percent of the patients in European mental hospitals were diagnosed as suffering from "paranoia." Indeed, as late as 1887 a French psychiatrist (Séglas), referred to it as a word which had "la signification la plus vaste et la plus mal définie." Gradually it came to include a variety of clinical groups characterized by ideas of persecution and grandeur, in varying proportions. Some of these groups exhibited almost entirely a distortion and mis-interpretation of actual facts, others some elaboration with fabrication, while some showed such a loss of contact with reality as to cause the patient to suffer from hallucinations in one or more of the sensory spheres. A religious coloring of the delusions is far from uncommon. Kraepelin, the great German descriptive psychiatrist, defined these various groups – paranoia, paraphrenia (now generally referred to as paranoid condition) and dementia praecox of the paranoid type, his final formulation appearing about 1913.

To Kraepelin and his school, as to the French school of psychiatry, paranoia was largely a question of constitution; it was based on the makeup of the person, developed insidiously and progressively, and was essentially unamenable to treatment. They looked on it as almost if not quite entirely a disturbance of the intellectual functions. It was only in 1906 that Bleuler emphasized the importance in the disorder of reaction to life situations, as opposed to fatalistic interpretation, and it was after the appearance of

Schweitzer's answer to the psychiatrists that a more dynamic interpretation of the mechanisms of paranoia and the paranoid conditions came about as a result of Freud's penetrating observations. (Freud's notes on the Schreber case, published in 1911, were very likely unknown to Schweitzer as he wrote.) We know now, of course, that the emotional and homosexual factors are highly important, and that paranoia is no more a purely intellectual disorder than any other psychosis.

[Winfred Overholser, M.D., President, American Psychiatric Association, Washington, D.C., 1948, in the Foreword to *The Psychiatric Study of Jesus – Exposition and Criticism*. by Albert Schweitzer, The Beacon Press, Boston, 1948, pp. 11-13.]

*Notwithstanding the tendentious and ill-informed attempt by Dr. Schweitzer to argue in his Ph.D thesis that the historical personage named "Jesus" did not suffer from any mental illness, the general, unbiased consensus of his contemporary diagnosticians was almost unanimous in agreeing that he was afflicted with paranoia (now called paranoid schizophrenia). It took the brilliant analytic genius of Sigmund Freud to uncover the hidden mechanisms of this disease and to prove to the world that it was "invariably" caused by the repression and denial of homosexual passions, mixed equally with severe gender confusion. [Viz., the case of Daniel Paul Schreber, *Memoirs of My Nervous Illness*, published in 1900.]*

The fact that Jesus suffered from schizophrenia, the bearded lady disease, puts into perspective the strong homosexual tinge which has always followed his teachings wherever they have led. For example, it is most interesting to observe how the following words, licentious, lustful, lubricious, lewd, lascivious, lecherous and wanton, all have a very negative connotation in present-day parlance and dictionary definition. Of course all these words originally referred to powerful heterosexual passions, and yet all are given "sinful" interpretations which are taught to "Christian" youth from the very earliest years. Small wonder then that with the force of this great negative emphasis placed upon what are really the most natural, healthy, and "lustful" of heterosexual impulses, so many young people today are forced into struggling mightily with their sexual identity. If these natural heterosexual desires and tendencies are denigrated and despised from a child's earliest years onward, what other path is left for these powerful sexual feelings to take? The answer to that question appears to be strikingly self-evident. If not heterosexuality, what?

The fact that this country is now an "insanely religious" one, in the biting words of Professor Harold Bloom of Yale University, and that the exact same charge can be leveled against many other present-day countries and

societies, does not bode well for the future of the world. Schizophrenia, the bearded lady disease, is the common enemy of all mankind.

According to historical records, Jesus' parents knew he was insane and tried their best to steer him away from his self-destructive and delusional messianic mission, but of course to no avail. The same situation applies to many, if not all, of the founders of the world's other major "religions." Their contemporaries may have realized that these early "prophets" were likewise insane, but they were nevertheless similarly powerless to stop them from their delusional and consequently too-often destructive missions, to the detriment once more of all mankind.

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"Fig. 1: Drawing made by a female hebephrenic patient. Athletic women have masculine physical traits."

[Source not noted.]



"Anonymous painting from Japan of a woman struggling in waves."

[Source: Centre Hospitalier Saint-Anne/Jeu de Pomme.]

In Picture A, the drawing done by a female mental patient afflicted with schizophrenia (hebephrenic subtype), the main subject is a female clothed in a skirt with a halter top, with her left arm thrust straight out while holding in her hand what appears to be a ball approximately the size of a basketball.

An opening in the lower part of her skirt reveals two muscular, masculine-looking calves while her shoulders are broad and powerful-looking.

The face has been drawn with a severe expression on it. Her hair is parted in the middle, flaring out rigidly on each side at eyelevel. Her breasts are

drawn smallish and insignificant-looking. The overall impression of this figure is that of a woman who is a fierce, disciplined athlete, with a personality to match. There is a marked lack of femininity in the drawing.

Surrounding this central figure are smaller drawings of other women, some of whom are playing basketball and tennis, while others are engaged in aquatic diving and ballet dancing. All these supporting figures have also been drawn to emphasize the same masculine physiques and traits as personified in the drawing of the central figure. Even the skirted ballet dancers have wide, manly shoulders. As the heading under this drawing states, "Athletic women have masculine physical traits."

In the anonymous painting (Picture B) from Japan of a woman struggling fiercely amid raging blue-colored ocean waves, painted by a schizophrenic Japanese artist, what is most visible is a tangle of long dark hair being grasped tightly in the woman's right hand while the left hand is also grasping some loose ends of the hair. The contours of the face are very indistinct, and it is glaringly obvious that the woman in the painting is engaged in a life-and-death struggle to keep from drowning.

The most arresting part of the picture, however, is the shape of the hands and arms of the swimmer. They are large, muscular, and powerful-looking and it would be very difficult, if not impossible, to tell from the painting whether it is depicting a woman rather than a man were it not for two round breasts partially hidden by some strands of long dark hair. Thus on first sight the viewer is immediately confused by what sex the swimmer is – part of the figure appears feminine, i.e., the long dark hair and the breasts, but the rest of the picture gives the distinct impression of powerful masculine forces in action due to its striking presentation of the well-muscled hands and arms.

Once again, in two separate cases of schizophrenia, the underlying factor of severe bisexual conflict and gender confusion which is invariably the basic etiological factor operative in every case of the illness, is vividly illustrated here through the medium of the schizophrenic patients' artwork.

One of the artists (Picture A) is female while the sex of the other (Picture B) has not been indicated. But in reality their designated sex is unimportant since it is their underlying gender confusion as to which sex they belong to which has been the crucial factor in instigating their schizophrenic illness in the first place. This basic etiological factor is constant in every case of schizophrenia, as indeed it is in all cases of functional mental illness, regardless of the profusion of differently-named labels that are arbitrarily applied to its multitude of variegated symptoms.

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A. You have vandalized my heart, raped my soul and torched my conscience.

You thought it was one pathetic boy's life you were extinguishing. Thanks to you, I die like Jesus Christ, to inspire generations of the weak and the defenseless people Your Mercedes wasn't enough, you brats. Your golden necklaces weren't enough, you snobs. Your vodka and cognac wasn't enough. All your debaucheries weren't enough to fulfill your hedonistic needs. You had everything I didn't have to do it. I could have fled. But now I am no longer running. If not for me, for my children and my brothers and sisters that you [expletive]. I did it for them You just loved to crucify me. You loved inducing cancer in my head, terror in my heart and ripping my soul all this time You had a hundred billion chances and ways to have avoided today. But you decided to spill my blood. You forced me into a corner and gave me only one option. The decision was yours. Now you have blood on your hands that will never wash off.

[Excerpts from the video which Cho Seung-Hui, 23, the Virginia Tech "shooter" who killed 33 people, including himself, while wounding many more, sent to NBC News on Monday morning, April 16, 2007, the day of the massacre.]

B. There is this condescending [sic] attitude in business that when you get emotionally and mentally raped, well 'you got screwed' and the accepted result is that the victim is now supposed to go to work at 7-11 or become homeless and the rapist is admired and envied as a 'winner.' I have always admired and tried to copy winners, but rape of any kind is deplorable and against the law. Remember the time when the same sneaking [sic], laughing attitude was bestowed upon drunk drivers, and the victim got no sympathy? Remember the time when the person raped physically did not dare to report it because of the humiliation and ridicule [sic] that the legal system put the [victim] thru When you hire a consultant or an attorney you don't hire for the purpose of getting raped and then having all your efforts towards legal recourse totally thwarted by a corrupt legal system of 'esquires.' Esquires in the dark ages roamed [sic] the countryside to steal [sic] from the working people and give to the prince. Do attorney [sic] want us to call them esquires because their allegiance is to the monarchy?

["Excerpts from Gunman's Letter," Gianluigi Ferri, *San Francisco Chronicle*, July 3, 1993, p. A-12. See also Quotation 569, pp. 427-428, in *Schizophrenia: The Bearded Lady Disease*, by J. Michael Mahoney, AuthorHouse, Bloomington, IN, 2003, 2006. (Gianluigi Ferri went on a murderous rampage in a law office in San Francisco in early July, 1993, killing eight people, including himself, and wounding six.)]

Note how both "shooters," in Quotations A. and B. above, have unconsciously identified themselves as females being raped, the direct result of their severe bisexual conflict and gender confusion. It was this pathological psychic state which triggered in each of them the paranoid schizophrenic ideation and actions leading to such horrific results, as it invariably does in all such cases of persons "running amok," or "going postal," as this condition is now often described in popular American parlance.

In a Special Report in "Newsweek" magazine of April 30, 2007, the package of material Cho Seung-Hui mailed to NBC was said to have "included a rancid manifesto in which Cho casts himself as a kind of avenging angel against the 'Christian Criminals' who have raped and sodomized, humiliated and crucified him and others he describes as the 'Weak and Defenseless.'" Cho's words strikingly highlight his overwhelmingly powerful, passive feminine homosexual desires which he, in typical paranoid fashion, has projected onto the outer world as being forced upon him against his will, i.e. his being raped and sodomized. This same paranoid ideation can be seen in Gianluigi Ferri's oft-repeated complaints about being "raped" and "screwed" by the powerful male figures in his environment. This ideation vividly illustrates the fact that both men's deepest and most fiercely repressed sexual desires were to play the passive, feminine sexual role in homosexual anal sex. As Sigmund Freud said, "What man represses at his deepest level are his passive, pederastic instincts." When these ego-dystonic instincts become too intense, due to the psychological warping which occurs in the life of the child, the outcome in adulthood may be either the partaking in an active, conscious homosexual lifestyle or else attempted escape from such feelings into a state of complete denial and repression of them. In this latter case, the outcome is always malignant, resulting in severe mental illness, most typically of the paranoid schizophrenic type which engulfed both Gianluigi Ferri and Cho Seung-Hui, with shockingly disastrous consequences both to them and to their immediate environs.

As further noted in the "Newsweek" Special Report, Cho Seung-Hui wrote a play in 2006 describing how a 13-year-old boy fights off the homosexual advances of an older man by trying to ram a "breakfast bar down his throat," but is then killed by the older man with a "deadly blow." Trying to ram something down someone's throat in this homosexual context seems to point specifically to oral sex, perhaps another of Cho's deeply repressed sexual desires, along with his wish to be "raped and sodomized," as mentioned earlier. Of course he attributes his paranoid delusion of being "raped and sodomized" to the hostile actions of others rather than to his own deepest unconscious longings.

Cho attempted desperately towards the end of his life to prove that he was a virile man when in actuality he was an extremely effeminate "mama's boy."

In an intuitive remark by one of Cho's roommates at Virginia Tech, Andy Koch, Cho was described as riding a stationary bike in a gym "like a 70-year-old woman."

In conclusion, both Gianluigi Ferri and Cho Seung-Hui are classic examples of persons suffering from the malignant effects of paranoid schizophrenia, the bearded lady disease, invariably triggered by severe bisexual conflict and gender confusion. And when this long-repressed conflict finally becomes so powerful that it can no longer be contained by the conscious, rational mind, irrationality, or "craziness" takes over and the victim sinks into the pit of what is called, in psychoanalytic teaching, a "homosexual panic." And it is always at this juncture that the final psychotic break occurs and the afflicted person runs amok, lashing out indiscriminately at all around him or her.

The saying "I would rather die than admit it" pertains extraordinarily well to Gianluigi Ferri, Cho Seung-Hui and every other madman who finally snaps from the unbearable pressure of his or her long-repressed homosexuality and goes on a rampage, usually resulting in tragic collateral damage to many innocent bystanders, as well as to themselves. In short, they did "die rather than admit it."

- 709 Every human, like the lower primates and other mammals, is a plastic, bisexual mechanism in which every cell, organ, and the organism as a whole and all of its behavior are bisexually differentiated in more or less male and female ratios by chromosomal, gonadal, and socially conditioning factors. Therefore social and other environmental successes and failures have more or less masculinizing or feminizing reactive effects upon the social-sexual attitude. Every person's ontogeny recapitulates its phylogeny and begins with hermaphroditic, self-loving, poly-orificial (oral, anal, and genital) autoerotism. It passes through phases of autoerotic development up to late adolescence, attended with more or less homosexual infatuation and experimentation, and eventually matures by conversion of affection toward heterosexualism and reproduction.

["Bisexual Factors in Curable Schizophrenia*," Edward J. Kempf, M.D., *Journal of Abnormal Social Psychology*, Vol. 44, 1949, p. 417.]

What Dr. Kempf is describing here is the perfect outcome of the natural mammalian sexual growth process – mankind, of course, included – which begins at birth and culminates in the potent heterosexuality which enables a species to procreate its own kind and thus ensure its evolutionary survival.

Only in man, however, can these natural stages of development go awry due to his uniquely over-developed intellect which alone, among all other mammals, possesses the strength and the motivation to enable it to repress

feared or otherwise unwanted sexual urges. When this happens, the natural processes of sexual development, delineated by Dr. Kempf above, become derailed and the mature heterosexual goal is relinquished.

Simultaneously with this relinquishment the powerful sexual urges veer off into a less mature homosexual state, and if this homosexual state itself is then further repressed, the first myriad, malignant symptoms of mental illness will invariably begin to make their appearance. Since man alone has the intellectual power to derail this natural chain of mammalian sexual growth stages, consequently only he has the potential to fall prey to the development of devastating schizophrenic madness – and obviously very greatly to his detriment.

710 The psychotherapy of neuroses and psychoses is practically differentiated into two important steps, as experience has shown. The first step is best begun with the impressive sympathetic advantages of the first interview.

Without taking a routine case history or making notes at the time, well-directed analytic-suggestive questioning is begun with the precise purpose of inducing the patient into adopting a less fearful, more relaxed attitude toward his sexual cravings, whatever they are and no matter how strong and repetitious they are, and talking about them freely. The patient has generally convinced himself that he is the only one of his kind as the result of the superior moral pretensions of his elders having been especially aimed at him. As he realizes that his attitude toward his sexual cravings and methods of trying to manage them, and not the cravings as such, have produced his illness, he improves decisively and his capacity for working and thinking becomes adequate for the needs of everyday life.

The second step is more involved and requires the inductive analytic conversion of the conditioned erotic and other emotional cravings to heterosexuality whenever possible. The former step is usually well started in an hour or two of confidential, sympathetic, understanding talk with the patient if the physician is not preoccupied with thinking in terms of neurology and toxicology.

Psychological miracles often follow as the sexual fight becomes reduced. I am sure that literally thousands of autoerotic young men and women and children in our institutions and outside, who must otherwise remain incurable psychopaths, will be helped to readjust to a healthy personal integrity when psychiatrists adopt this method. The analytic readjustment to heterosexuality requires more time but generally it can be carried on outside of the hospital in private practice. It requires the recall and reliving of every decisive episode that tended to produce a repetitious emotional displacement until a normal readjustment follows without striving.

["Bisexual Factors in Curable Schizophrenia*," by Edward J. Kempf, M.D., pp. 418-419, Short Articles and Notes, *Journal of Abnormal Social Psychology*, Vol. 44, 1949, pp. 414-419. (*Presented at the Annual Meeting of the American Psychiatric Association, May 18, 1948.)]

In the above quotation, Dr. Kempf brilliantly and deftly lays bare for the reader the repressed bisexuality basis of all functional mental illness and then follows that up with clear instructions outlining the method of derepression which will "cure" it.

It can be stated without any exaggeration or qualification that the above two paragraphs so profoundly and insightfully penned by Dr. Kempf are the two most important ones ever written in the fields of psychology and psychiatry, for very simply they illuminate, in clear, understandable terms, first the etiology of mental illness and secondly, its only cure.

Psychotropic drugs can sedate and tranquilize, but the psychoanalytic method described above by Dr. Kempf is the only one which can restore the mentally ill individual to full psychological health and general wellbeing. Unfortunately, this curative process requires much time and great effort on the parts of both analyst and patient, but the rewards are far-reaching and irreversible.

"Psychological miracles" indeed.

711 Included was her favorite wedding portrait, in which she sits at the center of a pool of white satin. "My Cinderella dress spread out," she writes, "my husband kneeling on it as we share a kiss." Alexei was her first boyfriend.

When they married in 1990, he was welcomed into the family. She calls the wedding joyous, with her father waving like the mayor as he walked down the aisle of the seaside Catholic church in their New Jersey hometown.

After the honeymoon, they settled in Michigan, where Alexei, a fine artist, worked toward a graduate degree at the Cranbrook Academy of Art. She had been loath to leave her New York magazine job until her editors suggested that she could cover the book world in the Midwest. Everything appeared to be copacetic, but, all too soon, the marriage began to show strain. Kinsella was broadsided. "Alexei started spending more and more time at school," she writes. "He was pulling away from me." She didn't know why – or how to fix it.

"The panic attacks to which he had always been prone came on more regularly," she writes.

"So, we did what people do and sought counseling. After months in both couples' and individual therapy, Alexei was finally able to uncover a long-buried truth, which she details in the book. He had been molested as a child.

With that dark nightmare exhumed, he then was able to acknowledge, and eventually accept, his homosexuality.

["Love Bloom Behind Bars," by Heidi Benson, *San Francisco Chronicle*, July 1, 2007, in her review of Bridget Kinsella's book, *Visiting Life: Women Doing Time on the Outside*, Copyright 2007, Harmony Books, a division of Random House, Inc.]

This marriage was obviously doomed from the start due to the groom's long-standing but deeply repressed homosexual nature. His denied and frustrated homo-erotic energy had found its disguised outlet in the so-called panic attacks to which he "had always been prone," and whose source, or trigger, was finally uncovered thanks to the intensive psychotherapy which he had undertaken.

The repressed homosexual basis for these "panic attacks," which usually occur at inopportune times and are seemingly unrelated to any current events in the afflicted person's life, has long been understood and consequently such attacks are routinely designated as "homosexual panic attacks" in Freudian psychoanalytic literature and teachings.

This factor of repressed homosexuality, deeply buried in the psyche of the bride or of the groom, and oftentimes of both, is a constant and important factor in the deterioration and termination of the great majority of such marriages, if not of all marriages.

712 "I found her sitting on the roof chanting at 4 a.m.," her husband [Name and age deleted] said of that day about 25 years ago. "She was puffing away at four packs of cigarettes. She said her mountain gods had saved our son in a sort of bargain. I slapped her face to help her get her wits back."

"Then her eyes blazed like those of a wild dog about to bite a man.".....

..... Korean Shamanism is rooted in ancient indigenous beliefs shared by many folk religions in northeast Asia. Most mudangs are women who say they discovered their ability to serve as a mediator between the human and spirit worlds after emerging from a critical illness. They believe that the air is thick with spirits, including those of dead relatives, a fox in the hills behind a village, an old tree or even a stove. These spirits interact with people and influence their fortunes

..... There are shamans who venerate Jesus, the Virgin Mary, even Park Chunghee, the late South Korean military strongman. Under the pro-American military governments of the 1970s, there were shamans who took Gen. Douglas MacArthur as their deity. When MacArthur's spirit possessed them, they donned sunglasses, puffed on a pipe and uttered sounds that some clients took for English.

["Shamanism Enjoys Revival in Techno-Savvy South Korea," by Choe Sang-hun, *The New York Times*, July 7, 2007.]

The woman whose husband found her sitting on the roof chanting in the early morning hours was obviously undergoing a paranoid schizophrenic psychosis. As is the case with all such "prophets" or founders of new "religions," the sudden discovery of their mystical, prophetic powers comes after their "emerging from a critical illness," which is invariably a paranoid schizophrenic breakdown caused by severe bisexual conflict and gender confusion.

In this particular incident, the wife's great underlying anger against her husband in particular, and undoubtedly against all men in general, is clearly demonstrated by the husband's description of her after he had "slapped her face to help her get her wits back," as having eyes that "blazed like those of a wild dog about to bite a man." Clearly, this is not a portrayal of a normal, feminine-oriented woman or wife. Her long-repressed masculine feelings and instincts had finally broken through their repression in the unconscious and gained ascendancy and expression through her paranoid psychosis.

It should be noted here that a psychosis is in reality nature's way of trying to facilitate the emergence of long-repressed, ego-dystonic and opposite-sex sexual and emotional feelings into the conscious awareness of the person undergoing the breakdown. Thereafter these ego-dystonic feelings may either be re-repressed (a social recovery without insight) or else worked through until they are no longer toxic to the individual (a social recovery with insight).

"Prophets" fall into the first category of those individuals who quickly re-repress these ego-dystonic feelings and thereafter construct around them an elaborate and religiously-toned paranoid fantasy system which is then presented to the world as being either a uniquely new religion or else a different world-view of an already existing one.

The invariable underlying "bearded lady" aspect of schizophrenia is here perfectly demonstrated by those shamans, predominantly female, who chose Gen. Douglas MacArthur "as their deity," and then "donned sunglasses, puffed on a pipe and uttered sounds that some clients took for English."

This is clearly an outright example of transvestism being practiced by these particular female shamans. They had been "possessed" by an opposite-sex gender identification, which identification invariably "possesses" all such individuals who fall prey to schizophrenia, the bearded lady disease.

713 Ramírez somehow avoided deportation. But through an apparent misreading of letters from his family, he had already decided never to return to Mexico, believing that the Cristero Rebellion had irreparably divided his household when it consumed his property.

In 1931, the San Joaquin County police arrested him for vagrancy. And believing him incoherent, perhaps because of their own inability to speak Spanish, they had him committed to Stockton State Hospital.

After several incidents of escape and re-arrest, psychiatric authorities pronounced Ramírez incurably schizophrenic. His eventual transfer to DeWitt State Hospital in Auburn provided an environment stable enough to allow him to draw frequently, something he had begun to do in the margins of letters in the mid20's.

Confined for decades and isolated from fellow Spanish-speakers, Ramírez appears to have made a world on paper in which to roam and shelter. He used whatever materials he could scavenge until his keepers began to make them available. He continued to produce drawings until shortly before his death of pulmonary edema at DeWitt hospital in 1963. Even a glance at the 90-odd drawings at the San Jose Museum registers the mysterious magnetism of Ramírez's work.

Lines and structures repeat themselves relentlessly in his drawings, typically forming hills or valleys when they curve, and when angular, room-like or stage-like enclosures. Ramírez seemed to draw these patterns with unwavering conviction. Through or within them, tracks and trains pass pistol-wielding horsemen – such as Ramírez himself had once been – or Madonna-like figures present themselves.

Ramírez's images have provoked speculation as to their meaning since before the public first saw them. The exhibition contains an excellent survey of his art's critical reception, to which it adds fresh nuances.

["An artist tragically confined still found freedom of expression" by Kenneth Baker, Chronicle Art Critic, *San Francisco Chronicle*, July 14, 2007, p. E1, E10.]

The key to Martin Ramírez's "bearded lady" conflict, the cause of his schizophrenic breakdown, can be found in the two themes which are constantly present in the great majority of his pictures – either that of the "pistol-wielding horsemen" or of the "Madonna-like figures." These two themes represent his basic bisexual conflict and gender confusion, the "pistol-wielding horsemen" standing for his active, masculine side and the "Madonna-like figures" standing for his passive, feminine side.

On the cover of the newspaper article about Ramírez, on the left side of the page there is an old, faded, standing photograph of the artist, while on the right is a much larger standing drawing of one of his "Madonna-like" figures. This latter figure is drawn with thick, dark eyebrows and shows a startling resemblance to Ramírez's own facial portrait. Two tiny hands protrude from long sleeves and the fully-clothed figure has a markedly feminine "hourglass" figure, with a very small waist.

Even the casual observer of these two pictures could not help noticing a strong connection between them due to the facial similarities in the photograph of Ramírez and the one in his drawing. Basically, in this latter

figure he has drawn himself as the Madonna, as he has also done in countless other of his drawings during his artistic career. And it was directly due to this powerful, unconscious self-identification as an ultra-feminine "Madonna," clashing so violently with his conscious, masculine self-identification as a fierce, "pistol-wielding" horseman, that eventually caused him to succumb to the ravages of schizophrenia, the "bearded lady" disease, which is the invariable outcome in all such cases of severe, unconscious bisexual conflict and gender confusion.

Lastly, the actual photo of Ramírez shows him to be a handsome man, but of very slight build and with noticeably small hands. These hands resonate strongly with the tiny hands he has drawn on the Madonna figure described above, adding further weight to the thesis that in the drawing he was in reality depicting his unconscious feminine self-image.

714 Except Dr. Minor, that is. Fiends have been creeping about in the interstices between floors and ceilings and have wrought mischief and committed crimes – not least in Broadmoor, where they hide and crawl out at night, to abuse the poor doctor nightly, mark his books, steal his flute, and torture him cruelly. The hospital, he says, must have solid floors built in: otherwise, no fire insurance, and a host of nightly misdeeds.

The daily reports flow in a kind of seamless syrup of insanity. Four cakes stolen; his flute gone; his books all marked; he himself frog-marched up and down the corridor by Attendants James and Annett. A spare key used at night to allow villagers into his rooms to abuse him and his possessions. Doctor Minor, in his drawers and shirt, stockings and slippers, complaining that small pieces of wood were forced into his lock, that electricity was used on his body, that a "*murderous lot*" had beaten him during the night and left a savage pain all along his left side. Scoundrels came to his room. Attendant Coles came at 6 A.M. and "*used my body*" – "It is a *very dirty business*," he screamed one morning, standing now only in his drawers, "that a fellow cannot sleep without Coles coming in like that." Again as before: "He made a pimp of me!"

[*The Professor and The Madman, A Tale of Murder, Insanity, and the Making of the Oxford English Dictionary*, Simon Winchester, Harper Perennial, New York, 1999, p. 158 [See also New Quotation/Comment 701]]

Although the men talked principally about words – most often about a specific word, but sometimes about more general lexical problems of dialect and the nuances of pronunciation – they did, it is certain, discuss in a general sense the nature of the doctor's illness. Murray could not help noticing, for instance, that Minor's cell floor had been covered with a sheet of zinc – "to prevent men from coming in through the timbers at night" – and that he kept

a bowl of water beside the door of whichever room he was in – "because the evil spirits will not dare to cross the water to get to me."

(Ibid., p. 179 above)

It is very obvious that Doctor Minor's insanity is caused by his repressed homosexual longings and cravings, which ego-dystonic elements of his psyche he has long denied and consequently repressed into the depths of his unconscious mind, where, unfortunately, and as is invariably the case, they have consequently become powerful enough to unhinge his mind due to the toxic affect of their undischarged libidinal, or orgasmic tensions.

The "electricity" that Dr. Minor complains was "used on his body" is the direct result of his repressed homosexual phantasies which, due to their repression, have no other way to express themselves physiologically. The cure would be for him to masturbate to these phantasies to relieve the tremendous, pathology-causing orgasmic pressure which their damming-up has effected. (This "cure" would apply equally to insane women.)

715 "At 10:55 a.m. Dr. Minor came to the bottom gate, which was locked, and he called out: 'You had better send for the Medical Officer at once! I have injured myself!'"

The words are the first lines of a brief penciled note that lurks anonymously among the scores of other papers that measure out the trivial details of the life of Broadmoor's patient number 742. Reports of the more mundane features of William Minor's now almost solitary life – his diet, his steadily diminishing number of visitors, his growing frailty, his curmudgeonly lapses, his insane ruminations – are usually made in ink, the writing steady and confident. But this single page, which is dated December 3, 1902, is very different. The fact that it was written in thick pencil sets it apart – but so does the handwriting, which makes it look as though it was scrawled urgently, in a hurry, by a man who was breathless, panicky, in a state of shock.

Its author was the Block 2 principal attendant, a Mr. Coleman. He had good reason to be appalled:

I sent Attendant Hartfield for the Medical Officer and went to see if I could assist Dr. Minor. Then he told me – he had cut his penis off. He said he had tied it with a string, which had stopped the bleeding. I saw what he had done.

Dr. Baker and Dr. Noott then saw him and he was removed to the B-3 infirmary at 11:30am. [sic]

He had taken his walk before breakfast as usual. Also he took his breakfast. I was talking to him at 9:50 in Ward 3, when he appeared to be just as usual.

[*The Professor and the Madman, A Tale of Murder, Insanity and the Making of the Oxford English Dictionary*, Simon Winchester, Harper Perennial, New York, 1999, pp. 189-190. (See also New Quotations/Comments 714 and 701).]

... He was a compulsive and obsessive masturbator. God would be certain to punish him dreadfully should he fail to halt his wholesale dependence upon self-abuse.

His prodigious sexual appetites in particular started to become particularly abhorrent to him: He began to be haunted by the memory – or the fantastic supposed memory – of his past sexual conquests. He began to loathe the way his body responded, and with the way God had so inappropriately and unjustly equipped him. As his medical file reported:

He believed there had been a complete saturation of his entire being with the lasciviousness of over 20 years, during which time he had relations with thousands of nude women, night after night. The nightly dissipations had had no perceptible influence on his physical strength, but his organ had increased in size as the result of such constant use, his constant priapism had allowed it to develop enormously. He remembers a Frenchwoman remarking "bien fait!" on first seeing it; another woman had called him "an apostle of pleasure"; sexual adventure and fantasy gave him as much pleasure as anything else in the world.

But when he became Christianized he saw that he must sever himself from the lascivious life that he had been leading – and decided that the amputation of his penis would solve the problem. (Ibid., p. 192)

He was desperately certain that it was his penis that had led him to commit all the unsavory deeds that had so dominated his life. His continuing sexual desires, if not born in his penis, were at least carried out by it. In his delusional world he felt he had no alternative but to remove it. He was a doctor, of course, and so knew roughly what he was doing.

So on that Wednesday morning he sharpened his knife on a whetstone. He tied a thin cord tightly around the base of his member to act as a ligature and to pressure-cauterize the blood vessels, he waited for ten minutes or so until the vein and artery walls had become properly compressed – and then, in one swift movement that most would prefer not to imagine, he sliced off his organ about one inch from its base.

He threw the offending object into the fire. He relaxed the string and found that, as he had expected, there was almost no blood. He lay down for a while to ensure there was no hemorrhage and then walked almost casually to the lower gate on the ground floor of Block 2 and called for the attendant. His training taught him he would probably now go into shock, and he supposed that he needed to be put into the asylum infirmary – as indeed the astonished Broadmoor doctors ordered. (Ibid., pp. 193-194)

When author Simon Winchester says of Dr. Minor that "he began to loathe the way his body responded, and with the way that God had so inappropriately and unjustly equipped him," without realizing it he was describing the hidden psychological reasoning and motivation behind Dr. Minor's self-castration; for unconsciously the Doctor's greatest wish was to become a woman so he could have sexual relations with men and avoid being called that hated and feared word, a homosexual. The sexual equipment chosen for him by God – the despised penis – rendered that deepest and most repressed desire impossible of fulfillment. Thus in his schizophrenic, delusional state he attempted to rectify this frustrating sexual dilemma by destroying the penis which, at some deep psychological level, he intuitively recognized was the basic source of all his misfortunes and of his mental illness. In this regard his self-castration made perfect "rational" sense, just as it does today for any male transgendered person who wishes to submit to such gender-altering surgery in order to turn himself into, as far as physically possible, a full-fledged female.

His obsessive, compulsive, pseudo-heterosexual masturbatory behavior over the years he spent in the asylum was his defense against his much more powerful and deeply repressed homosexual cravings, whose frustrated, thus ever-present sexual tension he was partially able to drain off by means of his constant masturbation to ostensibly heterosexual phantasies. When even this final avenue of escape from his fiercely insistent homosexual cravings failed him, he took the only course left to him which was to neuter himself by cutting off his offending penis. (It should be noted here that in every case of satyriasis in men and nymphomania in women, this same element is always at work, namely, a defense against repressed homosexual cravings.)

*Again to quote the profoundly intuitive words of the psychotic German Judge, Daniel Paul Schreber, the subject of Sigmund Freud's brilliant interpretive study and analysis of paranoia, "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." (Daniel Paul Schreber, *Memoirs of My Nervous Illness*, Leipzig, Germany 1903, p. 149, Wm. Dawson & Sons Ltd., London, 1955, translated from the German by Doctors Macalpine and Richard A. Hunter.)*

Schreber partially overcame his demented, paranoid state by becoming psychologically, and to some extent even physically, a female in order to fulfill God's wishes for him to do so. Fortunately, however, he never went so far as to castrate himself outright as did the totally deluded Dr. Minor, in the unforgiving grip of his "bearded lady" disease.

Among schizophrenic males, cases of self-castration have occurred sporadically throughout recorded psychiatric history, always for the same reasons as illuminated above which drove Dr. Minor to perform his own.

716 Yet those who know her say that questions about Sergeant Lannaman's death remain unsettled, and go well beyond psychic agonies that she struggled with her entire life. "From the day she was born she was different," Barbara Lannaman, her mother, said. "Life was not satisfactory to her.".....

..... Born in Kingston, Jamaica, she spent nine years in the Navy, then bounced from job to job. By the time she was 42, in the spring of 2003, Denise Lannaman had been a firefighter, a sailor, a filmmaker, a scuba diver, a paramedic and an auto mechanic.

She also had been a frequent psychiatric patient, her family says, an iron-willed perfectionist who had dealt with life's ragged edges by making four suicide attempts.

"I knew she was different all along," her sister, Michelle Forgenie, said. "On top of that she was also lesbian. They're very homophobic in Kingston. And we didn't understand it, either, at a time when she needed us to understand it."

After she left the Naval Reserve in 1992, she passed the examination for New York City corrections officer, but could not get past the psychological screening, Ms. Forgenie said

..... "She missed one of the enlistment interviews because she was in a psychiatric bed," Ms. Forgenie said. "She had to get a note that she was in the hospital. That time, she tried to kill herself with pills and liquor, sitting out in the driveway."

Her doctor refused to clear her for duty. "She found another one, I guess, who took her blood pressure, vital signs, signed the note," Ms. Lannaman said. Somehow, she passed the military's psychiatric review. On May 23, 2003, she enlisted in the New York Army National Guard, and in January 2005, deployed to Iraq as a sergeant, based in Tikrit. She often drove to Baghdad at night. She thrived, say family and friends.

..... On a convoy, a truck blew up in front of her, killing soldiers. She shook it off. She waived the limit on her service and signed up for another three years.

Then she took on what, for her, was a more dangerous assignment: a desk job at a procurement office in Camp Arifjan in Kuwait. In December 2005, Sergeant Lannaman was assigned to work with a logistics group that purchased millions of dollars in supplies. On Oct. 1, she had a private meeting with a superior officer, said George Roach, a retired Army sergeant first class who served as the military liaison with the family. A military investigator later told the family that at this meeting, Sergeant Lannaman was told that she would be sent home in disgrace, Ms. Forgenie said. "We were not given a reason," she said.

A few hours later, she was found dead in a jeep from a gunshot wound. She had just turned ⁴⁶.

"Were they trying to scare her, had she stepped on toes of people who

were profiteering, did someone threaten to expose her homosexuality," Ms. Forgenie asked.

[From Queens to Kuwait, "Where a Life Was Ended," by Jim Dywer, the About New York column, *New York Times*, 9/19/2007, p. A-24.]

This is basically the story of a woman who had suffered from schizophrenia – the bearded lady disease, almost her entire life. She was a male in every aspect of her life but biologically/genitally. She thought like a male; acted like a male; dressed like a male; loved like a male; looked like a male – and, finally, suicided like a male, using a firearm instead of the "softer," more "feminine" methods of self-destruction such as sleeping pills or alcohol, etc.

To reverse the wording in the famous quotation attributed to the noted paranoid schizophrenic patient, the nineteenth century German judge, Daniel Paul Schreber, "I would like to meet the woman who, faced with the choice of either becoming a demented human being in female habitus or a spirited man, would not prefer the latter."

Sgt. Lannaman definitely chose the "latter," which enabled her to escape being floridly psychotic her entire life. Undoubtedly, her suicide resulted from her having been officially informed that she was being discharged from her beloved Army, where her masculine, warrior-like ways stood her in excellent stead, due to accusations of homosexual activity on her part. After being tormented by her severe bisexual conflict and gender confusion for so many years, leading to four previous suicide attempts, she had finally found a "home" in the Army and a way of life that agreed with her masculine self-identity completely, only to have it suddenly taken away from her.

Tragically, it was more than she could stand.

717 "I don't recall Alex ever talking about any girlfriends," says Westerberg. "Although a couple of times he mentioned wanting to get married and have a family some day. You could tell he didn't take relationships lightly. He wasn't the kind of a guy who would go out and pick up girls just to get laid."

It was clear to Borah, too, that McCandless hadn't spent much time cruising single bars. "One night a bunch of us went out to a bar in Madison," says Borah, and it was hard to get him out on the dance floor. But once he was out there, he wouldn't sit down. We had a blast. After Alex died and all, Carine [his sister] told me that as far as she knew, I was one of the only girls he ever went dancing with."

In high school McCandless had enjoyed a close rapport with two or three members of the opposite sex, and Carine recalls one instance when he got drunk and tried to bring a girl up to his bedroom in the middle of the night (they made so much noise stumbling up the stairs that Billie [his mother] was awakened and sent the girl home). But there is little evidence that he was

sexually active as a teenager and even less to suggest that he slept with any woman after graduating from high school. (Nor, for that matter, is there any evidence that he was ever sexually intimate with a man.) It seems that McCandless was drawn to women but remained largely or entirely celibate, as chaste as a monk.

[*Into The Wild*, by Jon Krakauer, First Anchor Books Edition, February 1997, pp. 65-66.]

The story of Christopher Johnson McCandless (self-named "Alexander Super-tramp") is the story of a young man slowly but surely succumbing to the ravages of schizophrenia, the bearded lady disease, caused by his severe unconscious bisexual conflict and gender confusion. The severity of this conflict triggered his inexorable descent into a suicidal depression following the total relinquishment of any "normal" heterosexual interests.

Chris seldom contacted his parents that year, and because he had no phone, they couldn't easily contact him. Walt and Billie grew increasingly worried about their son's emotional distance. In a letter to Chris, Billie implored, "You have completely dropped away from all who love and care about you. Whatever it is - whoever you're with - do you think this is right?" Chris saw this as meddling and referred to the letter as "stupid" when he talked to Carine.

"What does she mean 'whoever I'm with'?" Chris railed at his sister, "She must be fucking nuts. You know what I bet? I bet they think I'm a homosexual. How did they ever get that idea? What a bunch of imbeciles."

[Krakauer, *Ibid.*, pp. 124-125.]

Perhaps Chris's parents did think he might be homosexual, but more importantly, as shown by his comments here, Chris was unconsciously questioning his own very shaky sexual identity. As that old saying goes, "Methinks the lady doth protest too much!" here becomes "Methinks Chris McCandless doth protest too much!"

In the final postcard he sent to Wayne Westerberg, McCandless had written, "If this adventure proves fatal and you don't ever hear from me again I want you to know you're a great man. I now walk into the wild." When the adventure did indeed prove fatal, this melodramatic declaration fueled speculation that the boy had been bent on suicide from the beginning, that when he walked into the bush, he had no intention of ever walking out again. I'm not so sure, however.

[Krakauer, Ibid., pp. 133-134.]

Author Jon Krakauer is intuitively correct when he states that he was "not so sure" that Chris was, without a doubt, intent on committing suicide. What Chris was displaying here was the schizophrenic's typical overwhelming ambivalence about every aspect of his (or her) existence, invariably rooted in the unconscious conflict over that person's sexual identity – male or female, homosexual or heterosexual. A part of Chris wanted to commit suicide to ease the pain caused by his terrifying – because it had been denied and repressed – bisexual conflict and gender confusion, while the other, healthier part of his personality, wanted to live and thrive in the manner of all natural living organisms. Tragically Chris made several fatal errors in judgment about the techniques required and the conditions needed to ensure his survival in the wilderness.

Immediately after graduating, with honors, from Emory University in the summer of 1990, McCandless dropped out of sight. He changed his name, gave the entire balance of a twenty-four-thousand-dollar savings account to charity, abandoned his car and most of his possessions, burned all the cash in his wallet. He then invented a new life for himself, taking up residence in the ragged margins of our society, wandering across North America in search of raw, transcendent experience. His family had no idea where he was or what had become of him until his remains turned up in Alaska.

[Krakauer, Ibid., p. 1, Author's Note.]

This paragraph describes classic, or textbook behavior in a young person being overwhelmed by paranoid schizophrenia, one of the myriad symptoms of which illness is a suicidal, clinical depression. Giving away all one's possessions, fleeing family, friends and relinquishing any relationship to society's everyday life and pursuits are always "red flag" warnings to mental health workers which indicate that a person's emotional stability and physical well-being are in great danger of total collapse, with sometimes fatal consequences, as was the eventual outcome in Chris McCandless's case.

"Nice guy, yeah, a pretty nice guy," Charlie reports. "Didn't like to be around too many people, though. Temperamental. He meant good, but I think he had a lot of complexes know what I'm saying? Liked to read books by that Alaska guy, Jack London. Never said much. He'd get moody, wouldn't like to be bothered. Seemed like a kid who was looking for something, just didn't know what it was. I was like that once, but then I realized what I was looking for: Money! Ha! Ha hyah, hoooh boy!

"But like I was saying, Alaska yeah, he talked about going to Alaska. Maybe to find whatever it was he was looking for. Nice guy, seemed like one, anyway. Had a lot of complexes sometimes, though. Had 'em bad. When he left, was around Christmas I think, he gave me fifty bucks and a pack of cigarettes for lettin' him stay here. Thought that was mighty decent of him."

[Krakauer, *Ibid.*, p. 42.]

Charlie is a very intuitive psychologist. He clearly realizes, without ever having had the benefit of any formal psychological or psychiatric training, that his young friend Chris McCandless is a very seriously disturbed individual.

More than a minute passes before Franz speaks again; squinting at the sky, he begins to reminisce further about the time he spent in the youngster's company. Not infrequently during their visits, Franz recalls, McCandless's face would darken with anger and he'd fulminate about his parents or politicians or the endemic idiocy of mainstream America life. Worried about alienating the boy, Franz said little during such outbursts and let him rant.

[Krakauer, *Ibid.*, p. 52.]

These Hitler-like, ranting "outbursts" on McCandless's part are typically to be encountered in persons afflicted with paranoid schizophrenia.

There are similarities among Rosellini, Waterman, McCunn, and McCandless. Like Rosellini and Waterman, McCandless was a seeker and had an impractical fascination with the harsh side of nature. Like Waterman and McCunn, he displayed a staggering paucity of common sense. But unlike Waterman, McCandless wasn't mentally ill. And unlike McCunn, he didn't go into the bush assuming someone would automatically appear to save his bacon before he came to grief.

McCandless didn't conform particularly well to the bush casual stereotype. Although he was rash, untutored in the ways of the back-country, and incautious to the point of foolhardiness, he wasn't incompetent. He wouldn't have lasted 113 days if he were. And he wasn't a nutcase, he wasn't a sociopath, he wasn't an outcast. McCandless was something else-although precisely *what* is hard to say. A pilgrim, perhaps.

[Krakauer, *Ibid.*, p. 85.]

All the evidence presented in this book points to the unalterable fact that Chris McCandless definitely was mentally ill, despite the author's misguided insistence that he was "perhaps" no more than a mere "pilgrim," seeking

exactly "what" it "is hard to say." It was glaringly obvious to even the most casual observers whose paths happened to cross McCandless's during the latter's hysterical, paranoid flight from reality across the country during the months following his graduation from Emory University, that he was an extremely disturbed young man – or a "nutcase" – a fact strangely discounted by author Jon Krakauer. The author has candidly admitted in his book that in some ways he strongly identifies with the young Chris McCandless, and if this self-identification is valid it would explain Krakauer's great reluctance to accept the reality of what was plainly evident to everyone else, namely that McCandless indeed was "crazy," or just another of the multitude of persons throughout the world who are victims of paranoid schizophrenia, the bearded lady disease.

As for the thought that McCandless may also have had sociopathic tendencies to go hand-in-hand with his paranoid schizophrenia, one has to look no further than the wanton, unprovoked destruction and vandalization of the two vacant bush cabins located just several miles distant from the abandoned bus whose interior McCandless had made over into his final home. It was never positively established that McCandless was the perpetrator of this senseless cabin vandalization, but according to author Krakauer, one of the cabin owners was thoroughly convinced that McCandless had been the culprit. Ironically, if he was responsible for having destroying the cabins, in a fit of insanity, he thereby also destroyed his last chance to seek shelter later in much warmer and better equipped quarters than those prevailing on the bus he lived in. Either one of the cabins could have provided him with the shelter he so desperately needed to save his life when the living conditions on the dilapidated bus were rapidly and lethally deteriorating.

Chris McCandless was afflicted with paranoid schizophrenia, the same illness that had afflicted Judge Daniel Paul Schreber and countless other unfortunates down through the history of man. And this dreadful disease will continue to wreak its havoc presently and for ages to come unless the pathogenic force lurking at its core – severe bisexual and gender confusion – is recognized for what it is, accepted as the truth, and then acted upon in order to attack and destroy the illness. The mental image of a young Chris McCandless dying alone in his derelict bus, terrified, freezing, and starved, when he obviously had such great potential but for the destruction wrought upon his mind and body by his paranoid schizophrenic symptomatology, makes it imperative that this malevolent disease be conquered once and for all.

*"Schreber's name is legion," as was stated by Doctors Macalpine and Hunter, translators from the German of the book *Memoirs of My Nervous Illness*, written by the paranoid schizophrenic jurist, Judge Daniel Paul Schreber, and made famous by Sigmund Freud's brilliant and insightful*

interpretation of Schreber's madness as being caused by his repressed bisexual conflict and gender confusion. Judge Schreber, incarcerated for many years in a German mental asylum in the late 19th century, finally partially recovered from his severe mental illness by consciously accepting his theretofore fiercely denied and repressed transvestite, or opposite-sex, tendencies, at least to the point where he was able to be discharged from the asylum and resume control of his everyday personal affairs.

Unfortunately, however, Judge Schreber was never fully able to face the painful truth that his powerful opposite-sex feelings were really his very own sexual feelings and not ones which had been forced upon him by an all-powerful and demanding God for the sole purpose of using his newly-formed female body with which to bring forth upon the earth a new race of human beings. Thus, tragically, Judge Schreber remained mentally ill until the end of his life due to his psychological inability to integrate completely his transvestism, harmoniously and without repression or conflict, into his conscious awareness and self-image as a distinguished German jurist, intellectual, and husband.

It should again be emphasized that a psychosis is in reality nature's way of trying to cure the individual of his or her madness by forcing into psychic awareness all of the toxic emotional and sexual material which the mentally ill person has long repressed into his or her unconscious mind. There it has festered and grown like an infected boil until invariably erupting – the psychosis itself – and letting escape into conscious awareness all of the pathogenic material inside. It is only then that the organism can begin the long, tedious process of healing itself.

To reiterate, the psychosis facilitates the person's repressed – thus toxic – mental and physical bisexual imagery and cravings, the frustrated, dammed-up sexual energy from which "fuels" the myriad symptoms of the mental illness, to emerge into conscious awareness where they can then be more constructively dealt with through the processes of sublimation and/or abreaction – hopefully to the point where they lose their toxic energetic power to keep the various symptoms of the mental illness actively in operation. [As a clear example of this process, see Quotation/Comment 528 in the book, Schizophrenia-The Bearded Lady Disease.]

If today's antipsychotic drugs had been available in his time and given to Judge Schreber, his "invaluable book" (Freud) could never have been written and consequently it would have taken Dr. Freud much longer, if ever, to have ascertained the true cause of paranoia – repressed homosexual cravings. And since paranoia in reality encompasses all functional mental illness, science owes an incredible debt of gratitude to Schreber's bravery and painful self-honesty in laying bare before an astonished world the torments he had suffered in his illness and the critical insights he had gained from them. Most unfortunately, the current multitude of psychotropic drugs all act as great

depressors of self-insight, and because of this deleterious and unforeseen consequence of their use, the person's mental illness is perpetuated indefinitely. Only self-insight into their bisexual conflict and gender confusion will enable the psychiatric patient to heal himself or herself. There is no other way, and never will be. "A social recovery with insight" is the magic, golden phrase, and this result should be the final, salubrious goal of all psychotherapeutic and psychiatric intervention

In every mentally ill person's case, the only hope for a "cure" of their mental illness is for him or her to gain conscious insight into the bisexual conflict/gender confusion issues lying at the core of their illness, and, furthermore the only way this can ever be accomplished is by the mentally ill person engaging in intensive, psychoanalytic psychotherapy, thus allowing the person the opportunity consciously, for the very first time, to face and work through these bisexual issues which are so painful and terrifying to the person's self-image and self-esteem, and therefore are the basic reason they had been repressed originally. As a consequence of this psychoanalytic psychotherapy, hopefully the mentally ill person will be enabled to gain the desperately-needed, curative insight into the bisexual conflict/gender confusion issues which invariably form the pathogenic core of their "mental breakdown," call the latter by whichever arbitrary psychiatric name you will.

As R. D. Laing's famous patient, Mary Barnes, once explained, by being allowed to experience fully, and then work through, her psychosis in a secure setting and without the use of any mind-numbing psychotropic drugs with which to damp it down and mask its most salient features, she was enabled to gain the critical insight which helped her go back "to my real girl self through my pretence layers of girl on boy." In other words, she was finally enabled to become a truly mentally healthy, feminine woman, "a social recovery with insight."

Likewise, for a psychotic male to effect a similar "social recovery with insight," he too must be helped to acquire the psychological tools which will enable him to go back "to my real boy self through my pretence layers of boy on girl." Only then will he be psychologically ready to accept his truly natural, masculine self, just as Mary Barnes had finally been enabled to accept her truly natural, feminine self – thereby effectively curing herself of her schizophrenic "bearded lady" illness. Exactly the same path, except in reverse order, must be trod by the male schizophrenic patient if he wishes to be cured of his own schizophrenia.

Consequently, it can never be emphasized strongly enough that it is only by means of intensive, psychoanalytic psychotherapy – without the use of self-insight-deadening psychotropic drugs – that this marvelous goal of normal mental health and wellbeing can ever be achieved. Admittedly drugs are sometimes needed to tranquilize a berserk person, but always the final

goal of any psychiatric intervention should be to stabilize the individual to the point where intensive psychotherapy can be initiated.

718 A family spokesman said Murray grew up in a loving home. But other interviews and what appears to be Murray's online ramblings portray a disturbed individual who resented his sheltered upbringing, had problems with his mother, heard voices in his head, felt rejected and abused – and yet appeared to be searching for a place to belong.

He sought refuge in everything from an online forum for recovering Pentecostals to an occult group.

These volatile ingredients combined Sunday morning when the 24-year-old Murray killed five people, including himself, and injured several others in a rampage that spanned 70 miles, from a missionary training center that expelled Murray to Colorado Springs' New Life Church, a symbol of the Pentecostal and charismatic Christianity he so despised.

Murray, as promised on the Web, came "armed to the teeth" with an assault rifle, handguns and 1,000 rounds of ammunition.

[*"Walking a Twisted Path,"* by Eric Gorski, Associated Press, *Marin Independent Journal*, 12/13/07, p. A4.]

Matthew Murray was afflicted with paranoid schizophrenia, the bearded lady disease. The fact that he "heard voices in his head" is but one of the myriad symptoms he displayed confirming this diagnosis, it being one of the illness's most striking symptoms.

Most information about Murray has become known in recent days through ranting Internet posts that appear to be the shooter's words. On one, a poster called Chrstnghtmr complained of not being able to "socialize normally" after being homeschooled.

One posting was to a site called Independent Spirits, a gathering place for those affected by a strict Christian homeschooling curriculum.

[*Ibid.*, Gorski, p. A4.]

Whenever it can be shown that a person regularly engages in "ranting" behavior, it is but one more proof of that person's paranoid schizophrenic symptomatology. (See the reported incident of Chris McCandless's "ranting" diatribe in the preceding Quotation 717.) This same diagnosis of paranoid schizophrenia may be accurately applied to many past and present world leaders who have also been known to indulge in similar ranting-type behavior.

Chrstnghtmr [the Internet post] writes that at age 17, after an attempt at going "all out for Jesus," he plunged into a "dark suicidal depression."

Chrstnghtmr describes his parents putting him on two antidepressants after he shared his feelings.

None of it helped, he wrote. "Everyone prayed, they laid their hands on me, spoke in tongues over me, sought out every kind of spiritual help I knew of," the post added.

[Ibid., Gorski, p. A4.]

A stranger happening upon this scene of a quiet young man being surrounded by a group of people babbling "in tongues over" him while they "laid hands on" him might understandably surmise that the young man being thus ministered to was the only sane member of this group.

The fact that Matthew had succumbed to a "dark suicidal depression" highlights the deadly nature of his schizophrenic breakdown and portends the tragedy to come, as suicide and homicide are always the opposite sides of the same schizophrenic coin, self-directed murder or other-directed murder. In every case of mass killings such as this, the perpetrator, or "shooter," has invariably been in the grip of just such a suicidally depressed mental state as had been Matthew Murray when he embarked upon his own lethal rampage.

A former YWAM [Youth With a Mission] staff member, Michael Werner, said Murray was painfully shy and had trouble socializing after growing up sheltered. Later he exhibited extreme mood swings, spreading rumors about homosexuality at the center and performing dark rock songs by Marilyn Manson and Linkin Park at a 2002 Christmas celebration.

[Ibid., Gorski, p. A4.]

Matthew's "strict homeschooling curriculum" kept him from the normal heterosexual socialization which he would have been able to experience in a regular school setting, thereby contributing greatly to the strengthening of his already latent homosexual proclivities. As a result, these proclivities eventually became so powerful and insistent that a paranoid state developed, clearly demonstrated by his act of "spreading rumors about homosexuality at the center." He had by then made the typical "paranoid shift," – (No, It is not I who am homosexual, it is the others at the YWAM center.) And once this paranoid shift had occurred and, been locked into his psyche, the path led inexorably to the tragedy of his "running amok" in an orgy of mayhem similar to that which had recently transpired in the case of the Virginia Tech massacre, committed by another "suicidally depressed" young man, Seung-Hui Cho.

Cho, like Matthew Murray, was afflicted with schizophrenia, the bearded lady disease, as were the perpetrators of the Columbine school massacre and the countless other bloodbaths before and since, ad infinitum.

719 Even modern young people might find it difficult to understand that one could doubt one's physical sex. Cases of a contrary feeling of sex identity are rare, but they exist, and they are, in a marginal way, relevant to my theory of lesbianism. There are homosexual women and men who suffer from psychosis, and with them contrary sex identity is not uncommon. The illusion of being a member of the opposite sex occurs more frequently in the lesbian than in the male homosexual.

Although this condition is not directly relevant to the research on which this book is based, and has no general application to lesbianism per se, it nevertheless throws some light on certain lesbian predicaments. We learn about extraordinary behavior through extreme cases, and mental illness is therefore a valuable teacher in our understanding of the unusual. I vividly remember two patients of mine who believed themselves to be male. Both were homosexual; one told me she was able to 'penetrate' her girl friend, and the other assured me that she had frequent ejaculations of semen. Both were schizophrenics.

[*Love Between Women*, Charlotte Wolff, M.D., St. Martin's Press, New York, 1971, pp. 47-48.]

Again we see, as noted in the last two cases in the above quotation, that the pathogenic, elemental core of schizophrenia invariably consists of severe bisexual conflict and gender confusion. A similar, starkly revealing case proving this point is outlined by Dr. R. J. Stoller in his book, Splitting (A Case of Female Masculinity), wherein his patient vehemently and delusionally insists, despite all arguments to the contrary by her attending psychiatrist, that she does indeed have a normal, functioning penis which she uses with great effect and genital satisfaction in sexual intercourse with her female lovers. [See Quotations 99 through 105 in the book, Schizophrenia: The Bearded Lady Disease, posted in a separate link on this website.]

Every mentally ill woman suffers, to a greater or lesser degree, from this same "splitting" between her male and female sides, as, of course, does every mentally ill man. In lay terms, "schizophrenia" has always stood for "split personality." How accurate that assessment has proved to be can be corroborated by the above cases. When Dr. Eugen Bleuler, in the early 1900's, chose the name "schizophrenia" for the serious mental pathology formerly called "dementia praecox," he was incorporating the Greek word "schizo," meaning "split," into the new name for the disease without fully realizing that the "split" being referred to was in actuality the split between the male and

female sides of each patient. All humans (and animals) have this same essential bisexual split, but only in man does it become pathogenic to the point of engendering mental illness because of the unnatural sexual repression of the young of almost all races, due to harsh religious and cultural taboos. This repression makes it extremely difficult for the young person to work through sexually his or her natural bisexual nature and then emerge from the acute hormonal upsurge at puberty with a satisfactory sexual identity which coincides with their genital, biological sex.

720 Mike I didn't go to the mountains today. It was snowing. If the weather is good I will go tomorrow.

I had a dream today which I have never had before. I dreamt that I made love to a woman who had breasts and penis. I had to tell you this. I feel free by telling you. I think that it points to my bisexual conflict. I am going to start rereading your book today. You are the most intelligent man I know. Please tell me what you think about the dream.

Mike I think that a basis for a successful relationship is to have the same point of view on things. I love you.

[A personal communication approved by sender for release. Likewise the following comment.]

The person who wrote the above-quoted message is a 33-year-old unmarried female, presently unemployed and living at home with her parents. She has been suffering from a very severe case of paranoid schizophrenia [see item 37 in the Impressions section of this website] and is currently under the care of a female psychiatrist who has prescribed psychotropic drugs which the patient intensely dislikes taking.

Lately, there has been a marked diminution in her paranoid symptoms as she begins to come to grips with her severe bisexual conflict and gender confusion, the pathogenic core of her mental illness, as it invariably is in all such cases. Her first breakthrough, in this regard, was a recent dream wherein she had no breasts. The next such dream is the one quoted above where she dreams she has made love to another woman who has breasts and a penis.

Both these dreams obviously refer to her repressed bisexual conflict and gender confusion.

Slowly but surely, however, she is allowing these long-repressed, wishful homo-erotic and gender-confused fantasies to emerge from her unconscious mind where they have long festered and grown toxic due to their heretofore total psychic and physiological denial. And it is the libido attached to these repressed fantasies which has provided the "fuel" which has been energizing her paranoid symptomatology. Thus, no repressed libido – no paranoid

symptoms. (Actually, no repressed libido – no mental illness of any kind, for functional mental illness is but one disease, with one invariable cause – repressed bisexual conflict/gender confusion, as we have now learned by examining countless similar cases. This is a universal truth, an immutable law of nature.)

Thus as this young woman, at first cautiously and presently mainly with the aid of her dreams, courageously begins a conscious evaluation and analysis of her formerly repressed, thus unconscious, homo-erotic, and transvestite desires and feelings, she is in effect slowly curing herself of her malignant mental illness – paranoid schizophrenia. She is well on the road to achieving that best of all possible outcomes in her battle against mental illness – a social recovery with insight – thereby providing herself with the means and the potential for experiencing a happy and fulfilling future, regardless of whatever sexual orientation she eventually adopts as being the most compatible with her maturing psychophysiological needs.

For a somewhat similar case, please refer to the book, Mary Barnes (Two Accounts of a Journey Through Madness), by Barnes, M. and Berke, J., as quoted from in Schizophrenia: The Bearded Lady Disease, Quotations 321-331 (inclusive). [See this latter cited book in its link on this website.] Fortunately for Mary Barnes, she was able to achieve her life-saving and life-affirming insight without the use of powerful, toxic, antipsychotic drugs.

Again, the principal reason these drugs can sometimes be useful in curbing the more florid manifestations of psychosis is due to their libido-inhibiting affect, consequently diminishing the "fuel" supply which energizes the symptoms. Or, as so perfectly expressed by the above correspondent (sender) in a separate communication, "My libido is small now due to the drugs."

721 Studies that evaluate only sex differences offer few clues as to how recovery interventions might be customized for men and women with schizophrenia. Nasser and associates (4) recently noted the critical need for future research initiatives in schizophrenia that expand beyond the dichotomous comparison of male and female differences.

Cultural expectations for men and women with schizophrenia may differ, and it has been reported that men with schizophrenia may be less able to carry out normative gender role activities than their female counterparts (4). A limited body of literature on gender identity and schizophrenia suggests that men and women with schizophrenia may experience disturbed sex role identification (5). Perhaps in relation to deep and pervasive stigmatization of mental illness, men and women with schizophrenia often appear "genderless" insofar as mental illness itself is perceived to eclipse other factors in identity.

In the study reported here we evaluate gender identity among men and women with schizophrenia by characterizing level of self-identification with

traditionally masculine and feminine role concepts. We hypothesized that gender identity among persons with schizophrenia is likely to differ from normative gender orientations among men and women. Specifically, we hypothesized that men with schizophrenia would have less identification with characteristics associated with male gender than would men who did not have schizophrenia. particularly directed towards Professor Paul Emil Flechsig (see Quotation B. above), Director of the Psychiatric Clinic at the University of Leipzig where Schreber was first hospitalized.

[*Gender Identity and Implications for Recovery Among Men and Women With Schizophrenia*, by Martha Sajatovic, M.D., Janis H. Jenkins, Ph.D., Milton E. Strauss, Ph.D, Zeeshan A. Butt, MA, Elizabeth Carpenter, MA, *Psychiatric Services*, January 2005, Vol. 56, No. 1.]

The final sentence quoted in this excerpt from the above article would have been more accurate and informative if it had ended with the following phrasing: "..... and that women with schizophrenia would have less identification with characteristics associated with female gender that would women who did not have schizophrenia." Bisexual conflict and gender confusion applies equally to both sexes in its relationship to those unfortunate persons who are afflicted with schizophrenia, as has been documented countless times in the book Schizophrenia: The Bearded Lady Disease and also on this website under the New Quotations/Comments section, and in the Impressions section.

The comment by the authors of this quoted article that "Perhaps in relation to deep and pervasive stigmatization of mental illness, men and women often appear 'genderless' insofar as mental illness itself is perceived to eclipse other factors in identity," have incorrectly tried to fathom this oft-noted appearance of "genderlessness" in schizophrenics. Schizophrenics appear "genderless" solely because their severe bisexual conflict/gender confusion has left them unsure, at a deep unconscious level, of which sex they really belong to.

The authors of this article assigned to the 90 schizophrenic subjects of their investigation a "Masculine T score" and a "Feminine T score." The average Masculine T score among the 49 men in the study was 37.8 and Feminine T score was 49.5. In other words, these 49 schizophrenic men identified more strongly with feminine values (49.5) than with masculine ones (37.8). The 41 female schizophrenics had an average Feminine T score of 50.4 and a Masculine T score of 39.9, a male/female score somewhat more sex-appropriate than the men showed but still edging close to a 50-50 split (50-40). No wonder, then, that these schizophrenic persons appear "genderless – the men more female-oriented and the women split fairly evenly between a male/female orientation.

Because these schizophrenics are so bisexually conflicted, it is almost impossible for them to obtain normal orgasmic sexual satisfaction, the lack of which is the immediate cause of the toxic effect of the undischarged libido which triggers and "fuels" – by the physiological "conversion" process of the blocked sexual energy – the multitudinous psychiatric symptoms encountered in both schizophrenia and all other closely-related functional mental illnesses. In reality, functional mental illness is but one disease process invariably caused by severe bisexual conflict and gender confusion – regardless of the different names attached to the variegated symptoms of the illness.

For an excerpt from an excellent article on this same topic, please refer to Quotation/Comment 250 in Schizophrenia: The Bearded Lady Disease, or refer directly to the article itself, 'A Serendipitous Finding: Sex Roles and Schizophrenia,' by Frances E. Cheek, "Journal of Abnormal and Social Psychology," Vol. 69, No. 4, 1964, p. 39.

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A. Schreber is by no means the only patient ever to have experienced being unmanned or transformed into a woman. In *Psychopathia Sexualis* Richard Von Krafft-Ebing reports just such a case, which he diagnoses as "METAMORPHOSIS SEXUALIS PARANOIA" (1965: 261). The patient was a physician with a wife and five children. What precipitated his experience of being transformed into a woman was not, as with Schreber, either a half-asleep or a fully-awake thought of female voluptuousness but "extract of Indian Hemp." The patient consumed "three or four times the usual dose of it and almost died of hashish poisoning." Suddenly he saw himself "a woman from my toes to my breast." He felt that "the genitals had shrunken, the pelvis broadened, the breasts swollen out." The next morning he experienced "himself completely changed into a woman," with "vulva and breasts" (1965: 267). He felt "like a woman in a man's form" and even when he was "sensible of the man's form," he always experienced it "in a feminine sense." He experienced "penis as clitoris," "urethra as urethra and vaginal orifice," and "scrotum as *labia majora*." Occasionally he felt "fetal movement" (1965: 269). He also felt the "physiological desire for procreation" (1965: 270). He experienced sexual intercourse in a feminine way and always felt that "I am impregnated" (1965: 271). Like Schreber, he too engaged in cross-dressing, wearing such "female attire" as "gloves" or "a veil" (1965: 272) or "a bracelet above the cuff" (1965: 273). He liked "female drawers and petticoats" and "crinolines" (1965: 274).

Both Krafft-Ebing's patient and Schreber experienced the illusion of being transformed, or "metamorphosed," into a woman. They both feel that their male bodies have been changed into female bodies and that they have been impregnated. They both cross-dress. The only difference between them is

that Schreber believes that his unmaning is the result of divine intervention to serve a supernatural purpose, the renewal of mankind.

[*The Fantasy Principle/Psychoanalysis of the Imagination*, by Michael Vannoy Adams, Brunner-Routledge, New York, 2004, pp. 109-110.]

B. From then on my wife's visits ceased; when after a long time I did see her again at the window of a room opposite mine, such important changes had meanwhile occurred in my environment and in myself that I no longer considered her a living being, but only thought I saw in her a human form produced by miracles in the manner of the "fleeting-improvised-men." Decisive for my mental collapse was one particular night; during that night I had a quite unusual number of pollutions (perhaps half a dozen).

From then on appeared the first signs of communication with supernatural powers, particularly that of nerve-contact which Professor Flechsig kept up with me in such a way that he spoke to my nerves without being present in person. From then on I also gained the impression that Professor Flechsig had secret designs against me; this seemed confirmed when I once asked him during a personal visit whether he really honestly believed that I could be cured, and he held out certain hopes, *but could no longer* – at least so it seemed to me – *look me straight in the eye*.

I must now discuss the nature of the frequently mentioned *inner voices* which since then have spoken to me incessantly, and also of what in my opinion is the tendency innate in the Order of the World, according to which a human being ("a seer of spirits") must under certain circumstances be "unmanned" (transformed into a woman) once he has entered into indissoluble contact with divine nerves (rays). The next chapter is devoted to an exposition of these circumstances; this is, however, infinitely difficult.

[Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, pp. 68-69.]

C. For all students of psychiatry, Schreber, its most famous patient, offers unique insight into the mind of a schizophrenic, his thinking, language, behaviour, delusions and hallucinations, and into the inner development, course and outcome of the illness. His autobiography has the advantage of being complete to an extent no case history taken by a physician can ever be: its material is not selected or subject to elaboration or omission by an intermediary between the patient and his psychosis, and between both and the reader. Every student therefore has access to the totality of the patient's products. Indeed the Memoirs may be called the best text on psychiatry

written for psychiatrists by a patient. Schreber's psychosis is minutely and expertly described, but its content is – as Dr. Weber explained to the court – fundamentally the same and has the same features as that of other mental patients. Schreber's name is legion.

[Ibid., Macalpine and Hunter, p. 25.]

The schizophrenic man described in Quotation A., a married physician with five children, is afflicted with schizophrenia, the bearded lady disease, in exactly the same way as is Daniel Paul Schreber, a German Superior Court judge, also married but with no children, who vividly describes his own psychosis in Quotation B). Both of these highly educated and professional men have succumbed to their mental illness as the direct result of having repressed immensely powerful homosexual, or opposite-sex tendencies and sexual desires – in the case of Dr. Schreber, these repressed sexual feelings were initially particularly directed towards Professor Paul Emil Flechsig (see Quotation B.) above), Director of the Psychiatric Clinic at the University of Leipzig where Schreber was first hospitalized.

As dramatic as the schizophrenic symptoms of these two men are, as presented to the reader in Quotations A. and B. above, the "content" of Dr. Schreber's psychosis "is – as Dr. Weber explained to the Court – fundamentally the same and has the same features as that of other mental patients. Schreber's name is legion." (Ibid., Macalpine and Hunter, p. 25)

Dr. Weber was the Superintendent of the Sonnenstein Asylum in Germany where Dr. Schreber was held for many years before his final release. Along with the unnamed physician in Quotation A., he and Dr. Schreber prove the inarguable correctness of Dr. Weber's assertion that all mental patients have basically fallen ill due to their severely repressed, overwhelmingly powerful, bisexual conflict and gender confusion – the "bearded lady disease."

Schreber's name truly is legion, and it applies equally to all mentally ill women as well.

723 Continuing, she said the bedspread in the master bedroom had been damp from Mike sitting on it after his bubble bath. She'd tossed it in the trash. Mike had forgotten to turn off the spigots, and water had overflowed onto the hardwood floors. Their insurance agent had already inspected the damage and issued them a check to replace – not clean, but replace – all their upstairs carpet and to remove and replace the hardwood floors. It seemed extreme to me, but I kept silent. I couldn't answer most of her "whys." My son had been psychotic. How do you explain the actions of a mentally ill person? But I apologized again, and then again. But she wasn't finished. What if Mike came back? She said she was frightened for her teenage daughter. Mike had taken his bubble bath in the bathroom that the

girl used. Her daughter was scared, too. The woman said her family had loved this house. It had been their dream home. Now none of them felt safe in it. Whenever she heard a noise, she wondered: Is someone breaking in? Is it a crazed person?

[*Crazy, A Father's Search Through America's Mental Health Madness*, Pete Earley, Berkley Books, New York, April, 2007, p. 30.]

The fact that this young man, in the overpowering grip of a schizophrenic breakdown, would smash his way into a stranger's home, rummage throughout it, ending up in a teenage girl's bedroom and bathroom where he stripped naked and then proceeded to take a leisurely bubble bath, points inexorably to deep-seated bisexual conflict and gender confusion on his part. He was obviously unconsciously identifying himself as a female in an area where he was surrounded by feminine trinkets and accessories, while indulging himself in that most feminine of all bathing rituals – the bubble bath. So there was definitely "method to his madness," i.e. the fulfillment of very powerful opposite-sex urges and desires which had long been repressed and had finally broken through to gain some semblance of symbolic satisfaction by means of his schizophrenic "bearded lady" psychosis.

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A. A 39-year old man who blamed a Manhattan psychiatrist for having him institutionalized 17 years ago was charged Saturday with killing a female therapist in a furious knife attack and then slashing the psychiatrist when he had come to the woman's aid. [.....] Mr. Tarloff told investigators he went to the doctors' offices with plans to rob Dr. Shinbach. Mr. Tarloff then planned to take his ailing mother, Beatrice, either out of the country or to Hawaii. [.....] As Mr. Tarloff waited at the 19th Precinct station house, where he was questioned, a portrait emerged of a quiet, eccentric person who had shared a second-floor apartment in Corona, Queens with his mother until she recently moved to a nursing home. A balding, 5-foot-10 man, he was sometimes seen walking on his block dressed in slippers and a corduroy blazer. He was prone to bursts of anger, those who knew him said, and had agitated some of his neighbors by knocking on their doors and asking for money. [.....] Growing up, Mr. Tarloff seemed popular with his friends, said one neighbor, Phyllis Zicherman, who said she had known the Tarloffs for decades. She said he had attended college but left under unknown circumstances – around the time she and other neighbors said they noticed he began to change. And his mother's absence profoundly affected him, several neighbors said. "He was depressed because of his mom," Ms. Zicherman said. [.....] In August 2007, officers responded to his father's Staten Island address and treated him as an

emotionally disturbed person. At that time, his father, Leonard, told officers he was "off his medications," the police said.

["Queens Man Is Arrested In the Killing of a Psychologist in Manhattan," by Al Baker, *The New York Times*, Sunday, February 17, 2008, p. 23.]

B. This week, Mr. Tarloff's father, Leonard, said his son did not seem to realize he had killed anyone. He quoted Mr. Tarloff saying, "Dad, they say I killed some lady," and then adding, "What are they talking about?"

["2 Experts Find Suspect Fit to Stand Trial in Fatal Stabbing of Therapist," by Anemona Hartocollis, *The New York Times*, February 23, 2008, p. B12.]

C. Detectives have found two suitcases the assailant left behind in the office. One held women's fluffy slippers and a blouse, as well as disposable diapers for adults; the other had eight knives, three lengths of rope and duct tape. The crime scene provided a trove of forensic evidence: blood at the scene was being collected and analyzed, traces of the attacker's DNA were being sought and detectives were trying to gather fingerprints and fibers.

["In Killing of Therapist, Police Question Pennsylvania Man Linked in E-mail," by Al Baker, *The New York Times*, February 15, 2008, p. C10.]

D. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequent to unfortunate prolongation of the attachment of the son and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son relationship must be evident. The failure of growth of heterosexual interests with persistence of auto-erotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict – often immediate precursors of grave psychosis – and of the various homoerotic and autoerotic procedures on the other.

[Harry Stack Sullivan, M.D., *Personal Psychopathology (Early Formulations)*, W. W. Norton & Company, Inc., New York, 1965, 1972, p. 211.]

This is the tragic story of a schizophrenic man driven to a murderous rage by the sexual and emotional frustrations arising from his severe bisexual conflict and gender confusion.

Mr. Tarloff's case fits the classic picture of the emotional background of a person who develops schizophrenia, the "bearded lady" disease. Beginning at a young age (the original name for this devastating illness was "dementia praecox," or precocious dementia, because it was noted that its symptoms first became operative early in a person's life, around the age of puberty or shortly thereafter), Mr. Tarloff's neighbors first reported that he "began to change" after he had dropped out of college, for reasons unknown to them. From that point on his life followed a predictable schizophrenic pattern, becoming ever more eccentric and bizarre, with paranoid suspicions insidiously beginning to predominate in his psyche.

He had apparently very early in life developed what has often been referred to by certain psychoanalytic investigators as a "close-binding-intimate," or "CBI," relationship with his mother, a psychically very intense, castrative, symbiotic attachment which is extremely difficult to overcome and which is also frequently to be observed in the background of men (and women) who later in life become homosexual. This fact adds further proof to the theory that schizophrenia invariably springs from the repression of a person's homosexual, or opposite-sex tendencies and identifications. Homosexuality and schizophrenia are in reality the opposite sides of the same coin, both conditions springing from the pathological symbiotic mother-child relationship which is described above. Homosexuality repressed becomes schizophrenia.

The fact that on the night Mr. Tarloff's long-simmering, repressed bisexual conflict and gender confusion triggered his violent episode of "running amok," with tragically fatal consequences for an innocent female victim, it was discovered that in the two suitcases he was carrying with him were knives, ropes and other paraphernalia in one and "women's fluffy slippers and a blouse, as well as disposable diapers for adults" in the other. Since his original intent had been to rob the male psychiatrist and not violently to assault the female psychologist, these female items of wear must definitely have been meant for his own use and gratification in some type of cross-dressing behavior which partially satisfied his repressed homosexual, opposite-sex tendencies and longings. It was further reported by his neighbors that he was often seen out "walking on his block in slippers and corduroy blazer." It could arguably be surmised that these were the same "women's fluffy slippers" that he had in the one suitcase on the night of his psychotic rampage, and perhaps also that he was wearing the same feminine "blouse" under his "corduroy blazer."

Mr. Tarloff was a "mama's boy" of the most extreme type and this inevitably schizophrenia/homosexuality-engendering condition eventually culminated in his explosive paranoid schizophrenic breakdown with its accompanying fit of lethal madness.

"Dad, they say I killed some lady What are they talking about?" the delusional Mr. Tarloff is reported to have told his father. This case is but one more example of the countless human tragedies which have been caused by schizophrenia, the "bearded lady" disease, throughout the history of mankind.

Mr. Tarloff's madness caused the suffering and death of one person. The madness of Hitler and Stalin caused the suffering and death of many millions. Of course not all such cases of schizophrenia, the "bearded lady" disease, lead to such violent death and destruction, but nonetheless they all do lead to immense emotional and physical suffering, not only for the individual schizophrenic himself (or herself) but also for all other persons who are, or become, in any way involved in that unfortunate person's life, thereby becoming directly impacted by his or her paranoid thinking and "crazy" behavior.

725 Many more come to mind whose delusions are less extreme but who for decades have manifested autistic withdrawal, oddities, emotional distortions, and impairments consistent only with a schizoid reaction.

We also see manifestations identical with those of full-blown schizophrenia in every respect except their transience. A 30-year-old man who, after taking a small dose of testosterone, experienced not only hallucinatory sexual and spiritual sensations within himself but also in others will serve as an excellent example. Vivid delusions were very prominent for approximately a week. These included an absolute conviction that all virtuous women at the mere sight of him caught the impact of magic, glowed with a fire both erotic and holy, and were visibly transformed. It was also his belief that this caused harlots who might sense his powers a block off to run up alleyways in shame.

For several days, through false perceptions, he specifically "felt" men and women some miles away responding viscerally, intellectually, and spiritually, and in diverse ways, to what had miraculously become incarnate in his person. After being psychotic for a week and without specific treatment, he regained insight, lost his schizophrenic symptoms, and has for a number of years remained entirely free of them.

[*The Mask of Sanity*, Fourth Edition, Hervey Cleckley, M.D., The C. V. Mosby Company, Saint Louis, 1964, pp. 348-349.]

The importance of this case lies in its demonstration of how a sudden increase of libido in a person with an underlying psychosis – triggered in this instance by a "small dose of testosterone" – can overwhelm long-repressed "bearded lady" bisexual fantasies and desires and lead to florid schizophrenic symptomatology, directly due to the toxic effect of this newly undischarged libido. This man had been able to keep these fantasies repressed, along with the intense sexual excitation cathected to them, until the sudden addition of

the sexual hormonal upsurge provided by the testosterone. Still unable, or psychically unwilling, to discharge this long-repressed sexual excitation in a "normal" manner through genital orgasmic discharge, the frustrated sexual excitement took the only route left open to discharge itself and that was through the process of physiological "conversion" into the "fuel" which energized all the various psychotic symptoms he experienced during the week or so he was ill.

After the upsurge in his libido subsided as the effect of the extra testosterone naturally diminished, he was able to resume his previous precarious balance of mental health, although still menaced by a return-of-the-repressed which could occur at any time in the future, and with the same deleterious psychotic consequences. Only through long-term psychoanalytic therapy would he be able to gain the necessary conscious insight into his repressed "bearded lady" sexual fantasies and cravings and consequently become inoculated against any future schizophrenic breakdowns.

Finally, note should be taken of the fact that during his brief psychotic episode he felt that both men as well as women were responding "viscerally, intellectually, and spiritually" to his belief that he "glowed with a fire both erotic and holy" and to that which had "miraculously become incarnate in his person."

His repressed bisexual conflict, the root cause of all functional mental illness, quite obviously reveals itself in the content of these grandiose, paranoid delusions.

726 As an example of the developed schizophrenic, let us consider a former patient of mine who often sat for hours in a corner staring vacantly into space, his lips moving and silly, grimacing smiles flitting across his face. Sometimes this man would not answer questions, apparently not even hearing them, so absorbed was he in subjective contemplation. Again he would grin glassily and wink his eye or occasionally speak with passion about strange machinery in a distant city which enemies whom he referred to merely as "they" were using to inject queer colors into his thoughts and sometimes to make him ejaculate. This man at times suddenly attacked others. It was eminently necessary to keep him on a closed ward and under close supervision.

[*The Mask of Sanity*, Fourth Edition, Hervey Cleckley, M.D., The C. V. Mosby Company, Saint Louis, 1964, p. 197.]

This desperately ill schizophrenic man is blaming "they" for putting strange thoughts into his mind and at times causing him to have involuntary orgasms. Of course the "they" in his paranoid mind are undoubtedly a group of unknown male figures conspiring against him in some far-off location to bring

him to orgasmic release, although Dr. Cleckley never specifically states the gender of his patient's hallucinated tormentors.

Here the patient's severe bisexual, "bearded lady" conflict is brought into sharp focus by the content of his most pathogenic delusion, that of becoming sufficiently sexually excited by other males to the point of his reaching sexual climax. And his psychological defense against, and denial of, his homosexuality would be that he was not a willing participant in these sexual escapades but had been forced to partake in them by these unknown, hostile forces.

Thus, his only chance to recover from his severe psychosis would be for him, finally, to consciously admit that these homosexual feelings and cravings were his very own and not ones which had been forced upon him by hallucinated strangers. He would then be able to claim a "social recovery with insight," the holy grail of all psychotherapy but also the most arduous one to achieve and consequently the least often accomplished.

Lastly, he was extremely dangerous because he would suddenly physically attack other men to whom he was homosexually attracted, utilizing the "paranoid shift" (Freud) wherein he projected onto these other male figures the homosexual feelings which were really his own. "No, it is not I who am sexually attracted to these other men, they are the ones who are attracted to me and thus I have to defend myself violently against their anticipated homosexual advances."

Countless tragedies have occurred down through the ages due exactly to the above-described "paranoid shift" mechanism in mentally ill persons, of both sexes, and will continue to occur far into the future, unfortunately, or at least until the "bearded lady" cause of all functional mental illness is recognized and treated as such by all.

727 Hi Mike, Well, believe it or not, we could find no one qualified to treat schizophrenia in [city deleted]. No psychotherapist. People who would talk as counselors but that is it. In [Name deleted] latest episode he said that everyone at the place he is staying at had raped him. Pretty obvious but no one with insight. It is a sad state of affairs. Wish me luck in the ongoing search for someone qualified. Thanks for the brochure on Menninger. [Name deleted]

[Source: a personal communication.]

The schizophrenic person referred to in the above quotation has existed in a paranoid schizophrenic delusional state for some time, despite all efforts to help him. The person closest to him, his mother, adamantly rejects the theory that his illness could in any way be related to severe bisexual conflict and gender confusion, the "bearded lady" disease, despite such obvious evidence

of its truth as his paranoid belief he had been homosexually raped by all the other male members of the group-home where he has been living. His unshakable belief in the reality of these multiple homosexual rapes is nothing more than the paranoid expression of an unconscious wish-fulfillment of his severely repressed, overwhelmingly powerful sexual cravings to experience exactly this type of passive, feminine, anal-erotic sexual activity with other men. (As Dr. Sigmund Freud has so insightfully stated, what man represses at the deepest level are his passive pederastic instincts.)

In this case, as in all cases of schizophrenia in males [and females], the schizophrenia-engendering symbiotic relationship between mother and son [or daughter] is palpably evident. In the words of the brilliant psychiatrist, Dr. Harry Stack Sullivan, speaking here only of male schizophrenics, but applying equally to female schizophrenics:

From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male [and female] are intimately related as a sequel to unfortunate prolongation of the attachment of the son [daughter] and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son [daughter] relationship must be evident. The failure of growth of heterosexual interests, with persistence of auto-erotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict – often immediate precursors of grave psychosis – and of the various homo-erotic and auto-erotic procedures, on the other.

[Personal Psychopathology, Harry Stack Sullivan, M.D., p. 211.]

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A. Jessica was Steve's confessor. He told her everything – his long mental health history, his anxiety, his family turmoil, his recent hunger for sex with women he met through the internet, with a male professor.

He told everyone else almost nothing. [.....]

STEVE GREW UP WATCHING horror movies with his mother. Fleshy, enormous, laid out beside him on the couch. Middle of the day, and all shades are drawn. Dark. She's protective, doesn't want Steve to go outside. Won't let him play much with other children. She's not mentally right, according to Steve's godfather, but what can he do? A family feud. [.....] Whenever he focuses on work, the back of his wrist against his forehead, hand hanging out limply. Kids call him fag because of the hand. He and Adam get notes to leave class as often as possible, especially gym class, whenever a concert or performance of any kind is on the schedule. [.....] He takes fifty Depakote,

goes to sleep. He's surprised to wake up. Goes to school. "I want to die," he tells the nurse. "Life sucks." [.....] On colder nights, they hang out in one of the bathrooms. Twenty by twenty feet, standalone cinderblock huts in the wilderness. Their own concrete chalets. They're used, also, by gay cruisers. If you back into a parking space here, you're asking for a visit.

Steve has been with a man before. He'll admit this to Jessica years later. But his friends in high school don't know. Secret sex, like his summer with Kim. [.....]

December 14, 1996, Steve overdoses on Tylenol and calls Beth King. His parents throw him into Rush University Medical Center for a week, but it doesn't help. Nothing does. He's anxious all the time, depressed, unable to sleep. He blows up on the meds, goes from skinny to obese, three hundred pounds, in just a couple months. Rich can't understand what's happened. Steve is like a zombie, with a faraway stare. "It's like the personality was just sucked out of him," he says. [.....]

People talk about him at school that winter. He's sitting in the cafeteria, an enormous open room right off the main hall, a place you can't hide. He's with Julie and a couple of jocks come up to him. They know his sister, Susan, and they know Joe Russo's older brother and sister. They know all about him. "Hey, Suicide Steve, what's up?" one of them asks. "Uh-oh, don't say that, Crazy Mierczak might off himself," the other says. Then the first one flips Steve's tray onto the floor, all his food.

Steve walks out to the Goth lot and Julie follows him. "Who cares about them," she says. [.....]

"Medications: Steve is currently taking Prozac 20 mg in the a.m., Zyprexa 10 mg at hs and Depakote 500 mg in the a.m. and 1,000 mg at hs. Past medication includes Paxil, Cogentin, Risperdal, Lithium and Cylert.

"SYMPTOMS: Steve stated that when symptomatic he becomes anxious, depressed and unable to sleep. He reports losing interest in all leisure activities has suicidal thoughts and feels worthless." [.....]

Rather than getting better, his symptoms get worse. He's over-sedated, overweight, doesn't want to take his meds. He has special powers, though, he tells his psychiatrist. He can see his old girlfriend, Beth. And he can read minds. He has been able to do this all his life, but the power is stronger now, for some reason. He knows what they think of him here, how they underestimate him. [.....] They place him in a job at Walgreen's, but he's fired after a month, in April, for poor attendance. He's hired at Osco pharmacy in June, but fired six weeks later. The next stop is Kmart in September. He thinks people are following him, that they're against him, ganging up. He gets in arguments with his coworkers, anxious and emotional. He's on Seroquel and Clozaril. [.....] Seung-Hui Cho kills thirty-two at Virginia Tech. Steve's excited. He's firing off e-mails. "Crazy," he tells Jessica, and sends her Cho's writings. [.....] He and Jessica move to Champaign in June, rent an apartment

together. Separate bedrooms. They're not a couple any more. Relationships just don't work out for him. [.....] He can't sleep, gets up to check again that he's paid all his bills, checks the alarm clock three times. He's anxious and worried about everything, paranoid. [.....]

That same day he decides to buy guns. Perhaps it's just a whim. Or maybe he's concerned that his visit to the hospital will go on his mental-health record and his gun license will be revoked. He drives to Tony's guns and Ammo, which is just Tony's house. Steve trades in his Glock .45 caliber, his .22-caliber pistol, and his 20-gauge shotgun. He buys a Sig Sauer .380. [.....]

A month later he's back at McKinley, September 4, says his mother's death was a traumatic experience, still is. The doctor notes it in his evaluation. Steve worries, also, about his father, who has diabetes and hypertension and recently had a stroke. [.....] The doctor asks him whether he is planning to kill himself or anyone else. He says no. They up his Prozac to 50 milligrams a day and add Xanax, 0.5 milligrams a couple times a day as needed for anxiety.

Around this time, he calls his sister, Susan. Their relationship has always been rough. She resented all the attention he sucked in high school, and he resented how perfect she seemed. But today he's feeling okay, he wants to talk. He tells her that he thinks he might be gay. [.....]

He goes back on meds a few days later, but around this time something primal kicks in. First it's the guns. Now it's sex. He begins surfing the Casual Encounters section of Craigslist.

He tries to hook up with "Katie," with her 44 D's, but that doesn't work out, so he moves on. Meets a male biochemistry professor from U of I. They give each other blow jobs.

Then he meets Kelly, an undergrad. In introduction he describes himself as "very gentleman like and respectful in person, but have a wild side." She says meeting him in a public place first "isn't absolutely necessary as long as you don't plan to chop me up and store me in the freezer. So — don't do that.:)" He reassures her, "I'm not a serial killer/psycho or anything." [.....]

He drives to her apartment for sex on October 23. Long blond hair, round and busty and wholesome, a bit of a redneck. They have a similar dark sense of humor, love the macabre. They're both excited about Saw 1V coming out on Friday. He has a great time with her, fun sex, and they spend a lot of time e-mailing and on the phone over the next few weeks.

But not even Kelly is enough to satisfy his appetite now. Steve sets up a meeting with "Tracy" the next night at a bar in Champaign called the Phoenix. According to police testimony, they go to a hotel, the Econo Lodge. It's right off the freeway, the crack-and-ho section of town. They have sex. In the morning he is a gentleman, buys coffee and cigarettes. [.....]

But it doesn't help. He cannot control himself and he knows it.

He confesses everything to Jessica. He calls her at work, tells her he is not gay. She comes home to find him a puddle of tears on the carpet. He's sobbing that she was here all along. Why couldn't he see that? [.....]

He's back on Craigslist after class, compulsively now, checking the Erotic Services section. He posts his own ad, too.

He meets "Megan" that night at the corner of North Prospect and Bloomington in Champaign, just off the highway, the same crack-and-ho neighborhood where he had sex with "Tracy" in the fall. She's with her friend "Elyse," who doesn't look bad either. "Megan" gets into his car. They park behind a building near the Econo Lodge. Steve on top, she tells the police later. [.....] He buys stamps for the package he's planning to send to Jessica. He talks with "Katie." Drives to her place. She's lit candles. He doesn't feel like talking. They have sex, and afterward, he tells her he is going out of town. [.....]

He meets again with "Megan" that night at Walgreen's. They have sex in the car again. They're back and forth eighteen times on the phone that night, dirty talk, and Steve also calls "Elyse."

In the morning about 10:00, he tells Jessica not to go to work.

"Just stay. Just hang out with me today."

"I have to go to work," she says.

She doesn't know and he can't tell her. In their apartment, he saws off the barrel of the shotgun. The guitar case, the two new guns, the extra magazines and holsters – he's hidden these things from her. He duct tapes half of the inside of the guitar case, black tape – a riddle the police will never quite figure out. He puts the Remington 12-gauge inside, loaded. Picks up the case and it's not too heavy. [.....] He's bought longer ammo clips for the pistols. They hold 33-rounds each. But the problem is they're so long he'll have to carry the pistols in his hands. [.....] He wants to use the shotgun first to create confusion. And for theatrical effect. That's Kevin's theory in hindsight. [.....]

Steve's last call to Jessica is just before midnight on February 13, wishing her Happy Valentine's Day, promising her he will see her tomorrow. "Goodbye, Jessica," he says. [.....]

VALENTINE'S DAY. 3:04 P.M. Cole Hall Room 100. The end of class. Intro to Ocean Science. Many of the students are gone, since they had a test two days before.

The stage door behind the screen bursts open. Steve walks abruptly onto the stage. He stands for the briefest moment just looking at the class, then he raises the shotgun. He fires into the front row of students. [.....]

He keeps shooting, a few rounds at a time. Five dead. Eighteen injured.[.....]

Then he walks away, hops back onto the stage. He's shot forty-seven bullets.

One more shot, then silence. [.....]

A few months earlier, he told her, "One day I might just disappear and you will never find me. Nobody will ever find me."

A few months before that, he told her, "If anything happens, don't tell anyone about me."

["Portrait of the School Shooter as a Young Man," by David Vann, *Esquire* magazine, August, 2008, pp. 114-126.]

B. These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful fantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C.G. Jung of Zurich and Sándor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defense against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.¹ This was certainly not what we had expected.

[*On The Mechanism of Paranoia, The Complete Psychological Works of Sigmund Freud*, Volume XII (1911-1913), London, The Hogarth Press and the Institute of Psycho-Analysis, 1958, p. 59.]

In the above-quoted excerpts from David Vann's brilliantly-reported story in Esquire magazine, a stunningly clear picture emerges of the horrifying consequences which can occur as the direct result of the actions taken by a young man suffering from the malignant effects of schizophrenia, the "bearded lady" disease.

The story of Steve Kazmierczak, running amok, is a story as old as history. It has been told countless times in the past and will be told countless times in the future, or at least until the root cause of such paranoid (schizophrenic) madness is finally universally recognized as being what Sigmund Freud first discovered and then explained it was in 1911 – in his penetrating and insightful analysis of the case of Daniel Paul Schreber – namely, severe bisexual conflict and gender confusion. And it will only be when a general recognition of this profound truth belatedly occurs that persons suffering from this havoc-wreaking disease will finally be treated in an appropriate manner, and if no alleviation of their symptoms can be effected by the most intensive

psychological efforts, then henceforth be confined in a secure but civilized manner so that running amok, with its oft-disastrous outcomes, will no longer be a crazed option for them.

It has strikingly been demonstrated here by the Steve Kazmierczak case that the myriad number of psychotropic drugs often prescribed for the emotionally disturbed person are definitely not the answer to "managing," or "curing," their mental illness, and that in fact these highly toxic drugs often exacerbate the symptoms of the mental illness while simultaneously masking its underlying and often potentially lethal pathology, thereby placing everyone within the social orbit of the disturbed person in physical danger, as has been so graphically described in this particular case by the writer David Vann.

Steve Kazmierczak was doomed from the very beginning of his life. Fate dealt him an unplayable hand by saddling him with a mother who was mentally ill, over-protective and verbally abusive, while concurrently establishing a crippling, castrative, emotionally symbiotic relationship with him. To quote the famed psychiatrist Dr. Harry Stack Sullivan, "From my material, in which negative instances are conspicuously lacking, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequel to unfortunate prolongation of the attachment of the son and the mother." (Dr. Sullivan, who dealt almost exclusively with male schizophrenic patients, could correctly have added similar symbiotic mother/daughter relationships into his schizophrenia-engendering formulation.)

Mr. Kazmierczak unavoidably experienced sex-role alienation in early childhood due to his toxic relationship with his schizophrenogenic mother, and his consequent underlying effeminacy was quickly intuited by his male classmates, some of whom began calling him a "fag" and generally ridiculing him.

As his bisexual conflict and gender confusion grew more severe, fueling the varied symptoms of his mental illness, he was treated by psychiatrists with multiple hospitalizations and myriad toxic psychotropic drugs, none of which interventions addressed the true cause of his schizophrenic symptomatology.

He was finally able to gain a modicum of self-insight into his severe bisexual conflict, prompting him to visit his sister Susan to inform her he thought he might be "gay." Unfortunately, this painful admission was quickly overshadowed by a massive new self-denial of his powerful and insistent homo-erotic feelings, ones which had previously been inflamed by actual homosexual experiences with various men. "He tries to hook up with 'Katie,' with her 44 D's, but that doesn't work out, so he moves on. Meets a male biochemistry professor from U. of I. They give each other blow jobs."

His psychological defense against these ever-increasing, urgent homosexual cravings was to embark upon an obviously sexually-unsatisfying orgy of pseudo-heterosexual relationships, with many girls, leading him finally

to declare to his best-friend "girlfriend," Jessica, whom he was now living within a purely platonic relationship, that he was not "gay." But by this time he had already begun his inexorable descent into a classic schizophrenic "homosexual panic," fueled as it invariably is by frustrated, overpowering homosexual cravings, thus precipitating his final bloody episode of murderous frenzy – the same frenzy which in many other societies is commonly referred to as "running amok," with its identical schizophrenic "homosexual panic" etiology.

Schizophrenia, the "bearded lady" disease, had struck once more, leaving horrendous personal devastation in its wake.

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A. The Incident

On a snowy winter day in 1991, Lu Gang, a slightly built Chinese scholar who had recently received his Ph.D in plasma physics, walked into a seminar room at the University of Iowa's Van Allen Hall, raised a snubnose .38-caliber Taurus pistol, and killed Professor Christoph Goertz, his thesis adviser; Robert A. Smith, a member of his dissertation committee; and Shan Linhua, a fellow graduate student and rival.

Next, Lu went to the office of the chair of the Department of Physics and Astronomy, Dwight R. Nicholson, who was also on his dissertation committee, and fired three more fatal shots. Then, he walked over to Jessup Hall and demanded to see T. Anne Cleary, associate vice president for academic affairs. When she emerged from her office, he killed her and then shot and maimed her twenty-three-year-old assistant. Finally, in an empty conference room, Lu raised the pistol to his head and killed himself.

Why a brilliant, hard-working young Chinese physicist, who had come to the US six years earlier filled with pride and hope, had come to such a bitter end is the subject of *Dark Matter*, a recently released feature film by Chinese-born director Chen Shi-Zheng. [.....] [from the film "Dark Matter"]

But he gradually becomes persuaded that his professors are conspiring to delay his degree and deny him his rightful recognition as a scholar. His growing paranoia is only heightened when his Ph.D orals committee refuses to sign off on his thesis until he redoes some of his computations, making it impossible for him to win the top dissertation prize he feels he deserves. By the end of the film, his acute sense of humiliation has led to a psychotic state, and in a fit of murderous rage he kills the professors he once idealized.

["Dark Matter, a film directed by Chen Shi-Zheng; in China: Humiliation & the Olympics," by Orville Schell, *The New York Review of Books*, August 14, 2008, p. 30.]

B. Paranoia is precisely a disorder in which a sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life. So long as the individual is functioning normally and it is consequently impossible to see into the depths of his mental life, we may doubt whether his emotional relations to his neighbors in society have anything to do with sexuality, either actually or in their genesis. But delusions never fail to uncover these relations and to trace back the social feelings to their roots in a directly sensual erotic wish. So long as he was healthy, Dr. Schreber, too, whose delusions culminated in a wishful fantasy of an unmistakably homosexual nature, had, by all accounts, shown no signs of homosexuality in the ordinary sense of the word.

[*The Complete Psychological Works of Sigmund Freud*, Volume XII, (1911-1913), The Hogarth Press and the Institute of Psycho-Analysis, London, p. 60.]

Once again schizophrenia, the "bearded lady" disease, had taken its deadly toll. And it answers the question posed above by the writer Orville Schell as to "Why a brilliant, hardworking young Chinese physicist, who had come to the US six years earlier filled with pride and hope, had come to such a bitter end"

As Mr. Schell reports, citing biographical information gleaned from the movie, Dark Matter, the crazed killer Lu Chang "gradually becomes persuaded that his professors are conspiring to delay his degree and deny him his rightful recognition as a scholar." His "growing paranoia" slowly intensifies to the point he loses all control of his emotions and, in a typical "homosexual panic," erupts in a spasm of lethal fury, with all its horrifying consequences.

It was not Lu Gang's "acute sense of humiliation" which led to his psychotic state but the overpowering pressure exerted upon his beleaguered psyche by his repressed homosexual passions. "By the end of the film," Mr. Schell writes, "his acute sense of humiliation has led to a psychotic state, and in a fit of murderous rage he kills the professors he had once idealized." The substitution here of the word "idolized" for "idealized" would have been more psychologically perceptive, for it was upon these "idolized" male professors, or at least upon one of them, that Lu Gang's unconscious homosexual passions had become fixated.

Sigmund Freud has brilliantly unraveled for us the psychic "mechanics" of paranoia: "The mechanism of symptom-formation in paranoia requires that internal perceptions – feelings – shall be replaced by external perceptions. Consequently the proposition 'I hate him' becomes transformed by

PROJECTION into another one: 'HE HATES (persecutes) ME, which will justify me in hating him.' And thus the impelling unconscious feeling makes its appearance as though it were the consequence of an external perception:

'I do not LOVE him – I HATE him because HE PERSECUTES ME.

Observation leaves room for no doubt that the persecutor is someone who was once loved." [The Complete Psychological Works of Sigmund Freud, the Hogarth Press (1911-1913), Vol. 12, p. 63.]

In this tragic case, Lu Gang, "the slightly built Chinese scholar," massively resisted any conscious acknowledgement of homosexual feelings towards any one of his professors, instead making the typical "paranoid shift," as outlined above by Dr. Freud, wherein his repressed feelings of love were transformed by unconscious denial into their exact opposite: "No, I don't love Professor X, I hate him," followed immediately by "No, I don't hate him, he hates me and is persecuting me, and thus I have to kill him to protect myself from harm." By this end stage in the malignant paranoid process, total insanity has finally overtaken its victim, with often disastrous consequences such as those which have been so shockingly described in this case. [See also the preceding Quotation/Comment 728.]

In summary, the pathogenic etiology underlying every case of paranoid schizophrenia, and likewise the primary operative factor in all cases of functional mental illness – in both men and women – resides invariably in the repression and denial of exceedingly powerful homosexual passions, combined with compelling opposite-sex feelings and identifications.

Bisexual conflict and gender confusion have always ruled the world of madness – and always will.

730

A. Greyhound has scrapped an advertising campaign that extolled the relaxing effects of bus travel, above [There's A Reason You've Never Heard Of "BUS RAGE" over a picture of a Greyhound bus], after a passenger was accused of repeatedly stabbing and then beheading a traveler in the next seat while their bus was on a desolate stretch of highway in Manitoba last week.

Abby Wambaugh, a Greyhound spokeswoman, said Wednesday that a billboard and some posters near a bus terminal in Toronto would be removed before the end of the day; similar advertisements in western Canada and other parts of Ontario had already been removed, she said. Vince Weiguang Li was charged with second-degree murder in the death of Tim McLean, the traveler.

["Canada: Greyhound Pulls Ad Campaign," Associated Press, *The New York Times*, August 7, 2008, p. A 9.]

B. Toronto – The animal rights group PETA has tried unsuccessfully to run a newspaper ad comparing the beheading and cannibalizing of a passenger on a Greyhound bus in Canada last week to the treatment of animals by the meat industry.

People for the Ethical Treatment of Animals said on its Web site that it wanted to run the ad in Manitoba's Portage La Prairie Daily Graphic, which is distributed in the city where a man stabbed a fellow passenger multiple times, then beheaded him and ate pieces of the body.

But city editor Tara Seel said Thursday that the newspaper has no intention of running the ad, which uses imagery of a victim's throat being cut.

["Newspaper won't run PETA's Greyhound ad," *The San Francisco Chronicle*, August 8, 2008.]

This ghastly case once again demonstrates the horrifying consequences which can result from the actions of a person driven berserk by schizophrenia, the "bearded lady" disease. Tim McLean, 19, the innocent and unsuspecting victim of his seatmate and fellow bus traveler Vince Weiguang Li's sudden outburst of frenzied, lethal madness, had been sleeping peacefully in his seat with his headphones on – according to news reports – when his life was brutally and quickly ended by the crazed actions of Mr. Li.

Somehow this sight of Tim McLean in the seat next to him must have precipitated in Mr. Li an overwhelmingly powerful surge of homosexual feelings, feelings which Mr. Li had long dealt with by total denial and repression until this fateful moment when finally he could no longer hold them back, converting them in his unconscious mind – in the typical paranoid schizophrenic projective pattern – from intense homo-erotic love into furious hate. "No, I don't love him, I HATE him," followed immediately by "No, I don't hate him, HE HATES me and is tempting me homosexually, so I have to KILL him in order to protect myself from his satanic, perverted designs on me."

The insane ferocity of the attack on Tim McLean clearly demonstrates the strength, depth and passion of Mr. Li's homosexual attraction to him, and it was this sudden, fateful eruption of long-repressed homosexual cravings which drove him to attempt to obliterate completely any vestiges of this person who had so maddened him with homosexual temptation – even to the point of cannibalizing parts of his body.

Furthermore, lurking directly beneath this cannibalization there must have existed very powerful, paranoically repudiated oral-erotic drives focused on the body of his victim, drives which could have served as the specific "trigger" initiating Mr. Li's frenzied assault on Tim McLean, whose hapless body Mr. Li could so easily observe lying vulnerable and unprotected – and homosexually tempting – close beside him in the adjacent seat.

The above theorizing about the cause of Mr. Li's sudden homicidal attack on his sleeping seatmate on the Greyhound bus might seem difficult to comprehend, but in reality it is just one more of countless tragic examples of the devastating consequences which can ensue when an unfortunate person afflicted with schizophrenia, the "bearded lady" disease, "runs amok." [See also preceding Quotations/Comments 728 and 727.]

*To reference one of Sigmund Freud's favorite quotations,
There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy.*

[Hamlet, I,v,166]

731

A. In this section I shall sketch something of the *knot* one young man of twenty-three was in when I first saw him. I present this as a paradigm of the internalization of a multi-generational family situation, such as I have seen in a number of people, and still leads to a diagnosis of schizophrenia. I shall simplify enormously.

He experiences himself as follows:

Right side: masculine

Left side: feminine

Left side: younger than right side.

The two sides do not meet.

Both sides are rotten, and he is rotting away with them to an early death.

His mother's father (MF) died shortly after Paul was born.

From psychoanalysis and other information:

His mother and father separated when he was five.

His mother told him he 'took after' his father.

His father told him he 'took after' his mother.

His mother said his father was not a real man.

His father said his mother was not a real woman.

To Paul, they were both right.

Consequently, on the one hand (or, as he would say, on the right side), he was a female male homosexual, and on the other hand (his left side), he was a male lesbian.

His mother's father (MF) died shortly after Paul was born.

Paul's mother said he took after her father.

But the issue of real or not real had been reverberating in this family for several generations.

His mother's mother (MM) did not regard her husband (MF) as a real man.

Nor did his mother's father (MF) regard his wife (MM) as a real woman.

[*The Politics of the Family, and Other Essays*, by R. D. Laing, M.D., Pantheon Books, 1969, 1971, pp. 563-564.]

B. To return to Paul. His mother thought she could be a better husband and father than his father. And his father thought he could be a better wife and mother than his mother.

In his view of his mother's view of her father, and his mother's view of her mother's view of *her* husband; and his father's view of his mother, and his father's view of his father's view of *his* wife, THERE HAD NEVER BEEN A REAL MAN OR WOMAN IN THE FAMILY FOR FOUR GENERATIONS. [Caps added for emphasis]

[(Ibid., p. 56)]

C. His body was a sort of mausoleum, a haunted graveyard in which the ghosts of several generations still walked, while their physical remains rotted away. This family had buried their dead *in each other*. The foregoing is a very simplified sketch of a complex process of the increasingly tortured and tortuous sexual confusion that had developed within the family structure, which we cannot go into here.

This young man was tied in a knot; it had taken at least four, perhaps five or more, generations to tie it.

[(Ibid., p. 57)]

It is glaringly obvious from Dr. Laing's above account that Paul's schizophrenia, as is invariably the case in every instance of this illness, springs directly from a pathological condition of massive bisexual conflict and gender confusion, present not only in Paul himself, but in all the immediate members of his family, stretching back, in R. D. Laing's words, "four, perhaps five or more, generations....."

This situation is best summed up by the starkly honest proclamation by the father of another schizophrenic patient, gender not specified, who simply stated: "When I married I was only half a man and could only marry half a woman" (Schizophrenia and the Family, Lidz, Fleck & Cornelison). The fact that the gender of this particular schizophrenic patient was not specified in this account is immaterial, since the parents of all schizophrenics, both male and female, are invariably afflicted with the same marked bisexual conflict and gender confusion as that which has been so insightfully delineated by the above-quoted father, and further by Dr. Laing. Thus, in one incisive and memorable sentence, this father has described the basic reason children grow up to develop not only schizophrenia, the "bearded lady" disease, but any other closely-related functional mental illness as well.

Because this core pathogenic element of familial bisexual conflict and gender confusion can stretch back as far as four or five generations, as noted by Dr. Laing in quotation C above, many investigators are falsely led to believe that schizophrenia is genetically-based. This is also the average layperson's understanding of the disease. Of course in the above "gender-confusion" sense, schizophrenia is of "genetic" origin in that it can always be traced back to previous "tainted" generations of sexually confused families.

Finally, this nature-dystonic state of familial bisexual conflict and gender confusion eventually reaches a generational dead-end, due to the fact that many people suffering from schizophrenia never marry, or if they do marry, do not have children. Thus nature provides its own finish to an unproductive and pathological offshoot of mankind.

732

A. Cultural expectations for men and women with schizophrenia may differ, and it has been reported that men with schizophrenia may be less able to carry out normal gender role activities than their female counterparts (4). A limited body of literature on gender identity and schizophrenia suggests that men and women with schizophrenia may experience disturbed sex role identification (5). Perhaps in relation to deep and pervasive stigmatization of mental illness, men and women with schizophrenia often appear "genderless" insofar as mental illness itself is perceived to eclipse other factors in identity.

In the study reported here we evaluated gender identity among men and women with schizophrenia by characterizing level of self-identification with traditionally masculine and traditionally feminine role concepts. We hypothesized that gender identity among persons with schizophrenia is likely to differ from normative gendered orientations among men and women. Specifically, we hypothesized that men with schizophrenia would have less identification with characteristics associated with male gender than would men who did not have schizophrenia.

["Gender Identity and Implications For Recovery Among Men and Women With Schizophrenia," Martha Sajatovic, M.D., Janis H. Jenkins, Ph.D., Milton E. Strauss, Ph.D., Zeeshan A. Butt, M.A., Elizabeth Carpenter, M.A., *Psychiatric Services*, January 2005, Vol. 56, No. 1, p. 96.]

B. Thus we meet the problem of bisexuality. Of course, this problem is also present in the common neurosis. Yet in the neurosis the problem of bisexuality is dealt with on an oedipal level and does not endanger the ties with reality.

In schizophrenia, on the other hand, attempts to solve the bisexual problem and still remain in contact with reality fail. Therefore, in its deepest

nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished.

["The Importance of the Non-Psychotic Part of the Personality in Schizophrenia," Maurits Katan, M.D., *International Journal of Psycho-Analysis*, No. 35, 1954, p. 121.]

C. Indeed, these sex-linked differences in schizophrenics would seem to be an unstated but not unfamiliar psychiatric observation. In discussing this finding with psychiatrists who have handled male and female wards we find an immediate recognition in typical comments that female wards are always nosier and more disturbed, require more attendants, etc. This would appear to be one of those glaring facts which must have a clear, cold eye, such as interaction categories, cast upon them before they can be truly seen. [.....]

It is of considerable interest to speculate as to the significance of these findings for our understanding of the nature and etiology of schizophrenia. Does schizophrenia make females more active and males more passive? This would fit the notion of Letailleur and his associates (1958) of the reversal of sex roles as a function of the disease process. However, probably this is not the case as our developmental data suggest that the females have been more active and the males more passive from early childhood.

["A Serendipitous Finding: Sex Roles and Schizophrenia," Frances E. Cheek, *Journal of Abnormal and Social Psychology*, Vol. 69, No. 4, pp. 398-399.]

D. Sex-typed reactions are contrasted in male and female normals and chronic schizophrenics. In general, the schizophrenic shows sex-role alienation on tests which contain a self-image reference (a Role Playing Test, a Body Parts Acceptance Test, and a Figure Preference Test). Female schizophrenics tend to react in a more assertive manner like normal males, and male schizophrenics like normal females. In a direct test of assertive vs. yielding story sequences on the TAT, the sex-difference reversal is significant only if housewives are used as normal female controls. The inclination of female schizophrenics toward assertive story sequences is matched by a similar inclination in career women, suggesting this role reversal is not as critical to the schizophrenic condition as the self-image disturbance. In conscious sex-typed interests and attitudes, schizophrenics do not differ from normals. A theory is proposed relating schizophrenia to sex-identity alienation in the early years of life.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 226.]

Kagan and Moss (1962) report findings that suggest the etiology of this shift. They found that male children (age 0 – 3) to whom mothers were hostile tended to grow up to be withdrawn, non-achievement-oriented, and socially anxious (showing the schizoid, non-assertive type of adjustment in males). In contrast, female children to whom mothers were hostile tended to grow up into active, competitive, assertive women (showing an atypical pattern with some components of a schizoid type of adjustment in females). It is conceivable that maternal hostility created sex-identity problems in the children which were solved by opting in part for the opposite sex approach to life.

[(Ibid., p. 227)]

Table 4 reports some very different results. Both male and female schizophrenics say more often than normals that they would choose to play opposite-sex roles. Nearly half of the schizophrenics made three or more opposite-sex choices whereas only 10% of the normals made as many.

[(Ibid., p. 232)]

Among the males, cross-sex choices arise particularly with respect to the alternatives: "secretary vs. policeman" and "cow vs. bull." In both cases the male schizophrenics chose the female roles ("secretary" 7/20 times and "cow" 8/20 times) significantly more often than the normals (0/20 and 1/19 times, respectively). This fits the general hypothesis that male schizophrenics are avoiding assertive male identities.

[(Ibid., p. 233)]

In Quotation A. above, the statement is made that "..... men and women with schizophrenia often appear "genderless" insofar as mental illness itself is perceived to eclipse other factors in identity." This is a very keen observation, the accuracy of which is best reinforced by examining the seminal theoretical construct briefly outlined by Dr. Maurits Katan in Quotation B). "Therefore, in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished." Thus if the heterosexual factor has been "relinquished," and the homosexual factor has been repressed, that leaves the schizophrenic person with no discernible "factor" at all – and therefore basically "genderless."

The sum of all the information contained in Quotations A., B., C., and D. point inexorably to the unshakable truth of the assertion that bisexual conflict and gender confusion lie at the very core of all functional mental illness, from

slight neurosis up to and including the most severe forms of schizophrenia, and that the severity of the mental illness ensuing from this conflict is always determined by the degree of the conflict itself.

Furthermore, the vital role of the mother in ensuring the mental wellbeing of her child is highlighted once again by the researchers Kagan and Moss in Quotation D., where they show that maternal hostility in the very early years of life can have a profoundly deleterious effect upon that unfortunate child by engendering in it a state of incipient bisexual conflict and gender confusion, leading inevitably to a future for the child which will be marked by a continuous struggle with mental illness. Accordingly, once more the label which has frequently been assigned by various researchers to this type of toxic, maternally-hostile mother bears repeating here – the "schizophrenogenic" mother.

[Note: For those readers wishing further information on the subjects covered in Quotations A., B., C., and D. above, please refer to Quotation 250, Quotations 267 through 280, and Quotations 498 through 504, in the book Schizophrenia: The Bearded Lady Disease, to be found in its link on this website, or else ordered from a bookseller.]

733 About this time, my girl, Joan, decided she didn't want to marry me. We'd had this beautiful affair, and I wanted to marry her, but she decided she wanted to go home to California. So I followed her there. I thought I'd get some construction work, or some movie work, a change of scene. I rented a place in Venice, decided to write my second novel there by the sea, but when I looked out the window, I saw the surf breaking backward – literally, the surf was breaking backward. What really triggered it though, the actual beginning of the psychosis, was when I was talking to my girl on the phone, trying to find out why she'd left me, why she wouldn't marry me. Somehow that had deballed me, and I said, "Well, maybe I'm gay." And then suddenly a voice in my head cut in on the conversation and said, "Your life has ended. You will never write again."

Now I'm telling you the facts instead of the psychological interpretation. I became impotent. I tried to jerk off and I couldn't come.

I began hearing these voices. I wanted to kill every woman I saw. I had seizures. You know, they were actual seizures. And it's the *single* most terrifying – It always is sexual, or was sexual. You get a hot feeling in your cock. Your heart almost stops. Your inner voice says, "Uh-oh." And this rage comes, and you want to get a knife. And it's always in the cunt, too, you know. Or slash the breasts off. Or in the eyes. Any orifice. [.....]

But then other things happened. See, everything was happening at once – my girl leaving me, my brother disappearing, my novel coming out. And I can't sleep. I'm having conversations. The inner voices are going like mad. It

just gets worse and worse. I begin to see things. Every upright object becomes, not exactly a visual cock, but I imagine sperm coming out of it. I feel like a zombie. I would walk around like this. I stand on street corners, immobilized, for five hours, just standing there.

Then I ran out of money. So Diane said, "Come and stay with me." And I couldn't say, "Diane, you're taking care of me but I'm also a homicidal maniac right now and I may kill you." So I moved in there, and then I had another seizure, in the bedroom. The voice started again: "You're going to kill." I tore up the whole bed and actually broke the bed slats to stop myself from going down to the kitchen to get a knife. In April, my parents called up to say that my brother's body had been found. He'd jumped off a bridge into the Connecticut river – that was Thanksgiving weekend – and the river had finally thawed. [.....] So I have to go back. And I'm nuts. But I can't tell anybody because I've got to be the strong son coming home for the funeral. I'm saying to myself, What am I going to do? I'm having these spells. I'm hearing voices. All upright objects are spewing out sperm. But I can't tell anybody. So I go to the funeral

I was crying all the time, not just about Peter but about the girl who wouldn't marry me. I cried from April until – every day – reading old letters from her, over and over again, looking at her picture, and, you know, just crying. I'd get up in the morning, cry, go have breakfast, come back and cry. I couldn't do anything. I couldn't even order from a menu. You cannot make a decision. [.....]

Now I'm living at my folk's house on East 85th Street. And I went to visit a girl named Charlotte, and I had another attack. She was lovely. She had written me a lot of letters from New York, saying, "Come back, I love you." And now I'm just about to fuck her, and suddenly it switches around, and I have to say, "Charlotte, I'm about to kill you." And she was very cool. She said, "You're not going to kill me." And I said, "I'm having these terrible attacks." And she said, "Just calm down. Nothing's going to happen." And remember, I was impotent. I couldn't get it *up*. So nothing happened. I just said, "Hey, thanks." You know. And left. [.....] We were there together alone, and I suddenly got the – you know – got the hot flashes, the heavy breathing, and you know, the voice saying, "Kill, kill, kill!" I was in a state of absolute rage, but I didn't know it. I had to excuse myself – "Mom. Mom. Excuse me. I gotta go now. I'll see you." Well, inside – I'm about to kill my *mother*, you know. And I still couldn't tell anybody about it.

I was always terrified of shrinks – because, one, shrinks never helped my father, and two, they didn't seem to help my brother, and, three, I said, "If I go to a shrink, maybe he'll claim that I'm a homosexual. [.....] Knock on the door. A sixteen-year-old-girl comes to the door. I whisper: "I'm Anthony Tuttle, and I think I'm having a heart attack. Get me to the hospital." We walk shakily over to Doctor's Hospital, and they give me – what is it called? – an

electrocardiogram. And I say, "I'm under psychiatric care. This may be a fake. I'm – you know, a very troubled person." I finally see my physical doctor, who's a wonderful guy, and he says, "Tony, you're in big trouble, and I think you should go to a mental hospital." [.....]

But I finally went, to St. Luke's. It was the same day my agent sold my novel to Universal for thirty grand. I'm put on Thorazine immediately. I'm still homicidal in that I have the attacks. I have two guards watching me – aides – but at least I get sedated. Then that night a doctor started talking to me – Mel was his name – and he just said, "What's the problem?" And it was love at first sight, you know. I mean *trust*. As soon as I began to talk, and began to understand how outraged I was, and hurt, I began to get better. [.....] And that fall I met a girl called Monique. My heart was still in California, but I had a wonderful affair with Monique. She nursed me back to sexual health – you know, gave me my cock and balls back, and I am forever thankful to her. She took care of me. But I had a couple of terrible attacks with her. You know – "Knife! Kill!" Once I left that bedroom right back there, and I telephoned Mel, and I said, "Mel, I'm here in bed with Monique, and I'm having an attack." And Mel, who lived right around the corner, said, "Meet me at Carl Schurz Park." So I met him there, and he walked me up and down, you know, saying, "Look, you're going to be okay. Tell Monique to leave the apartment."

Mel got to me somehow. There was no posing. I just sensed that he really cared. I never lay down on a couch, you know. He gave me five years of what's called supportive therapy. His job was to get me, you know, functioning again. I can still go back to Mel whenever I need to, although I haven't seen him in more than a year now. I still have rages, occasionally feel an echo of an attack, but – I've been going with a very young girl, and she called me up the other day and said, "I can't see you any more." And I said, "Okay." [.....] – Five years ago, six years ago, I would have said, "What's wrong with me? Maybe it's because I'm forty and she's eighteen." [.....] But there's nothing wrong with me. That sounds arrogant, but I don't feel it, you know. [.....] I'm trying to think if I'm dramatizing to you the severity – but the attacks I had, and the despondency, and the sitting here – I tried to hang myself, but I didn't know what to hang myself with. But all I can say is that this was the profoundest experience of my life, and I feel absolutely blessed. Whenever I feel depressed, like when I was driving the taxi, I say, "Man, you've been to hell and back." I feel you have to have the shit kicked out of you to appreciate the blessedness of the clean breath or the lovely kiss.

[*GOING CRAZY, An Inquiry Into Madness In Our Time*, by Otto Friedrich, Simon and Schuster, New York, 1975, 1976, pp. 150-155.]

Anthony Tuttle has been driven insane by the repressed state of his severe bisexual conflict and gender confusion – the "bearded lady" disease. Several times he mentions his deep fear of being labeled "gay" or "homosexual," which fear arises, of course, from the fact that in a deeply repressed and compartmentalized part of his unconscious mind he is a homosexual. And this homosexuality has made him impotent with women, thus inciting in him an enormous rage – also consisting of an equally large component of intense envy for the female role – that he feels for all women, thereby causing him to come perilously close to carrying out his homicidal feelings towards them.

Mr. Tuttle, fortunately, was able to keep just enough of a grip on his fragmented sanity to stop himself from taking that final, irrevocable step leading to murder. He succeeded where hundreds, if not thousands, of other men, and occasionally women, afflicted with the same illness – paranoid schizophrenia – in times past have failed, and often with horrific consequences to many more than just the one intended victim.

In this case it can be observed that every element of mental illness is included in Mr. Tuttle's case of paranoid schizophrenia, triggered as it invariably is by the patient's severe bisexual conflict and gender confusion. Visual hallucinations were first represented by his observing that " – literally, the surf was breaking backward." His first audio hallucinations began with the sudden voice in his head which told him, "Your life has ended. You will never write again." Notably, this voice came to him just after he had told himself, as the result of his failed romance with his girlfriend, that "Well, maybe I'm gay."

Following these early schizophrenic hallucinations, others began to come fast and furiously as his psychological breakdown became more intense. "And I can't sleep. I'm having conversations. The inner voices are going like mad. It just gets worse and worse." Then a return to his visual hallucinations: "I begin to see things. Every upright object becomes, not exactly a visual cock, but I imagine sperm coming out of it." This particular visual hallucination has a very strong element of homosexuality in it. That is, every object he sees reminds him of an erect penis in a state of orgasm.

Next he experiences catatonic symptomatology: "I feel like a zombie. I stand on street corners, immobilized, for five hours, just standing there." Then comes a very vivid description of what debilitating clinical depression feels like: "I was crying all the time, not just about Peter [his suicided brother] but about the girl who wouldn't marry me. I cried from April until – every day – reading old letters from her, over and over again, looking at her picture, and, you now, just crying. I'd get up in the morning, cry, go have breakfast, come back and cry. I couldn't do anything. I couldn't even order from a menu. You cannot make a decision." And then his confession that: "I'm trying to think if I'm dramatizing to you the severity – but the attacks I had, and the despondency, and the sitting here – I tried to hang myself, but didn't know what to hang myself with."

What we see scattered throughout Mr. Tuttle's description of his schizophrenic breakdown are subtle hints of its cause – the repressed homosexuality which even he, unknowingly, in several places noted previously, alludes to as perhaps being the instigating factor in his insanity. And he is very definite about the fact his mental breakdown is based somehow on sexuality. "And it's the single most terrifying – It always is sexual, or was sexual."

He also makes two "Freudian slips" in his account of his madness which point directly to his repressed bisexual conflict and gender confusion. First, he refers to the "hot flashes" he experiences in describing the feeling that overcomes him preceding his terrifying, impotence-fueled rages. "Hot flashes," of course, describe a quintessential female phenomenon. Secondly, when reporting his reaction to his initial meeting with his future therapist, Mel, in the hospital, he says: "And it was love at first sight, you know." Then he quickly changes this to: "I mean trust." Perhaps he had a moment of insight here about his true feelings for Mel and needed to cover them up, even to himself, changing "love" to "trust."

His following five years of "supportive therapy" with Mel were obviously of great benefit to Mr. Tuttle. Hopefully a full review of his repressed bisexual conflict and gender confusion formed a large part of the work that took place during this "supportive therapy". The only note of alarm in this respect is the fact that even after these five years of psychotherapy, "I still have rages, occasionally feel and echo of an attack" If true, this means that Mr. Tuttle was never able to face the full import of his repressed homosexuality and that consequently he would always remain in peril of another schizophrenic relapse.

734

A. Observations on various forms of mental disturbance accompanied by homosexuality, or vice versa, on homosexuals manifesting symptoms of psychosis, have been known to be classical, that is, preanalytic psychiatry.¹ Yet it was not until the tool of psychoanalysis could be applied to our investigations that the connection between psychosis and homosexuality could become the subject of more than a purely descriptive study.

It seems that the first clinical description – suggesting a possible connection between psychosis and sexual inversion – appears in *De Prestigiis Daemonum*, the magnum opus by Weyer, the hero of what has been called the first psychiatric revolution (1563). "I knew another Sodomite who complained that he always heard passersby come to cause noise in his ears; even his parents, he said, were doing it; he wrote to me on his own behalf, quite secretly asking me whether I could not give him some advice, since some people had told him that his trouble was in the organ of hearing."²

With the advent of psychoanalysis and its impact on clinical psychiatry, the concept of psychotic symptoms developing as a defense of the ego against the awareness of homosexuality came into being. However in Bleuler's monograph we find this problem mentioned only briefly on two occasions.

A brief review of psychoanalytic contributions to the problems of psychosis and homosexuality should start with the classic contributions by Freud. He followed his pioneering study of Schreber's case (1911) by a comparative study of jealousy, paranoia and homosexuality (1912) and the study of a case of paranoia running counter to the psychoanalytic theory of the disease (1915). In the latter he showed that even when the persecutor of a woman patient happened to be a man, he nevertheless was only a substitute for the maternal image.³

According to them, Macalpine and Hunter, two British psychoanalysts, think that the change into a woman, which was one of the turning points in the development of Schreber's psychosis, "was not punishment by castration for forbidden homosexual wishes nor was it meant a means of achieving such wishes; rather its purpose was to permit procreation as a woman.

"Schreber's basic bisexuality had developed into a true manifest ambisexuality, male and female potentials being equally matched. Thus he developed fantasies of self-impregnation while he was acting the part of a woman having intercourse with himself."⁶

This penetrating reanalysis of Schreber's material reminds us of elements described in some former detailed clinical observations of schizophrenia, in particular the classic publications of Nunberg.⁷

The role of ambisexuality, with its far-reaching consequences in the clinical picture of advanced schizophrenia, has been evident for a long time. From a clinical point of view, one should bear in mind that Schreber not only went through periods of deep paranoid aggression and extensive elaboration but also long periods of catatonia. We know especially, from detailed observations of catatonic attacks and catatonic stupor, that fantasies of self-procreation frequently play an important part.

It is also generally recognized that confusion about one's own sexual identity is a frequent and important part of schizophrenic symptomatology. It may occur at a relatively early stage of the illness and, at times, may be detected by psychological testing prior to becoming manifest clinically. In my opinion, this symptom reflects a significant change in the patient's ego and may be described as a struggle of the feminine and masculine identification, or, in other words, generally speaking, of the paternal versus the maternal introject.

Detailed observations of this process can best be gathered during analytic therapy of patients in a stage of incipient or even latent schizophrenia. They are supplemented by whatever data we can gather from the observation of

frank psychotics. An additional source of information is provided by the analytic observation of patients subjected to insulin shock therapy.

B. Passive homosexual feelings began to dominate the transference situation and were warded off by fleeting ideas of reference and persecution. I shall return to this observation at a later point in the discussion of the structure of latent psychosis. For future reference, I shall call this patient Michael.

Such changes in the body ego, when further advanced, may result in the sensation of transformation into a female. Incidentally, we observe with much less frequency the delusion of transformation into a male in a woman. It would be incorrect to assume that such changes occur only in advanced clinical stages of frank schizophrenia. We observe them in initial stages in ambulatory or even latent schizophrenics, where we have the opportunity to study their structure and various shadings.

["Homosexuality and Psychosis," Gustav Bychowski, M.D.*, in *Perversions, Psychodynamics and Therapy*, Edited by Sandor Lorand, M.D. and Associate Editor Michael Balint, M.D., Gramercy Books, New York, 1956, pp. 97-98, 100.

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The insight that madness is invariably and inextricably interwoven within a framework of bisexual conflict and gender confusion can be traced as far back as 1563, as noted in Quotation A. above, with the clinical description by Weyer of the symptoms of a man obviously suffering from paranoid schizophrenia while simultaneously afflicted with a bisexual conflict severe enough to have him labeled by Weyer as a "Sodomite."

But as Bennett Simon, M.D., clearly illustrates in his book, Mind and Madness in Ancient Greece, Cornell University Press, Ithaca and London, 1978, the role of bisexual conflict and gender confusion, with its inevitable etiological connection to madness, can be traced even further back than Weyer's 1563 example – to ancient Greece, as is documented here in three excerpts from Dr. Simon's book.

1. *Dionysus is the god who induces madness, and in some mythic versions was himself driven mad by Hera in revenge against Zeus. Hera is also said to have caused his effeminacy, which is closely related to the theme of madness. – p. 115*

2. *..... In the Bacchae Pentheus starts out at one extreme – he will brook no illusions or convenient fictions. By the end of the play, this insistence on brute*

reality has turned out to be quite brittle, and he gradually goes mad. The boundary between reality and madness is marked by the scene in which he dresses as a woman, deluding himself that he is not deluded. – p. 147

3. There is a hint here, but only a hint, that Orestes has to combat a feminine side of himself. But what is clearly in focus is the sense that Orestes' madness is inevitable.

In an important sense the conflict is an external one, though he may suffer internally because of it. Orestes is caught up in a conflict he did not create. Aeschylus' portrayal of Orestes is different from Euripides' version, where we find that the external conflict between Apollo and the Furies mirrors the inner conflicts between the male and female parts of his character." – p. 103-104.

Dr. Bychowski gives many theoretical and clinical examples of how this factor of bisexual conflict and gender confusion invariably lies at the very core of all mental illness, up to and including the severest manifestations of catatonic and paranoid schizophrenic symptomatology.

In Quotation B., Dr. Bychowski states that "the delusion of transformation into a male in a woman" is much less frequent than the other way around – a male into a female. One reason for this may be due to the very lenient manner in which society treats "tomboyish" women as opposed to "tom-girlish" men. Male-like attributes in women are often praised and encouraged by society whereas female-like behavior in men has historically always been universally scorned, at least until very recent times. There is definitely a strong double-standard operating here. Girls and women can act and dress like men without much societal disapproval and consequently in most cases they have no great emotional or physical need to "transform" themselves into men. They have already been acting like men to a great extent anyway. This is not so for men, however, as any urge to act out their feminine feelings has been made much more imperative due to their longtime suppression, and therefore men have become incomparably more prone to psychotic acting-out in order to relieve the unremitting pressure of any consciously disavowed opposite-sex emotional, physical and sexual tendencies which they may unconsciously harbor.

*Nevertheless, there are still many documented accounts of women experiencing delusions of being transformed into men. One of the most notable cases was reported on by Dr. R. J. Stoller in his book *Splitting (A Case of Female Masculinity)*. [reference also Quotations 99-105 (inclusive) in the book *Schizophrenia: The Bearded Lady Disease*]*

G: Why worry about this one little thing? It's not hurting anybody. I'm not hurting anybody with it. And it's not hurting me. It's not a delusion. It's inside of me. This is something I've always known, and I've always felt; and it's

there, and it's real, and it's mine; and you can't take it away from me, and neither can anybody else, so you might as well kiss my ass.

S: Does this penis ever show up in your daydreams?

G: How can it show up when it's really there? What are you talking about? You make it sound like it's a dream.

S: Have you ever had sexual daydreams in which you had a penis like a man? No.

S: What's the matter? Nothing.

S: Don't say 'nothing' to me.

G: You're just bugging me, that's all. I've told you all there is to know. [Shouting] I have this. I have it and I use it and I love it and I want it and I intend to keep it, and there's nothing you can do about it. It's mine. It makes me what I am.

['Splitting (A Case of Female Masculinity),' Robert J. Stoller, M.D., Dell Publishing Co., Inc, New York, 1973, p. 15]

Here we see a woman, Mrs. G, who in her schizophrenic delusion firmly believes she has a male penis, despite Dr. Stoller's best efforts to disabuse her of this insane idea. But she is as firmly convinced of the truth of her delusion as was Freud's Judge Daniel Paul Schreber convinced of his, which was that he was turning into a woman, with newly formed breasts, for the sole purpose of procreating a new race of humans on the earth, as God had willed him to do. And both Mrs. G's delusion that she had a penis and Dr. Schreber's delusion that he was turning into a woman were clung to so tenaciously and ferociously because they served to defend their respective egos against conscious awareness of their powerful, underlying and repressed homosexual cravings and drives. In their deluded minds, it is almost as if they preferred to be crazy rather than be labeled "queer," or homosexual.

This terrible fear in the individual of facing the reality of powerful homosexual drives is, tragically, the common denominator in all functional mental illness, from – as previously stated – slight neurosis up to and including the most debilitating forms of schizophrenia. The severity of the ensuing mental illness is always determined by the quantitative degree of the bisexual conflict.

The mindset that "I would rather die than admit it" too often holds sway in mankind's psyche, leading frequently to dreadful consequences both to the individual so afflicted and to his or her surrounding society – witness the schizophrenia-blasted lives of Adolph Hitler, Joseph Stalin, Timothy McVeigh, Lee Harvey Oswald, and the countless other madmen (and some madwomen) throughout the ages who have inhabited the extremities of the spectrum of mental illness – the "bearded lady" disease.

A. There is hardly any need to multiply these examples. This and similar observations led me to the conclusion that the latent homosexual constellation is a constant and most significant element of latent schizophrenia. This constellation centers around a primitive maternal identification [in males] which, by virtue of splitting, remains isolated from the rest of the ego field. Various defense mechanisms are put in action in order to build up the counter-cathexis necessary for maintaining the dissociation of the passive, maternal, feminine sector of the ego field. Among these defensive measures of the ego, we may detect narcissistic withdrawal, secondary hostility and bouts of active homosexuality. Owing to the dissociation of the passive segment of the ego field, the rest of the ego is able to develop a deceptively "normal," seemingly realistic and even pseudo-masculine behavior while passivity, masochism and the megalomania of primary narcissism remain confined to the dissociated segment of the ego. This facade may be maintained until the moment when, due to some precipitating event, a breakdown of ego defenses reveals a crack in the total ego structure and results in a manifest psychosis.

Psychoanalytic observations of schizophrenics subjected to insulin shock therapy provide another opportunity for an understanding of the role of latent homosexuality in the origin of paranoid schizophrenia. In particular, these observations illustrate the important role played by the homosexual disappointment and the homosexual panic. The cathartic discharge provoked by the insulin coma creates a release of repressed libidinal impulses. The ambivalent homosexual attitude becomes split into its two components, with the positive one ideally invested in the transference reaction and thus accessible to analytic interpretations and working through.*

Psychoanalytic investigations have demonstrated the affinity between homosexuality and the schizophrenic break. In certain complex cases of latent homosexuality, the counter-cathexis built by the ego in order to maintain the dissociation of the psychotic core from the rest of the ego, is so precarious that the psychotic invasion occurs, as it were, spontaneously and periodically. In such cases, the weakness of ego boundaries allows the intermittent release of internalized images which become projected onto various persons. The rapid shifting from passivity to activity and vice versa enables the individual to act out both attitudes, successively as well as simultaneously, and to play varied roles according to multiple identifications. Since his ego remains fixated in the stage of early narcissism, he is compelled to substitute homosexual acts for consistent and successful dealing with reality; in addition to libidinal gratification, the former offers the advantage of being invested heavily with magic omnipotence.

B. The kinship between schizophrenia and homosexuality is based on certain characteristics of ego formation. In my study of the ego of homosexuals, I have shown that the ego weakness characteristic of them is related to the ego weakness characteristic of schizophrenics. I came to the following conclusion: The homosexual does not pursue the union with the woman, since, in its deep core, his ego has never separated from her. For the same reason, his ego has never really abandoned his prenatal narcissism and he has never acquired the feeling of virility. As a final consequence, he has never really been born into the society of men. Like the future paranoid, his ego has acquired a deep split. It has split off its primitive stage, what I have called the primitive superego, which has never come to grasp reality. Neither has it ever been able to accept any frustration. It has dealt with the latter by introjecting the maternal imago and trying to perpetuate possession through identification. It eternally pursues the phantom of its own and the father's masculinity by carrying within it the maternal image. In reality, it is bound to protect its deep narcissism. Its functioning is, in very truth, based on archaic constitution and primitive mental mechanisms,"¹² a formulation expressed by Freud as early as his *Three Contributions to the Theory of Sex*. Exaggerated narcissistic cathexis is a common characteristic of the ego of the homosexual and the ego of schizophrenics. Fluidity of ego boundaries accounts for phenomena which are common to both groups of individuals.

C. Elements of homosexuality may be included in the structure of various forms of depression. They are evident in some cases of paranoid depressive reaction in the period of involution. Here the paranoid ideas not infrequently represent a projection of long-repressed homosexual fantasies; the patient either feels directly accused of homosexual acts or threatened by persecutors who want to assault him, make him into a male (or female, as the case may be) prostitute, etc.

According to psychoanalytic insight, the characteristic essential mechanism of the melancholic depression lies in introjection. Occasionally, however, projective mechanisms come into action; in that case, paranoid trends may be added to the picture of a so-called pure depression. Prevalence of such symptomatology may be indicative of the importance of schizophrenic elements in the structure of psychosis. To be sure, some germ of paranoid delusion can be observed in almost every depression of long duration. This was recorded by that great expert on melancholia, Robert Burton. "The melancholy are always aggressive. They cannot speak but they must bite. But they are unaware of their own aggression and feel attacked instead. As they that drink wine think all runs around when it is in their own brain."¹⁵

["Homosexuality and Psychosis," Gustav Bychowski, M.D.*, in *Perversions, Psychodynamics and Therapy*, Edited by Sandor Lorand, M.D. and Michael

Balint, M.D., Gramercy Books, New York, 1956, pp. 105-109. *Member, New York Psychoanalytic Society; American Psychoanalytic Association; International Psychoanalytical Association; Associate Clinical Professor of Psychiatry, New York University College of Medicine; Associate Visiting Neuro-Psychiatrist, Bellevue Hospital]

In the early days of psychoanalytic research, a great deal more attention was paid by investigators into the psychic mechanisms involved in the development of mental illness in men rather than to those involved in the development of mental illness in women. We can see a clear example of this in the above Quotation, where Dr. Bychowski is exclusively referring to bisexual conflict and gender confusion as the causative factor in schizophrenia in males. However, all the same psychic mechanisms he describes in this regard as applying to males also apply equally to females. For in both men and women, the key to their mental illness lies in their pathogenic, negative oedipal relationship with the mother.

In men, this "negative Oedipus complex" (Freud), in contrast to the normal, "positive" one, takes the form of the male child identifying closely with the mother in a passive, feminine manner rather than with the father in a forceful, masculine one, thereby making the father (and all men) the object of their libidinal strivings. And the female child, as the result of her own negative oedipal complex, identifies with the father in a masculine, competitive way and takes the mother (and all women) as the desired love object. "Emotional incest with the mother is indeed the very essence of lesbianism" (Charlotte Wolff, M.D., Love Between Women, p. 60). Unless strongly repressed and denied, these negative oedipal attitudes on the part of both the male and female child would lead directly to an open homosexual orientation and lifestyle. Mental illness is the inevitable outcome, however, when these skewed, negative oedipal attitudes are repressed and the unfortunate child attempts to live a normal heterosexual life – witness the examples of schizophrenic illness as described by Dr. Bychowski in the above Quotation. Basically, homosexuality and schizophrenia are opposite sides of the same coin. Homosexuality repressed is transformed into schizophrenia.

For these reasons, the mother becomes the key to the mental health of all mankind. If the mother is a sexually mature, heterosexual person who can relate lovingly and nurturingly to both her husband and children, all functional mental illness would be eradicated from the earth. And in every case, to the extent she does not possess these "normal" feminine, maternal attributes, mental illness will inevitably rear its ugly head, too often with devastating consequences not only to the individual so afflicted but even to the world at large. The saying that "the hand that rocks the cradle rules the world" is probably the most astute and concise example of psychological insight ever put to words. And with regard to the husband of this "model" mother, she

would never allow herself to be married to a man who was not as sexually mature and heterosexual (one and the same thing) as she is, and therefore as good a male role model for his children as the mother is a female role model. With this ideal couple, then, it would be impossible for the malignant factor of bisexual conflict and gender confusion ever to gain a foothold in the psyches of their children, consequently "inoculating" them from the possibility of ever developing schizophrenia, the "bearded lady" disease, or any of its closely-related pathologies.

In summary, the more sexually mature and heterosexual – and consequently the more emotionally mature – is the mother, the more mentally healthy will be her children. And the less she is such, the less mentally healthy will they be. This psychological equation qualifies as a fixed law of nature, always operative.

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A. The homosexual deviation in cocaine addicts was first described by Hartmann in extensive clinical studies.¹⁸

In certain cases, addiction is but the manifestation of a latent or circumscribed psychosis. In an observation of Benedek, the patient wanted to destroy her feminine body which she hated. This wish had emerged in her adolescence. She drank heavily and stuffed herself with large quantities of food. The drive toward bodily self-destruction served as a defense against repressed homosexuality. In her wish to destroy her feminine ego, she was also trying to destroy her mother with whom she identified herself on the oral level. The defensive struggle against this identification led to paranoid hatred of women.¹⁹

In this context, I would like to mention briefly my own observation of compulsive bulimia in a schizophrenic girl. Here analysis demonstrated clearly that the compulsive eating served the purpose of establishing the original identification with her mother; at the same time it meant the destruction of her feminine loveliness, since it transformed her into a shapeless mass of flesh and fat. In this way, the patient was defending herself desperately not only against any heterosexual potentialities but, on a deeper level, against the narcissistic homosexual love for the mother and her substitutes. The voice of her fantasy love, that is, of her father, threatened to kill her unless she continued to stuff herself with food. Compulsive hair-pulling was another means of destroying her femininity and forcing her continued dependence on her parents. Her psychotic imagery expressed the split in her homosexual attitude. She was being threatened by her "beautiful" mother holding a sword while, at the same time, she was yearning for the lovely female figures of her own fantasy.

In my observations of neurotic obesity, I became aware of the role played by repressed homosexuality in my predominantly female patients. One of

them, in addition to compulsive overeating, developed during analysis addiction to benzedrine which led her to take, in complete secrecy, immense quantities of the drug. She then displayed a transient paranoid psychosis in which the analyst became her chief persecutor with evil sexual intentions. The homosexual element could easily be detected in this heterosexually oriented delusional formation.

B. Among my women patients who were addicts, denial of femininity was a prominent feature; it manifested itself by amenorrhea and avoidance of feminine grace and apparel. In homosexual episodes, patients played the aggressive masculine role. In their heterosexual relations they showed complete vaginal anesthesia and, as one of my patients put it: they did not "discover" their vagina until a fairly advanced stage of analysis. It is in keeping with this attitude that, to their unconscious, food had also the symbolic meaning of the paternal phallus which they wanted to incorporate and thus to keep forever.²⁰

Finally, we have to consider the role of homosexuality in that most popular and best-known form of addiction, alcoholism. Both superficial and clinical observation concur in stressing the predominance of certain homosexual trends in alcoholics. Here belong such trends as the importance of drinking in common in certain male group activities, the particular kind of conviviality and fraternization displayed by the drinker and, on the defensive side, the manifestation of paranoid tendencies with their further psychotic elaboration.

C. However, psychoanalytic authors, by and large, have agreed on the importance of latent homosexuality in the dynamics of alcoholism. Theoretically, this could be expected in view of such trends as morality and narcissism – trends which certainly are shared in common by the alcoholic and the homosexual. Clinically, we are impressed by the fact that alcoholism appears as one of the significant patterns of behavior in individuals with a weak ego structure. A similar ego structure is found in most homosexuals, latent and as well as manifest. Clinical observations of non-psychotic and psychotic alcoholics point to trends which may be considered as characteristic – though certainly not specific – of latent homosexuality, such trends as impotence, suspiciousness and jealousy.

D. Abraham was the first to recognize the significance of latent homosexuality in the etiology of alcohol addiction. He spoke of men turning to alcohol as a means of gaining an increased feeling of manliness and of flattering their complex of masculinity. He drew attention to characteristic mannerisms of alcoholics and to special drinking customs among such groups as university students – all of them bearing latent homosexual characteristics. He also drew an interesting comparison between the structure of alcoholics

and perverts.²² Juliusburger discussed the relation of homosexuality to inebriety and pointed out that periodic stages of anxiety may result from strong homosexual impulses. According to his observations, dipsomania is a manifestation of such unconscious homosexual drives, periodically breaking through the barrier of repression. Anxiety which manifests itself at the beginning of a dipsomaniac attack arises under the impact of an unconscious homosexual wish; in our modern terminology, we would describe it as a reaction of the ego to the breaking through of the id impulses.²⁸ In some of my own observations, I have found a similar pattern – with the emphasis put on seeking rapprochement with other men as a substitute for a deficiency in the early relationship to the father.

E. Knight observed, in his alcoholic patients, a conscious or almost conscious fear of being regarded as feminine. They showed impotence and *ejaculation praecox* and a typical dichotomy in their love and sex life.²⁵ I can also confirm his observation that women with a strong homosexual component resort to drinking as a means of identifying and competing with men.

F. The rich variety of clinical developments which arise from the common background of insidious schizophrenia, alcoholism and perversions is well known to descriptive psychiatry. From the analytic point of view, the main distinction consists, perhaps, in the attitude of the ego towards the perversion. We observe patients whose ego accepts homosexuality as a drive as well as a gratification. Here perversion may become more or less integrated into the general pattern of living, without causing any other reaction than, possibly, anxiety based on a good appraisal of reality. Obviously, it is only natural that a passive young man who gets intoxicated and then seeks out tough, aggressive men in order to submit to their anal aggression, should fear the consequences of these encounters. A patient of this type admitted that he had been beaten up and robbed – but "only" twice in the course of four years of intense homosexual activity. The patient accepted both his masochism and his homosexuality.

G. The most complete, to my knowledge, analysis of a case of delirium tremens was published in 1926 by Kielholz. The analysis confirmed his former findings concerning the importance of the homosexual component in alcoholics. Clear homosexual and sadomasochistic tendencies in the patient were instrumental in shaping frightening hallucinations in individuals who were, for the most part, objects of his emotional and libidinal attitudes. Some of these fancied attacks on the patient had the characteristics of direct homosexual aggression. Kielholz pointed out the connection between the mass character of animal hallucinations and the deep libidinal links binding the drinker to his male drinking friends.²⁷

The threatening and castrating character of the hallucinations in alcoholic delirium was the object of special study by Bromberg and Schilder. They described the dismembering tendency of these experiences which they found in the foreground of the clinical picture. The persecutors were chiefly other men – soldiers, drinking companions and the like. The choice of these persons was motivated by latent homosexual tendencies.²⁸

Paranoid elements may already appear in the acute stages of so-called alcoholic hallucinosis. Voices accuse the patient of various misdeeds, among them not infrequently homosexual activities, and threaten him with a punishment which often amounts to symbolic or undisguised rape or castration.

In further clinical development, both the delirium and the hallucinosis may evolve into a chronic paranoid psychosis. It is generally believed that, in such cases, alcoholism was the manifestation of a latent or otherwise not recognized schizophrenia. It is easy to recognize typical defense mechanisms, used by the ego in its struggle against the breaking through of homosexuality, in the ideas of jealousy. They are a classic feature in many a chronic alcoholic and reach their peak in a paranoid psychosis.

The struggle against homosexuality may be covered up by the ego in various ways so that, in certain cases, we may see in succession a whole gamut of defense mechanisms. Obsessive-compulsive symptomatology may be followed by paranoid episodes until, finally, aggressive homosexuality may break through under the impact of alcoholic intoxication. In such patients, inebriety assumes the characteristics of so-called pathological intoxication, with outbursts of violent aggression and homosexual acts, or, at least, overt impulses and fantasies.

In a patient under my observation, these episodes clearly amounted to what may be described as a self-induced psychosis. In his early childhood, he was exposed to an unusual amount of aggression from both parents. His mother, full of hostility and possessed of a violent temper, used to tell the children that their father would kill them if he ever found out about their various transgressions. These included going to church, since the mother was a devout Catholic while the father belonged to a different creed. After absorbing this great dose of aggression, the patient naturally identified masculinity with savage brutality and isolated both from the rest of his ego. Oral identification with the mother and an inverted Oedipal constellation, with emphasis on femininity and passivity, were a natural result of this development. There was a great fear of the father, that is, of his incorporated and isolated aggression. Since the father was described by the mother as likely to become insane with rage and then capable of homicide, the patient had developed an intense fear of his father, of other men and of insanity. His passive and mostly latent homosexuality served the purpose of placating the

dangerous father and his substitutes and of neutralizing his own aggressive virility.

["Homosexuality and Psychosis," Gustav Bychowski, M.D.*, in *Perversions – Psychodynamics and Therapy*, edited by Sandor Lorand, M.D. and Michael Balint, M.D., Gramercy Books, New York, 1956, pp. 114-123. *Gustav Bychowski, M.D., Member, New York Psychoanalytic Society; American Psychoanalytic Association; International Psychoanalytical Association; Associate Clinical Professor of Psychiatry, New York University College of Medicine; Associate Visiting Neuro-Psychiatrist, Bellevue Hospital]

The clinical information contained in the above Quotations demonstrates unequivocally the core etiological role of bisexual conflict and gender confusion in a multitude of conditions not normally associated with schizophrenia, the "bearded lady" disease, yet which in reality form an integral part of the general symptomatology of this insidious illness.

The unfortunate victims of alcohol and drug addiction are basically self-medicating themselves in order to keep at bay the intense anxiety which is inevitably the product of the hysteric/physiologic conversion into this painful condition of their repressed homosexual excitations. Malignant anxiety is invariably the toxic outcome when the urgent homosexual libido is denied its normal orgasmic genital discharge due to its complete repression by the disapproving super-ego of the individual so afflicted. When these repressed homosexual excitations are blocked from their natural path of orgasmic genital discharge, their powerful affect, or energy charge, converts itself into anxiety and attempts to discharge itself in this abnormal manner in order to rid the organism of the tremendous burden of tension caused by the dammed-up affect of the repressed homosexual cravings. Furthermore, since this anxiety is always experienced by the bodily organism as a painful, toxic condition, the person experiencing it frequently attempts to alleviate it through the narcotizing medium of alcohol and drugs. And since this is always a very short-term solution to a long-term problem, the use of these narcotizing drugs has to be repeated interminably, thereby leading to a fixed state of addiction by the individual. These drugs basically serve as chemical tranquilizers, or sedatives, in the same manner as do the clinical psychotropic drugs, the main difference being that in the case of drug and alcohol addiction, the sufferer becomes his or her own prescribing "physician."

Sigmund Freud once made the profoundly intuitive and significant statement that "Masturbation is the primal addiction." By this he meant that all other addictions stem from this original one and that the cure, then, for the later ones is to return once more to the original one by abreacting (through orgasmic physical release) all the phantasized sexual excitations which the now "addicted" individual had formerly discharged primarily by

means of frequent masturbatory activity, but had later repressed as being ego-dystonic due to their "perverse" nature. Since schizophrenia is so closely interwoven within the addictive process, the abreaction by orgasmic release of these long-repressed homosexual phantasies has an enormously beneficial effect upon the individual's overall mental state, and is in fact the only "cure" for functional mental illness. [See especially Quotation 528 in Schizophrenia: The Bearded Lady Disease, in its own link on this website.]

As for bulimia, anorexia, and obesity, all three conditions are obviously the product of a basic dissatisfaction within the individual regarding his or her natural gender consignment and its consequent bodily representation. Bisexual conflict and gender confusion invariably form the basic etiological core of these conditions, as they likewise do in all other closely-related schizophrenic symptomatology. The schizophrenic girl who hates her female body will destroy its natural feminine curves either through anorexic starvation or bulimic gluttony and obesity, or a varying combination of all three conditions, sometimes ending tragically in total self-destruction, or suicide. The obese, bulimic and/or anorexic male likewise suffers from the same gender-dysphoria as does the similarly afflicted female.

In the final paragraph of Quotation G., stark proof is provided that the genesis of homosexuality per se in any individual case does not have to rely on any reputed "genetic" basis to be operative but can appear solely as the consequence of a warped and unnatural parental upbringing, as has been so vividly illustrated in this particular case by Dr. Bychowski. With parents as mentally unstable (as the direct result of their own bisexual conflicts and gender confusion) as the ones described here, it is a wonder the son did not evolve into a raving, psychopathic maniac rather than just another "harmless" schizophrenic alcoholic bedeviled by his passive homosexual urges. In every case of homosexuality – and, if repressed, its twin, schizophrenia – in both men and women, if one delves deeply enough into the psychological history of the parents, it readily becomes apparent that bisexual conflict and gender confusion, in one or both parents, is the instigating factor in the child's own homosexual development.

In the telling words of Dr. Lewis B. Hill, in his classic book Psychotherapeutic Intervention in Schizophrenia, (pp. 134-135), he closely examines and explains the structure of this toxic parental configuration: "It would seem that the schizophrenic patient is often of the third generation of abnormal persons of whom we can gain some information. The preceding two generations of mothers appear to have been obsessive, schizoid women who did not adjust well to men. There is some evidence that they were, in a sense, immature and that within the obsessive structure could be found hysterical difficulties. It is to be noted, also, that there are two preceding generations of men who are not masters, or equals, in their own marriages and homes, or psychosexually very successful, and who are often described

as immature, alcoholic, and passive, or hard-working, self-centered, and detached from the family. We do not know what sort of mothers and fathers these fathers of schizophrenics may have had, but it could be presumed that the fact that they let themselves be married to mothers of schizophrenics implies something concerning their own mothers."

"Loosely, the pattern which emerges is that of two generations of female ancestors who were aggressive, even if in a weak-mannered and tearful way, and two generations of male ancestors who were effeminate, even if the effeminacy was disguised by psychopathic tendencies. It might be expected, or at least we would not be surprised to find, that a child of such ancestry would have difficulties centering around the problems of active aggressiveness and passive submissiveness. If the child is unstable in its balance of activity and passivity, the likelihood is that, under the guidance of the sort of mother who gets herself called 'schizophrenogenic,' the passive behavior will emerge as the overt character of the child, whereas the active behavior will be noted only in the form of negativism, of stubbornness, or retentiveness, and so forth."

As a final note, this commentator was once told by two men, long-time homosexual partners, that in their childhood their respective mothers had threatened to cut off their penises if they persisted in "playing with themselves." One mother said she would use sharp scissors, the other a carving knife, and both mothers prominently displayed said weapons as they made their terrifying threats. Here sharp scissors and carving knives definitely trump "genetics" in explaining the development of these mens' homosexuality. And undoubtedly, on closer examination, both sets of these parents would fit perfectly into Dr. Hill's above description of the schizophrenia and/or homosexuality-producing parental configuration.

737 The exhibitionist's shyness is at a minimum in the presence of young girls though he knows that indecency with children involves extra-heavy penalties from the law. But if certain women, mistaking the *sollicitus* for the *sollicitans* aspect of MGE, take the act of the male genital exhibitionist as an invitation to closer contact, he is immediately put off. He wants no partnership but needs female spectators to increase his narcissism at their expense. Thus by a retreat from object libido, the male exhibitionist arrives in his act at a feeling of hermaphroditic self-fulfillment, a sense of "intoxication with his own power," as Mr. Bleuler says. L. Eidelberg quotes an exhibitionist text which no doubt has its variations. It says: "It is not true that I want to have breasts. The truth is that I am proud of having a penis. It is not true that I am interested in watching women who undress. The truth is that I want to show them my penis." But, as already mentioned, it is not just the penis but the whole sexual region which is engaged in the exhibitionist's attitude to

femininity and women. Its meaning in a nutshell is: "I am you, all of you, and – whether you swallow it or not – still more."

["Male Genital Exhibitionism," Hans Christoffel, M.D.*, in *Perversions – Psychodynamics and Therapy*, Edited by Sandor Lorand, M.D. and Michael Balint, M.D., Gramercy Books, New York, 1956, pp. 262-263. *Hans Christoffel, M.D., Member, Swiss Psychoanalytic Society; International Psychoanalytical Association – Member (late Chairman), Swiss Psychological Society – Chairman, Basle Psychological Working Community.]

The man who indulges in male genital exhibitionism is clearly suffering from schizophrenia, the "bearded lady" disease, since this is clearly an "insane" act he is carrying out and one to which he has been driven to perform, regardless of its potential criminal consequences to himself, through the urgent pressure exerted upon his beleaguered psyche by his unconscious bisexual conflict and gender confusion.

As the above investigators have made clear, MGE is never an act executed by a man who is secure in his heterosexuality and masculine identity, but is always one which is transacted by a man who has a critical need to prove, both to himself and to the female(s) he accosts, that he is not a female like they, with breasts and other feminine attributes, but is undeniably a person who possesses a penis. No, his act proclaims, he has not been castrated and turned into a woman – here is the glaring evidence of the fact he is still a physically intact, powerful man. By shocking his female victims in this manner, he is desperately trying to reassure himself of the certainty of this supposition. In reality, however, he is an emotionally very disturbed individual, torn by his severe bisexual conflict and gender confusion, and much more to be pitied rather than feared.

MGE is one of the more startling of the myriad symptoms which can arise as the direct result of the schizophrenic "bearded lady" conflict underlying all functional mental illness.

738

A. Perversions generally imply the dominance of pre-genitality in the sexual function. This regressive feature is common to all perversions and involves the denial of heightened castration anxiety and marked bisexual identification. The ambivalent cathexis of the object with preponderance of destructiveness is a corollary in the pre-genital stages. The role of sadism in the formation of perversions has lately been more and more emphasized by several authors (Klein, Glover, Gillespie, Greenacre) and we may add that emphasis in our etiological thinking has shifted from the traumata of the phallic phase to the traumatic influence of the pre-phallic era. This shift has taken place – though by no means in explicit connection – simultaneously

with our greater attention to the role of aggression in mental functioning and in pathology as well. (p. 231)

B. Clinical experience indicated that, in cases of multiple perversions, traumatic overstimulation occurred in the undifferentiated phase, thereby affecting both drives in their undifferentiated state simultaneously. Physiological dysfunctions threatening survival, and the disequilibrium of mother-child relationships (Greenacre) in this early phase, seemed to be present in several cases of perversion. Its sensory consequences, forming identification, were also described by Greenacre in rich detail in relation to fetishism. One may surmise, however, that at least some of these findings cannot be restricted as the determinant of fetishism only, especially since we rarely encounter perversions in isolation. Whereas in fetishism, the uncertainty of body image and especially the confused sexual identity may be most striking, the vagueness of body periphery, of the boundaries of the body-self, may well be a substratum of all perversions. It certainly plays a much greater role in sadomasochism than has hitherto been emphasized. (p. 233)

C. Perversions in which the above-described genetic history is discernible show a clinical closeness to schizophrenia, or else the patients have schizophrenic symptoms at the same time. In such cases, it is almost impossible to make a clear distinction between the schizophrenic identification and defenses and those underlying the perversion. Their frequent coexistence shows the fluidity of these mechanisms in one individual. One may say that, in schizophrenic symptoms, the regression to undifferentiation has taken place and that the partial narcissistic object relationships in the perverse symptoms are reparative attempts. They seem to represent different forms of defenses against the unneutralized aggressions threatening the object. It is not too unlikely to assume that, in schizophrenic manifestations due to the undifferentiation of both bad and good objects and libido aggression, a more extensive withdrawal from the object world takes place than in perversions where by splitting of the self a narcissistic object relation can be maintained. (p. 234)

D. It is obvious that the exhibitionist reassures himself against castration. The acting out of this aggression is a denial of the deeper-lying feminine identification. The male exhibitionist is identified with the female child and maintains awe and aggressive ambivalence toward the paternal phallus. Due to the greater ego-syntonicity of aggression in men, the passive-feminine self will be externalized to the object. The fetishist escapes castration fear by the denial of his perception that women lack a penis. The denial is also

necessitated by his alternating between identification with the phallic and a phallic mother. (pp. 236-237)

E. Homosexuals show a failure in all four factors that are necessary for the resolution of the Oedipus complex. In turning away from heterosexual objects by identification, the destructive impulses against the mother are resolved and, at the same time, they pave the way for the libidinalization of aggression against the rival. The homosexual thus succeeds in defending himself against retaliation from both sexes. There are manifold variations in the compromise between aggression and libido (Nunberg) and whether, through narcissistic split, aggressive or libidinal attitudes are delegated to the object (also Anna Freud). In addition, elements which we mentioned in connection with other perversions are present to a greater or lesser extent, just as all other perversions show a degree of homosexuality due to their ubiquitous narcissistic elements and bisexual identification. (p. 239)

F.

1. Perversions are considered as symptoms in which the dominant defense – common to all perversions – is the dramatized denial of castration and in which the gratification of libido consists of a genetically-determined variety of pre-genital fixations.

2. The increased need to deny castration is based, on the one hand, upon the projection of a heightened aggression, on the other, on a marked bisexual identification, which was established as a defense against the destruction of the object, in whole or in part.

3. [.....]

4. The frequent coexistence of schizophrenic symptoms with perversions indicates a common fixation point in the undifferentiated phase and in defenses against unneutralized aggression; the perverse symptoms represent an attempt at restitution of the narcissistic object relationship.

5. Common to all perversions is the narcissistic object relationship established by the splitting of the self. The distance from schizophrenia depends on the grade of structural development and the grade of object relationship. (pp. 239-240)

["Aggression and Perversion," Robert C. Bak, M.D.*, in *Perversions – Psychodynamics and Therapy*, Edited by Sandor Lorand, M.D. and Michael Balint, M.D., Gramercy books, New York, 1956, pp. 231-239. *Robert C. Bak, M.D., Member, New York Psychoanalytic Society; American Psychoanalytic Association; International Psychoanalytical Association – Secretary, New York Psychoanalytic Institute.]

The consensus reached by Dr. Bak and his fellow investigators, as outlined in the above Quotations, clearly points to the fact that all perversions have at their etiological root the same toxic factor of bisexual conflict and gender confusion which forms the basic etiological core of schizophrenia, the "bearded lady" disease. Perversions, therefore, must be considered as indirect manifestations of this illness, part of the myriad symptomatology of the disease. Perversions and schizophrenia are invariably and inextricably entwined. As Dr. Bak states: "Whereas in fetishism, the uncertainty of body image and especially the confused sexual identity may be most striking, the vagueness of body periphery, of the boundaries of the body-self, may well be a substratum of all perversions. It certainly plays a much greater role in sadomasochism than has hitherto been emphasized." If the word "schizophrenia" had been substituted for the word "perversions" in the above sentence, it would constitute the perfect description of the basic psychological profile of the schizophrenic person, male or female – that is, of one who is burdened with "uncertainty of body image," "confused sexual identity" and "vagueness of body periphery, of the boundaries of the body-self." No more accurate and intuitive portrayal of the underlying schizophrenic psyche could be elucidated.

739 He was aware of his "terrible fear" of normal men but felt superior with homosexuals. He felt "terribly vulnerable" with boys who made fun of him for being effeminate, although, in fact, he did not appear feminine. "I can vividly remember every remark about my being effeminate or unmasculine. All the remarks in prep school tortured me terribly and the awful guilty feeling that I might give myself away."

Fears of effeminacy seemed to vanish when he was required to enter the navy after his failure in graduate school. But he had a "year of decline" in the navy, where he worked in a mess kitchen, experiencing homosexual wishes and deeply fearing his effeminacy and homosexuality. He then engaged in a "calculated career" of homosexuality. He was away from home, had lost his social status, and wanted revenge on the navy. He could now be quite "coldly effective" and "felt unusually happy, although I still had to work in the scullery."

In the evenings he drank a great deal and became "completely animal." He said, however, that homosexuality "saved my sanity. Before, at college, I had reached the end of the world, awful fear. Then I suddenly failed my exams. Then the under-layer of fear, uncertainty, came, that I was going to be at the mercy of people once I got into the service and would have no way to protect myself."

Campbell's adaptive mechanisms were not sufficient to maintain him while in the navy. He regressed and became ill, suffering a severe pneumonia which kept him hospitalized for three months in a critical state. He then had an

intense outbreak of homosexual behavior which he no longer fought. In the homosexuality he felt his sanity was preserved. Homosexuality neutralized severe projective anxieties bordering on paranoid symptomatology, quieted his general distrust, and defended against extreme aggressive outbursts. He had not, on any occasion, become overtly psychotic.

[*Homosexuality*, Charles W. Socarides, M.D., New York – Jason Aronson – London, 1978, pp. 254-245.]

Campbell was a boy/man suffused with such urgent and powerful homosexual feelings that they had made his life a psychic nightmare during the time he was attending preparatory school and college. Later, while in the navy, he finally ceased his desperate and futile attempts to deny and repress these overwhelmingly insistent homo-erotic cravings and embarked on a "calculated career" of relieving them by becoming "completely animal."

The great importance of Campbell's experience, as reported here by Dr. Socarides, lies in the fact that it proves once again the stunning truth of Sigmund Freud's famous dictum that the etiological source of all paranoia, now commonly referred to as paranoid schizophrenia, is invariably to be found in a complex of repressed homosexual desires and feelings, in both men and women, regardless of age or social background. And, as Campbell had so starkly reported, homosexuality "saved my sanity." By this he meant he fully realized he would have descended into total madness had he not found the will, and the immense courage, to allow himself irrevocably to experience and satisfy his deepest and most urgent homo-erotic sexual and emotional needs.

*As Dr. Socarides states, Campbell's ultimately complete acceptance of his powerful homosexual drives "neutralized severe projective anxieties bordering on paranoid symptomatology, quieted his general distrust, and defended against extreme aggressive outbursts. He had not, on any occasion, become overtly psychotic." Thus it can be truthfully posited here that the cure for all functional mental illness – the "bearded lady" disease – is for the afflicted sufferer to cease all resistance to his or her theretofore deeply repressed and denied homosexual cravings and phantasies and abreact, or discharge, them either by means of intense masturbatory activity or else in actual human partnerships, as did Campbell. [Quotation/Comment 528 in *Schizophrenia: The Bearded Lady Disease*, in its own link on this website.]*

Homosexuality "SAVED MY SANITY." These three words should be engraved in stone, for they provide us with the key to the understanding of, and consequently the cure for, that ever-present, ever-deadly scourge of mankind – common madness.

740 In the first two years of analysis the patient was subject to "spells of confusion." These would begin with severe tension headaches in the back of his neck, sometimes extending to the front. Occasionally they were one-sided and migrainous in nature. At these moments he felt he might "crack up," fragment into a "million pieces." He lost a sense of direction and felt disoriented. Lights could appear blindingly bright.

The room might shift somewhat and he would become frightened. "I feel terribly sick, as if I'm going to crack up. It's a sort of terrible fright and then a compulsion to homosexual activity. Somehow, it's like I'm going to be destroyed or as if I'm going to be attacked. I'm in terrible danger. Shivers and shudders will shake my body and I'll get into bed, pull the covers over my head and curl up like a fetus. It feels like if I don't then go to a homosexual activity – I do it for my self-preservation. At that point I'm at my breaking point. If I don't I may go insane. It's not an indulgence at all. I have to do it. I might explode or I'll go crazy. It's as if all time and space are mixed up, as if things are shifted and I am in the deepest, direst trouble."

[*Homosexuality*, Charles W. Socarides, M.D., New York – Jacob Aronson – London, 1978, pp. 260-261.]

The analysand in the above-quoted case very emphatically declares that if he had attempted to deny and repress completely his powerful homosexual urges, he would have become "insane." "It feels like if I don't then go to a homosexual activity – I do it for my self-preservation. At that point I'm at my breaking point. If I don't I may go insane. It's not an indulgence at all. I have to do it. I might explode or I'll go crazy."

Unfortunately, too many other tortured, bisexually-conflicted souls who have not been privileged to have had access, unlike this analysand, to the highly beneficial – sometimes literally lifesaving – effects of psychoanalytic psychotherapy, do reach this "breaking point" and do "explode" and "go crazy," often with horrific consequences to all concerned.

In every case of a person "running amok," or one who succumbs to a murderous frenzy and consequent rampage, it is invariably their intense but severely repressed "bearded lady" conflict which is the triggering factor and direct cause of their paranoid schizophrenic breakdown. Examples of the many terrible tragedies resulting from these "running amok" cases are chronicled almost daily in newspaper, radio and television reports – witness particularly the Columbine and Virginia Tech school shootings, only two out of a multitude of horrendous bloodbaths which have occurred in the past and all the new incidents which will continue to materialize with sickening regularity in future news reports. [For more background information on this particular analysand, please refer to Quotation 739]

A. The mourners also heard from Mark Costello, Wallace's college roommate in the early 1980s, who implored them not to forget "how painful Dave's day-to-day life was." Wallace [David Foster] had suffered from depression since adolescence, and was hospitalized during his sophomore year at Amherst. Later, he briefly shared an apartment with Costello in Somerville, near Boston. Wallace was drinking heavily and experimenting enthusiastically with drugs, and eventually ended up in McLean Hospital, a psychiatric institution that had previously counted the poets Sylvia Plath and Robert Lowell among its patients. The "power of death," Costello said, was his constant companion, and "eventually it cornered him and killed him."

While he was at McLean, Wallace was prescribed Nardil, a powerful anti-depressant that he would take for most of the next 20 years. By the summer of 2007, however, the drug had begun to have unpleasant side effects, and it was decided that he would come off it. Doing so had catastrophic results. "Severe depression came back," Wallace's father, James, told the online magazine *Salon*. "They tried all kinds of things. He was hospitalized twice and had a series of electroconvulsive therapy treatments, which just really left him very shaky and very fragile and unable to sleep." (p. 26)

B. When, in mid-August, his wife, Karen Green, had to go away on family business, Wallace's parents came to stay with him in Claremont. "He was very emotional," his mother, Sally, said. "He was just terrified of so much. We would just try to hold him. He did tell me he was glad I was his mom." James and Sally flew back home to Illinois at the end of the month. A fortnight later, Karen came home from a shopping trip and found her husband dead.

News of Wallace's suicide [by hanging] first broke on the Twitter page of the Brooklyn-based writer Edward Champion. By the time the mainstream media picked up the story, Champion was already gathering tributes and testimonials from the "literary community" on his blog, the comments box of which was soon filling up with expressions of shock and anguish from Wallace's fans. The confessions of one devotee that "I haven't really cried over the death of someone I haven't met since Kurt Cobain" was typical. (pp. 26, 28)

C. Eggers posted a series of anecdotes about Wallace on the *McSweeney's* website. In one, he recalled the first time they met, in the mid-nineties, at a diner in New York. While Wallace chewed tobacco, using a teacup in his lap as a spittoon (a habit he would never give up) he and Eggers "talked about how he'd grown up in Champaign-Urbana, Illinois, and how I'd gone to college there, about the pleasures and quirks of east-central Illinois. There's something very strange and uniquely powerful about meeting a guy whose

writing you find world-changing but who also comes from your part of the world." (p. 28)

D. Wallace described the atmosphere of the family home in an essay he wrote for *Harper's*: "Suppers often involved a game: If one of us children [Wallace had a sister, Amy] made a usage error, Mom would pretend to have a coughing fit that would go on and on until the relevant child had identified the relevant error and corrected it. It was all very self-ironic and light-hearted, but looking back, it seems a bit excessive to pretend that your small child is actually depriving you of oxygen by speaking incorrectly."

Being raised as an "extreme usage fanatic" by a teacher of composition certainly left its mark on the mature Wallace's prose style. In another of his *McSweeney's* posts, Eggers remembered the time Wallace sent him a story, "Mister Squishy," together with a note asking that if it was to run in his magazine, it should do so under the pseudonym "Elizabeth Klemm." Eggers agreed ("We were so proud to publish it"), but the subterfuge didn't last long: Wallace was simply "too recognizable to hide, too singular to fool anyone." Who else could have written a 60-page story about a marketing executive who hatches a plan to inject deadly cultures into the "snack cakes" he is testing with a focus group? And all this in sentences of improbable length and fiendish complexity. (pp. 28, 30)

E. Schmidt had a quick vision of them all in the conference room as like icebergs and/or floes, only the sharp caps showing, unknowing and knowable to one another, and he imagined that it was only in marriage (and a good marriage, not the decorous dance of loneliness he'd watched his mother and father do for seventeen years but rather true conjugal intimacy) that partners allowed each other to see below the berg's cap's public mask and consented to be truly *known*, maybe even to the extent of not only letting the partner see the repulsive nest of moles under their left arm or the way after any sort of cold or viral infection the toenails on both feet turned a weird deep yellow for several weeks but even perhaps every once in a while sobbing in each other's arms late at night and pouring out the most ghastly private fears and thoughts of failure and impotence and terrible and thorough going smallness

This is writing of extraordinary syntactic control, and it is characteristic of what Eggers describes as Wallace's "dense, discursive, and insanely detailed style." The sentence continues for almost another page; the paragraph in which it occurs runs over four pages. Eggers says that he asked Wallace to consider breaking up some of the paragraphs before the story was published: "It was as if he were visiting the notion for the first time. He was that

kind of genius, whose understanding of the workings of his own fiction was, I think, largely separate from ideas of audience." (pp. 28-32)

[*An American Suicide*, Jonathan Derbyshire, *New Statesman*, London, 1 December 2008, pp. 26-33.]

David Foster Wallace had suffered severely from schizophrenia, the "bearded lady" disease, since puberty ("adolescence"), even though the author of the above-quoted article mistakenly describes his painful psychiatric condition as being that of "depression." This same labeling mistake is routinely made by the majority of today's psychiatrists who do not realize that "depression" is but one of the many varied symptoms of the same illness – schizophrenia.

The original name for "schizophrenia" – the latter so designated by Professor Eugen Bleuler in the early 1900's – was "dementia praecox," or early madness, due to its initial manifestations appearing close to the age of puberty when powerful new hormonal and emotional changes are rapidly occurring in the individual. Surprisingly, very few investigators have ever connected this first appearance of powerful sexual urges and consequent emotional turmoil with the beginning of schizophrenic symptomatology, although the correlation should be glaringly obvious. Today, the "popular" psychiatric theory is that schizophrenia is caused by some type of mysterious "chemical imbalance" in the brain and therefore toxic psychotropic drugs are administered in order to alleviate this supposed imbalance. In reality, these drugs basically serve as chemical "strait jackets," with no "curative" powers whatsoever – only tranquilizing ones – because the core pathogenic factor of unconscious bisexual conflict and gender confusion which has driven the individual insane, or schizophrenic, in the first place, has been completely ignored.

The unfortunate Mr. Wallace was prescribed every psychotropic drug and physical procedure, such as electro-convulsive therapy, available in the psychiatric arsenal, all of which proved to be ineffective and seriously debilitating ("left him very shaky and very fragile and unable to sleep"), due to the fact the basic pathogenic core of his mental illness – his severe bisexual conflict and gender confusion – was never adequately resolved or perhaps never even considered by his many different therapists. (The one institution where this core pathogenic conflict may actually have been broached to Mr. Wallace would have been at McLean Hospital, which historically has had a strong Freudian psychoanalytic/psychodynamic approach to mental illness.)

The most telling clue to Wallace's underlying bisexual conflict/gender confusion appears in the following section of paragraph D. above:

"In another of his McSweeney's posts, Eggers remembered the time Wallace sent him a story, 'Mister Squishy,' together with a note asking that if it was to run in his magazine, it should do so under the name 'Elizabeth Klemm'. Eggers agreed ('We were so proud to publish it'), but the subterfuge didn't last long: Wallace was simply 'too recognizable to hide, too singular to fool anyone.' Who else could have written a 60-page story about a marketing executive who hatches a plan to inject deadly cultures into 'snack cakes' he is testing with a focus group? And all this in a sentence of improbable length and fiendish complexity."

This particular excerpt from the "New Statesman" article highlights two main points: first, Wallace's strong unconscious identification as a woman – the taking of the name "Elizabeth Klemm" as a pseudonym – and secondly, his "schizophrenese" style of writing which many have mistaken for the work of a literary "genius." Paragraph E. above contains an insightful yet unintentionally damning description of Wallace's "dense, discursive, and insanely detailed style." The key words here are "insanely detailed." For truly Wallace was insane, a schizophrenic person demonized and driven to his death by his unresolved "bearded lady" conflict, and his voluminous writings reflect this madness. But can one be mad and produce a work of "genius"? Yes, but such a work will invariably be seen to be fatally flawed in some manner if it is examined carefully and dispassionately enough, as Wallace's literary output has proven to be.

Finally, Wallace was raised in a family with parents, according to him, whose marriage was "the decorous dance of loneliness he'd watched his mother and father do for seventeen years" As the father of a schizophrenic once told the patient's therapist, "When I married I was only half a man and could only marry half a woman." This parental description is invariably accurate when applied to families where schizophrenia develops in one or more of the children. Future schizophrenics (and homosexuals) have very poor parental role models with whom to identify themselves in order to help them form normal heterosexual sexual identities in their childhood, since these "schizophrenogenic" parents are themselves so conflicted in this all-important area. "Sexual identity guarantees our psychic unity," as the brilliant psychoanalyst Julia Kristeva has so unerringly stated. David Foster Wallace was obviously afflicted with an extremely insecure and confused sexual identity and consequently his "psychic unity" was eventually shattered into a thousand razor-sharp pieces of mental anguish and physical pain.

In wishing that his parents, "but even perhaps every once in a while sobbing in each other's arms late at night and pouring out the most ghastly private fears and thoughts of failure and impotence and thorough-going smallness", he is simultaneously describing his own "failure and impotence and thorough-going smallness", stemming directly from his own severely conflicted and unresolved bisexual conflict and gender

confusion. And it was this malignant conflict which was the direct cause of the terrible madness which led him inexorably and tragically to his dreadful death by suicidal hanging.

Mr. Wallace has now joined that long procession, which stretches out interminably, of similar victims of this deadly malady – schizophrenia, the "bearded lady" disease – which has caused such incalculable suffering to humanity throughout the ages.

742 The case concerned an old patient in the women's ward. She was about seventy-five, and had been bedridden for forty years. Almost fifty years ago she had entered the institution, but there was no one left who could recall her admittance; everyone who had been there had since died. Only one head nurse, who had been working at the institution for thirty-five years, still remembered something of the patient's story. The old woman could not speak, and could only take fluids or semifluid nourishment. She ate with her fingers, letting the food drip off them into her mouth. Sometimes it would take her almost two hours to consume a cup of milk. When not eating, she made curious rhythmic motions with her hands and arms. I did not understand what they meant. I was profoundly impressed by the degree of destruction that can be wrought by mental disease, but saw no possible explanation. At the clinical lectures she used to be presented as a catatonic form of dementia praecox [schizophrenia], but that meant nothing to me, for these words did not contribute in the slightest to an understanding of the significance and origin of those curious gestures.

The impression this case made upon me typifies my reaction to the psychiatry of the period. When I became an assistant, I had the feeling that I understood nothing whatsoever about what psychiatry purported to be. I felt extremely uncomfortable beside my chief and my colleagues, who assumed such airs of certainty while I was groping perplexedly in the dark. For I regarded the main task of psychiatry as understanding the things that were taking place within the sick mind, and as yet I knew nothing about these things. Here I was engaged in a profession in which I did not know my way about!

Late one evening, as I was walking through the ward, I saw the old woman still making her mysterious movements, and again asked myself, "Why must this be?" Thereupon I went to our old head nurse and asked whether the patient had always been that way. "Yes," she replied. "But my predecessor told me she used to make shoes." I then checked through her yellowing case history once more, and sure enough, there was a note to the effect that she was in the habit of making cobbler's motions. In the past shoemakers used to hold shoes between their knees and draw the threads through the leather with precisely such movements. (Village cobblers can still be seen doing this today.) When the patient died shortly afterward, her elder

brother came to the funeral. "Why did your sister lose her sanity?" I asked him. He told me that she had been in love with a shoemaker who for some reason had not wanted to marry her, and that when he finally rejected her she had "gone off." The shoemaker movements indicated an identification with her sweetheart which had lasted until her death. That case gave me my first inkling of the psychic origins of dementia praecox [schizophrenia]. Henceforth I devoted all my attention to the meaningful connections in a psychosis.

["Psychiatric Activities," in *Memories, Dreams, Reflections*, by C. G. Jung, Recorded and Edited by Aniela Jaffe, Vintage Books (A Division of Random House), New York and Toronto, 1961, 1962, 1963, pp. 124-125.]

This unfortunate woman had experienced a severe schizophrenic breakdown at the age of twenty-five and had ever since been confined to a mental hospital where she finally died at age seventy-five, tragically having never recovered her sanity.

One of the more common triggers for the onset of an acute schizophrenic panic, with its consequent all-encompassing delusional symptomatology, is rejection by the so-called "beloved" in a love affair. This definitely appears to have been the case in this instance since it was reported by the patient's brother, when questioned by Dr. Jung, "Why did your sister lose her sanity?" and he had replied that she had "gone off" following her rejection by a certain shoemaker, or cobbler, whom it was alleged she had been in love with.

The reason "romantic" rejection can be so devastating to an already mentally fragile person is because that person's underlying bisexual conflict and gender confusion is greatly exacerbated by any such rejection, whereas prior to it the pre-schizophrenic person could consciously rationalize that he or she was "normally" heterosexual. Any romantic rejection destroys their self-confidence and self-illusion about their heterosexual normality and allows the underlying bisexual conflict and gender confusion to come to the fore – with often tragic consequences, as in this case. (Similar psychotic breakdowns may end disastrously in suicide.)

Probably the shoemaker involved in this case somehow intuited, either consciously or unconsciously, this young girl's mental instability and sexual ambivalence and for this reason broke off the "love" affair, thus precipitating her severe schizophrenic break which grievously lasted a lifetime. Unfortunately psychoanalysis had not yet been "invented" by Dr. Sigmund Freud at the time of this patient's first serious illness, and it is the only treatment which conceivably could have rescued her from her terrible fate had it been instituted soon after her original mental collapse.

The outstanding symptom she displayed during her long years of illness was her incessant "habit of making cobbler's motions. In the past shoemakers

used to hold shoes between their knees and draw threads through the leather with precisely such movements." What the patient was displaying here by mimicking these actions was her unconscious identification as a male with the shoemaker she had once professed to "love," thus highlighting her severe bisexual conflict and gender confusion, the immediate cause of her original schizophrenic, or "bearded lady" breakdown. In her delusional mind she herself had now become a male shoemaker, or cobbler, like her former "beloved." Furthermore, the constant back-and-forth motions she engaged in were, in all likelihood, concurrently related at a deeply unconscious level with certain masturbatory movements she had once been accustomed to performing but had later deeply repressed.

It is interesting to note in this case, presented by Dr. C. G. Jung, his own dawning awareness of the psychological underpinnings of mental illness and of the vital importance of trying to understand the patient from an emotional/psychological point-of-view rather than concentrating solely on the physical symptoms, as had been the custom for so many hundreds of years prior to this time and even in some quarters today, sadly, is still practiced by a certain segment of the psychiatric profession, to the great detriment of its grossly underserved patients.

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A. For the creation of the standard sexual identity, the child must have a parent or parent substitute of the same sex who is neither so punishing or weak as to make it impossible for the child to identify with him [or her]; a parent or parent substitute of the opposite sex who is neither so seductive, punishing, emotionally erratic, or withholding as to make it impossible for the child to trust members of the opposite sex; and parents who do not systematically reject the child's biological sex and attempt to force him [or her] into behavior more in keeping with the opposite sex.

[*American Handbook of Psychiatry*, Second Edition, Silvano Arieti, Editor-in-Chief/Volume One – *The Foundations of Psychiatry*, Silvano Arieti, Editor, Basic Books, Inc., Publishers, New York, Second Edition, 1974 (ch. 27), *Sexual Functions in Men & Their Disturbances*, Harold I. Lief, p. 548.]

B. Sexual identity guarantees our psychic unity.

[*Julia Kristeva, Psychoanalyst*]

C. When I married I was only half and man, and could only marry half a woman.

[the father of a schizophrenic patient, gender not indicated, as told to the patient's psychiatrist]

D. To hate is to change a person's sex.

[a schizophrenic patient, as told to his psychiatrist]

Although the author of the above treatise in Quotation A., Harold I. Lief, is predominantly discussing sexual identity problems in males, the general formula he outlines here which leads to the development of a healthy sexual identity applies equally as well to females as it does to males.

As has been stated before, the greatest gift a man can give his children is to love their mother, and similarly the greatest gift a mother can give her children is to love their father. From this simple, but unfortunately too often difficult-to-achieve equation, springs the emotional wellbeing in the children which immunizes them from any future skewed sexual identity conflicts and the ensuing mental illness which inexorably develops whenever such conflicts are denied, or repressed.

Children of both sexes must have a parent of the same sex with whom they can easily and lovingly identify, and likewise a parent of the opposite sex whom they can deeply love and relate to and who consequently will later serve as the role model for the type of person the child will search for to be his or sexual/marriage partner.

Thus the factors enumerated by Harold Lief in Quotation A., and whose consequences are highlighted in B., C., and D., serve as the perfect recipe for creating emotional disaster in the children of such parents. Severe bisexual conflict and gender confusion, leading to schizophrenic symptomatology, is invariably the tragic consequence of such immature and toxic parenting. Those investigators still haplessly searching for the root cause of schizophrenia and mental illness in general, need look no further than Harold I. Lief's brief, but insightful and chilling summation of how emotionally disturbed parents can wreak psychological devastation upon their always vulnerable offspring.

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A. Can there be any prospect more terrible for a human being so highly gifted in such various ways, as I may say of myself without conceit, than the prospect of losing one's reason and perishing an imbecile? Hence anything which might befall me seemed more or less trivial, once I had gained the absolute conviction through years of experience that all attempts in this direction were predestined to fail, as within the Order of the World not even God has the power to destroy a person's reason.

Naturally I have also occupied myself with the question of my future in a *positive* way. For several years after I had completely changed my ideas (described in Chapter XIII) I lived in the certain expectation that one day my unmanning (transformation into a woman) would be completed, this solution seemed to me absolutely essential as preparation for the renewal of mankind, particularly while I thought the rest of mankind had perished. Indeed, I still regard this as the solution most in accordance with the essence of the Order of the World. Unmanning for the purpose of renewing the race has in all probability actually occurred several times in earlier periods in the history of the universe (compare Chapter V), perhaps on our earth, perhaps on other planets. Many miracles enacted on my person (compare beginning of Chapter XI), as well as the filling of my body with nerves of voluptuousness, also unequivocally signify unmanning. But whether in the conditions *contrary* to the Order of the World (tying-to-celestial-bodies, etc.) which God established after the appearance of tested souls, unmanning can really be completed I dare not predict; it is even more difficult to predict the future since I have had to correct my earlier view that mankind had perished. It is therefore possible, even probable, that to the end of my days there will be strong indications of femaleness, but that I shall die as a man.

[Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, p. 212.]

B. These statements are of decisive importance in determining the view we are to take of the delusion of emasculation and in thus giving us a general understanding of the case. It may be added that the 'voices' which the patient heard never treated his transformation into a woman as anything but a sexual disgrace, which gave them an excuse for jeering at him. 'Rays of God [1] not infrequently thought themselves entitled to mock at me by calling me "Miss [2] Schreber," in allusion to the emasculation which, it was alleged, I was about to undergo.' (127.) Or they would say: 'So [this] sets up to have been a Senatspräsident, this person who lets himself be f---d!' [3] Or again: 'Don't you feel ashamed in front of your wife?' [177.]

That the emasculation phantasy was of a primary nature and originally independent of the Redeemer *motif* becomes still more probable when we recollect the 'idea' which, as I mentioned on an earlier page [p. 13], occurred to him while he was half asleep, to the effect that it must be nice to be a woman submitting to the act of copulation (36). This phantasy appeared during the incubation period of his illness, and before he had begun to feel the effects of overwork in Dresden.

Schreber himself gives the month of November, 1895, as the date at which the connection was established between the emasculation phantasy and the Redeemer idea and the way thus paved for his becoming reconciled to the former. 'Now, however,' he writes, 'I became clearly aware that the Order of Things imperatively demanded my emasculation, whether I personally liked it or not, and that no *reasonable* course lay open to me but to reconcile myself to the thought of being transformed into a woman. The further consequence of my emasculation could, of course, only be my impregnation by divine rays to the end that a new race of men might be created.' (177)

The idea of being transformed into a woman was the salient feature and the earliest germ of his delusional system. It also proved to be the one part of it that persisted after his cure, and the one part that was able to retain a place in his behavior in real life after he had recovered. 'The *only thing* which could appear unreasonable in the eyes of other people is the fact, already touched upon in the expert's report, that I am sometimes to be found standing before the mirror or elsewhere, with the upper portion of my body bared, and wearing sundry feminine adornments, such as ribbons, false necklaces, and the like. This only occurs, I may add, when I am *by myself*, and never, at least so far as I am able to avoid it, in the presence of other people.' (429) The Herr Senatspräsident confesses to this frivolity at a date (July, 1901) [1] at which he was already in a position to express very aptly the completeness of his recovery in the region of practical life: 'I have now long been aware that the persons I see about me are not "cursorily improvised men" but real people, and that I must therefore behave towards them as a reasonable man is used to behave towards his fellows.' (409) In contrast to the way in which he put his emasculation phantasy into action, the patient never took any steps towards inducing people to recognize his mission as Redeemer, beyond the publication of his *Denkwürdigkeiten*.

["Notes on a Case of Paranoia," Sigmund Freud, *The Complete Psychological Works of Sigmund Freud – Volume XII (1911-1913) – The Case of Schreber – Papers on Technique – and other Works*, The Hogarth Press and the Institute of PsychoAnalysis, London, 1958, pp. 20, 21.]

C. Sonnenstein, 9th December 1899

MEDICAL EXPERT'S REPORT TO THE COURT [133]

The retired Senatspräsident, Daniel Paul Schreber, Doctor of Law, of Dresden, was admitted to this Country Asylum on 29 June 1894 for treatment and has been here ever since.

According to the formal certificate of Professor Flechsig of Leipzig issued for the transfer of the patient to this asylum, President Schreber had already had a serious attack of hypochondria in 1884-1885; he recovered from it and

was admitted for the second time to the University Clinic in Leipzig on 21st November 1893. At the beginning of his stay there he mentioned mostly hypochondriacal ideas, complained that he was suffering from softening of the brain, would soon die, etc.; but ideas of persecution soon appeared in the disease picture, based on hallucinations, which at first occurred sporadically, while simultaneously marked hyperesthesia, great sensitivity to light and noise made their appearance. Later the visual and auditory hallucinations multiplied and, in conjunction with disturbances of common sensation, ruled his whole feeling and thinking; he thought he was dead and rotten, suffering from the plague, mentioned that all sorts of horrible manipulations were being performed on his body, and that he was going through more terrible states than anybody had ever known. All that for a holy purpose, as indeed he still maintains. These morbid ideas gained so great an influence over the patient that he was inaccessible to any other impression, sat for hours completely stiff and immobile (hallucinatory stupor), at other times they tortured him so much that he wished for death, repeatedly made attempts at drowning himself in the bath and demanded the "cyanide destined for him". Gradually the delusions took on a mystical and religious character, he communicated directly with God, devils were playing their games with him, he saw "miracles," heard "holy music," and finally even believed that he was living in another world.

In this asylum, to which President Schreber was transferred after a short stay in the private establishment of Dr. Pierson, he showed at first mainly the same picture as in Leipzig. This physically strong man, in whom frequent jerkings of the face musculature and marked tremor of the hands were noticeable, was at first completely inaccessible and shut off in himself, lay or stood immobile and stared with frightened eyes straight ahead of himself into space; he did not answer questions at all or only very briefly and protestingly; but clearly this rigid demeanor was far removed from indifference, rather the patient's whole state seemed irritable, caused by inner uneasiness and there could be no doubt that he was continually influenced by vivid and painful hallucinations, which he elaborated in a delusional manner. In the same way the patient abruptly rejected every communication and continually demanded to be left alone, indeed even that the whole house be cleared because God's omnipotence was being obstructed by the presence of attendants and others, while he himself wanted "divine peace". For the same reason he refused nourishment so that he had to be forcibly fed, or only took a few light dishes, refusing meat completely, and it was only with great difficulty that he was gradually made to eat again regularly. At the same time he retained his stool apparently deliberately, as far as he possibly could; he was therefore even incontinent at times. [134] Similarly for a long time it was impossible to persuade him to any activity such as reading, which he rejected because every word he read was being shouted out through the whole world. He

frequently complained that there was a "loss of rays," that the doctor had "negligently emitted rays," without explaining more closely what he meant. [.....]

Very gradually the patient's excitement mounted further, disturbed his, up till then, moderate sleep and manifested itself externally, particularly by loud persistent laughter occurring to a certain extent in attacks (by day as well as by night), and by heavy hammering on the piano in a most disturbing manner. That this very striking behavior had to be looked upon as a reaction to hallucinations, particularly to delusional ideas springing from them, became evident from some of the patient's statements such as that the world had come to an end, that everything he saw around himself was only a sham, he himself and the persons around him only lifeless shadows. At the same time he still had hypochondriacal ideas, mentioned among others that his body was completely changed, one lung had disappeared altogether, and he could hardly breathe sufficiently to remain alive.

Subsequently, the nights in particular became increasingly restless, while simultaneously a change occurred in him in so far as the earlier continuously stiff and rejecting and negativistic attitude gave way, so to speak, to a certain dualism. On the one hand the reactions against the hallucinations became increasingly noisy and intense, in the garden the patient used to stand for a long time motionless in one place, staring into the sun, at the same time grimacing in an extraordinary way or bellowing very loudly at the sun with threats and imprecations, usually repeating endlessly one and the same phrase, shouting at her, that she was afraid of him, and that she had to hide from him the *Senatspräsident* Schreber, and also called himself Ormuzd. Or he raved in his room to such an extent, harangued for some time the "soul-murderer" Flechsig, repeated endlessly "little Flechsig," putting heavy emphasis on the first word, or shouted abuse and suchlike out his window with such tremendous force even at night, that the townspeople gathered and complained of the disturbance. [.....]

For some time the physical behavior of the patient showed only little change, the peculiar very loud forced laughter and the monotonous uttering in endless repetition of incomprehensible abusive language (for instance "the sun is a whore," and suchlike), which served apparently to a certain extent as a counteraction against the hallucinations and disturbances of feeling (pain in the back, etc.), continued as before, sleep remained very deficient but nourishment was taken more adequately and he was gaining weight; even then there were signs of a peculiar delusion which developed later: the patient was frequently found in his room half undressed, declared that he already had feminine breasts, liked to occupy himself by looking at pictures of naked women, even drew them and had his moustache removed.

["Excerpts from the report to the Court by Dr. G. Weber, Superintendent of Sonnenstein Asylum," Area Psychiatrist, Psychiatric Adviser to the Court, on 9th December 1899.

Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, pp. 267-270.]

D. And if tormented and in anguish man is mute, God created me to tell of what I suffer.

[Goethe, Act 5, Scene 5. (The epigraph which Senatspräsident Daniel Paul Schreber chose for his book, *Memoirs of My Nervous Illness*.)]

Daniel Paul Schreber was a distinguished German jurist who, at the point in his life where he had reached the pinnacle of a very successful legal career, unexpectedly succumbed to the ravages of a paranoid schizophrenic psychosis precipitated, as this illness invariably is, by severe bisexual conflict and gender confusion. This core pathogenic conflict and its devastating consequences are starkly chronicled in the above Quotations.

In the immortal words of Dante Alighieri from his Inferno canto of The Divine Comedy [c. 1310-1321], "In the middle of the journey of our life I came to myself within a dark wood where the straightway was lost." Thus Dante himself must have experienced a paranoid schizophrenic breakdown similar to the one which had overwhelmed Dr. Schreber in the middle of the journey of his own life, and this is what had enabled Dante to describe so vividly and powerfully the clashing emotions which he portrayed in his great opus. Both Dante's Inferno and Schreber's Memoirs of My Nervous Illness are chronicles of psychotic breakdown, written by men who, most fortunately for mankind, somehow survived their terrifying descent into the boiling cauldron of conflicted bisexual drives and feelings comprising their own madness, and lived to write about what they had endured. Both Schreber's and Dante's classic works are filled with striking illustrations of the bisexuality and gender confusion – the "bearded lady" disease – which afflicted both men and which was the direct cause of their madness.

The signal importance of Daniel Paul Schreber's Memoirs of My Nervous Illness lies in the fact that it provided Sigmund Freud with a compelling first-person account of the way in which paranoid schizophrenia develops, and which he could then use to elucidate precisely his newly formulated theory of the genesis of paranoid symptomatology – specifically, that it is invariably triggered by repressed, unconscious homosexual and gender-confused cravings. These factors are starkly highlighted in Dr. Schreber's case history,

and they gave Freud the irrefutable evidence he needed to document his seminal theoretical findings.

In his Notes on a Case of Paranoia Freud shows how Schreber's powerful homosexual attraction to his original physician, Dr. Emil Flechsig, was instrumental in the development of his psychotic breakdown and in his paranoid feelings of being persecuted by Flechsig. In Freud's brilliant analysis of Schreber's illness, he postulates that Schreber initially felt a powerful homosexual attraction to Flechsig – "I love him." These feelings of love were immediately repudiated by his ego and turned into their opposite, "No, I don't love him, I hate him." And then what Freud describes as the "paranoid shift" became operative – the key change which invariably results in the development of paranoid feelings of persecution – "No, I don't hate him, he hates me and is trying to destroy me." This same formula applies equally to mentally ill females as it does to mentally ill males. "I love her," the woman feels. Then the denial, "No, I don't love her, I hate her." Then the paranoid shift, "No, I don't hate her, she hates me and is trying to destroy me."

Even though Dr. Schreber was finally able emotionally to accept his psychic transformation into a woman, he remained seriously ill (paranoid) the remainder of his life due to the fact he was never fully able to acknowledge to himself that these intensely pleasurable, opposite-sex feelings – but simultaneously extremely painful ego-dystonic ones – were in reality his very own feelings and not those which God demanded of him to experience in order to fulfill God's master-plan for redeeming mankind.

The fact that Schreber's overwhelmingly powerful bisexual and gender-confused feelings were extremely difficult for him to accept on a conscious basis, consequently becoming the primary motivating factor in his initial attempts to repress them, thereby leading directly to the development of his psychosis, is demonstrated by his declaration that "Rays of God not infrequently thought themselves entitled to mock at me by calling me 'Miss Schreber,' in allusion to the emasculation which, it was alleged, I was about to undergo. Or they would say: 'So this sets up to have been a Senatspräsident, this person who lets himself be f——d!' Or again: 'Don't you feel ashamed in front of your wife?'"

*This tortured but brilliant man, whom Freud declared should have been made a professor of psychiatry at some great university due to the immense importance of his magnum opus, *Memoirs of My Nervous Illness*, to that field of knowledge and study, summed up most succinctly the essence of all he had learned as the result of his hellish descent into madness, with these memorable words: "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me. Schreber had made his choice and thus was finally enabled to regain his senses sufficiently to allow him to be discharged from the mental asylum*

where he had been held as a raging maniac for so many hard and tumultuous years.

Furthermore, by reversing the gender in Schreber's incredibly insightful quotation to read, "I would like to meet the woman who, faced with the choice of either becoming a demented human being in female habitus or a spirited man, would not prefer the latter;" his psychological "formula" becomes equally applicable to every mentally ill female – thereby truly making him the "discoverer" of the source of all mental illness in mankind. No small feat for a former madman!

745 Conclusion

We eventually decided to translate the book, because the clinical material it contains exemplifies and elucidates the difficulties which beset the theory, classification and psychotherapy of the psychoses at the present time. For all students of psychiatry, Schreber, its most famous patient, offers unique insight into the mind of a schizophrenic, his thinking, language, behavior, delusions and hallucinations, and into the inner development, course and outcome of the illness. His autobiography has the advantage of being complete to an extent no case history taken by a physician can ever be: its material is not selected or subject to elaboration or omission by an intermediary between the patient and his psychosis, and between both and the reader. Every student therefore has access to the totality of the patient's products. Indeed the *Memoirs* may be called the best text on psychiatry written for psychiatrists by a patient. Schreber's psychosis is minutely and expertly described, but its content is - as Dr. Weber explained to the Court - fundamentally the same and has the same features as that of other mental patients.

Schreber's name is legion.

We ourselves have learnt from it things which neither textbooks we read, nor lectures we attended could teach us. It helped us understand the actions and speech of chronic psychotics, enabling us to make contact with them, and in this way lessen their alienation. In milder patients, particularly hypochondriacs and early schizophrenics, we could help them understand their concern and pre-occupation with body and body functions, or vague anxiety in terms of fantasies and budding delusions about their physical and mental identity. We have talked and listened to many Schrebers since we studied the *Memoirs*.

Finally, as the *Memoirs* are the source material on which Freud based his most famous clinical study, fascinating opportunity is provided of observing Freud's mind actually at work on a case history.

*M. Bleuler (1953) in a personal communication stated that E. Bleuler would have agreed that "schizophrenics are almost invariably, if not indeed invariably, in doubt about the sex to which they belong."

[Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, pp. 25-26.]

The key words in the above Quotation lie in the following sentences: "Every student therefore has access to the totality of the patient's products. Indeed the Memoirs may be called the best text on psychiatry written for psychiatrists by a patient. Schreber's psychosis is minutely and expertly described, but its content is - as Dr. Weber explained to the Court - fundamentally the same and has the same features as that of other mental patients. Schreber's name is legion."

Superintendent G. Weber of the Sonnenstein Asylum in Germany, where Daniel Paul Schreber was kept for many years due to his psychotic behavior, told the Court, which was holding a hearing on Dr. Schreber's request for a "Rescission of Tutelage" in his case, that Schreber's psychosis showed the same features and elements as those of all other patients at the asylum - specifically, immense confusion and disorientation about gender identity and sexual orientation. Moreover, no doubt exists that these same gender-dysphoric features would be found in every instance in the female population at the Asylum, which was divided almost equally between males and females.

Drs. Macalpine and Hunter, the translators and editors of Schreber's Memoirs, disagreed with Freud's analysis that the outbreak of Schreber's paranoid psychosis was the direct result of his repression of overwhelmingly powerful homosexual feelings, with their attendant sexual cravings, directed towards Dr. Emil Flechsig, the physician he first consulted at the beginning of his schizophrenic breakdown. (It has been reported recently that Dr. Richard A. Hunter, Dr. Macalpine's son, was prepared to alter his opinion in this matter in favor of Dr. Freud's theory, but unfortunately he died before he was able formally to do so.)

It is best to let the paranoid schizophrenic Doctor of Jurisprudence, Daniel Paul Schreber, have the last word on this subject:

"I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." (Schreber, p. 178; Macalpine and Hunter translation, p. 149.) This insight applies equally well to all schizophrenic, or mentally ill females by simply reversing the gender order in his above monumentally important declaration.

A. Though Mbeki's casting of Mandela as Lear was less than apt, there's still a tragic element in the multi-layered narrative Mark Gevisser has painstakingly constructed. It attaches both to the country and to Mbeki. Freed from the scourge of apartheid, a liberated South Africa wasted the better part of a decade before starting to marshal its considerable resources to confront the scourge of AIDS (by which time nearly 30 percent of pregnant South African women were estimated to be HIV-positive. Thabo Mbeki was the central reason for that catastrophic misjudgment. In his suspicious mind, the notion that HIV and AIDS were causally related was only a "thesis" propounded by multinational drug companies bent on opening new markets in Africa.

In private sessions with his party's caucus, Gevisser tells us Mandela's successor speculated about the likely role of the Central Intelligence Agency in supporting these exploiters; his aides sometimes worried aloud that the President's life might be in danger because of his determination to probe beneath the science establishment's analysis of the plague, which, he convinced himself, grew out of a racist obsession with the sexual behavior of black men. Meanwhile, his chosen health minister, who lost her job only after Mbeki was summarily forced to resign as president last September by the African National Congress, prescribed garlic, beetroot, and olive oil as antidotes to the disease.

Mbeki's biographer struggles mightily – sometimes wordily, drenching his subject in adjectives like "guarded," "paranoid," and "repressed" - to reconcile the brooding recluse who sat up late into the night in presidential mansions in Cape Town and Pretoria, exploring the speculations of AIDS deniers, with the charming, reassuring diplomatic operative who in the 1980s sold the path of negotiation both to a nervous white establishment and to an underground movement that imagined itself bent on armed struggle.

B. Once he'd replaced Mandela as leader, he must have understood that he'd never been the party's favorite son, that its ranks were still full of those who'd doubted him for years. Gevisser isn't able to pinpoint a time when the leader's prudence shaded into paranoia. But even after being reelected in 2004 by a margin bigger than Mandela's, Mbeki seems never to have felt secure.

Gevisser's biography doesn't begin to resolve the issues of character it repeatedly raises. The chapters on Mbeki's handling of the AIDS crisis and his failure to intervene effectively before starvation and disease became rampant in Robert Mugabe's Zimbabwe leave the reader with a conundrum familiar to anyone who has tried from afar to keep up with these issues. Was it that Thabo Mbeki could not resist defying the conventional wisdom of those who were not black Africans – intrusive white busybodies of all description - or

was he responding to political pressures the busybodies did not perceive or appreciate?

In the case of AIDS, Mbeki faced no significant resistance from within the African National Congress until Nelson Mandela finally made an issue of his denialism. In view of the scale and duration of the calamity, the question of why the government's unresponsiveness never became a burning political issue for the movement and its basic constituency can't be seen simply as a function of one man's over rationalized hang-ups. Obviously, there was drastic failure of leadership. But if there were no cultural inhibitions in the way of common sense public health policy, why wasn't this the issue on which he fell? Helen Epstein's 2007 book, *The Invisible Cure*, based on articles that first appeared in these pages [3], offers a more sensitive consideration of such questions than this study of the doleful story's central figure.

For several years, in apparent retreat, Thabo Mbeki managed to lower his voice on the subject of AIDS, having been persuaded by advisers that his regular polemics were getting him nowhere and doing damage to the international standing he craved. Then in 2007, as Gevisser's book was about to go to press, he phoned his biographer for the first time, asking whether he was aware of an anonymous "monograph" that had been circulating on the internet since 2002 - an angry, rambling screed that basically put the case against the promoters of antiretroviral drugs in a racial context, arguing that it was these drugs rather than HIV that poison and kill. Gevisser knew this text well and shared the widespread assumption that Mbeki was its author. The next day a government messenger delivered to Gevisser's door the latest version of this lengthening stream-of-consciousness twice as long and no less furious than the original. "We will no longer allow," it raged, "that our fear of the colonial mother, which has imprisoned our minds and our souls for far too long, make us meek and gentle with the butchers of the truth." Mbeki was signaling Gevisser that his position hadn't changed [4].

C. Meanwhile Thabo Mbeki sits in his new Johannesburg home like Nixon in San Clemente. Perhaps he's waiting for his David Frost to show up in order to get his story out. Or maybe he has started to write it himself. If he's capable of suspending his defense mechanisms and reflecting on his remarkable journey with something approaching candor, as few politicians ever are, he could clear up some of the ambiguities that linger in the story Mark Gevisser tells.

["How Mbeki Failed," Joseph Leyveld, *New York Review of Books*, April 9, 2009, pp. 26, 28, 29; in a review of Mark Gevisser's *A Legacy of Liberation: Thabo Mbeki and the Future of the South African Dream*, Palgrave Macmillan, 376 pp., \$29.95.]

Chroniced in the above Quotations is but one more harrowing tale of the enormous damage that can be wreaked upon an unsuspecting society by a man in a position of enormous state power who himself is the unsuspecting victim of a severe paranoid psychosis. Thabo Mbekei's delusional idée fixe that HIV and AIDS are not causally related, despite overwhelming scientific proof to the contrary, tragically condemned many thousands of South Africa's citizens - men, women, and children - to be deprived of the life-saving benefits of retro-viral anti-AIDS drugs for many years, until mercifully he was finally forced to relinquish the presidency of the country he had so dreadfully harmed.

This is a classic case history of a person who has suffered a paranoid schizophrenic breakdown, the "bearded lady" disease, replete with the usual countless mad suspicions of covert forces conspiring against the "patient," Mbekei, including C.I.A. plots, fears for his life at the hands of unseen enemies, and an insane refusal to come to terms with, and finally relinquish, his delusional idée fixe that HIV and AIDS are not causally connected in any way. Mbekei's "anonymous," long-running polemic on the internet backing up his crazed beliefs can only be the product of a mind totally unhinged.

Mbekei was not an uneducated man. He had attended Sussex University in Brighton, England in the 1960s, and was also enrolled at the Lenin Institute in Moscow for several years. Therefore his inability to recognize, and his obsessive refusal to admit to, the overwhelming scientific proof of the HIV/AIDS connection could not be justified or explained as the product of a backward, uneducated mind, but solely as the product of the severe mental illness which had destroyed his "normal" powers of intellect and reasoning. A very sad tale indeed, not only for Mr. Mbeiki himself but for all the HIV-positive citizens of South Africa who were denied retroviral therapy and thus lethally harmed as the direct result of his paranoid delusions.

Furthermore, Mbekei's failure to come to the aid of the thousands of Zimbabwe citizens who were being systematically destroyed due to the paranoid madness of that country's own leader, Mugabe, was another tragic consequence of his madness. Only Mbeiki had the power and standing to help alleviate the terrible conditions in Zimbabwe, but he failed to do so. Thus we have seen the dreadful consequences of how not just one, but two paranoid leaders have had the power to cripple not only their own countries and grievously harm so many of their own innocent citizens, but have likewise failed to come to the rescue of citizens in other countries similarly sorely tried.

The book reviewer Joseph Lelyveld writes that "Meanwhile Thabo Mbeiki sits in his new Johannesburg home like Nixon in San Clemente." At the end of his own presidency, Richard Nixon had also become paranoid, according to many accounts, and was described by some as occasionally walking around the White House at night talking to the pictures of former presidents which

were hanging on the walls. It was also reported at this time that after a press conference at Walt Disney World, he had approached a man and a boy and asked the man if he was the boy's mother or grandmother. When the man answered he was neither one, Nixon slapped the man in his face and said "Of course you're not," and walked away. (Reference: Schizophrenia-The Bearded Lady Disease, J. Michael Mahoney, Author-House, Bloomington, IN, 2003, p. 448, Quotation 592.)

Mr. Lelyveld also writes that "Mbeiki wasn't simply being defensive when he warned his biographer not to dig too deeply into the psychological side of his makeup in search of a master key to his conduct." We of course now know what that "master" key is, the exact same key that is invariably operative in every case of paranoid schizophrenia - namely, severe unconscious bisexual conflict and gender confusion. This truth has been most strikingly documented by Daniel Paul Schreber in his Memoirs of My Nervous Illness, his famous account of his own madness, and further very briefly but powerfully illustrated above by the paranoid Richard Nixon when he approached a perfect stranger and his young son and asked him if he was the boy's mother or grandmother.

It has accurately been stated that "Schreber's name is legion," and Mbeiki and his neighbor, President Mugabe of Zimbabwe, (as well as was Richard Nixon) are all members of that fateful legion, much to the detriment not only of themselves but to the thousands of others of their innocent and unsuspecting fellow-citizens who have been tragically ensnared in the destructive web of their paranoid delusions - particularly in reference to Mbeiki and Mugabe - and the horrendous consequences following therefrom.

747 On the Morning of Friday 28 March, a bright, clear, cold day, Virginia went as usual to her studio room in the garden. There she wrote two letters, one for Leonard, one for Vanessa - the two people she loved best. In both letters she explained that she was hearing voices, believed she could never recover; she could not go on and spoil Leonard's life for him. Then she went back into the house and wrote again to Leonard:

"Dearest,

I feel certain that I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and can't concentrate. So I am doing what seems the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don't think two people could have been happier till this terrible disease came. I can't fight it any longer. I know that I am spoiling your life, that without me you could work. And you will now I know. You see I can't even write this properly. I can't read. What I want to say is that I owe all the happiness of life to you. You have been entirely

patient with me and incredibly good. I want to say that – everybody knows it. If anybody could have saved me it would have been you. Everything has gone from me but the certainty of your goodness. I can't go on spoiling your life any longer.

I don't think two people could have been happier than we have been.
V."

She put this on the sitting-room mantle and, at about 11:30, slipped out, taking her walking-stick with her and making her way across the water-meadows to the river. Leonard believed that she might already have made one attempt to drown herself; if so she had learnt by her failure and was determined to make sure of it now. Leaving her stick on the bank she forced a large stone into the pocket of her coat. Then she went to her death, "the one experience," as she had said to Vita, "I shall never describe."

[*Virginia Woolf: A Biography*, Quentin Bell, Harcourt Brace Jovanovich, Inc. New York, 1972, p. 226.]

Virginia Woolf once wrote: "Women alone stir my imagination." Whether or not she realized it at the time she wrote it, she was thereby proclaiming to the world that she was a lesbian, for it would be inconceivable for a truly heterosexually-oriented woman ever to make such a statement. And thus herein lies the etiological root of Woolf's long-standing paranoid schizophrenia - the "bearded lady" disease - as it invariably does in all such instances of severe mental illness. Virginia truly was a "bearded lady," long married to her patient, caring, maternal-figure-of-a-husband, Leonard, while simultaneously engaging in passionate emotional relationships throughout her life with numerous girls and women, and reputedly had at least one actual sexual relationship - that with her long-time lesbian friend, Vita Sackville-West. And it is upon this latter's remarkably androgynous character that it is widely hypothesized that Virginia based the protagonist of her widely-known book, Orlando. (It is interesting to note that nowhere in her final letter to her husband, Leonard, does Virginia use the word "love".)

Although ostensibly writing here about Orlando, Virginia in actuality is perfectly describing her own bisexual, gender-confused state of mind: "And here it would seem from some ambiguity in her terms that she was censuring both sexes equally, as if she belonged to neither; and indeed, for the time being she seemed to vacillate; she was man; she was woman; she knew the secrets, shared the weaknesses of each. It was a most bewildering and whirligig state of mind to be in. The comfort of ignorance seemed utterly denied her. She was a feather blown on a gale."

[Orlando, Virginia Woolf, *New American Library of World Literature, Inc., 1960, p. 103. (See also Schizophrenia, The Bearded Lady Disease, Vol I, Quotations 384, 385, 386, pp. 277-279.)*]

The above profoundly insightful description of a severely gender-confused, bisexually-conflicted person can be similarly applied to everyone - male or female - who is afflicted with schizophrenia, the "bearded lady" disease, and it was this agonizing, and for Virginia an unresolvable conflict, with the resultant mental anguish and turmoil emanating therefrom, that relentlessly gnawed away at her fragile and beleaguered psyche to the extent that finally - being unable to endure the pain of it any longer, drove her to her lonely death by suicide in the River Ouse, near her home.

And thus schizophrenia, the "bearded lady" disease, claimed for itself another hapless, tortured victim.

748 "We don't want to be normal," Will Hall tells me. The 43-year-old has been diagnosed as schizophrenic, and doctors have prescribed anti-psychotic medication for him. But Hall would rather value his mentally extreme states than try to suppress them, so he doesn't take his meds. Instead, he practices yoga and avoids coffee and sugar. He is delicate and thin, with dark plum polish on his fingernails and black fashion sneakers on his feet, his half Native American ancestry evident in his hair and dark eyes. Cultivated and charismatic, he is also unusually energetic, so much so that he seems to be vibrating even when sitting still.

["Listening to Mad Pride," Alissa Quart, *Newsweek* magazine, May 11/May 18, 2009, p. 54.]

The brief physical description of the schizophrenic man in the above Quotation emphasizes, most likely unwittingly, his marked androgynous, "bearded lady" characteristics. To wit: "He is delicate and thin, with dark plum polish on his fingernails and black fashion sneakers on his feet."

Considering that the factors of unconscious bisexual conflict and gender confusion form the basic etiological role in all functional mental illness, including its most severe manifestation in schizophrenic symptomatology, it comes as no surprise to see this invariable "bearded lady" configuration delineated in the above case.

The fact that this schizophrenic person "is also unusually energetic, so much so that he seems to be vibrating even when sitting still," demonstrates that he is in the relentless grip of a prolonged manic state fueled by enormous quantities of dammed-up sexual energy emanating from powerful, repressed - and thus unacknowledged - ego-dystonic sexual passions, as is always the case in every manic state.

If this unfortunately mentally ill man would consent to take his "meds," they would tranquilize him to the extent that these urgent yet frustrated "bearded lady" sexual passions would temporarily be "tamped down," thus losing their energy force and consequent ability to drive his mania - or drive him mad - for as long as he continued to take them.

749

A. The man who killed 10 people during a shooting spree last month in southern Alabama left a letter for relatives, writing that he wanted people to pay for making his mother and him suffer, according to a news report. In the letter, obtained by the Dothan Eagle newspaper, the man, Michael McLendon, left [picture], wrote that he shot his mother to death while she slept, then set fire to the rural home they shared. After leaving the house on March 10, Mr. McLendon, 28, went on a 24-hour shooting spree and killed nine more people before committing suicide. "Moma was very sick," he wrote. "Had lung cancer I think. So I put her out of her misery. I'm sorry! But Moma had suffered enough. And so have I. Some of the people who made us suffer will pay." An autopsy did not support Mr. McLendon's claims about his mother's being ill, said Chief Deputy R. W. Whitworth of the Coffee County Sheriff's Office. (AP)

["Alabama: Letter by Gunman Claims He and His Mother 'Suffered Enough,'" *The New York Times*, April 4, 2009.]

B. Among those who prove incapable of achieving the biologically ordained heterosexual goal are a great many to whom the mother has continued to be of excessive significance, overshadowing or coloring strongly all prehensions of other women. This handicap is most vividly illustrated in the case of the woman who has married for spite a man whom she soon comes to loathe, yet with whom the peculiarities of her personality, or economic factors, or other cause, force her to live. When a son is born of such a union, he is generally sacrificed to the mother's unsatisfied erotic tendencies, and he becomes tied to her by the sort of intimacy so remarkably symbolized by Von Stuck in his painting, *Die Sphinx*. Whether he comes finally to rebel, hates her, and goes through life destroying as much as he can of that which arouses the mother stereotype, or instead goes on being her child-lover, the result is most unfortunate as to his growth in personality. It is almost certain that he will not proceed in erotic development past interest in his own sex.

[Harry Stack Sullivan, M.D., *Personal Psychopathology/Early Formulations*, W. W. Norton & Company, Inc., New York, 1972, 1965, p. 196.]

C. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately-related as a sequel to unfortunate prolongation of the attachment

of the son and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son relationship must be evident. The failure of growth of heterosexual interests, with persistence of auto-erotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict - often immediate precursors of grave psychosis - and of the various homoerotic and autoerotic procedures, on the other.

[Harry Stack Sullivan, M.D., *Personal Psychopathology/Early Formulations*, W. W. Norton & Company, New York, 1972, 1965, p. 211.]

Dr. Harry Stack Sullivan's two brilliant expositions on the pathology surrounding an unnaturally close, binding and intimate symbiotic relationship between a mother and her son, as outlined in Quotations B. and C. above, unerringly explain why Michael McLendon suffered a severe paranoid - schizophrenic psychotic break at the age of 28, causing him to run amok in a murderous frenzy and tragically destroy ten persons, including himself.

In the psychiatric literature, this symbiotic type of mother/son relationship has sometimes been referred to as a CBI relationship - Close/Binding/Intimate - and it is always of a pathogenic nature. In fact, it can truthfully be posited that all functional mental illness basically stems from this single pathogenic CBI relationship between mother and son, or between mother and daughter, since it invariably results in the severe bisexual conflict and gender confusion in both sexes leading directly to schizophrenia, the "bearded lady" disease - as we have seen so dramatically illustrated here in the case of Michael McLendon and his "schizophrenogenic" mother.

In every such CBI relationship, comparable to the one between Mr. McLendon and his mother, there is always an immense amount of unconscious rage directed at the CBI mother, since it is programmed into every person's basic genetic makeup to be a sexually free and independent organism, for the sole purpose of being able to fulfill nature's primal goal which is applicable to all species - namely, that of propagating itself. The CBI relationship strangles this urgent, primal instinct by emotionally - and consequently physically - "castrating" the son or daughter caught up in its pathogenic web. In this particular case it led directly to the killing anger directed against the mother unleashed by the now totally insane Michael McLendon. Tragically, however, on a conscious level he was totally unable emotionally to accept his furious rage at his mother, even while killing her as he simultaneously rationalized his reason for doing so - "Moma was very sick. Had lung cancer I think. So I put her out of her misery. I'm sorry!" - thus making it inevitable that his overwhelmingly powerful and suddenly unleashed

- yet paranoid and mistakenly focused fury, would spill over onto other innocent victims, with deadly consequences.

In every case of a person's running amok after a catastrophic schizophrenic "break," the ultimate cause is always to be found in the brilliant Harry Stack Sullivan's two Quotations presented above – B. and C.. For therein lies the explanation for the "CBI" petri dish upon which all functional mental illness, including its most extreme and often lethal manifestation – schizophrenia, the "bearded lady" disease, is invariably incubated.

"The hand that rocks the cradle rules the world" - for both good and evil - as we can see clearly in Mr. McLendon's case, all too terrifyingly.

750

A. A court rejected three of four witnesses for the Burmese opposition leader Daw Aung San Suu Kyi, a move critics said was aimed at sabotaging her defense against charges of violating the terms of her house arrest. One of her lawyers, U Nyan Win, called the move unfair, and he said it made it likely that a verdict could come as early as Friday. Myanmar's government arrested Mrs. Aung San Suu Kyi after an uninvited American intruder was allowed to stay in her home for two days after he swam across a small lake on May 4. On Wednesday, the American, John Yettaw, testified that he had been prompted by a "vision" that she would be assassinated by terrorists, and he said that "God sent me to warn her," according to Mr. Nyan Win.

[(Reuters) "Myanmar: Nobel Laureate's Witnesses Are Blocked," *The New York Times*, May 25, 2009.]

B. According to the government mouthpiece, The New Light of Myanmar, an official testifying at the trial on Wednesday said the police had found a strange collection of items that the swimmer - John Yettaw, 53 - had left behind in her home. They included "two black chadors usually worn by Muslim women, two black scarves, two long skirts, one red torch light, six color pencils in a plastic bag, three pairs of sunglasses, two signal lights, a pair of swimming glasses, one two-pin plug, two pieces of circuit wire, one recharger, a black bag with a zip in it that was used to keep the apparatuses, a plastic bag with a zip in it, two pairs of gray stockings, five parts of an English book, and a bag with pieces of torn paper sheets in it."

The paper quoted a witness, a police captain named Tin Zaw Tun, as testifying that Mrs. Aung San Suu Kyi had signed a search form accepting responsibility for the items. "Asked why Mr. John William Yettaw left two chadors, she replied that he left them as gifts for her," the paper said. No explanation has been given for why Mr. Yettaw, of Falcon, Mo., swam to her home on May 3. He is also standing trial, along with two women on Mrs. Aung San Suu Kyi's household staff.

"Everyone is very angry with this wretched American," said U Kyi Win, a lawyer for Mrs. Aung San Suu Kyi. "He is the cause of all these problems. He's a fool."

["After Briefly Letting Diplomats In, Myanmar Locks Them Out of Dissident's Trial," Seth Mydans and Mark McDonald, Bangkok, *The New York Times*, May 25, 2009. (Reference also: 'The Lady and the Tramp,' *Newsweek* magazine, June 22, 2009, p. 54).]

C. Several news reports said investigators found underwear belonging to two of his victims in the hotel attacks in Mr. Markoff's apartment in Quincy. Citing unnamed sources, the reports said investigators also found a handgun hidden in a hollowed-out anatomy textbook.

[*The New York Times*, Abby Goodnough and Amy O'Connor, April 23, 2009.]

Mr. John William Yettaw is not a "fool," as he is angrily described by lawyer U Kyi Win, in paragraph B. above, rather he is the unfortunate victim of a very severe case of mental illness - specifically, that of paranoid schizophrenia, the "bearded lady" disease.

In his own words before the Burmese court, trying him on charges of illegal entry into the country and trespassing at the home of Burmese opposition leader Mrs. Aung San Suu Kyi, he testified that all his illegal actions had been induced by a "vision" he had experienced that she would be murdered by terrorists and "God sent me to warn her."

This is a classic example of a paranoid-type schizophrenic delusion, and it is invariably the product of a pathological condition arising from severe bisexual conflict and gender confusion within the psyche of the afflicted individual.

The only clothing that Mr. Yettaw reportedly carried with him as he swam across the lake to Mrs. Aung San Suu Kyi's compound consisted solely of female garments, namely - the "two black chadors usually worn by Muslim women, two black scarves, two long skirts," plus an extremely odd collection of other items, as listed in paragraph B above.

The fact that a man illegally swimming across a lake to save the life of an internationally prominent woman whom he delusionally believes is marked for assassination, would be carrying only females clothes with him, points to an element of severe bisexual conflict and gender confusion within that individual's psyche. The two chadors supposedly were for the woman. What about the "two black scarves" and the "two long skirts" - who were they for? Perhaps for Mr. Yettaw himself to change into from the wet clothes, or bathing suit, he was wearing during his swim. Conjecture, certainly, but this explanation fits perfectly within the "bearded lady" genesis of all functional

mental illness, including the psychotic paranoid symptomatology exhibited in this case by the deluded Mr. Yettaw.

A similar case recently reported on (Paragraph C above) is that of Mr. Phillip Markoff, of Quincy, Massachusetts, who is charged with the murder of one woman and the robbery of several others. When the police later searched his apartment, along with the gun used to commit the murder was found a collection of intimate female undergarments which Mr. Markoff had stolen from his victims. Investigators also recovered several of the cellphones, or TracFones, laptop computers and four pairs of women's underwear inside socks hidden in a box spring.

Having graduated from Boston University School of Medicine in 2007, and now planning shortly on getting married - with no prior criminal record - Mr. Markoff's unexpected, angry and murderous actions directed against helpless and defenseless females are clearly the product of a mind suddenly unhinged by paranoid schizophrenia, which is invariably caused by severe, underlying bisexual conflict and gender confusion. In both of these cases, it was emotionally extremely imperative for each of the men - Mr. Yettaw and Mr. Markoff - to have intimate female apparel nearby, for whatever purposes they might need them, such as cross-dressing, etc. Although their paranoid psychoses fortunately played out in different ways - only the one having a directly lethal outcome - yet both psychoses were the inevitable consequence of a similar "bearded lady" pathology - as is always the case in every such instance of this extremely dangerous and devastating mental illness.

751 Hi Mike,

I just watched an episode of The American Experience about Jim Jones. It is a PBS documentary that I recorded on my VCR the other night. Different people were talking about Jim Jones and his sex life. This one lady said that Jim Jones believed that he was the only heterosexual person in the world. He believed that all of the women were lesbians and all of the men were gay. He would sodomize some of the different men in his congregation but he publicly said that they should give themselves enemas first. Jones seems like a classic example of the bearded lady syndrome. I still have the documentary recorded on a VCR tape and could send it to you if you'd like.

Best regards,

John

[Please refer to the Impressions section of www.SchizophreniaTheBeardedLadyDisease.com, 57, to see the PBS documentary on the life of the paranoid schizophrenic madman, Jim Jones.]

On November 18, 1978, in Jonestown, Guyana, the cult leader Jim Jones ordered the death by self-inflicted suicide of 909 innocent men, women and children. Those few who resisted his insane edict were murdered by his henchmen who then, along with Jones, took their own lives. In his raging paranoia, he believed the U.S. government was preparing to raid his compound and shut it down.

The fact that Jones truly believed he was the only heterosexual person in the world, that all women were lesbians and all the men were homosexuals, and that he was currently engaging in homosexual anal intercourse with various members of his congregation, proves beyond any doubt that he was a raging madman afflicted with paranoid schizophrenia - the "bearded lady" disease.

Interestingly, Jones always took the active role in the homosexual anal intercourse he indulged in. At a much deeper level, of course, his most fervent desires were to play the passive, feminine role, but his defenses against this role were too powerful to be overcome and thus contributed directly to the development of his floridly psychotic - and eventually lethal - behavior. By playing the active role in homosexual anal intercourse, he could rationalize to himself that he was really a strong, masculine man and not a passive, feminine one, which of course at the deepest and repressed level of his unconscious he truly was. Furthermore, his public demand that the men he had anal intercourse with must first give themselves enemas demonstrates a striking sense of feminine fastidiousness on his part, and also a personal familiarity with enemas - wherein the male is always in a passive, feminine-like situation. It would be very instructive to know how many enemas were administered to Jim Jones by his mother, or other caregivers, when he was a youth, and if so did he continue these anal erotic practices in his later life

To further guide us in our understanding of the horrendous tragedy that occurred in Jonestown on that terrible day in November, 1978, we must turn to the profound wisdom and insight contained in the written words of that world-famous psychiatric patient, the German Judge, Daniel Paul Schreber: "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." (Daniel Paul Schreber, Memoirs of My Nervous Illness)

Jim Jones had been desperately struggling with his own severe bisexual conflict and gender confusion since he was a small child, and the sexual and emotional tensions resulting from his frustrated, long-repressed opposite-sex cravings and sexual desires slowly mounted over the years until they finally burst forth and triggered the massive psychotic breakdown which led directly to his ordering the wanton massacre of the 909 people at the ill-fated Jonestown compound.

Sigmund Freud once made the statement that what man represses at his deepest level are his pederastic instincts, specifically - his passive, feminine pederastic instincts. Jim Jones was such a man. And the consequences springing from the repression of his passive, feminine pederastic instincts led to a human tragedy of almost unimaginable proportions.

At Jonestown, schizophrenia - the "bearded lady" disease - added one more chapter to the untold thousands of human tragedies occurring over the millenia which can invariably be attributed to the toxic affect of the undischarged libido arising from the schizophrenic person's severe, unconscious bisexual conflict and gender confusion.

752 In unflinching and objective language, they hold up a clinically honest mirror to what they witness as they follow their homeless subjects in and out of jail and hospitals, as they are evicted from their camps and set up new ones, as their relationships blossom and collapse and as they struggle over race and gender.

These are not just episodically homeless people who spend a short while on the street in between personal crises. These are the most chronically homeless we have, the ones you see sleeping in filth and scratching out survival year after year as they struggle with mental illness, substance abuse, acute disabilities or all three.

There is no sugarcoating here. For the faint of heart, there will be stiff reading moments about people vomiting and defecating, jamming needles into oozing abscesses and selling sex for dope hits. Equally hard to read are the accounts of broken people crying about abandoning their families, childhood abuse they suffered, shivering at night in the rain, and all the other human miseries that attend most lives lived outside.

[Meredith Maran, *San Francisco Chronicle*, 6/21/09, in a review of the book "Righteous Dopefiend," by Philippe Bourgois and Jeff Schonberg, (University of California Press, 359 pages; \$24.95)]

The key sentence in the above Quotation is ".....and as they [the mentally ill homeless] struggle with race and gender." For truly all chronically homeless persons are struggling with severe bisexual conflict and gender confusion, otherwise known as schizophrenia, the "bearded lady" disease. In the time prior to the discovery of the supposedly miracle-working psychotropic drugs in the early 1950's, all these unfortunate people would have been housed in the many mental hospitals then existing throughout the United States. In a tragic twist of fate, these hospitals were then shut down, one-by-one, in order to save money and because it was now falsely and foolishly believed that all the mentally ill had to do to stay well was to take their daily pills as

prescribed, and all would be made stable again in their emotionally troubled lives.

Of course we now belatedly realize that the severely mentally ill are totally incapable of looking after themselves - pills or no pills – and consequently they end up on the streets of our nation, struggling to stay alive throughout the year under the most bitter and life-threatening of circumstances, as chronicled so vividly and shockingly in the above Quotation. Basically, our prisons and juvenile detention centers have now taken the place of our former mental hospitals, to the great detriment of all concerned, while leaving a sizeable group, whose members have yet to be apprehended, of potentially extremely dangerous paranoid schizophrenic individuals roaming around the country ready to commit, when adequately provoked - at least in their own deranged minds - the most monstrous of crimes against unsuspecting and innocent citizens. All one has to do is to read the daily newspapers, which chronicle these terrifying cases on a dismayingly frequent basis, to fully comprehend the tremendous problem this state of affairs poses to society.

Admittedly, it is most unfortunate to be forced to keep a schizophrenic person locked up in a mental hospital, sometimes for a lifetime, in order to protect that person from himself/herself, and also to protect society from the possible depredations that might be visited upon it as the direct result of that mentally ill person's madness.

In the hospital the schizophrenic person would be given adequate medical care, food, a warm and safe place to sleep, and a fellow-group of patients to interact with, both male and female, and from which emotionally-enriching friendships hopefully may grow and flourish. And, most important of all, along with their daily regimen of psychotropic drugs, which in reality are nothing more than chemical straitjackets, they have a further chance to interact with each other in group therapy sessions and, if they are very fortunate, to be given the opportunity to engage in individual psychotherapy with a psychologist or psychiatrist. For no "cure" will ever be possible without the schizophrenic person first gaining deep insight into the severe bisexual conflict and gender confusion which initially triggered his/her psychotic breakdown, and is now the primary cause of their hospitalization.

None of these psychological tools to aid in the patient's recovery from mental illness is available on the mean, dog-eat-dog streets of big-city America, or on the streets of any other nation, for that matter. Some municipalities, however, do their very best to provide help to their mentally ill, homeless populations, but nothing can compare to that which a truly well run, enlightened and psycho-dynamically-oriented mental hospital will be able to provide to its patients.

753 I suppose that one thing I'd like to get across to you is that I have tried. Tried what? I guess what I'm saying is that I tried with all my might to stay in the closet to change whom I am. Most people in a similar situation would say the same. You try so hard that your knowledge of whom you are is on a very subconscious level most of your life. The older I got, the more I became aware of whom I was. And the more I vehemently kicked it under the rug. I know there was a limit to my sanity living this way. I honestly toyed with the fact that leaving this life might cause less pain for everyone involved. I came to the conclusion that my kids would probably rather have me here and flawed, than not here. I'm not saying this to be dramatic. I'm simply stating a fact. For years I've been tossing around ideas and trying to figure out ways to deal with myself and my situation. I have absolutely hated the way that I have disappointed so many people.

[*To My Dear Family*, para 5, writer's name deleted for privacy reasons. [See also Impressions item 54, this website.]]

The above Quotation clearly shows how the immense psychic and physical effort required for a person to repress his or her powerful bisexual conflict and gender confusion will lead inexorably, if the conflict is not resolved, to insanity and/or self-destruction - twin elements of schizophrenia, the "bearded lady" disease. Most fortunately, this wife and devoted mother, plagued by years of fiercely battling against her deepest sexual and emotional feelings, finally summoned forth the enormous courage and intellectual honesty necessary to face the truth about herself thereby saving her own life, both literally and figuratively, as well as allowing her to remain a loving mother to her children, and a close and caring friend of their father.

This brave woman speaks of being "flawed," as if homosexuality were some sort of flaw. It is no more of a "flaw" than being heterosexual is a "flaw". Both sexual orientations are elemental parts of the ebb and flow of human desires and emotions - in essence, a direct inheritance from our mammalian ancestry.

754

A. Bridgeville, Pa. - Tortured by loneliness and his lack of success with women, George Sodini developed a plan to get even. On Tuesday night, he executed it, opening fire in a fitness center here and hitting 12 women, 3 fatally, before turning a gun on himself. [.....]

In his online journal, which has since been taken off the Internet, Mr. Sodini, a programmer-analyst at a local law firm, said that he had not had a girlfriend since 1984 and that he had not had sex since July 1990, when he was 29.

"I actually look good," Mr. Sodini wrote in an entry dated Dec. 29, 2008. "I dress good, am clean-shaven, bathe, touch of cologne - yet 30 million women rejected me - over an 18- or 25-year period. That is how I see it. Thirty million is my rough guesstimate of how many desirable single women there are."

"A man needs a woman for confidence. He gets a boost on the job, career, with other men, and everywhere else when he knows inside he has someone to spend the night with who is also a friend." [.....]

Mr. Sodini's writings and rationale are all too familiar, said Dr. Michael Welner, a forensic psychologist and adjunct law professor at Duquesne University in Pittsburg, who has studied mass murderers.

"Mass shooters aim for the attention and notoriety of other mass shooters," he said. "If you read this blog, it may explain to the reader why he feels hopeless, but it doesn't explain why he decides to take the lives of innocent strangers, which is the point. He's channeling that sense of masculine, sexual failure into a conquest that results in a mass killing."

[.....] Trish Cowen, who lived across the street from Mr. Sodini for 13 years, said he had been friendly but had largely kept to himself. "I never saw any women over there, and he wasn't bad looking," Mrs. Cowen said. "I don't understand it. I just assumed he was gay."

["Gunman Drew Dark Portrait of Loneliness Before Shooting Women," by Sean D. Hamill, *The New York Times*, August 6, 2009, p. A-16.]

B. What was unusual about Sodini was how explicit he was in his blog about his personal shame and his hatred of women. "Why do this?" he asked. "To young girls? Just read below." In his gruesome, months-long rant, he managed to say, among other things: "It seems many teenage girls have sex frequently. One 16 year old does it usually three times a day with her boyfriend. So, err, after a month of that, this little [expletive] has had more sex than ME in my LIFE, and I am 48. One more reason." [.....]

Soon after the Virginia Tech slayings, I interviewed Dr. James Gilligan, who spent many years studying violence as a prison psychiatrist in Massachusetts and as a professor at Harvard and N.Y.U. "What I've concluded from decades of working with murderers and rapists and every kind of violent criminal," he said, "is that an underlying factor that is virtually always present to one degree or another is a feeling that one has to prove one's manhood, and that the way to do that, to gain the respect that has been lost, is to commit a violent act."

["Women At Risk," Bob Herbert, *The New York Times*, August 8, 2009, p. A-17.]

Once again a person suffering from paranoid schizophrenia, the "bearded lady" disease, has suddenly "run amok," resulting in the wounding and slaughter of more innocent citizens.

The two professors commenting on this particular case, and the countless other cases similar to it, are correct about the shooter(s) being afflicted with a sense of masculine (sexual) insecurity, but they do not delve deeply enough into the problem of why this particular factor should often lead so tragically to outright insanity and bloodshed. The answer, of course, is that this sense of sexual insecurity, which is common to all such shooters, invariably has its root in their severe bisexual conflict and gender confusion, and that this basic conflict is always the triggering factor which leads directly to their schizophrenic breakdowns and resultant murderous rampages.

Trish Cowen, who was George Sodini's neighbor for 13 years and said she had never seen any women with him during all that time, even though "he wasn't bad looking," provided the explanation for this case - and of all others like it - when she intuitively remarked that "I just assumed he was gay."

For Mr. Sodini was gay, although at a deeply repressed, unconscious level, and it was these powerful, albeit totally frustrated homosexual longings which had finally driven him insane (paranoid schizophrenic) and were the direct cause of the terrible rage which led him to perpetrate his sudden, lethal assault on the 12 unsuspecting women in the Bridgeville gym, with such tragic consequences.

Mr. Sodini was "insanely" jealous of all women, since at a deeply unconscious level that is the gender he himself wished to be. During his "gruesome, months-long rant" before his attack on the gym, he noted that "It seems many teenage girls have sex frequently. One 16-year-old does it usually 3 times a day with her boyfriend. So, err, after a month of that, this little [expletive] has had more sex than ME in my LIFE, and I am 48."

One more reason. Note here that Mr. Sodini is not insanely jealous of the boy who is having sex three times a day with his girlfriend, but is insanely jealous of his girlfriend! Why? Because again, at a deep unconscious level, he would like to be that 16-year-old girl having sex three times a day with her boyfriend, thereby highlighting both his powerful homosexual feelings towards the boyfriend and his consequent longings to be of the opposite sex - specifically in this instance to be the 16-year-old girl so that he could then satisfy his overwhelmingly urgent homosexual, or opposite-sex sexual cravings - and like her, "usually three times a day." He has completely identified himself here with the girl rather than with the boy, thereby clearly demonstrating his severe bisexual conflict and gender confusion.

"I dress good, am clean-shaven, bathe, touch of cologne - yet 30 million women rejected me - over an 18- or 25-year period. That is how I see it."

Except for the "clean-shaven" reference (although females are also "clean-shaven"), this could be a woman describing herself to a friend while

wondering why she does not have more boyfriends. And Mr. Sodini's "touch of cologne" comment is especially feminine-tinged.

The original Greek meaning of "paranoia" was explained as being a diseased psychological condition comprised basically of "faulty reasoning," and this faulty reasoning invariably leads to unwarranted feelings of distrust of others and false feelings of being persecuted by others. Both these factors can be observed at work here in every facet of Mr. Sodini's thinking and reasoning. The Greeks combined all forms of madness under the rubric of paranoia, and with good reason, for all madness has at its etiological root the pathogenic factor of severe bisexual conflict and gender confusion. Or, as the brilliant Bulgarian psychoanalyst, Julia Kristeva, has so cogently observed: "Sexual identity guarantees our psychic unity." Unfortunately, Mr. Sodini's "sexual identity" had been fractured into a thousand disparate pieces, with horrific consequences ensuing therefrom.

"Back in the fall of 2006," Bob Herbert further reports in his New York Times column of August 8, 2009 (Quotation B. above), "a fiend invaded an Amish schoolhouse in rural Pennsylvania, separated the girls from the boys, and then shot 10 of the girls, killing five." It is glaringly obvious that this "fiend" loved the boys and not the girls, as did M. Sodini, and as do all beserkers who run amok and kill. In some cases the victims may also include members of the same sex as are the killers (as in the Virginia Tech and Columbine massacres), but only because such shooters also hate and fear their own powerful homosexual attraction to these same-sex members, and consequently in their paranoid madness they attempt to destroy not only the furiously envied females but also any males who may tempt and stir up their repressed and terrifying homosexual feelings.

In summary, all persons who run amok and kill others for no rationally discernible reason, do so because they are afflicted with paranoid schizophrenia - the "bearded lady" disease - the etiological root of which pathological condition invariably stems from the ever-present factor of severe bisexual conflict and gender confusion. Furthermore, this deadly "beserker" syndrome will never be completely eradicated until this universal truth about its cause is fully acknowledged and acted upon accordingly, and before more such tragedies can reoccur.

"We must recognize," wrote the great psychoanalyst, Dr. Edward J. Kempf, in his monumentally important work, *Psychopathology*, 1920, "that the sexual affections are still the greatest constructive forces of the personality if properly conditioned and adjusted, but also that they may become the most insidiously, irresistibly destructive if perverted or unconditionally repressed."

Mr. Sodini's true "sexual affections" were most certainly "perverted" and "unconditionally repressed," and thereby became, as Dr. Kempf teaches us, "irresistibly destructive." The above equation applies equally and truly to every person throughout history who has suddenly run amok and left death

and destruction in his or her wake, and furthermore it applies to every one of history's other "beserkers," such as Hitler, Stalin, and most recently Osama bin Laden, who cold-bloodedly ordered the destruction of nearly 3,000 innocent persons by means of an insane suicidal aerial attack on New York's Twin Towers on September 11, 2001. But of course the consequences of bin Laden's madness pale, at least for now, in comparison to the almost unimaginable death and destruction wreaked upon the world in the near past as the direct result of the same paranoid schizophrenic madness afflicting other men, such as Adolph Hitler, Joseph Stalin and Mao Tse-tung, and Pol Pot of Cambodia, to name only the most prominent of an ever-lengthening list of such madmen.

Psychologically speaking, all mass murderers throughout history are George Sordini's writ large, victims themselves of the "bearded lady" disease – paranoid schizophrenia.

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A. Ms. [name deleted]

I hesitate sending an email because I know they somehow can end up going around the world. However, I will risk it to hopefully give you some insight into my son, [name deleted] who now goes by the name [woman's name]. I am his biological mother [name deleted] who he has denied as being his biological mother for some 25 years.

I'd like to believe that this letter will be kept confidential the same as if you were speaking to a patient. Ever since [son] was 22 years old he's been in and out of mental wards at least six times that I'm aware of. Always diagnosed as schizophrenic and/or psychotic. He has taken medicine for these afflictions all these years. He's had ups and downs and we've stood by him as a family only to be taken advantage of over and over again. His [a family member] was recently taken by ambulance to the ER with chest pains because of the problems [son] left behind in [location deleted]. His [a family member] provided him a house of his own the past six years and it turned out to be a pig sty. [Son] left in the middle of the night and took a bus to [location deleted] and just left the mess behind.

In May last year [son] was put in the mental ward at [hospital name deleted] in [location deleted] because of a diabetic episode (so I was told). Then he wrote and told me they gave him a pill in the hospital that would make him become a woman. Ever since then he has written dozens of email letters to me and his brother stating how he will become a woman using specific drugs. We wouldn't have a problem with him being transgender except we don't believe that is the case. We believe he has taken on the personality of a woman and therefore, dresses and says he is a woman.

Do you have all of his past medical records so that you can better assist him? I have pretty much gone along with all the bizarre things that he has

written to me but I haven't believed them. Like telling me he's been having a monthly period and finding blood in his panties. He gets very upset if I don't believe him so I pretend. As a family we are extremely confused. I can forward you some of his messages to give you an idea if it would be helpful.

He gave me your card and I looked at your Myspace entry. I found you to be a delightful person and I'd even be pleased to have you for a friend (not that it would happen as I live in [location deleted]). Nevertheless, I'm concerned that [son] (woman's name) is not getting the proper medication if he is still schizophrenic. Can a person be schizophrenic for 25 years and suddenly not be and then just as suddenly become transgender? Never in his life have I seen a feminine side to him. He's always acted like a man.

This is long and I have so much more I'd like to say but I know your time is valuable. I also know that legally you can't tell me anything because [son] has rights. Which I find amazing because we as a family have no rights.

Forgive the intrusion. I just wish I understood. I do know that [son] has abused the system and has gotten money from all kinds of sources. He's financially a disaster and always has been. He dare not even return to [location deleted] or [location deleted] because of bad debts.

I recently sent [son] some money and told him exactly what to do with it. He didn't do what I said and I let him know. He fired back a nasty email typed in huge red letters and I haven't heard from him since. Naturally, I am always concerned about his safety and the safety of others around him. He has quite a temper and screams and yells and talks to himself when he thinks he's alone.

Thank you for your time.

Sincerely,

[Name deleted for privacy reasons - Please also refer to Impressions 65-70]

B. He was seeing a psychiatrist when he was in high school because the school called me and told me if I didn't have him committed they would. He was 15 then.

[From the boy's mother - See Quotation A. above.]

This is the case of a middle-aged man who had managed to keep his severe bisexual conflict and gender confusion under total repression since early adolescence, with the consequences of his having done so leading directly to the appearance of his lifelong schizophrenic symptomatology - as is universally the case is all occurrences of schizophrenia. These powerful repressed forces, both physiological and emotional, finally gained such

enormous strength and urgency in his unconscious mind that they overwhelmed the prohibitive, repressing ego and burst forth into conscious awareness as a completely compelling and authentic feeling that he was turning into a woman. And this is the paranoid psychological state he currently inhabits - firmly and stubbornly (psychotically) convinced that, through no fault or desires of his own, his formerly male body is inexorably transforming itself into a female one.

This case is almost exactly analogous to that of the widely-cited one of the schizophrenic German Judge, Daniel Paul Schreber, who at midlife suddenly experienced a similar bisexual, gender confused sexual identity crisis, with comparable symptoms and outcome to those of the middle-aged man reported on above. In Schreber's case, it was his psychotic belief that God wanted him to change into a woman so that God could procreate with him by means of "divine rays," for the sole purpose of creating a new species of human beings. By contrast, in the case reported on in Quotation A. above, this schizophrenic man's psychotic belief is that certain female genes ("XX") necessitate his change into the female form and consequently he is powerless to resist this transformation.

Sigmund Freud has posited, and correctly so, that all paranoid psychoses have their root in the psychotic person's denial, or repression, of his or her powerful homosexual feelings and sexual cravings, which, if they finally do break through into consciousness, are rationalized as being caused by forces beyond the control of the paranoid schizophrenic person. In other words, the psychotic person feels that these ego-dystonic homosexual, or opposite-sex feelings, are not really his or her own but are imposed upon them by ruthless outside forces (thus the paranoia), thereby freeing them from assuming any conscious personal responsibility for these formerly - prior to their repression and the cause of their repression - intolerably painful and distressing to the ego desires and feelings.

Furthermore, it is to be noted here that this man's schizophrenia was already glaringly evident at age 15, and this is the reason "schizophrenia" was formerly known by the name of "dementia praecox" (early dementia), due to the fact its first overt symptoms often manifested themselves during the afflicted person's early pubertal years when the first powerful biological sexual urges appear. If at this time there was already established within the future schizophrenic's psyche a strong conflict and sense of confusion about his or her primary sexual identity, due to severe familial emotional warping, then these powerful pubertal sexual forces, suddenly unleashed during this pivotal time in the conflicted individual's life, provide the "energy" force which "fuels" the myriad symptoms of their schizophrenia, such as hallucinations, both visual and audio (hearing voices) - and paranoid thoughts and feelings.

It has been stated that "Schreber's name is legion." The above case is but one more example of the truth of this statement.

[Please see further references to the renowned paranoid schizophrenic, Daniel Paul Schreber, in the books Schizophrenia - The Bearded Lady Disease, Volume One and in Volume Two, as well as on this website: www.Schizophrenia-TheBeardedLadyDisease.com]

756 "SHAKE THE DEVIL OFF" opens with the suicide of Zackery Bowen, an Iraq war veteran who ended his life in 2006 by leaping from a roof in the French Quarter. In Bowen's pocket, the New Orleans police found his dog tags, keys and a note that read: "I had to take my own life to pay for the one I took. If you send a patrol to 826 N. Rampart you will find the dismembered corpse of my girlfriend Addie in the oven, on the stove and in the fridge along with full documentation on the both of us and a full signed confession from myself."

The police went to the couple's apartment, where they discovered that Bowen had murdered Addie Hall more than a week earlier, then baked her legs in a tinfoil pan, packed her torso in the refrigerator and boiled her head, hands and feet in pots. Yet as soon as the author, Ethan Brown, finishes recounting these horrific details, his first question is: "Why was Zackery Bowen, a former Army sergeant, a veteran of two wars (Kosovo and Iraq), and a beloved bartender and deliveryman in the French Quarter, in such unimaginably deep emotional pain?" [.....]

The author finds in Bowen a singular example of such double-barreled post-traumatic stress, and produces interviews to show that Bowen was both fun-loving and responsible before going to Iraq, where he became depressed. The depression grew worse after he got home, and his marriage fell apart. Bowen drank and took drugs, then fell in love with Hall, a volatile poet and bartender who also abused alcohol and drugs. The couple lived through Katrina, refusing to evacuate, and afterward their relationship became turbulent. Brown reports that Bowen, who had begun frequenting gay bars, eventually entered into a secret homosexual relationship. When Hall found out, she broke up with him, and they were fighting over their apartment on the night Bowen killed her.

Brown concludes that the combined post-traumatic stress from Iraq and Katrina is the reason Bowen killed Hall and himself, and the jacket echoes this cry, claiming that the book is a tribute "to two victims of these disasters, Zackery Bowen and Addie Hall." [.....]

A more nuanced analysis would consider Bowen's drug and alcohol abuse, his cover-up and confusion about his sexuality, his reaction to his parents' divorce and his unhappy adolescence, during which he exhibited low self-esteem and dropped out of his California high school. Although Brown has reported all the facts that would support a fuller explanation, his sympathy for

his subject has led him to a shakier conclusion. There is a difference between explaining and explaining away.

Interestingly, Bowen himself didn't blame either Iraq or Katrina for the murder. In his last note, he alone assumed responsibility, referring to the life "I took." [.....]

["A Streetcar Named Despair," by Lisa Scottoline, in a *New York Times Book Review*, September, 2009.]

The author of the book, Shake the Devil Off, asks the question: "Why was Zackery Bowen, a former Army sergeant, a veteran of two wars (Kosovo and Iraq), and a beloved bartender and deliveryman in the French Quarter, in such unimaginably deep emotional pain?"

The true answer to this question is that Zackery Bowen had been driven homicidally/suicidally insane as the direct result of his severe bisexual conflict and gender confusion, a conflict which had plagued him since early adolescence. When this deeply repressed conflict finally burst forth into his conscious awareness, it caused him to run amok and slaughter Addie Hall in a fit of overpoweringly lethal rage, followed shortly by his own self-destruction.

Only a person suffering from an acute paranoid schizophrenic psychosis - the "bearded lady" disease - could have carried out such a brutal physical assault upon another human being, including the surgical-like dismemberment of that person, as Bowen had done to the body of his estranged wife, Addie Hall.

Bowen's severe underlying mental illness first began to surface during his Army tour in Iraq, where he suffered from "depression," and when he returned home this depression "grew worse". Consequently, his first marriage was disrupted, or "fell apart," leading him later to a second marriage to the ill-fated Addie Hall. Both Bowen and Hall are said to have abused drugs and alcohol, indicating that not just Bowen, but Addie Hall also, was afflicted with schizophrenia, the "bearded lady" disease. Their short-lived lives together were reported to have been volatile and turbulent, as would be the natural consequence of their, or any other couple's, folie a' deux.

When Bowen's lifelong-repressed homosexuality eventually gained access to his conscious awareness, he started visiting gay bars, and consequently soon became involved in a "secret" homosexual relationship. But obviously it was not secret enough to keep Addie Hall from finding out about it, and thus the stage was set for the horrifying resolution of the problems besetting these two tragedy-prone, mentally ill human beings, both of whom were ultimately destroyed by mankind's oldest nemesis – schizophrenia, the "bearded lady" disease - and which resolution has been so shockingly and painfully detailed by Lisa Scottoline in the above Quotation.

A. Howard Unruh, who carried out one of America's most infamous mass shootings, killing 13 people, three of them children, in a 20-minute, seemingly emotionless stroll through his neighborhood in Camden, N.J., in September 1949, died Monday at a nursing home in Trenton after 60 years' confinement. He was 88. [.....]

Mr. Unruh was found to have paranoid schizophrenia and never stood trial. He was confined to the high-security Vroom Building for the criminally insane at Trenton Psychiatric Hospital until 1993, when he was transferred across the grounds to less restrictive wards in a geriatric unit.

When Mr. Unruh gunned down his neighbors, the shootings were particularly shocking because no one could remember anything like that. And few of his neighbors, in the working-class Cramer Hill section of East Camden, had paid him much notice. An army veteran who had seen extensive combat in Europe with the artillery in World War II, he lived in a three-room apartment in the 3200 block of River Road with his mother, Freda.

He had often accompanied her to St. Paul's Evangelical Lutheran Church and was known to read his bible frequently. A graduate of Woodrow Wilson High School in Camden, he entered Temple University's pharmacy school in the fall of 1948 but soon dropped out. At age 28 he was unemployed and supported by his mother, who was estranged from her husband and worked as a packer for a soap company in Camden.

On the morning of Tuesday, Sept. 6, 1949, Mrs. Unruh fixed her son a breakfast of fried eggs and cereal. Moments later, she was astonished to see him threatening her with a wrench. She ran from the apartment to a friend's home.

At 9:20 a.m., Mr. Unruh, a slender 6-footer, wearing a brown tropical suit, white shirt and bow tie, stepped into the sun-splashed street and walked to a shoemaker's shop on his block. He pulled out a 9 millimeter German Luger he had purchased at a Philadelphia gun shop in January 1947 and pointed it at the owner, John Pilarchik, 27.

"I had leveled the gun at him, neither of us said nothing, and I pulled the trigger," Mr. Unruh told a psychiatrist a month later. "He had a funny look on his face, staggered back and fell to the floor. I realized then he was still alive, so I fired into his head." [.....]

On his final stop, Mr. Unruh broke into a home and wounded Madeline Harris, 36, and her son Armand, 16. [.....]

"Men and women dodged into open shops, the women shrill with panic, men hoarse from fear," Mr. Berger [the journalist who reported the story] wrote.

"No one could quite understand for a time what had been loosed in the block."

Mr. Unruh fled to his apartment. Some 50 police officers converged there and blazed away with machine guns, shotguns and pistols.

During an interlude, the assistant city editor of the Camden Courier-Post, Philip Buxton, phoned the house. Mr. Unruh answered his call.

Mr. Buxton asked Mr. Unruh how many people he had killed.

"I don't know, I haven't counted," he said. "Looks like a pretty good score."

"Why are you killing people?" Mr. Buxton asked.

"I don't know," Mr. Unruh replied.

After the police fired tear gas, Mr. Unruh came outside, his hands held high, his bow tie still in place.

A psychiatric report found that Mr. Unruh had felt his neighbors were persecuting him and belittling him, "that they were thinking of him as a homosexual."

The report described him as a "master of suppressed rage," who harbored a "smoldering anger."

Mr. Unruh's brother, James, said later that "since he came home from the service, he didn't seem to be the same."

"He was nervous," James Unruh said.

His father, Samuel, said Mr. Unruh had "built a shell around himself we could never penetrate."

Moments after Mr. Unruh surrendered a policeman said to him: "What's the matter with you? You a psycho?"

"I'm no psycho," Howard Unruh replied. "I have a good mind."

["Howard Unruh Dies at 88; Gunned Down 13 of His Neighbors in 1949," by Richard Goldstein, *The New York Times (Obituaries)*, Tuesday, October 20, 2009, p. B13.]

B. Syracuse (AP) - The father of the man who killed 13 people inside an immigrant services center in Binghamton, N.Y., said he had never seen his son with a handgun and did not know he owned one. [.....]

On April 3, Mr. Wong, 41, walked into the American Civic Association and opened fire with two handguns, killing 13 people and wounding four others before taking his own life.

Mr. Voong said his son kept to himself and rarely interacted with his family even though they shared a house in Johnson City, near Binghamton.

Mr. Wong's parents said that they did not learn of his role in the shootings until they read a newspaper the next day. [.....]

In an interview conducted in Vietnamese at the newspaper's offices, Mr. Voong, 66, and Ms. Thong, 61, said they did not know if their son was mentally ill.

Mr. Voong said the only time that he had seen erratic behavior or sought treatment for his son was 19 years ago. At that time, Mr. Wong told his father that he believed someone was trying to kill him. Mr. Voong said that he took his son to a hospital, but that doctors sent him home after two hours, saying they could find nothing wrong with him.

Mr. Wong's delusions did not surface publicly again until April 6, when a letter written by Mr. Wong arrived at a television station in Syracuse. Mr. Wong wrote that undercover police officers taunted him, tortured him and spread rumors about him.

Mr. Voong said he had never seen any officers calling or visiting his son.

To his parents, Mr. Wong lived a nearly silent existence for the last 19 years. According to his father, that silence deepened two weeks before the shooting. Mr. Wong stopped eating dinner or watching television and rarely emerged from his bedroom.

"All parents raise their children to be good human beings," Mr. Voong said. "You never imagine in your wildest dreams that they would end up doing something so horrific."

["Gunman's Parents Express Sorrow for His Rampage," (AP), *The New York Times*, April 14, 2009, p. A-17.]

C. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequel to unfortunate prolongation of the attachment of the son and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son relationship must be evident. The failure of growth of heterosexual interests, with persistence of auto-erotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict - often immediate precursors of grave psychosis - and of the various homoerotic and autoerotic procedures, on the other.

[Harry Stack Sullivan, M.D., *Personal Psychopathology - Early Formulations*, W. W. Norton & Company, Inc., New York, 1965, 1972, p. 211.]

Howard Unruh and Jiverly Wong were both suffering from paranoid schizophrenia - the "bearded lady" disease - and it was at the direct consequence of this pathological condition that they eventually "ran amok" in a murderous frenzy, cold-bloodedly destroying 26 men, women and children during the course of their insane rampages, and wounding several more. Mr. Wong's suicide, following his own rampage, brought the total number killed to 27.

Unfortunately and tragically, this is an all-too-familiar story, one whose devastating consequences have been reported on frequently throughout recorded history. And due to the widespread nature of the underlying pathogenic conflict which had driven these killers insane, namely, their severe, repressed bisexual conflict and gender confusion, these tragic massacres of unsuspecting persons will continue to occur all-too-frequently, far into the future.

The fact that Mr. Unruh "felt his neighbors were persecuting him and belittling him" and "that they were thinking of him as a homosexual," points to his paranoid projection onto his neighbors of his own unconscious awareness that he indeed was a homosexual. Likewise, when Mr. Wong wrote "that undercover police officers taunted him, tortured him and spread rumors about him," undoubtedly this "taunting" and "rumor-spreading" were, in his delusional, paranoid mind, connected to their supposed belief that he, too, was a homosexual, although Mr. Wong never actually used the word "homosexual," as Mr. Unruh had done.

Dr. Sigmund Freud wrote in his Notes on a Case of Paranoia (The Complete Psychological Works of Sigmund Freud, Vol. 12, Hogarth Press, London) that "We should be inclined to say that what was characteristically paranoid about the illness was the fact that the patient [Judge Daniel Paul Schreber], as a means of warding off a homosexual wishful phantasy, reacted precisely with delusions of persecution of this kind."

"These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. [.....] The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were all astonished to find that in all of these cases a defence against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief." [.....]

As Dr. Freud has illustrated how repressed bisexual conflict/gender confusion leads inevitably to schizophrenic symptomatology - the "bearded lady" disease - Dr. Lewis B. Hill, in paragraph C. above, explains how the factor of homosexuality initially gains a potentially pathogenic foothold in a person's psyche due to the "unfortunate prolongation of the attachment of the son and the mother." (Although unstated here by Dr. Hill, this same pathogenic formula is equally valid in the case of "prolonged attachment" in the mother/daughter relationship.)

It is very obvious in Howard Unruh's case that he and his mother had a most "unfortunate prolongation" of their "attachment." And the end result of this pathogenic mother/son symbiotic relationship was his psychic

emasculatation and consequent homosexuality, which in turn was repressed, leading directly to his schizophrenic psychosis and following murderous paranoid rampage. It should be added here that his mother, who in reality was his "emotional emasculator," almost became the first victim of his sudden explosive rage and ensuing killing spree.

Mr. Jiverly Wong, 41, had lived the last 19 years of his life with his parents. Obviously he, too, like Howard Unruh, falls into Dr. Hill's category of a man who has had an "unfortunate prolongation of the attachment of the son and the mother," leading to his own psychic castration and resultant homosexuality, which, when repressed, led inexorably to his paranoid schizophrenic breakdown with its lethal spree of violence aftermath.

For Mr. Wong's parents to state "they did not know if their son was mentally ill" shows a spectacular ignorance, or denial of, the basic facts of what constitutes mental health. Here was a man who had lived a "nearly silent existence" in his parents' house "for the last 19 years," obviously with few or no friends of either sex, and had finally "stopped eating dinner or watching television and rarely emerged from his bedroom." This is a classic description of a man who is on the verge of committing suicide, or its emotional opposite - homicide - or both, as happened so tragically in Mr. Wong's case.

Thus we see in both these cases the workings of a universally valid equation: "Unfortunate prolongation of the attachment of the son and the mother" leads directly to the development of homosexuality in the son [and daughter]. If then unconditionally repressed, this homosexual factor becomes the pathogenic core of all schizophrenic symptomatology, with its numerous attendant pathological conditions and extreme dangers.

As Mr. Wong's father said, "All parents raise their children to become good human beings. You never imagine in your wildest dreams that they would end up doing something so horrific." It is certain that the parents of Adolph Hitler, Joseph Stalin, Mao Zedong and countless other schizophrenic-plagued individuals who have committed monstrous crimes against humanity, would wholeheartedly agree with Mr. Voong's tragic statement about his son.

Most unfortunately - schizophrenia, the "bearded lady" disease - will continue to bedevil mankind on a daily basis, long into the future, or at least until this unshakeable truth about its primary etiology is finally universally acknowledged and accepted.

Afterword:

"We must recognize that the sexual affections are still the greatest constructive forces in the personality if properly conditioned and adjusted, but also that they may become the most insidiously, irresistibly destructive if perverted or unconditionally repressed. This statement is based upon the

study of more than two thousand psychopathic and criminal personalities of many nationalities and intellectual levels."

[Edward J. Kempf, M.D., Psychopathology, C. V. Mosby Company, St. Louis, MO, 1920, p. 749. (See also Quotation 262, p. 179, in Schizophrenia - The Bearded Lady Disease, Volume One)]

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A. KILLEEN, Tex. - It was still dark on Thursday when Major Nidal Malik Hasan [39-years-old] left his aging apartment complex to attend 6 a.m. prayers at the brick mosque neat Fort Hood. Afterward, he said goodbye to his friends there and asked forgiveness from one man for any past offenses.

"I'm going traveling," he told a fellow worshiper, giving him a hug. "I won't be here tomorrow."

Six hours later, Major Hasan walked into a processing center at Ft. Hood where soldiers get medical attention before being sent overseas. At first, he sat quietly at an empty table, said two congressmen briefed on the investigation.

Then, witnesses say, he bowed his head for several seconds, as if praying, stood up and drew a high-powered pistol. "Allahuakbar," he said – "God is great." And he opened fire. Within minutes he had killed 13 people [and wounded 31].

But relatives and acquaintances say tensions that led to the rampage had been building for a long time. Investigators say Major Hasan bought the gun used in the massacre last July, days after arriving at Fort Hood.

Major Hasan's behavior in the months and weeks leading up to the shooting bespeaks a troubled man full of contradictions. He lived frugally in a rundown apartment, yet made a good salary and spent more than \$1,100 on the pistol the authorities said he used in the shootings. He was described as gentle and kindly by many neighbors, quick with a smile or hello, yet he complained bitterly to people at the mosque about the oppression of Muslims in the Army. He had few friends, and even the men he interacted with at the mosque saw him as a strange figure whom they never fully accepted into their circle.

"He was upset," said Duane Reasoner Jr., an 18-year-old who attended the mosque and ate frequently with Major Hasan at the Golden Corral restaurant. "He didn't want to go to Afghanistan." [.....]

During his years in Washington, Major Hasan turned increasingly toward Islam, relatives and classmates said. In part, he was seeking solace after the death of his parents, in 1998 and 2001.

Mr. Hamad, the uncle, said Major Hasan took the death of his parents hard, isolating himself and delving into books on Islam rather than socializing.

"But this was a few years ago, and I thought he had coped with it," Mr. Hamad said.

Major Hasan also seemed to believe that his mosque could help him find a wife, preferably one of Arab descent, he told imams. Faizul Khan, the former imam at the Muslim Community Center in Silver Spring, Md., said he knew women who had been interested in Major Hasan because he had a good job. But he did not find any of them pious enough, the imam said.

Though Major Hasan told his cousins that he planned to marry sometime this year, he was not known to ever have had a girlfriend, relatives said. [.....]

The former classmate, who spoke on condition of anonymity because of working for the military and not being authorized to speak, said some students complained to their professors about Major Hasan but that no action had been taken. "It didn't cross my mind that he was dangerous," the former classmate said. "He's a chubby, bald guy. He wasn't threatening."

One of Major Hasan's supervisors, Dr. Thomas Grieger, said that Major Hasan had difficulties while at Walter Reed that required counseling. But Dr. Grieger said that such counseling was not uncommon, and told CNN that Major Hasan "had responded to the supervision that he received." [.....]

In May, after completing the fellowship, he was promoted to major and two months later, he was transferred to Fort Hood, the Army's largest post. When he arrived there on July 15 - deployment to Iraq or Afghanistan - seemed almost certain. [.....]

The tenants generally saw him leave early and come home late in the afternoon, usually in his fatigues. He never had visitors, they said, but he was friendly with his neighbors. [.....]

In early September, he also began worshiping at the Islamic Community of Greater Killeen mosque, on the southern outskirts of town, which about 75 families attend. He prayed there as often as five times a day, kneeling in a plain room with bright green carpet. [.....]

But he was wrestling with his role as a Muslim. He invited Osman Danquah, the cofounder of the mosque to dinner at Ryan's restaurant and asked him how he should counsel young Muslim soldiers who might have objections to the wars.

Mr. Danquah, a retired sergeant, told him the soldiers had no excuse since it was a volunteer Army and they could always file as conscientious objectors.

"I got the impression he was trying to validate how he was dealing with it," Mr. Danquah said.

Major Hasan also applied to become a lay Muslim chaplain on the Army post, according to an Army chaplain, who requested anonymity. [.....]

Then in late October, Major Hasan told the iman, Syed Ahmed Ali, that he was leaving Texas for Virginia to live with his family there. He said, "Pray for me," Mr. Ali said.

But he never left. The night before the shooting, he had dinner with Mr. Reasoner and said he felt he should not go to Afghanistan.

"He felt he was supposed to quit," Mr. Reasoner said. "In the Koran, it says you are not supposed to have alliances with Jews or Christians, and if you are killed in the military fighting against Muslims, you will go to hell."

["After Years of Growing Tensions, 7 Minutes of Bloodshed," by James C. McKinley Jr. and James Dao, *The New York Times*, Monday, November 9, 2009, pp. A1 and A16.]

B. Hasan was a walking contradiction; the counselor who himself needed counseling; the proud soldier who did not want to fight, at least not against fellow Muslims; the man who could not find a sufficiently modest and pious wife through his mosque's matchmaking machinery but who frequented the local strip club. A man supposedly so afraid of deployment that he launched a war of his own from which he clearly did not expect to return alive. "Everyone is asking why this happened," said Hasan's family in a formal statement, "and the answer is we simply do not know." [.....]

"We've known for the last five years that [deployment to Afghanistan] was probably his worst nightmare," cousin Nader Hasan told Fox News. "He would tell us how he hears horrific things That was probably affecting him psychologically."

That diagnosis seems like sentimental nonsense to people who noted how well Hasan matched the classic model of the lone, strange, crazy killer: the quiet and gentle man who formed few close human attachments but, reported *The New York Times*, used to chew up food and let his pet parakeet eat it from his mouth; when he rolled over during a nap and accidentally crushed it to death, he visited the bird's grave for months afterward. [.....]

"It was a systemic problem," the officer says. "The same thing was happening at Walter Reed." The vital question for the military and our own security is whether political correctness - or the desire to promote diversity - prevented the Army from recognizing and dealing with a problem in its midst, a problem in plain sight. According to a coworker, Hasan would not even allow his photo to be taken with female colleagues. "People are afraid to come forward and challenge somebody's ideology," explains Hasan's classmate, "because they're afraid of getting an equal-opportunity complaint that can end careers." NPR reported that top officials at Walter Reed held meetings in the spring of 2008 in which they debated whether Hasan was "psychotic." "Put it this way," an official told NPR. "Everybody felt that if you were deployed to Iraq or Afghanistan, you would not want Nidal Hasan in your foxhole." [.....]

A top Pentagon official admits there may be some truth to the charge. "We're wondering why some of these strange encounters didn't trigger

something more formal," he says. "I think people were overly sensitive about Muslims in the military, and that led to a reluctance to say, 'This guy is nuts.' The Army is going to have to review their procedures to make sure someone can raise issues like this."

["Terrified Or Terrorist?," by Nancy Gibbs, *Time* (magazine), November 23, 2009, pp. 28-31.]

C. More than thirty years of intensive investigation of these problems permits me to make the general statement that in man [and woman] every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation.Dementing schizophrenia is essentially a regression to the cloacal level of hermaphroditism. I am quite sure that it would be easy to demonstrate these factors in any case and often within an hour of investigation.

["Bisexual Factors in Curable Schizophrenia," Edward J. Kempf, M.D., (presented at the annual meeting of the American Psychiatric Association, May 18, 1948), *Journal of Abnormal Social Psychology*, Vol. 44, 1949, pp. 514-519. Note: See this article in its entirety on a separate link on this website.]

D. We must recognize that the sexual affections are still the greatest constructive forces of the personality if properly conditioned and adjusted, but also that they may become the most insidiously, irresistibly destructive if perverted or unconditionally repressed.

[Edward J. Kempf, M.D., *Psychopathology*, C. V. Mosby and Company, St. Louis, MO, 1920.]

E. In any case, the appearance within awareness of the homoerotic interest stirs such violent self-reproach that a dissociation or a vigorous defensive process results. If the self is able to dissociate the abhorrent system, the personality continues to be in grave danger of panic with succeeding schizophrenia, unless the sexual tensions are being drained of by some collateral procedure such as frequent masturbation or more or less autosexual intercourse with women [with men in the case of females/jmm]. Moreover, under cover of the dissociation, experience in any case continues to be integrated into the dissociated system and its partition in the personality to grow.

[Harry Stack Sullivan, M.D., *Personal Psychopathology*, W. W. Norton & Company, New York, 1965, 1972, p. 212.]

As in all cases of persons who run amok and murder other innocent people, this "shooter," Major Nidal Hasan, was suffering from schizophrenia, the "bearded lady" disease, caused by his "unconditionally repressed" [Dr. Edward J. Kempf] and overwhelmingly powerful bisexual conflict and gender confusion.

Becoming noticeably stranger following the deaths of his parents in 1998 and 2001, especially that of his mother - he "became very religious after their mother died," - "...isolating himself and delving into books on Islam rather than socializing," according to various news reports. This was the beginning of his observable clinical depression, though undoubtedly he had been experiencing depressive symptoms since early childhood due to the emotional "warping" effect engendered by a very powerful and unbreakable mother-son symbiotic relationship. "In the case, however, of another boy, one for example who has been seriously warped by the continued or augmented importance of a more or less primitive attachment to the mother, and who therefore is not susceptible to any marked heterosexual drives because of attachment to the mother - with rationalizations generally contributed by her in the shape, perhaps, of advice to keep away from 'bad girls,' examples of misfortune resulting from dealings with crafty females, and the like - the outcome is quite otherwise."

[Harry Stack Sullivan, M.D., Personal Psychopathology, W. W. Norton & Company, New York, 1972, 1965, p. 199.]

Despite professing a strong desire to get married, Major Hasan had found fault with every woman concerned friends had introduced him to - in the hope that one of them might prove to be a suitable partner for him - even though at age 39 he had never been known to have a girlfriend. This fact, alone, points to an extremely blighted heterosexual drive in an otherwise healthy adult man, thereby highlighting the homosexual side of his nature which consequently would have to be exceedingly powerful and dominant.

Following the death of his mother, especially, his emotional life slowly but inexorably deteriorated until he eventually reached the point of becoming a full-fledged paranoid schizophrenic - one who was primed to explode at any time due to the buildup of the intolerable tensions caused by his dammed-up bisexual urges and cravings. As the psychologically-astute Judge Daniel Paul Schreber, the subject of Professor Sigmund's Freud's famous study on paranoia, proclaimed in his Memoirs of My Nervous Illness: "I would like to meet the man who, faced with the choice of either becoming a demented human being in male habitus or a spirited woman, would not prefer the latter. Such and only such is the issue for me." Unfortunately and tragically, Major Nidal Hasan chose, albeit unconsciously, to become a "demented human being in male habitus" rather than the "spirited woman" he truly was

psychosexually, and the sudden and devastating massacre of his Army colleagues at Fort Hood was undertaken by him as the direct consequence of the paranoid insanity caused by his severe "bearded lady" conflict - which conflict is invariably the basic instigating factor in every such case of a madman running amok.

It had been known, or debated, by his superiors for some time that Major Hasan showed symptoms of being "psychotic," or "nuts," but tragically nothing was done to protect his colleagues from potential harm by him, either by isolating him or discharging him from the Army. Over the course of a severely psychologically-damaged lifetime, he had finally evolved into that most-feared type of paranoid schizophrenic madman - one who has been driven insane by his "bearded lady" disease and then runs amok and kills - a tragic situation which occurs almost on a weekly basis in communities throughout the United States, and elsewhere around the world. [Please also refer to New Quotation/Comment 757, and IMPRESSIONS items, 75-72.]

As many psychotics attempt to commit "suicide by cop," so also did Major Hasan attempt to commit "suicide by soldier," but surprisingly failed in the attempt. (Suicide has accurately been described by some investigators as the most serious symptom of schizophrenia, but far too often vicious homicidal actions precede it, as occurred in this case.)

In Islamic religious law, homosexuality has long been considered one of the capital offenses, along with adultery, and thus it would have been psychologically almost impossible for Major Hasan consciously to admit to any homo-erotic feelings or opposite-sex strivings, especially considering how fiercely he had embraced Islamic precepts following the death of his mother.

In E. above, Dr. Harry Stack Sullivan discusses how the "appearance within awareness of the homo-erotic interest" causes such a "violent" defensive reaction in the male [or female/jmm], that the afflicted person, in order to stave off a "homosexual" panic attack, tries to "drain off" these repressed homo-erotic cravings and sexual excitations by engaging in what Dr. Sullivan refers to as "auto-sexual" intercourse with a member - or members (satyriasis/-nymphomania) - of the opposite sex. This is exactly what Major Hasan was unknowingly attempting to do when he began frequenting the strip clubs near his base at Fort Hood and commenced, astonishingly so for an alleged fervent Muslim, to engage in "lap dances," etc. But this final, desperate self-remedy did not work, his homo-erotic urges were too powerful, thus precipitating in him a classic "homosexual" panic which resulted in a total loss of his emotional and physical self-control, and launched him on his insanely murderous, and ultimately suicidally-intended, path of destruction and mayhem.

As Dr. Edward J. Kempf explains, in Quotation D. above, if the individual's "sexual affections" become "perverted or unconditionally repressed," they may then become the "most insidiously, irresistibly destructive" of forces. This

is what happened in the case of Major Nidal Malik Hasan, and in the cases of all other paranoid schizophrenic, "bearded lady" victims who have suddenly "snapped" and run amok - with such lethal and tragic consequences for all concerned.

"Running amok" is a psychopathologically-caused phenomenon which has always been, and tragically always will be, an ever-present danger for mankind.

759 He managed to avoid the death penalty though when the Supreme Court changed its ruling on capital punishment. He was resentenced to 50-100 years in prison but died on December 5, 1991 from a massive heart attack.

His autopsy showed that he had an enlarged heart and occluded arteries, having blown up to 220 pounds at the time of his death. No one claimed his body and he was cremated. His ashes were disposed of in an undisclosed location.

But unfortunately, in 1996, Speck was back.

In May of that year, television journalist Bill Kurtis went behind the walls of Stateville prison and came back with a secret videotape that showed a bizarre Richard Speck with women's breasts – apparently from hormone treatments – wearing blue panties and having sex with another inmate. Segments of the video, which also showed sex and drug orgies, were shown on the program American Justice and plunged the Illinois Department of Corrections into a major scandal. The video had been shot in the middle 1980's and viewers were as repulsed to see what had become of Speck as they were by his bloody crimes.

Even after death, he was still raising hell.

[*Born To Raise Hell, The Life and Crimes of Richard Speck*, Troy Taylor, 2003 – <http://www.prairieghosts.com/speck.html>]

Note: See also <http://www.youtube.com/watch?v=i725FCBJIXA>

This is yet another of countless horrendous examples of a person running amok and slaughtering innocent persons - as the direct result of their being afflicted with paranoid schizophrenia, the "bearded lady" disease.

In this case a young man named Richard Speck, 25, on July 13, 1966, broke into a townhouse in Chicago which housed student nurses who were in training at the South Chicago Community Hospital, and cold-bloodedly proceeded to murder, either by stabbing or strangling - or both - eight of these young women, one after the other, for no apparent reason. All were total strangers to him.

But of course there was a reason behind this lethal rampage, the same reason which is the core element behind all such instances of insane persons

suddenly running amok and wreaking deadly havoc on unsuspecting victims. In all such cases, the killer is in the deadly grip of a classic, paranoid schizophrenic "homosexual panic," one which has unhinged his mind and caused him to erupt into a frenzied and delusional psychotic state which too often tragically culminates in horrific and lethal consequences for all those in his immediate vicinity, or for others whom his now floridly paranoid and delusional mind has chosen to target.

Later in prison, Richard Speck's primary "bearded lady" characteristics finally asserted themselves (see above Quotation) after a lifetime of rigid repression, and he became, in essence, the woman he had always unconsciously yearned to be - most likely ever since early adolescence due to his severely emotionally-warped childhood experiences.

His tremendous envy and hatred of women, developed as a consequence of his frustrated, repressed wish to be one himself, led directly to his murderous lashing-out at the innocent young student nurses he killed. His entire life leading up to this tragic episode had consisted of ceaseless and frantic efforts to overcompensate for his unconscious, feminine, homosexual nature by obsessively behaving in exactly the opposite way - "Born To Raise Hell."

Speck's childhood background of having had a father who died when he was six-years-old, thereby depriving him of a potentially admired or beloved masculine figure with whom to identify himself as a male - which lack was further exacerbated by his later having a stepfather who was alleged to have been a drunkard who beat him savagely, and a mother said to have been an extremely strict and pious Baptist - all these factors combined were a toxic mix which left Speck with an emotionally-scarred childhood which seeded his unconscious desire to be a female rather than a male, undoubtedly on the "childish" assumption that he would have been more beloved and cherished had he been a member of the opposite sex. And since he was the seventh of eight children, which included several sisters, he may certainly have perceived, or felt, that his sisters were favored over him. In fact, later in prison, following the brutal slaying of the eight young nurses, he finally did achieve that previously repressed and persistently longed-for goal of becoming the "female" he had always wished to be, thereby experiencing, as one of the "queens" among the men imprisoned with him, the "perverse" love and caring he had always searched for.

The great tragedy in this case, as in all similar "running amok" cases, is that its ghastly consequences could have been avoided if only the perpetrator had been recognized as a severely disturbed individual at an earlier stage of his [or her] illness, and at that critical juncture had received the necessary psychological counseling to encourage him [or her] to address the severe bisexual conflict and gender confusion which invariably lies at the root of the paranoid schizophrenic, "bearded lady" illness.

A. The Family of the Schizophrenic

The reader must be aware that all the studies of the family of schizophrenics were made after the patient became obviously sick and in most cases had grown to be an adult. The assumption is made that the study of how the family is at the time of the illness and the eliciting of past history give an adequate picture of the family environment during the time preceding the psychosis. Moreover, often the appraisal of the family was in many studies strongly influenced by the personal account of it given by the patient himself. Nevertheless, there is no doubt that one of the first vivid impressions that we get in dealing with patients and their relatives is that the family of the patient is not a happy one, or at least was not so in the formative years of the patient. The unhappiness, although aggravated at times by realistic situations such as poverty and physical illness, was as a rule determined by psychological factors, predominantly by the unhappy marriage of the parents. The marriage was unhappy not only because of the character incompatibility and personality difficulties of the parents but also because such difficulties, instead of being compensated for or countered by less destructive defenses, were enormously aggravated by the process of living together. This atmosphere of unhappiness and tension, although all-pervading and pronounced, in many cases is not apparent to the casual observer, as an attempt is made by all concerned to conceal it not only from the external world but also from themselves. At times, it is almost totally repressed and replaced by psychological insensitivity.

B. Many authors have described special family constellations in schizophrenics. In the first edition of *Interpretation of Schizophrenia*, [4] I described one which I have encountered frequently. A domineering, nagging, and hostile mother who gives the child no chance to assert himself, is married to a dependent, weak man, too weak to help the child. The father does not dare to protect the child because of fear of losing his wife's sexual favors, or simply because he is not able to oppose her strong personality. By default more than by his direct doing he becomes as crippling to the child as the mother is.

Occurring less frequently in the United States, but still frequently enough, is the opposite combination; a tyrannical or extremely narcissistic father is married to a weak mother who tries to solve her problems by unconditionally accepting her husband's rules. These rules do not allow her to give enough love to the child and to be considerate enough of his affective requirements. In these families, the weak parent, whether mother or father, becomes antagonistic and hostile towards at least one child, because she or he (the parent) displaces her or his anger from the spouse, who is too strong to be a

suitable target, to the child. In 1957, Lidz et al.[59] described the same type of family constellation, to which they gave the name of "marital skew."

Lidz and his associates [58-64] found that the role of each spouse in the family cannot be well established and that no attempt is made by them to complement or to help each other. There is no possibility of getting together, of reciprocal understanding and cooperation, no mutual trust, no confidence, but rivalry, undercutting of worth, threat of separation, and enrollment of the children's support against the other. Each partner is disillusioned in the other: the husband sees the wife as a defiant and disregarding person who also fails as a mother. The wife is disappointed because she does not find in her husband the father figure she expected. In this background, the family is often split into two factions by the overt *marital schism* of the parents. Generally, the children belong to one side of the schism or to the other and have to contend with problems of guilt because of their divided loyalty.

C. Even before the family of the patient was studied as a unity, the various members, and especially the parents, were studied individually, although, as already mentioned, often by relying greatly on how the patient experienced them. Some authors have followed [Frieda] Fromm-Reichmann in referring to the mother as "schizophrenogenic." They have described her as over-protective, hostile, overtly or subtly rejecting, overanxious, cold, distant, etc. Because of these characteristics, she was unable to give herself to the child and was unfit for motherhood. Rosen[76] referred to her perverse sense of motherhood.

In the writings of a large number of authors, she was described as a malevolent creature, and portrayed in an intensely negative way. (Sullivan, [82,83] Rosen, [75,76], Hill, [41], Limentani, [65] Bateson et al, [19] Lu, [66] Lidz and Fleck [63]).

The father of the schizophrenic has also been studied by Lidz and his associates. [53,64]. Whereas previous authors had emphasized the weakness, aloofness, and ineffectiveness of the father in the paternal role, Lidz and associates described him as insecure in his masculinity, in need of great admiration for the sake of bolstering his shaky self-esteem, occasionally paranoid or given to paranoid-like irrational behavior.

["Schizophrenia: The Psychodynamic Mechanisms and the Psychostructural Forms" (Chapter 24), by Silvano Arieti, in Volume III, *American Handbook of Psychiatry - Second Edition, Revised and Expanded*, Basic Books, Inc., New York, 1974, pp. 552-554.]

The so-called "marital skew," or "marital schism," explored by Dr. Silvano Arieti and colleagues in Quotations A, B, and C above, is the breeding ground for producing not only future schizophrenics, but also for producing future

homosexuals – schizophrenia and homosexuality being the opposite sides of the same "coin." When the developing homosexuality is repressed or denied, then schizophrenic symptomatology begins.

The father of a schizophrenic patient once told the patient's therapist that "When I married I was only half a man, and could only marry half a woman." The sex of the schizophrenic patient in this particular case was not noted, but is inconsequential because the above equation, so simply but powerfully elucidated by the father, describes perfectly the emotional "petri dish" from which grow all the schizophrenic, as well as the homosexual, offspring of such severely bisexually conflicted and gender confused parents.

All of these parents' psychic difficulties - as outlined so clearly and emphatically in the above quotations - and which have such deleterious and toxic effects upon the emotional and sexual development of their children, have their root, as we can see, in the parents' own "skewed," or "schismatic," basic sexual orientation. Instead of having just two parents, one masculine and the other feminine, the children have, in psychic reality, four parents - the masculine father and the feminine father; the feminine mother and the masculine mother. Figuring out and properly identifying with four such parents, instead of the one of each sex, proves to be such an insurmountable task for the great majority of such children exposed to such confounding parental emotional and sexual signals, that consequentially they fall prey, during the early pubertal course of their emotional and sexual development, to severe schizophrenic and/or homosexual difficulties.

"When I married I was only half a man, and could only marry half a woman."

Within that simple, heartfelt quotation, is contained the answer to the source of all future functional mental illness in the children of such parents - as well as that of their homosexuality - since schizophrenia is invariably the end result of their homosexuality denied and repressed.

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A. MIDWEST

Iowa: Murder Conviction in Death of High School Football Coach

An Iowa man was convicted of first-degree murder Tuesday in last year's shooting death of a nationally known high school football coach. The jury found Mark Becker, 24, guilty of shooting the coach of Aplington-Parkersburg High School, Ed Thomas, 58, at least six times in front of students in the school's weight room. Mr. Becker told the police that Mr. Thomas was Satan and had been tormenting him. (AP)

[*The New York Times*, 3/2/2010, p. A18]

B. FOOTBALL

Guilty Verdict in Coach's Shooting

A jury in Allison, Iowa, convicted Mark Becker on Tuesday of murder in the shooting last June of Ed Thomas, his former football coach at Applington-Parkersburg High School. Jurors deliberated more than 24 hours before convicting Becker, 24, of first-degree murder, rejecting his plea of not guilty by reason of insanity. The verdict carries a mandatory sentence of life in prison.

Becker told psychiatrists that after months of torment, he shot Thomas at least six times in the high school weight room, then kicked his body before walking away. Prosecutors acknowledged that Becker had a mental illness but said that he coldly calculated the killing, taking practice shots with the .22 caliber pistol he used to kill Thomas and lying to people in his search for the coach. Thomas had a 292-84 record in 37 seasons as coach and was a leader in rebuilding the town of Parkersburg after nearly a third of it was destroyed by a tornado in May 2008. (AP)

[*The New York Times*, 3/3/2010, p. B14.]

C. Without going further into all the details of the course of his illness, attention is drawn to the way in which from the early more acute psychosis which influenced all psychic processes and which could be called hallucinatory insanity, the paranoid form of illness became more and more marked, crystallized out so to speak, into its present picture.

This kind of illness [paranoia] is, as is well known, characterized by the fact that next to a more or less fixed elaborate delusional system, there is complete possession of mental faculties and orientation, formal logic is retained, marked affective reactions are missing, neither intelligence nor memory are particularly affected and the conception and judgment of indifferent matters, that is to say matters far removed from the delusional ideas, appear not to be particularly affected, although naturally because of the unity of all psychic events they are not untouched by them. [.....] Nevertheless, the patient is filled with pathological ideas, which are woven into a complex system, more or less fixed, and not amenable to correction by objective evidence and judgment of circumstance as they really are; the latter still less so as hallucinatory and delusory processes continue to be of importance to him and hinder normal evaluation of sensory impressions.

["Medical Expert's Report to the Court," by Dr. G. Weber, Superintendent of Sonnenstein Asylum, 9th December 1899, in *Memoirs of My Nervous Illness*, by Dr. jur. Daniel Paul Schreber, Wm. Dawson & Sons Ltd., London, 1955, p. 271.]

Mr. Mark Becker, the "shooter" in this case, is obviously afflicted with a very severe case of paranoid schizophrenia, attested to by the fact that he reported to the police after fatally shooting his coach, Ed Thomas, that Mr. Thomas "was Satan", and that he had killed him after enduring "months of torment" by him.

As is invariably the case in every occurrence of paranoid illness, the basic motivating factor in the paranoid person's actions is always based upon a defense against his (or her) overwhelmingly powerful, repressed, and therefore unacknowledged homosexual passions and drives. In this particular case Mr. Becker had, for whatever unconscious psychological reasons, developed a strong homosexual attraction to his coach, which attraction was then violently repressed and repudiated by him, leading directly to the development of his paranoid, delusory ideation. "I LOVE him" was countered immediately by "No, I don't LOVE him, I HATE him." Soon thereafter the inevitable "paranoid shift", or projective phenomenon, occurred: "No, I don't hate HIM, he hates ME and is consequently tormenting and trying to destroy me. Therefore, to protect myself, I have to kill him before he kills me." However, in psychic reality, by killing his coach, Mr. Becker has "killed" the object of his powerful homosexual temptation and attraction, and thereby, in his delusional mind, temporarily freed himself from the dreadful and terrifying possibilities of homosexual fulfillment.

What the prosecutors and jury in this case did not understand was that just because the defendant, Mr. Becker, had, as was charged, "coldly calculated the killing, taking practice shots with the .22 pistol he used to kill Thomas and lying to people in his search for the coach," that these facts alone did not prove that the defendant, although admittedly suffering from a "mental illness" was truly insane. How mistaken they all were, for Mr. Becker was indeed insane, afflicted with paranoia, the end stage of schizophrenia and the one which is the most difficult, if not impossible, to treat. This fact is what had once led Dr. Sigmund Freud pessimistically to declare that "In schizophrenia the victory lies with repression." And what is being repressed are always the schizophrenic's powerful homosexual drives and desires - sexual cravings which he (or she) experiences as being too psychologically painful and terrifying ever consciously to confront and deal with. In this case Mr. Becker's paranoid schizophrenia ultimately led to the tragic death of Mr. Thomas, supposedly beloved by all who knew him, formerly also including the defendant himself, but whose own love for his coach included overwhelmingly powerful elements of homosexuality which, being intolerable to his ego, were consequently repressed and thereby converted into the energy source which fueled his lethal, paranoid hatred for the "Satan" who had long "been tormenting him."

As Dr. G. [Guido] Weber explains so clearly in Quotation C. above, in speaking of his Sonnenstein Asylum patient, Daniel Paul Schreber - probably

history's most famous and studied, as well as self-studied, psychiatric patient - that in paranoia, "next to a more or less fixed elaborate delusional system, there is complete possession of mental faculties and orientation, formal logic is retained, marked affective reactions are missing, neither intelligence nor memory are particularly affected and the conception and judgment of indifferent matters, that is to say matters far removed from the delusional ideas, appear not to be particularly affected, although naturally because of the unity of all psychic events they are not untouched by them."

Daniel Paul Schreber's "fixed elaborate delusional system" was that he was changing into a woman; Mark Becker's was that his former football coach, Ed Thomas, had become Satan and that he was being unbearably tormented by him. Nevertheless, both Schreber and Becker, despite seemingly normal reactions in other fields of thought and behavior, not touching upon their "fixed elaborate delusional systems," would be considered under present U.S. law as legally responsible for any crimes committed by them. Yet in reality, both men were as insane as it is humanly possible to become due to their fixed, unassailable paranoid ideation. Thus when Mark Becker's jurors mistakenly rejected his plea of "not guilty by reason of insanity," they were unknowingly committing a great injustice themselves - one which is committed on an almost daily basis in the vast majority of American courts. Our prisons have now become our mental hospitals.

762 Koro*

The origin of the word "koro" is not clear. It may stem from the Malayan word "kuru," shake; the Javanese word "keruk," shrink; or according to Yap,[153] from the Javanese word for tortoise. The Chinese and Southeast Asians call the glans penis tortoise.

The Chinese name for the syndrome is "shook yong." It has been known in China for centuries. One of their emperors died supposedly of shook yong. The Chinese author Pao described it in 1834. He claimed that it is precipitated by exposure to cold or by the ingestion of cold or raw food. It starts out with abdominal pain, spasms, and cyanosis of the limbs, retraction of the penis and scrotum into the abdomen; then, there is trismus, and finally death. It is a serious emergency. According to Chinese folk medicine, it is related to the female middle meridian which is supposedly governed by the liver - the organ most susceptible to worry, fear and anger. One of the triggering causes is believed to be excessive intercourse or improper sexual relations.

The symptoms usually start without warning. The patient, usually between thirty and forty years of age, is suddenly worried that his penis will disappear into his abdomen and that he will die. To prevent this from happening, the patient has to grip his penis firmly; when he becomes tired, his wife, relatives, or friends can help him. The Chinese constructed a special wooden clasp for this purpose. At times, fellatio, practiced by the patient's wife, can

stop the phobia, otherwise it can last for days, or even weeks. Linton [97] describes a female equivalent of koro in Borneo where the patient is afraid that her breasts are shrinking as well as her labia, which would lead to the disappearance of important female characteristics.

The Chinese believe that shook yong is caused by an imbalance of yin and yan. The prevalence of the female factor yin must be countered by the administration of a drug which increases yan, for example powdered rhinoceros horn.

Our male patients, afflicted by castration anxiety, choose different symbols to express their fears. They may be worried about the length of their penises, of being homosexual, etc. What makes Southeast Asian or Chinese patients adopt their particular symbolism is impossible to say without intimate knowledge of their culture.

[Johannes M. Meth, "Exotic Psychiatric Syndromes," Chapter 32, p. 730, in *American Handbook of Psychiatry*, Second Edition, Volume Three, Adult Clinical Psychiatry, Basic Books, Inc., Publishers, New York, 1974.]

The information contained in the above quotation proves, beyond a doubt, that schizophrenia - the "bearded lady" disease, has been bedeviling both men and women in many, if not all, different cultures and countries, for many centuries.

The Chinese "shook yong" is basically the product of severe bisexual conflict and gender confusion, as it was intuitively recognized by both physicians and laity of that era: "The Chinese believe that shook yong is caused by an imbalance of yin and yan. The prevalence of the female factor yin [in men] must be countered by the administration of a drug which increases yan, for example powdered rhinoceros horn." Likewise in females, "Linton [97] describes a female equivalent of koro in Borneo where the patient is afraid that her breasts are shrinking as well as her labia, which would lead to the disappearance of important female characteristics." (Unfortunately, no mention was made of any "drug" which might be administered to such afflicted women to increase their "yin.")

"Shook yong," or "koro," in both men and women, is precipitated by "an imbalance of yin [female] and yan [male]" - which "imbalance", when either repressed or denied, invariably serves as the basic etiological factor in all functional mental illness, including schizophrenia.

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Amok

Amok or running amok is another syndrome first described in Malaya, but also found in many other parts of the world, for example in the Philippines, in Africa, in the Caribbean, in Tierra del Fuego, etc. The "going berserk" of the

old Vikings was probably similar to running amok. It used to be common in Malaya until the beginning of this century. According to van Wilfften Palthe,[151] it was observed with regularity among the patients of the old Batavia Hospital until the old building was replaced by a modern structure and until modern medical care was instituted in 1914. Since then, amok has become rare among hospital patients. Van Wilfften Palthe claims that he has never observed or heard about a case of amok among the many Malaysians living in European countries.

In the early days of American occupation of the Philippines, a number of American soldiers became victims of amok Moros, a Moslem tribe. When the Moros' level of education was raised, amok disappeared. Maguigad[102] claims that amok is still quite frequent in the Philippines. It also appears to be fairly common among the Papuans of New Guinea under the name of "Neginegi" or "Lulu," and in Melanesia.

The "Puerto Rican Syndrome," or *Mal de Pelea* is, in my opinion, similar to amok, although the outcome is usually less gruesome. As in amok, the patient withdraws at first and gets into a brooding mood. All of a sudden and without any recognizable provocation, he becomes violent and strikes out at anyone near him. [43]

According to Zaguirre [159] and Kline, [74] the premorbid personality is impulsive, emotionally hyperreactive, according to other authors schizoid [schizophrenic – jmmahoney]. However, the psychodynamic interpretation is probably the same. The patient's attempt at conflict-solution by repressing his hostility is failing. He makes a last desperate attempt by withdrawing within himself. According to Maguigad, amok derives from the Malayan word "amoq," which means engaging in furious battle. It is a life or death battle against a feeling of complete disintegration. I have sometimes sensed this feeling in a patient who from a catatonic stupor suddenly switched to catatonic excitement. It is a last-ditch attempt at survival against the inner forces which are about to disintegrate him.

The Bantus express this idea in their belief that a person destined to die may escape death by killing someone else in his stead.

In other words, the amok patient externalizes his desperate need to destroy the death bringing inner conflict by killing other persons. The most violent cases of amok seem to occur in cultures which demand repression of hostility, as in Malaya, Bandung, and the Philippines. In Puerto Rico, violence is more acceptable, and, in fact, expected of males under certain circumstances. The investment of energy in the repression of hostility is not large and therefore the violence - once repression fails - is of a lesser degree. [43]

The multiple acts occasionally committed in Western countries by persons with a schizoid personality resemble the clinical picture of running amok and

may be due to similar psychodynamic mechanisms. These acts have been the subject of several novels by authors like Camus and D'Annunzio.

[Johannes M. Meth, "Exotic Psychiatric Syndromes/Functional Psychoses and Related Conditions," Chapter 32, pp. 729-730, in *American Handbook of Psychiatry*, Second Edition, Volume Three, Adult Clinical Psychiatry - Basic Books, Inc., Publishers, New York, 1974.]

The so-called "running amok" syndrome is invariably triggered by a sudden and severe intensification in the afflicted individual - male or female - of an underlying homosexual conflict which is threatening to break through the unconscious psychic defenses of the conflicted person's ego and gain access to conscious awareness. In psycho-analytic terminology, this condition is always referred to as a person being in a state of "homosexual panic."

As can be seen from the above quotation, the "amok" syndrome is widespread throughout the world and has been wreaking havoc for many centuries, too often leaving a trail of death and destruction in its lethal wake. Currently in the United States alone, almost daily examples of individuals suddenly "running amok" and killing and injuring others, often including themselves, are headlined in the news media. It is certain that frequent, similar examples could be found chronicled in the news media of most, if not all, other countries as well.

According to two of the authors cited above, Zaguirre and Kline, the person who suddenly runs amok has a "premorbid personality" which is "impulsive, emotionally hyper-reactive, according to other authors schizoid." And in the insightful understanding of another clinician, Maguigad, the word amok "derives from the Malayan word 'amoq,' which means engaging in a furious battle. It is a life or death battle against a feeling of complete disintegration." He adds that "I have sometimes sensed this feeling in a patient who from a catatonic [schizophrenic] stupor suddenly switched to catatonic excitement. It is a last-ditch attempt at survival against the inner forces which are about to disintegrate him."

These "inner forces which are about to disintegrate" the patient invariably stem from the patient's "bearded lady disease" - his severe, unconscious bisexual conflict and gender confusion, the basic etiological factor inevitably to be found at the very core of the "running amok" schizoid, or schizophrenic syndrome.

The terrible fear and hatred of their "perverse" opposite-sex feelings and sexual cravings which are finally threatening to break through into conscious perception, often after many years of severe denial and repression, initiates the so-called "schizophrenic break," or "homosexual panic." And unfortunately this panic frequently mutates into a furious hatred which reflects the combination of extreme anger and monumental fear that the schizophrenic

person unconsciously experiences with regard to his own overwhelmingly powerful and perverse - in his own mind, that is - emotions and desires. This hatred and fear is then paranoically projected and deflected outwards onto an unsuspecting society, too often triggering another tragic "running amok" episode.

Unfortunately mankind will never see the end of this terrifying phenomenon - or at least not until its core etiology - schizophrenia, the "bearded lady" disease - becomes universally recognized and dealt with appropriately.

764 Q.: *Are the patterns so regular that it is legitimate to generalize about these families?*

LIDZ : You have to categorize somewhat if you are to speak of general patterns. We knew very early in our studies that a large number of families of schizophrenic patients were severely disturbed. In describing the nature of this disturbance it is common to find that in many families parents do not get along, are in fact in open conflict with one another much of the time. But here, in the schizophrenic family, one parent undercuts the worth of the other to the child. The parent tries to win the child's support in the conflict with the other parent. Each tries to give the child the sense that he needs this support. It happens more commonly with a girl who gets caught in what we call a schism in her family. If she sides with one parent she must necessarily be rejected by the other, a variation of the double-bind. The child can never be right, and thus finds herself in an untenable situation. Commonly the girl sides with the father and becomes psychotic. This should not be at all surprising, for the child needs a positive role model from the parents, especially from the parent of the same sex with whom she can in some way identify. When the child grows up feeling different from her mother, a negative orientation is established. The father encouraged the view that her mother is no good, that she must be different from her mother to be cared for by him. And the girl knows, somehow, that no matter what she does she is not going to be cared for by the father. He will never really be satisfied.

This is an area in which we have done a good deal of work, but Laing [R.D.] has misrepresented the whole thing in a way that I don't understand. In our work to which Laing refers, we were talking about a family model, not actual family transactions. In certain kinds of schizophrenic families there is apt to be a breakdown of boundaries between the two generations. The child is being used by the parent to complete his life. Often in such situations there is a good chance for the reversal of role-models, and so on. Also, in a schismatic family, although the mother may seem concerned for the girl, there will be something inimical in her manner of relating - she will not be able to show proper, convincing affection. And as the mother fails in not being

affectionate or maternal she provides a great handicap to the girl's development as a mother, should she conceive herself in these terms.

Of course it is not always obvious what is wrong in the family milieu. In a family in which the mother seeks completion from the son she is frequently unable to set up boundaries between them, for she does not know what is going on in herself or in the son. Often the very fact she is a woman makes the mother feel that she cannot achieve anything like completion, that she must turn to the son. The child is given a laxative, and why not? Because the mother is constipated. She cannot grasp that the child will begin to see the world differently than she does. And in such families the pattern is not countered by the father, who in these families is typically passive. The mother in fact married him because he was passive and would not interfere. We find that the mother is usually near psychotic, as manifested in peculiar ways of talking and of calling the family together. And there is a markedly excessive concern to keep the child from others outside the family, especially other children. In such relative isolation from outside norms, without a proper male role model, a boy will be thrown back on the need to be special, different from his father. In this pattern, as in others, communication problems lead to the schizophrenic reaction in the child.

[Dr. Theodore Lidz, in *R.D. Laing & Anti-Psychiatry*, Edited by Robert Boyers, Harper & Row Publishers (copyright 1971 by Skidmore College), Interviewers: Robert Orril, Robert Boyers, pp. 167-169.]

The same family dynamics to be found at work in the average schizophrenogenic family, which Dr. Theodore Lidz has so brilliantly enumerated in the above quotation, apply equally to the family which produces homosexual sons and daughters, for in reality they are the same family.

The daughter who identifies with her father rather than with her emotionally inadequate mother, becomes masculine, as does the son who identifies with his mother rather than with his emotionally inadequate father, becomes feminine. He, along with his sister, lack an emotionally adequate same-sex figure in their developmental life with whom to identify, one which will enable the son to escape the bonds of his CBI (close-binding-intimate) relationship with his mother, and the daughter her CBI relationship with her father. The dominant, masculine mother uses her son to augment her masculine strivings, just as the passive, feminine father uses his daughter to bolster his feminine strivings. In psychological terms, they have both castrated their children - the mother steals the penis from her son to complete her masculine self and the father steals the vagina from his daughter to complete his feminine self, thus leaving their children with the terrible unconscious choice of either becoming homosexual or else schizophrenic - the schizophrenia invariably occurring as the direct result of

the repression and denial by these castrated children of their inevitable homosexuality.

Parents who are deeply conflicted, albeit often unconsciously, about their own sexual orientation, are the ones to whom the term "schizophrenogenic" should always be applied. A new term (by this writer) - "homosexogenic" - should similarly be affixed to these families, and thus a new psychological configuration has hereby been born: The "homosexogenic/schizophrenogenic" family – homosexuality and schizophrenia being the opposite sides of the same psychic "coin."

A constant, immutable law of nature is that homosexuality denied and repressed inexorably mutates into schizophrenia. And Dr. Theodore Lidz, in the above quotation, has clearly delineated for the reader the emotionally-skewed family psychodynamics which are always to be found at the core of the bisexual/gender confused conflicts which lead inevitably to the tragic manifestations of this terrible illness – schizophrenia.

765 In 2003, a German computer expert named Armin Meiwes advertised online for someone to kill and eat. Incredibly, 200 people replied, and Meiwes chose a man names Bernd Brandes. One night, in Meiwes's farmhouse, Brandes took some sleeping pills and drank some schnapps and was still awake when Meiwes cut off his penis, fried it in olive oil and offered him some to eat. Brandes then retreated to the bathtub, bleeding profusely. Meiwes stabbed him in the neck, chopped him up and stored him in the freezer. Over the next several weeks, he defrosted and sautéed 44 pounds of Brandes, eating him by candlelight with his best cutlery.

[Robin Marantz Henig, in a review of the book *How Pleasure Works/The New Science of Why We Like What We Like*, by Paul Bloom. 280 pp. W.W. Norton & Company. (New York Times Book Review, June 27, 2010, p. 6.)]

Underlying this horrific account of the paranoid schizophrenic interaction between two madmen, is a powerful and fixed undercurrent of repressed homosexuality which permeates every aspect of it.

The one man allows himself to be castrated and killed by the other man, who then partially devours his victim, treating the latter's penis as a special, fried-in-olive oil, "delicacy" — but not before having offered his dying victim a portion of his dismembered penis to eat.

The "penis" is the central element in this story. The insane victim offers his up as a "gift" to his insane killer, and his killer accepts it and eats it. Through agreeing to his castration, the victim symbolically changes his gender from male to female — proof of his basic underlying bisexual conflict and gender confusion. And the man who castrates him is also in a state of severe bisexual conflict and gender confusion. Close examination of the personal lives of both

these men would undoubtedly show a complete lack of any intimate female companionship throughout their lives.

Thus schizophrenia, the "bearded lady" disease, has reared its ugly head once again — in this particular case leaving one monstrously gruesome death with its following bizarre, cannibalistic rituals, in its wake.

766 Allow me to share a recent encounter with a nut job. It occurred on the very day I'd been looking forward to for weeks. My generous friend [name deleted] was treating me to dinner and the San Francisco Symphony. Our favorite couple, [names deleted], would join us for the evening. With only small worries nagging me (i.e., not smudging the wet lilac polish on my fingers and toes), I blasted my Tom Petty tunes and enjoyed a beautiful day.

As I stood in front of my closet, deciding between my fabulous brown-and-cream wrap dress and my sexy little black number, someone banged on the front door. Since it was too early for [name deleted] and the [names deleted], I didn't answer it; however, the loud knocking persisted. I finally opened the door to a woman I'd never seen before. Clad in exercise attire, I thought perhaps she couldn't find the nearby trail head. Unfortunately, she wasn't lost. She was looking for me.

My visitor was tall, attractive and seemingly normal. I stepped outside, asking if I could help her. She immediately began ranting that I was responsible for her financial woes. (Later, I found out that she is in real estate, but clearly the devastated housing market isn't nearly the economic influence that I am.) I tried responding, but she wasn't listening.

The wacko then got to the real point. She wanted me to know that she's watching me and looking in my windows. OK. Got it. Right before I shut the door in her face, I asked her name. Surprisingly, the bizarre woman revealed both her name and address. Lucky memy stalker is also my neighbor. Apparently, she believes I'm personally responsible for structural defects in our complex and doesn't believe she should have to contribute to the repair costs.

The whole incident was so upsetting that I canceled my plans for the evening, closed all of my blinds and stayed inside the entire weekend. [continued.....]

["Barking mad / >>SINGLE IN THE SUBURBS," by Nikki Silverstein, *The Pacific Sun*, October 1 - October 7, 2010, p. 20.]

Illustrated here is a classic case of paranoid schizophrenia, embodied in the aggressive actions and communications of the writer's stalking and demented next-door neighbor.

The bisexual conflict/gender-confused root of all paranoid schizophrenia is starkly manifested in this case by the stalker's obvious obsession with her

alluring single neighbor (the writer) whom she admits watching and also peering at through her windows. By doing this, there is a strong possibility she may already have observed her victim undressing, bathing or performing many other of her personal and intimate daily routines. Small wonder, then, that the writer found this news "so upsetting" that she had canceled her dinner plans "and stayed inside the entire weekend." At some conscious, or else unconscious level, the writer must have recognized the obvious homosexual implications underlying this stalker's obsession with her.

Sigmund Freud's formula for paranoia, first developed in his famous study of the case of the paranoid schizophrenic German judge, Daniel Paul Schreber, perfectly applies to all such cases, including this one.

Stalker/consciously: "I love her." [I am homosexually attracted to her.]

Stalker/in denial and repression: "No, I don't LOVE her, I HATE her."

Stalker/the inevitable "paranoid shift" having occurred: "No, I don't hate HER, she hates ME, and is thus persecuting me."

In this particular case the stalker, totally irrationally, blames the victim for being the cause of her personal financial problems and also for being the cause of the "structural defects" in the complex they both inhabit, giving this as the reason she doesn't think she should pay her fair share of the costs to fix said defects. And herein lies the danger to the stalked victims of the paranoid schizophrenic person; when the original, powerful homosexual love current is turned to hate and feelings of persecution due to its repression and the following "paranoid shift", the deranged paranoiac may erupt in fury and do bodily harm to the targets of their anger. We read about such cases everyday in the newspapers, or hear accounts of them broadcast on television or radio. This is one more reason for the victim of this particular stalker to have found the unexpected encounter with her "so upsetting."

We have all heard the old maxim that "Hell hath no fury like a woman scorned." Of course this observation applies equally to men, but it is only valid for those unfortunate men and women who suffer from paranoid schizophrenia, the "bearded lady" disease, and not, thankfully, for the great majority of more "normal" persons.

In short, the stalker described so vividly in the above quotation is "madly" in love with, or "crazy" about, her victim, albeit now at a deeply and dangerously repressed, unconscious level.

767 The former commander of Canada's largest air force base will plead guilty to the murder of two women, two sexual assaults, two charges of unlawful confinement and 82 counts of breaking and entering, mainly involving thefts of women's lingerie, his lawyer told a civilian court in Belleville, Ont., on Thursday. Col. Russell Williams, above [picture], who occasionally piloted Canadian government flights carrying the prime minister and other dignitaries, is accused of carrying out the killings in a village near Canadian

Forces Base Trenton, which provides logistical support for Canada's military mission in Afghanistan. Many of the break-ins occurred in Ottawa, where Colonel Williams also lived. The Ottawa Citizen reported that about 500 pieces of women's undergarments were seized from his townhouse there.

["Canada: Ex-Commander of Air Base to Plead Guilty to Dozens of Charges," by Ian Austen, *The New York Times*, October 8, 2010, p. A8.]

This is the chilling account of a man who has obviously been driven insane by his severe bisexual conflict and gender confusion — clearly demonstrated in this particular case by his psychotic obsession with women's "undergarments." What use he made of these female undergarments, which he constantly collected by means of breaking into homes, only he could tell us — whether to cross-dress in the privacy of his own home or perhaps to wear them underneath his regular clothing while engaged in his everyday activities. And, from the brief newspaper account of this case, it appears that Colonel Williams was an unmarried man, living alone in his Ottawa townhouse.

A somewhat similar case was reported earlier in the year in the United States in the Boston, Mass., area, where a young medical student would make dates over the internet with women whom he would then proceed to rob, and in one case, murder. When the police later raided his apartment they found a large assortment of women's panties which he had stolen from his victims, stuffed into stockings which he had hidden under his mattress, along with the gun used in the killing. (He was engaged to be married at the time.)

Both of these men were suffering from paranoid schizophrenia, the "bearded lady" disease, as the direct result of their severe bisexual conflict and gender confusion, which is invariably the cause of this most toxic and malignant of psychological conditions. Furthermore, the fact that they both killed women demonstrates their intense hatred and all-consuming jealousy of the female sex, which, at a deeply-repressed and therefore unconscious level, they both so desperately wished to be members of.

ADDENDUM: In a later, more detailed article in The New York Times "International" (10/19/2010, p. A-11), reporter Ian Austen noted that Colonel Williams, 47, indeed was married, and that he and his wife owned both a townhouse in Ottawa and a "cottage" in the "village" of Tweed," which is located 40 miles from Col. Williams's military base in Trenton. It appears his wife lived mostly in Ottawa and then spent weekends with her husband in Tweed.

He had broken into a total as 48 homes in or near Ottawa and Tweed, some repeatedly, where he would steal and photograph female underwear. "He then photographed himself — often sexually aroused or masturbating — modeling their underwear." Additionally, "He stole 87 pairs of underwear

belonging to an Ottawa high school student in a single break-in. Twice, he took loads of the stolen garments to the outskirts of Ottawa and burned them."

Tragically, Colonel Williams's paranoid schizophrenia - the "bearded lady" disease — finally escalated to the point where it drove him to the brutal and sadistic sexual assault and murder of two young women — both innocent and unsuspecting victims of his raging, "bearded lady" madness.

"Last October, he broke into the home of Cpl. Marie-France Comeau, an air force flight attendant based at Trenton who had flown with Colonel Williams. The police said she died after being beaten and having her mouth and nose sealed with tape.

"In late January, the second woman, Jessica Lloyd, 27, was reported missing. Her body was found Feb. 8."

768 S.F. — I am an attractive 47-yr.-old professional and mother and I've spent most of my life running from the knowledge that I'm a lesbian. I've never been in love with a man, including my husband, but I still got married. I fulfilled my desire to have children and to make strides in my "brilliant" career, but now I realize I was sorely misguided by my inability to put love first. Is it too late and too complicated to learn? NYR

[*New York Review of Books*/date not noted.]

There is a very strong probability that at least one (or more) of this woman's children would have become a homosexual, or else have developed schizophrenia, the "bearded lady" disease. For psychologically she is the very embodiment of the typical, so-called "schizophrenogenic" mother. Specifically, she is the mother with definite masculine, homosexual tendencies, who loves women rather than men, and who competes openly, or sometimes more subtly, with the latter for dominance both in the family and in the workplace. Consequently, her children are raised in a toxic psychological environment of sexual-identity conflict and confusion and parental hostility, the parental hostility being directed both towards each as well as towards their children, thus dooming the latter either to homosexuality or, if their homosexuality is denied and repressed - to schizophrenia.

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A. "It got worse over time," Mr. Gutierrez [*Zane*] said. He said he stopped talking to Mr. Loughner [*Jared*] last March when their interactions grew increasingly unpredictable and troubling.

"He would call me at 2 a.m. and asked, 'Are you hanging out in front of my house, stalking me?' He started to get really paranoid, and said he did not want to see us anymore and did not trust us," Mr. Gutierrez said, referring to

himself and another friend. "He thought we were plotting to kill him or steal his car."

["Police Say They Visited Tucson Suspect's Home Even Before Rampage," by Jo Becker, Kirk Johnson and Serge F. Kovaleski, *The New York Times*, January 12, 2011, p. A14.]

B. By the time he turned 20, Loughner had begun to elaborate bizarre belief systems. He was a victim of government mind control, he believed. He could fight back by inventing a new currency. He could learn to dream while conscious, which would give him the power to fly. He could invent a new grammar that would reduce government to a mere word. It was this concept that led him to ask Representative Giffords at an open meeting in 2007, "What is government if words have no meaning?" Giffords skipped lightly to the next question. Loughner was outraged that she didn't indulge his delusion. "He said, 'Can you believe it? They wouldn't answer my question,' and I told him, 'Dude, no one's going to answer that,'" Loughner's friend Bryce Tierney told reporter Nick Baumann of *Mother Jones* magazine. "Ever since that, he thought she was a fake, he had something against her."

["1 MADMAN/AND A GUN," by David Von Drehle, *Time* magazine, January 24, 2011, p. 29.]

C. He had posted on his Myspace page at some point a photograph of a United States history textbook, on top of which he had placed a handgun. He prepared a series of Internet videos filled with rambling statements on topics including the gold standard, mind control and SWAT teams. And he had started to act oddly during his classes at Pima Community College, causing unease among other students. [.....]

"No one in that class would even sit next to him," Mr. Coorough said. Another fellow student said he found Mr. Loughner's behavior so eccentric — including inappropriate remarks and unusual outbursts — that he wondered if he might be on hallucinogens. [.....]

But the rambling, disconnected writings and videos he has left on the Web are consistent with the delusions produced by a psychotic illness like schizophrenia, which develops most often in the teens or 20's. Among other complaints, Mr. Loughner's social networking pages suggest that he had grievances against Pima Community College, that he felt cheated in some way. "If I'm not receiving the purchase from a payment then I'm victim of fraud," he wrote, referencing the school, in one of his many confusing phrases posted on his videos.

His You Tube page also listed a series of favorite books. Some were novels about political dystopias — including *Animal Farm* by George Orwell and

Brave New World by Aldous Huxley. Others were about falling into phantasy worlds — like *Alice in Wonderland* and *Through the Looking-Glass* by Lewis Carroll.

In one extended Internet posting, Mr. Loughner suggested that the government was trying to trick him, or take advantage of him, although he never explained what caused these concerns. He also prepared a video that he called "My Final Thoughts: Jared Lee Loughner!"

"All humans are in need of sleep. Jared Loughner is a human. Hence, Jared Loughner is in need of sleep," he wrote. He also briefly discussed terrorism. [.....]

As recently as Saturday [January 8, the day of the shooting rampage], he posted a message on his Myspace account hinting that he was going away.

"Goodbye," he wrote at about 5 a.m. Saturday. "Dear friends.....Please don't be mad at me."

["Arizona Suspect's Recent Acts Offer Hints of Alienation," by Eric Lipton, Charlie Savage and Scott Shane, *The New York Times*, Sunday, January 9, 2011, p. 18.]

D. The night before the rampage, authorities say, Mr. Loughner, 22, dropped off at a drugstore a roll of 35-millimeter film he had shot of himself posing with a Glock semi-automatic pistol while wearing a red G-string. The authorities said he picked up the film early on the day of the shooting at a Walgreen's in the same strip mall where he would later open fire at a citizens' forum held by Representative Gabrielle Giffords, Democrat of Arizona.

In some of the photos Mr. Loughner is holding the gun near his crotch, and in others, presumably taken in a mirror, he is holding the gun next to his buttocks, investigators said. It was not clear when the photos were taken.

["Police Describe Busy Hours Before a Gunman's Attack," by Marc Lacey, Jo Becker and Sam Dolnick, *The New York Times*, January 15, 2011, p. A14.]

E. These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C. G. Jung of Zurich and Sandor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all these cases a defence against a homosexual wish was clearly recognizable at the very centre of the conflict

which underlay the disease and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.[1] This was certainly not what we had expected. Paranoia is precisely a disorder in which sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life. So long as the individual is functioning normally and it is consequently impossible to see into the depths of his mental life, we may doubt whether his emotional relations to his neighbors in society have anything to do with sexuality, either actually or in their genesis. But delusions never fail to uncover these relations and to trace back the social feelings to their roots in a directly sensual erotic wish. So long as he was healthy, Dr. Schreber, too, whose delusions, culminating in a wishful phantasy of an unmistakably homosexual nature, had, by all accounts, shown no signs of homosexuality in the ordinary sense of the word.

[1] Further confirmation is afforded by Maeder's analysis of a paranoid patient J. B. (1910). The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.

["On the Mechanism of Paranoia," in *Notes on a Case of Paranoia*, Volume XII, 1911-1913, The Standard Edition of the Complete Psychological Works of Sigmund Freud, The Hogarth Press and the Institute of Psycho-Analysis, London, 1958, pp. 59-60. (Translated from the German under the General Editorship of James Strachey, in Collaboration with Anna Freud, and Assisted by Alix Strachey and Alan Tyson.)]

Jared Lee Loughner was afflicted with paranoid schizophrenia, the "bearded lady" disease, a malignant mental illness and the direct cause of his "running amok" and shooting to death six people and wounding 13 others, on January 8, 2011, in Tucson, Arizona. Included among the wounded was a member of the U.S. House of Representatives, Gabrielle Giffords, Democrat of Arizona.

Severe bisexual conflict and gender confusion, the root cause of this devastating mental illness — devastating for both the afflicted schizophrenic person and for his or her victims, the latter whether actually physically injured or just emotionally so — can always be ascertained in every case history of this illness if one delves deeply enough into the schizophrenic person's bisexually and gender-confused conflicted psyche.

In Quotation A above, a perfect example of the paranoid mechanisms of denial and projection, followed immediately thereafter by "the paranoid shift",

is illustrated. Sigmund Freud was the first investigator to elucidate the inner workings of paranoia in his "Notes on a Case of Paranoia" (1911), arguably his most important contribution to the field of psychopathology. The following is the Freudian interpretation of this particular instance of Jared Loughner's paranoid ideation. Loughner's powerful homo-erotic love for his best friend, Zane Gutierrez, would be countered in Mr. Loughner's mind, first with a strong denial, "No, I don't LOVE him, I HATE him." Then comes the projection and "paranoid shift," "No, I don't hate HIM, he hates ME and wishes either to kill me or else steal my car." It is at this juncture that Mr. Gutierrez, along with their mutual friend who is supposedly also "stalking" Loughner, and mentioned here by him in his paranoid phantasy world, could very easily have become the first innocent targets of Mr. Loughner's simmering and lethal paranoid schizophrenic, "bearded lady" rage.

Once loved — now hated and feared.

In Paragraph B, further striking examples of Loughner's paranoid thinking are documented. And when Loughner asked Representative Giffords the question "What is government if words have no meaning?" and she basically ignored it, she mortally endangered herself without realizing it, as her reaction to his nonsensical question angered him greatly. He never forgot or forgave this self-perceived and self-inflicted public "humiliation," and it had festered in his paranoid mind until that very moment he shot her, point-blank in the head, on that terrible morning in Tucson.

The first hidden indications of Loughner's underlying effeminate nature are detailed in Quotation C., where his list of favorite books included "Alice in Wonderland" and "Through the Looking Glass," both books more appropriate for a young girl than for a supposedly virile, 22-year-old man. It would seem that at some deep, unconscious level, Loughner had identified himself as a young girl. And he was known to be something of a "mama's boy" by his friends.

And then in Paragraph D., further startling evidence of Loughner's basically effeminate nature is presented. His self-photographed pictures, which he retrieved from the drugstore on the morning of the shooting, showing him naked in a red G-string, with the black Glock pistol held against his crotch, and then against his buttocks, demonstrate vividly the overwhelmingly powerful, bisexually-conflicted and gender-confused cravings over which he had lost total control, and the denial and frustration of which urgent cravings had finally driven him into a maniacally paranoid, homicidal rage. The Glock held next to his crotch was his masculine, penis substitute to help him counter his effeminate "G-string" nature, and the Glock by his buttocks symbolized a longing for passive, anal-erotic sexual intercourse.

Finally, in Paragraph E., Sigmund Freud unveiled to the world, for the first time, the secret "language" of paranoid schizophrenia, which illness encompasses all functional mental illness, including schizophrenic symp-

tomatology. He had pulled back the opaque curtain of ignorance and superstition, which for centuries had blinded and bedeviled those investigators dedicated to trying to discover the basic cause of mental illness.

And as horrific as Mr. Jared Lee Loughner's actions were on the morning of January 8, 2011, in Tucson, Arizona, they must be considered in relation, for purposes of perspective, to the depredations of at least two other notoriously paranoid schizophrenic persons — Adolph Hitler and Joseph Stalin, who between them, as the direct outcome of their insane policies, were responsible for the deaths of over 14 million civilian persons over the course of a dozen years, and that horrifying human tally does not include military deaths incurred during World War II.

Lastly, concerning the now-famous "mug shot" taken of Mr. Loughner following his arraignment by the Tucson police — if one was unaware of the identity of the person in that photograph, it would be difficult to say for certain if it was a man or a woman, a true "bearded lady" type, and conceivably part of the reason so many viewers found the photograph so disturbing.

One final point: There can be no doubt that at the finish of his deadly rampage, Jared Lee Loughner had every intention of committing suicide, either by his own hand or by "suicide by cop." The only thing which prevented him from executing this plan was the fact that he was finally wrestled to the ground by two very brave onlookers, thus immobilizing him.

"Goodbye," he had written in his MySpace page on the morning of his rampage, alluding to the fact he was "going away" somewhere. "Dear friends..... Please don't be mad at me." It has often been said that suicide, the murder of the self, is the most serious symptom of schizophrenia. True, but unfortunately and tragically, all too often more people than just the "self" are murdered beforehand by the insane and suicidal, paranoid schizophrenic person.

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A. The most recent incarnation of the "happy marriage legend" is David Grubin's six-hour documentary, "A House Divided" (PBS, 2001), which makes some passing reference to trouble in the marriage but which ignores a mountain of evidence showing that Lincoln's marriage was, in Herndon's [William Herndon, Lincoln's law partner] words, "a domestic hell on earth," a "burning, scorching hell," "as terrible as death and as gloomy as the grave." [4] Carl Schurz, the eminent German-American reformer who knew the Lincolns and championed the Republican cause, called the marriage "the greatest tragedy of Mr. Lincoln's existence." [5] Those who dealt with Mary Lincoln in the White House had little good to say about her. The president's chief personal secretary, John G. Nicolay, referred to the First Lady as "her Satanic majesty." [6] Nicolay's assistant, John Hay, called her "the Hellcat," [7]

The White House physician, Dr. Robert K. Stone, used similar imagery, terming her "a perfect devil." [8] Benjamin Brown French, the commissioner of public buildings who worked with her often, likened Mary to a hyena. [9]

Dr. Tripp dwells on Mrs. Lincoln's unethical conduct as First Lady, but curiously he says little about her deplorable conduct before her husband became president. She physically abused Lincoln, striking him with firewood, chasing him out of the house with a knife, cursing and ridiculing him in public, flinging hot coffee in his face and hurling potatoes, books, and other objects at him. Her ungovernable temper also led her to strike her children as well as her servants. Overwhelming evidence documenting such behavior can be found in *The Inner World of Abraham Lincoln*. Since that volume appeared in 1994 more such evidence has turned up and is incorporated in my forthcoming multivolume life of Lincoln.

[Michael Burlingame, Professor Emeritus, Connecticut College, "A Respectful Dissent," in *The Inner World of Abraham Lincoln*, by C. A. Tripp (Edited by Lewis Gannett), Thunder's Mouth Press, New York, 2005, p. 226-227.]

B. That night the President and Mrs. Lincoln entertained General and Mrs. Grant and the General's staff at dinner on the steamer, and before us all Mrs. Lincoln berated General Ord to the President, and urged that he should be removed.

During all this visit similar scenes were occurring. Mrs. Lincoln repeatedly attacked her husband in the presence of officers because of Mrs. Griffin and Mrs. Ord, and I never suffered greater humiliation and pain on account of one not a close personal friend than when I saw the Head of the State, a man who carried all the cares of the nation at such a crisis — subjected to this inexpressible public mortification. He bore it as Christ might have done; with an expression of pain and sadness that cut one to the heart, but with supreme calmness and dignity. He called her "mother" with his old-time plainness; he pleaded with eyes and tones, and endeavored to explain or palliate the offenses of others, till she turned on him like a tigress; and then he walked away, hiding that noble, ugly face that we might not catch the full expression of his misery.

General Sherman was a witness of some of these episodes and mentioned them in his memoirs many years ago. Captain Barnes, of the Navy, was a witness and a sufferer too. Barnes had accompanied Mrs. Ord on her unfortunate ride and refused to say that the lady was to blame. Mrs. Lincoln never forgave him. A day or two afterward he went to the White House to speak to the President on some official matter when Mrs. Lincoln and several others were present. The President's wife said something unusually offensive that all the company could hear. Lincoln was silent, but after a moment he went up to the young officer, and taking him by the arm led him into his own

cabin, to show him a map or a paper, he said. He made no remark, Barnes told me, upon what had occurred. He could not rebuke his wife; but he showed his regret, and his regard for the officer, with a touch of what seemed to me the most exquisite breeding imaginable.

[Adam Badeau, aide-de-camp to General Ulysses S. Grant, in a first-person written account, included in *The Intimate World of Abraham Lincoln*, C. A. Tripp (Edited by Lewis Gannett), Thunder's Mouth Press, New York, 2005, pp. 175-176]

C. However, that was the *documentary's* insanity; what about Mary's? It does have a history of its own. In 1875 Mary's one remaining son, her first-born, Robert T. Lincoln, brought evidence against her sufficient to result in her commitment for several months to an insane asylum in Batavia, Illinois. Some of his father's closest and most levelheaded friends, the lawyer Leonard Swett among them, supported the decision. True, there were a few new and alarming bits of evidence, such as Mary carrying around a sizable portion of the family assets on her person (fifty-six thousand dollars in securities, plus a considerable quantity of cash), sewn into pockets in her petticoats. And then there were her panicky telegrams concerning Robert's own immediate danger of death in Chicago (he was in perfect health).

Although her symptoms varied greatly, many of them did sound patently paranoid, if not worse.

[*The Intimate World of Abraham Lincoln*, C. A. Tripp (Edited by Lewis Gannett), Thunder's Mouth Press, New York, 2005, p. 170.]

D. Not that distinctions between psychosis and psychopathology were known in the nineteenth century — or, for that matter, that those who ever found themselves caught in the crosshairs of Mary Lincoln's fierce temper would likely be in a mood to hear any sober academic opinion of it. Whether such a victim either chose to "forgive" her in a spirit of turning the other cheek, or to look past the pain for some other hairshirt reason, it is only a personal choice. Still, it would have been helpful had both victims and onlookers refrained from bearing false witness. It has often been said, for instance, that after exercising her temper Mary was soon sorry for what she said and did to others, including Lincoln. Wrong again. At least in the present study not a single such example has yet been found. On the contrary, Mary Lincoln was prone to keep her temper going for hours, sometimes days, with no sign of letup short of sheer exhaustion.

[Ibid, p. 171.]

Even from the partial information contained in the above Quotations, it becomes starkly evident that Mary Todd Lincoln was a woman afflicted with a very severe case of paranoid schizophrenia. This is an illness whose genesis invariably lies in the factor of sex-role alienation in early childhood, thereafter leading to the severe bisexual conflict and gender confusion at puberty which is initiated by the powerful hormonal sexual changes occurring at that time of life, and which in turn leads directly either to outright homosexuality or, if the homosexuality is repressed and denied, to the classic and highly disturbing symptoms of schizophrenia. These are: malignant depression, delusions of grandeur, megalomania, feelings of persecution, extreme jealousies, and, finally, both suicidal and homicidal tendencies — all of which symptoms were prominently displayed, at one time or another, by Mary Todd Lincoln during her turbulent lifetime.

*To fully appreciate both the extraordinary depth and breadth of Mrs. Lincoln's mental illness/schizophrenia, it is necessary to delve deeply into author and researcher C. A. Tripp's meticulously documented account of her life with her husband, in his book *The Intimate World of Abraham Lincoln*.*

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A. Abraham Lincoln and Joshua Speed first met when Lincoln was twenty-eight and Speed twenty-two, on April 15, 1837. That date marked the beginning of their four-year bed sharing, in a room above a general store that Speed co-owned. Almost every Lincoln scholar has found the sleeping arrangement unremarkable.

Same-sex bed sharing was common in 19th-century America, of course. It was perfectly ordinary, a question of mattress scarcity, small homes, crowded hostleries. Historians have repeatedly pointed to that fact in the wake of Tripp's *Intimate World*, which among other things documents Lincoln's sleeping arrangements and finds in them evidence that Lincoln had sexual relations with men.

But as Jean Baker, the well-regarded biographer of Mary Todd Lincoln and the author of *Intimate World's* Introduction, has noted, for two men with financial resources to share a bed for four years bordered on impropriety. It was unusual. The non-conjugal slept together when it was necessary. They did not do it by choice.

["Critical Overview: Lincoln, Sex, and the Scholars," by Lewis Gannett and William A. Percy III, in *The Intimate World of Abraham Lincoln*, by C. A. Tripp, with an Introduction by Jean Baker, Thunder's Mouth's Press, New York, Copyright 2005 by The Estate of C. A. Tripp, p. XLV.]

B. One truly major trauma of Lincoln's life suddenly came upon him on January 1, 1841 — the "fatal first" as he ever afterward was to call it (See

Appendix 2, Letter 8). A few days before Speed had announced he was leaving and moving back to Kentucky. His father had died recently and his mother had asked him to return and help with problems at home, but the possibility that he might grant this request and actually move back home had apparently not been discussed. Lincoln was evidently crushed to learn of it that New Year's Day, and within hours, as if to complete his shake-up, he broke off with Mary Todd, whom he had been seeing for several months. [.....]

In any case, Lincoln's loss of Speed clearly belongs front and center. His anxiety over the Speed portion of this misfortune, and not seeing any way to recoup his loss, were what soon cast him into a major double-phase nervous breakdown (the worst kind). In the first phase he felt listless and shaken, yet he forced himself to attend several sessions of the legislature, during which he was preoccupied and could not keep his mind on the proceedings. Mostly he sat quietly, as if stunned, when he was able to attend at all; generally he contributed nothing. Sometimes he would only answer the roll call, or would disappear after an hour or two; once the only vote he joined in was "to adjourn." [15] His general debility was widely noticed, and was ready to snowball.

On January 13, 1841, the second phase of his nervous breakdown came on at full tilt. With no sign of fever or other physical sickness, he became totally incapacitated and was bedridden for six days in what sounds like a state of ongoing shock. It looked very serious to outsiders, too. Wrote James Conkling to his fiancée, Mercy Levering, on January 24, 1841:

Poor L! How the mighty have fallen! He was confined about a week, but though he now appears again he is reduced and emaciated in appearance and seems scarcely to possess strength enough to speak above a whisper. His case at present is truly deplorable but what prospect there may be for ultimate relief I cannot pretend to say. [16]

[*The Intimate World of Abraham Lincoln*, by C. A. Tripp, edited by Lewis Gannett, Thunder's Mouth Press, New York, Copyright 2005 by The Estate of C. A. Tripp, pp. 130-132.]

C. That same June 19 [Lincoln] letter reveals a few other notable details. It begins without a single personal item, but drones on in a 1,575-word account of a local murder trial. Hard to find anything less personal than that, yet it is precisely this kind of impersonal recounting of some irrelevant bit of news that is often resorted to by distraught lovers who are contending with some strain, and who thus choose to recount details from a neutral territory as they wait out a storm that swirls about them. Such letters often end, as does this one, on an especially warm note. Speed [Joshua] was, in fact, the one and only person in Lincoln's life on whom he repeatedly lavished his most

personal and most endearing "Yours forever," in itself a major smoking gun and a salutation he never bestowed on any woman, including his wife.

[Ibid, p. 134.]

D. The President was also not an infrequent visitor [to the Soldier's Home] in the late afternoon hours, and endeared himself to his guards by his genial, kind ways. He was not long in placing the officers in his two companies at their ease in his presence, and Captains Derickson and Crozier were shortly on a footing of such marked friendship with him that they were often summoned to dinner or breakfast at the presidential board. Captain Derickson, in particular, advanced so far in the President's confidence and esteem that in Mrs. Lincoln's absence he frequently spent the night in his cottage, sleeping in the same bed with him, and—it is said—making use of his Excellency's night-shirt! Thus began an intimacy which continued until the following spring, when Captain Derickson was appointed provost marshal of the Nineteenth Pennsylvania District, with headquarters in Meadville.[3]

["History of the One Hundred and Fiftieth Regiment, Pennsylvania Volunteers, Second Regiment, Bucktail Brigade," by Lt. Colonel Thomas Chamberlin, immediate commanding officer to Capt. David. V. Derickson in Washington, Published in 1895, and quoted in *The Intimate World of Abraham Lincoln* by C. A. Tripp, Thunder's Mouth Press, Edited by Lewis Gannett, Copyright by The Estate of C. A. Tripp, 2005, pp. 3-4.]

E. The answer he received must have been encouraging, though it went against a mountain of his own forebodings. Not until the very day of the wedding could he bring himself to actually go get the marriage license. And to the last moment he exuded an aura of unwilling gloom far worse than the well-known anxious knees of the ordinary bridegroom. Years later James Matheny recalled how Lincoln had come to him early on the day of his wedding lamenting with alarm, "Jim, I shall have to marry that girl." On the very evening of the marriage Matheny noted, "Lincoln looked and acted as if he were going to the Slaughter," adding that "Lincoln [had] often told him directly & indirectly that he was driven into the marriage." [7] Herndon's simpler statement is more to the point: "Lincoln married her for honor—feeling his honor bound to her." [8]

[*The Intimate World of Abraham Lincoln*, by C. A. Tripp, Edited by Lewis Gannett, Thunder's Mouth Press, New York, Copyright 2005 by The Estate of C. A. Tripp, p. 157.]

F. On the basis of inductive reasoning familiar to him as a Kinsey researcher and in the spirit of social science, Tripp intrepidly measures Lincoln's homosexuality and presents his findings in the first chapter. To do so he employs Kinsey's famous classification system that ranks an individual's homosexuality on a seven-point continuum, where 0 = exclusively heterosexual and 6 = exclusively homosexual. Lincoln, according to Tripp, ranks as a 5, i.e., "predominantly homosexual, but incidentally heterosexual." While this scale has recently been criticized as offering few advantages over the common terms heterosexual, bisexual, and homosexual, its application to Lincoln is a clear indication of Tripp's position. There is no hedging in this book.

["Introduction," by Jean Baker, Goucher College, in *The Intimate World of Abraham Lincoln*, by C. A. Tripp, Edited by Lewis Gannett, Thunder's Mouth Press, New York, Copyright 2005 by The Estate of C. A. Tripp 2005, p. XVI.]

Now that Mr. C. A. Tripp, in his meticulously researched and documented book, The Intimate World of Abraham Lincoln, has established beyond any reasonable doubt that our most beloved and admired of all presidents was "predominantly homosexual, but incidentally heterosexual," we must ask ourselves, as did author Tripp, the question, "So What?" Indeed, what difference does this striking insight into Lincoln's basic sexual nature make to our overall view of this irrefutably great and iconic figure in America's history?

For one, I believe the knowledge gained from Tripp's groundbreaking work gives us a much better understanding of Lincoln's perpetual gloomy, or "melancholic" nature, consistently commented upon by almost all who knew and worked with him. This melancholy is now understandable when the fact that here was a man who lived a good part of his life as ostensibly a "normal" heterosexual male, in a marriage which produced children, when his true nature, which for the most part he suppressed, was urgently driving him in an opposite direction towards homosexual love and fulfillment.

Secondly, his basic homosexual nature explains how he was able to tolerate, albeit just barely, the psychotic/psychopathic behavior of his wife, Mary Todd Lincoln. In truth, no "normal" man could, or would, have put up with her aggressive, destructive, and hateful actions, and as author Tripp has pointed out, the only reason he was able to do so was because he did not love or covet her in a normal heterosexual sense. She could not hurt him emotionally beyond a certain point because he was not "in love" with her, or in fact with any woman.

Lincoln has been described as "a man's man," for when he was around other males he was totally at ease and indulged in ribald humor and innumerable off-color jokes. In that sense he was often the "life of the party," and other men loved him and loved to be around him. He was himself highly emotionally attuned to the emotional "background" of other men, and this

trait, springing as it did from his basic homosexual nature, is undoubtedly what made him such a keen judge of other mens' characters and of their motivations, and helped him in becoming the great leader that he was.

And finally, his "streak of lavender and spots soft as May violets", as noted by U.S. poet and biographer Carl Sandburg (1878-1967) in Volume One of his The Prairie Years, contributed mightily to Lincoln's extreme sensitivity to the suffering of others, and which sensitivity of course would have especially drawn him to the plight of the enslaved inhabitants of the Confederate states.

Thus America can be truly thankful, in many ways and for many reasons, for Lincoln's "predominantly homosexual, but incidentally heterosexual" nature, for the strong mixture of his feminine side with his heterosexual side gave him the so-called "emotional intelligence" to know right from wrong, and to do what was right and just no matter how powerful were the forces that were arrayed against him, nor how difficult and even bloody the task of defeating these forces would be.

Final note: If Lincoln had attempted to repress his strongly homosexual nature when he was a younger man, and had succeeded in doing so, he would later in life have succumbed to schizophrenia, the "bearded lady" disease, and become insane. Most fortunately this did not happen. But sadly this was not the case with his wife, Mary Todd, as she become markedly and increasingly paranoid and psychopathic as she grew older, the direct result of her repressed bisexual conflict and gender confusion, and which illness profoundly impacted not only her own life but that of everyone else's around her, including her husband's, in an extremely destructive fashion. (Please refer to previous Quotation/Comment # 770.)

772 [.....] He gives rambling incoherent speeches at places like the United Nations. His head is stuffed with oddball conspiracy theories and strange obsessions, like calling for the elimination of Switzerland or blaming the J.F.K. assassination on Israeli intelligence. He shows up in foreign countries in odd dress, with odd make-up and hair-gel preferences, once having pinned a photograph to his chest.

He has an all-female bodyguard contingent. In 2008, he announced that as part of a government shake-up, he was going to abolish all government ministries except Defense, Internal Security and a few others. [.....]

It seems that there is something advantageous in the megalomania that is his defining lifelong trait. He was kicked out of school for trying to organize a student strike. He began plotting a coup to take over the country while in college. He has repeatedly compared himself to Jesus and the Prophet Muhammad. He calls the Green Book, his book of teachings, "the new gospel."

That book, which Libyans are compelled to read (he canceled student summer vacation at one point and replaced it with indoctrination sessions), is

filled with oddball notions and banal assertions. It consists of three parts, "The Solution to Democratic Problems," "The Solution to Economic Problems," and a section offering solutions to social problems.

Quaddafi apparently wrote the book with the conviction that he had discovered the answers to all human problems, which he calls the Third Universal Theory." In a characteristically absolutist passage, he writes, "True Democracy has but one method and one theory."

Along the way he offers banal observations as if nobody had ever thought of them before. He reveals that women menstruate and men do not. He unveils doctrines that have nothing to do with how he actually behaves: "Mandatory education is a coercive education that suppresses freedom. To impose specific teaching materials is a dictatorial act."

He seems to be one of those people who believes he possesses absolute truth, who wants to impose his thoughts on everybody else and exercise total dominance over others like some World Historical superman. [.....]

Over the decades, he has tried to remake the world in his own grandiose image. He tried to create a larger empire by merging Libya and Sudan. He tried to create a Federation of Arab Republics with Egypt and Syria. He tried to create an Arab Legion. He has named himself King of Kings, Imam of All Muslims and, in 2009, sought to create a United States of Africa. He has created dictatorship academies and has trained some of the world's most brutal autocrats, and, of course, he has supported terrorist movements in Australia, Ireland, Germany and beyond.

Yet this very megalomania seems to be both the secret to his longevity and to his unhinged nature. The paradoxical fact is that if you want to stay in office as a dictator, it is better to be a narcissistic totalitarian than a run-of-the-mill autocrat. Megalomaniacs like Quaddafi seek to control every neuron in their peoples' heads and to control every aspect of life. They destroy all outside authority and civil society. They personalize every institution so that things like the army exist to serve their holy selves, rather than the nation at large. [.....]

["The Ego Advantage," by David Brooks, *The New York Times*, March 25, 2011, the Op-Ed page.]

The person described in the above Quotation, Libya's Col. Muammar el-Qaddafi, is displaying all the classic symptoms of paranoid schizophrenia, the "bearded lady" disease; namely, delusions of grandeur (megalomania), faulty reasoning, obsessive thinking, and feelings of persecution consisting of imagined conspiracies being hatched against him at all times.

This devastating mental illness has resulted in personal tragedy to himself and to his family, as well as to many more of his fellow Libyans — innocent men, women and children alike. His paranoid schizophrenia had also caused

him to make the "insane" decision to explode a fully-loaded American jetliner in mid-flight over Lockerbie, Scotland in 2001, killing over 259 men, women and children (and eleven more on the ground hit by fallen debris) — again all innocents — as revenge for the death of one of his daughters during an American missile strike on his Libyan headquarters. Only in the mind of a madman, with its paranoid "faulty reasoning", could the death of that one innocent life equate as a valid reason to intentionally and cold-bloodedly destroy 270 other innocent lives, all in revenge for that one death, as tragic and unintended as it had been.

And an even more spectacular and far more horrific example of the "faulty reasoning" of paranoid schizophrenic thinking can be found in the actions of the Cuban leader Fidel Castro, when he tried to convince the Soviet Union's leader, Nikita S. Khrushchev, to launch a first-strike nuclear missile attack on the United States during the 1962 Cuban missile crisis. Fortunately for mankind, Mr. Khrushchev was not afflicted with paranoid schizophrenia, unlike Mr. Castro, who was, and vetoed the latter's insane urgings, recognizing them for what they were — the product of a diseased mind. (Likewise was Osama bin Laden's state of mind when he ordered the attack on the World Trade Center in New York, successfully executed on September 11, 2001, plus concurrent attacks on Washington — the Pentagon and aborted UAL Flt. 93 — resulting overall in the terrifying destruction of close to 3,000 more innocent lives.)

Schizophrenia, the "bearded lady" disease, is a "killer" disease, has always been so in the past (viz. Adolph Hitler, Joseph Stalin, Mao Zedong), and will continue to be so in the future, or until the time arrives when mankind can accurately begin to pinpoint, and safely isolate, those persons afflicted with it. And now more death and destruction [April/May 2011] is being unleashed upon both his own family and the Libyan people, again as the direct and tragic consequence of Col. Qadaffi's paranoid schizophrenic thinking and actions.

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A. I was also, and remain, quite incapable of interpreting female signals, or distinguishing between flirting and what primatologists unpleasantly term presenting. I never dared assume a sexual invitation could be real, if directed at me.

The prime site of my illness, then, was sexual. Common enough. As I unearthed my buried troubles, I saw how bound up they were with features of modern society that I loathed, such as demonstrations, in which I always heard the echo of the schoolyard, or radicalism which seemed to enlarge the schoolyard into a whole ideal world. In the chants of early militant feminism, I heard the accents of Taree High. In a column I used to write for the short-lived "Independent Monthly," I coined the term 'erocide', meaning the

deliberate destruction of a person's sexual morale, and speculated that we victims of the process probably outnumber all other victim-groups combined, but we will never rise up and demand redress. We are too deeply shamed, and too darkly aware that those rejected for reproduction or pleasure are scapegoats for the pain which sex entails even among the attractive. [p. 25-26]

B. If, as shrinks tell us, a fifth of all people in this stressed age will suffer at least one depressive episode in their lives, there is clearly an enormous pool of potential recruits among people who haven't identified the real roots of their trouble and so will reliably hate substitutes or near-enough versions. [p. 26-27]

C.

AFTERWORD

I know now that you can't kill the DOG, and that thus my earlier account has the wrong title: it should be called "Learning the Black Dog." Even before Lovan [Fluoxetine], I'd gained increments of self-esteem, and learned that treachery doesn't lurk behind every smile. I've become less afraid of Australian women, and less self-absorbed. At seventy, I'm at last more at ease with what Homer Simpson called his womanly needs. [p. 36]

D. What I still do mourn is the terrible waste of energy the Dog has exacted from me, over my lifetime and especially in my twenty horror years, and how much more I might have achieved if I'd owned a single, healthy mind working on my side. [p. 37]

[*Killing The Black Dog/A Memoir of Depression*, by Les Murray, published by Farrar, Straus and Giroux, New York, 2009.]

Noted Australian poet Les Murray is one of the very few persons who have ever suffered from severe mental illness to have intuited its basic cause: "The prime site of my illness, then, was sexual." And only when this core truth, it being a general law of nature, is finally recognized and acted upon by the psychiatric profession in particular, and the public in general, will it be possible finally to bring the dreadful scourge of mental illness under adequate control and begin a true healing process for its afflicted.

In paragraph B., Mr. Murray states that "there is clearly an enormous pool of potential recruits among people who haven't identified the real roots of their trouble [sexual] and so will reliably hate substitutes or near-enough versions." How correct he is.

Although Mr. Murray has shown incredible insight by recognizing that a problem with "sex" formed the pathogenic core of his mental illness, yet he has missed its inevitable "bearded lady" aspect. Only a sliver of insight in this regard is recorded by him when he states in paragraph C. that "At seventy, I'm at last more at ease with what Homer Simpson called his womanly needs."

Here we see a veiled mention of the "bearded lady" conflict which is always present in every case of mental illness, from slight autistic "neurosis" up to and including the far more comprehensive, debilitating and destructive symptoms of paranoid schizophrenia. Mr. Murray, at a deep unconscious level, has obviously always identified more strongly with the female emotional sphere than with the male one. Witness his remarks in paragraph A. that "I was also, and remain, incapable of interpreting female signals, or distinguishing between flirting and what primatologists unpleasantly term presenting. I never dared assume a sexual invitation could be real, if directed at me." These observations on his part point to a complete lack of the normal masculine response to the opposite sex, and furthermore evince a distaste ("unpleasant") for normal heterosexual female "presenting" to the male. Thus it can be adduced from all the above evidence that Mr. Murray has always been burdened with a strong, unconscious bisexual conflict, accompanied as that conflict invariably is by severe gender confusion, and that these factors constitute the "sex" problem of which he speaks and which has made his life a misery — "especially in my twenty horror years, and how much more I might have achieved if I'd owned a single, healthy mind working on my side."

Paragraph D. is a stunning rendition of the terrible suffering, both emotional and physical, that schizophrenia, the "bearded lady" disease — here referred to by Mr. Murrays as the "Black Dog" — can wreak upon its victims.

Mr. Murray has most courageously and steadfastly long battled his demons and now he wishes to proclaim to all his faithful and admiring readers his agonizingly-won insight about the basic sexual cause of his, and others, mental illness. And all this from a man who was presented with the Queen's Gold Medal for Poetry in 1998, by Queen Elizabeth herself.

"Kudoes for Mr. Murray!"

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A. There is no greater example of the shape-shifting force of a pen name than that of the Portuguese writer Fernando Pessoa, who took the notion of reticence to unparalleled, even pathological levels. In maintaining more than 70 literary identities he called "heteronyms," he did not employ them as a mode of deception. Instead, he insisted that he was amanuensis to the multiple beings that dwelled within. They transcended gender, ideology and genre. They bickered with one another, mentored one another, clamored for

attention like children. He once described his work, aptly, as a "drama divided into people instead of into acts."

Why Pessoa, whom George Steiner once called one of "the evident giants in modern literature," had to engage in self-breeding will never be known. The most obvious explanation must be mental illness. That he remained an obscure, isolated figure in his lifetime (he died in 1935) only adds to the poignancy of his — their? — vast creative output. One scholar speculated that Pessoa's heteronyms were a way to "spare him the trouble of living real life," which makes his bizarre endeavor seem enviable.

B. The story of the science-fiction writer James Tiptree, Jr., who served as the mask of Alice Sheldon, a former Chicago debutante, had a similarly tragic ending. For Sheldon, the value of an alter ego was beyond measure. At first glance, hers seems a familiar narrative of a woman adopting a pen name so she might succeed in a male-dominated genre. But she wasn't just battling gender bias. Without Tiptree, her prose style, as she once put it, was no more imaginative or compelling than "Enclosed please find payment." She passed as Tiptree for a decade, thus allowing an emotionally troubled, sexually confused middle-aged woman to experience life as a charismatic, flirtatious man at the height of his creative powers.

Their relationship was complicated. Despite having considered, in darker moments, "taking him out and drowning him in the Caribbean," Sheldon felt that without Tiptree, she was crippled creatively. In the late 1970s, after her identity was unmasked, she was bereft. Although her fans and peers in the sci-fi world were largely supportive of her "coming out," Sheldon's efforts to keep writing under her own name (and even other pen names) were half-hearted and futile.

("Some inner gate is shut," she admitted to a friend.) In 1987, she shot her husband in his sleep and then herself.

["Carmela Ciuraru/Essay/Secret Sharers," *The New York Times Book Review*, June 26, 2011, p. 39. Ref: *Nom de Plume/A (Secret) History of Pseudonyms*, By Carmela Ciuraru/Harper; 344 pages.]

Both Fernando Pessoa (A. above) and Alice Sheldon (B. above), though coming from completely different backgrounds, cultures and sexes, became similarly afflicted with schizophrenia due to their severe "bearded lady" bisexual conflicts and gender confusion. In both cases, their schizophrenia led to tragic outcomes, especially so in the case of Alice Sheldon, where her consequent paranoid ideation caused her to murder her husband in cold blood, followed shortly thereafter by her own self-murder, or suicide.

Fernando Pessoa's "heteronyms" were a confused mass of both male and female characters representing the myriad fantasy figures which were active

in his own unconscious, schizophrenic mind, thus allowing him to experience himself both emotionally and physically in male and female roles — a true "bearded lady." That this androgynous-fantasy outcome does not appear to have provided him with a contented and fulfilled life, is why it could reasonably be termed a "tragic" one. (Carmela Ciuraru, in the chapter in her book on Pessoa, also notes that he smoked 80 cigarettes a day, was a heavy drinker, and died a virgin.) Ms. Ciuraru also uses the word "bizarre" to describe Pessoa's life, a word which is always shorthand for "schizophrenic."

In Alice Sheldon's case, however, the result of her severe, schizophrenic, "bearded lady" conflict, was glaringly "tragic," since it led ultimately and directly to the violent physical destruction of two lives — both her own and her husband's.

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A. Anders Behring Breivik

From Wikipedia, the free encyclopedia

July 29, 2011

He spent the first year of his life [DOB: 13 February 1979] in London until his parents divorced when he was one year old. His father, who later married a diplomat, fought for his custody but failed. Breivik lived with his mother and his half-sister in the west-end of Oslo and regularly visited his father and stepmother in France, until they divorced when he was 12. // When he reached adolescence, Breivik's behavior became more rebellious and wayward. He and his gang of friends would reportedly spend their evenings hanging around in Oslo, spraying graffiti on buildings. He later wrote that after he was caught spraying graffiti on walls, his father stopped contact with him. // Breivik criticised both of his parents for supporting the policies of the Norwegian Labour Party, and his mother for being a moderate feminist. He wrote about his upbringing: "I do not approve of the super-liberal, matriarchal upbringing as it completely lacked discipline and has contributed to feminising me to a certain degree." // Breivik was exempt from conscription in the Norwegian Army and has no military training.^[20] In his manifesto, Breivik described how he avoided his mandatory military service in the Norwegian Army three times, by claiming he would not put his life on the line for Norway's political parties. // Breivik claims that he started a nine-year-plan to finance the attack in 2002, founding his own "computer programming" business while working at the customer service company. He claims that his company grew to six employees and "several offshore bank accounts," and that he made his first million at the age of 24.^[44] The company was later declared bankrupt and Breivik was reported for several breaches of the law.^[45] To save money, he moved back to his mother's home. // Breivik has also been linked with the bomb blasts which had taken place approximately two hours earlier in Oslo, killing eight people. Six hours before

the attacks, Breivik posted a YouTube video urging conservatives to "embrace martyrdom" and showing himself wearing a compression garment and pointing a rifle.^[59] He also posted a picture of himself pretending to be a military officer in a costume festooned with gold braid and multiple medals.^[60] // Breivik's lawyer has stated that Breivik may be insane.^[64] The chief of the Norwegian Police Security Service disputes the claim Breivik is insane saying "His lawyer is not a psychologist and I am not. But I have previously been a defense attorney and I perceive him as a sane person because he has been so focused over such a long time."^[65] Breivik himself has confessed to using testosterone in the days before the attack, saying he had become more aggressive after coming off testosterone supplements.^{[66][67]} // An EDL leader denounced Breivik and the attack on 26 July 2011.^[79] He sympathises with the Serbian paramilitarism.^[17] He demands the gradual deportation of all Muslims from Europe from 2011 to 2083.^[86] He blames feminism for allowing the erosion of the fabric of European society.^[117] In his manifesto he also urges the Hindus to drive Muslims out of India.^[118]

B. [continued]

"Dagens Noeringsliv" writes that Breivik sought to start a Norwegian version of the Tea Party movement in cooperation with the owners of document.no, but that they, after expressing initial interest, ultimately turned down his proposal because he did not have the contacts he promised.^[82] // Putin's [Russian Prime Minister Vladimir Putin] Dmitri Peskov has denounced Breivik's actions as the "delirium of a madman."^[83] // Breivik compiled a 1,516-page manifesto entitled "2083: A European Declaration of Independence (a reference to the unsuccessful second Ottoman siege of Vienna in 1683^[84]), under the pseudonym "Andrew Berwick", which he e-mailed to 1,003 addresses about 90 minutes before the bomb blast in Oslo. In the manifesto, which is part political discussion, part confessional, and part action plan, Breivik sets out his belief that his actions will help to spark a civil war in Europe that will last for decades, progressing through three distinct phases and culminating in 2083 with the extermination of European Marxists and the expulsion of Muslims from Europe.^[86] // The text also copies sections of the Unabomber manifesto, without giving credit, while exchanging the words "leftists" for "cultural Marxists" and "black people" for "muslims".^[91] [Note: For more information on the Unabomber (Theodore Kaczynski), ref. "Schizophrenia - The Bearded Lady Disease, Volume One," by J. Michael Mahoney, pp. 432-434.] // In the manifesto, Breivik considers himself "a real European hero", "the saviour of Christianity" and the greatest defender of cultural conservatism in Europe since 1950".^[102] // Breivik confessed and stated the purpose of the attack was to save Norway and Western Europe from a Muslim takeover and "[the price for this they had to pay yesterday.]"

[i.e., The reported cold-blooded murder of 69 adolescents on Utoya Island, including a young girl who had just turned 14, plus the additional eight fatalities of the bomb blasts in Oslo.] // Breivik has confessed to what he calls "atrocious but necessary" actions, but denies criminal responsibility.^{[22][23]}

C. These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friend Sandor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defense against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.^[1] ^[1]Further confirmation is afforded by Maeder's analysis of a paranoid patient J.B. (1910). The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.] This was certainly not what we had expected. Paranoia is precisely a disorder in which a sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life. So long as the individual is functioning normally and it is consequently impossible to see into the depths of his mental life, we may doubt whether his emotional relations to his neighbours in society have anything to do with sexuality, either actually or in their genesis. But delusions never fail to uncover these relations and to trace back the social feelings to their roots in a directly sensual erotic wish. So long as he was healthy, Dr. Schreber, too, whose delusions culminated in a wishful phantasy of an unmistakably homosexual nature, had, by all accounts, shown no signs of homosexuality in the ordinary sense of the word.

[Sigmund Freud, "Psychoanalytic Notes on a Case of Paranoia (Dementia Paranoides) (1911), in the *The Complete Psychological Works of Sigmund Freud*, Volume XII, The Hogarth Press and the Institute of Psycho-Analysis, London, 1958, pp. 59-60. (Translated from the German by James Strachey.)]

D. "Paranoia — An Historical Digression"

Paranoia, from Greek meaning wrong or faulty knowledge or reasoning, "antedates Hippocrates" (Cameron, 1944) when "it was most frequently used in a very general sense as the equivalent of our popular current term insanity."

[Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, p. 13.]

Schizophrenia, the "bearded lady" disease, has claimed 77 more victims, plus one — Anders Behring Breivik, the perpetrator of the horrific murders by bullet and by bomb in Norway on July, 22, 2011.

Clues to Mr. Breivik's severe "bearded lady" conflict are provided by him when he stated that "I do not approve of the super-liberal, matriarchal upbringing as it completely lacked discipline and has contributed to feminising me to a certain degree." (See A. above.) Later, "Breivik himself has confessed to using testosterone in the days before the attack, saying he had become more aggressive after coming off testosterone supplements." (See A. above.) Then again, "He blames feminism for allowing the erosion of the fabric of European society." (See A. above.)

It should be noted here that Mr. Breivik could accurately be described, from a psychological perspective, as a "mama's boy," and for obvious reasons there has been a marked dearth of reports in the media of any firm or stable heterosexual attachments on Mr. Breivik's part, either currently, i.e., prior to his insane and murderous rampage, or at any other times in the past.

Unfortunately, and sadly, he had lost a key masculine figure with whom to identify himself with on a daily basis after his parents divorced when he was only one-year-old, and his father then remarried and moved to France. (He had been denied custody of his son) Thus Breivik's early, key formative years were spent almost entirely in the company of his mother and his half-sister, thereby engendering in him an obviously powerful, feminine self-identification, an identification which finally drove him mad — or paranoid schizophrenic — as the direct result of the denial and repression of his same-sex, or homosexual feelings — feelings which would consequently have been "naturally" present in him as part of such a strong, feminine self-identification. Very unusual in such cases of paranoid schizophrenia, however, is Mr. Breivik's partial realization, or insight, into the fact that his own "matriarchal," "feminist" upbringing had contributed in some degree to "feminising" him — so much so that he eventually felt compelled to begin taking testosterone supplements in order to strengthen the weaker masculine side of his "bearded lady" self. Furthermore, posing as a military officer

"festooned with gold braid and multiple medals" (See A. above) and later "wearing a compression garment and pointing a rifle", was another way of trying to bolster his own very fragile sense of masculine self-identification. And all of this false preening of military might from a man who was basically too cowardly to fulfill his mandatory military service to his country, but unfortunately and tragically not sufficiently "cowardly" to keep him from ruthlessly assassinating 77 innocent and unsuspecting fellow-Norwegians.

The remainder of the material presented in A. and B. above demonstrates the "faulty reasoning" (See D. above.) which is always one of the most notable symptoms connected to paranoid schizophrenia, the "bearded lady" disease, in conjunction with megalomaniac delusions of grandeur and persistent feelings of persecution.

Lastly, when the chief of the Norwegian Security Service disputes the claim that Breivik is insane by using the argument that he could not be so because he had "been so focused over such a long time"^[65] (See A. above.), he neglected to realize the fact that another very prominent symptom of paranoid schizophrenia is what is referred to as an "idée fixe" - a delusional idea which becomes impossible to dislodge from, or correct in, the paranoid's "faulty" thinking processes. (Compare Hitler's delusional idée fixe about the supposed "degeneracy" of the Jewish race - an idée fixe which was the key causal factor in his insane, paranoid schizophrenic decision to try to eradicate all Jews — men, women and children — who fell within his lethal reach.) And Anders Breivik himself was slowly working towards a similar insane "solution" regarding the fate of his hated and feared European Muslims.

Thus "Anders Behring Breivik" is just one more insane "bearded lady" name to be added to the ever-expanding list of the countless paranoid schizophrenic persons who, suddenly finding themselves in the throes of a severe "homosexual panic," break the unendurable tension resulting therefrom by "running amok" and slaughtering as many people as they can — innocent victims whom they have delusionally (through paranoia's "faulty reasoning" process) grown to perceive as being their sworn enemies.

[..... Mr. Breivik has confessed to killing 77 people last month in Oslo and Utoya Island, and the Oslo District Court said that Mr. Breivik had to be kept in isolation partly out of fear that he would tamper with evidence or contact possible accomplices. Mr. Breivik appeared at a closed hearing under heavy police protection. His request to wear a long black tuxedo to the session was rejected. — "Norway: Mass Killer Staying in Isolation" (AP), *The New York Times*, August 20, 2011, p. A9]

776 A kind of rosy nostalgia seems to be taking over when suddenly, in the final riveting act, there enters a grotesque, almost demonic figure, tortured, mesmerising, a doctor with the prodigious wreckage of three wives, seven or

eight children, alcohol, drugs, and adultery trailing behind him, a transvestite who finally has a sex change operation and ends up dying in jail: the always troubled, gifted youngest son, Gregory Hemingway.

He is last seen sitting on the curb in Key Biscayne one morning after having been arrested the night before trying to get through a security gate. He's in a hospital gown but otherwise naked with some clothes and black high heels bunched in one hand. He had streaked, almost whitish hair that morning, painted toenails, and as the police approached was trying to put on a flowered thong. Five days later he died of a heart attack while being held in a Women's Detention Center. He was listed as Gloria Hemingway. This was in 2001; he was sixty-nine years old.

The last, very moving section of *Hemingway's Boat* is devoted to Gregory, Gigi as he was always called, rhyming with "biggy," the wayward son who as a boy was caught trying on his stepmother's white stockings. "He was a boy born to be quite wicked who was being very good.....," Hemingway wrote in his fictional version, *Islands in the Stream*. "But he was a bad boy and the others knew it and he knew it." Hendrickson says, "I'll whoof *this* straight out: a lifelong shamed son was only acting out what a father felt....." And these were possibly the transsexual fantasies in *The Garden of Eden* along with all the women in Hemingway with hair cut short like a boy's.

When Gigi's oldest child, Lorian, saw him for the first time in years, he took her out in a chartered boat to show her big-game fishing, but then embarrassingly lost the big marlin he'd hooked. He hadn't slacked, and the line had snapped. He'd made a botch of it. He seemed broken. She reached out and touched his forehead in sympathy. "Sorry, Greg," she said. "You're a pretty girl," he said. "A very pretty girl. Call me 'Father,' would you?" She noticed the nail polish on two of his cracked and dirty nails.

[James Salter, *The Finest Life You Ever Saw*, a review of "Hemingway's Boat: Everything He Loved in Life and Lost, 1931-1961," by Paul Hendrickson. Knopf, 531 pp., \$30.00, in *The New York Review of Books*, October 13, 2011, p. 8.]

Gregory "Gigi" Hemingway's life was one which was savagely rent by schizophrenia, the "bearded lady" disease. This malignant illness had already destroyed his father's life [ref: Impressions 119, this website] and now it was Gigi's turn to succumb to its lethal ravages.

Showing immense psychological insight, author Paul Hendrickson states that "I'll whoof 'this' straight out: a lifelong shamed son was only acting out what his father felt....." How true, and how many other countless sons have acted out their own fathers' "bearded lady" conflicts — and daughters their mothers'— leading them either into outright homosexuality, or else, if their

consequent urgent homosexual sexual cravings are denied and repressed, into schizophrenia.

Gigi's father, Ernest Hemingway, had fought fiercely his entire life against his own powerful bisexual urges and gender confusion, and yet ultimately he too was overwhelmed and then violently destroyed by them. Furthermore, Ernest's father had succumbed, undoubtedly likewise to his own "bearded lady" conflict, and had consequently also destroyed himself as did later his son, Ernest and his grandson, Gregory. (The example of parental suicide is undoubtedly the most toxic legacy any parent can leave to his or her children.)

Thus we can see again and again how schizophrenia, "the bearded lady" disease, works its insidious poison into the lives of its unsuspecting and innocent victims, leaving disaster and heartache in its wake.

777 "It's hard to look that cheap and pull it off," John Waters said admiringly of Amy Winehouse, some days after the English singer was found dead in her London bed. [.....]

There were the vocals, of course, lauded for being simultaneously bluesy, jazz-inflected and somehow punk. There was the phrasing so singular that Ms. Winehouse could stretch a note until it threatened to snap and then cap it with a sly vibrato quaver. There was the song-writing, too, child-simple three-note tunes that lodged in your head, and lyrics handily capable of mauling one's heart while slicing surgically through gender conventions. "Is there another straight woman who could pull off a love song to a girl ("Valerie") or make a hit from a tune in which she refers to her boyfriend as her "lady-boy"? [.....]

At the start, when she released her first album, "Frank," Ms. Winehouse appeared to be a pretty type shyly unconvinced of her appeal ("I'm ugly," she said repeatedly in interviews), a woman whose conservative taste in clothes gave no hint of the transformation she would effect by the time she released her second and final album, "Back to Black."

Her array of 13 tattoos, which she began to collect in her teenage years with a Betty Boop inked on her backside, eventually included markings reminiscent of cheap flash: hearts, anchors, pinups, horseshoes, a pocket above her left breast lettered with her lover's name. "In the film about Winehouse, you see her look begin to change, but it's frustrating because you don't know why," Karen Durbin, the film critic of Elle, said in an interview, referring to "The Girl Done Good," a 2008 documentary about Ms. Winehouse. "You see the moment when the pretty girl becomes something fiercer and weirder, a bad girl, and when the ordinary pretty girl makeup turns into war paint." [.....]

"Janis, like Amy, is always projected as a victim," said Ann Powers, a critic for NPR Music. Yet that analysis, largely based on their shared drug addiction,

is simplistic, Ms. Powers said. For one thing, it fails to account for the joyous and powerful images Ms. Winehouse and Ms. Joplin projected, for the raucous brio of Ms. Joplin's high-hippie floozie style; for Ms. Winehouse's own wholehearted embodiment of a look that lent her the air of a slatternly rocker from Camden Town, the tough immigrant neighborhood in North London. It is probably worth noting that both wore their biker—or gang-girl-style tattoos, traditional markers of renegade status, as badges of honor and pride. [.....]

What's odd, she added, is how little room the victim narrative attached to Ms. Winehouse the moment she died leaves for the possibility that, though sadly in thrall to drugs, she was probably nobody's patsy. Yes, her music producer Mark Ronson may have helped shape her award winning neo-retro sound. True, her stylish husband Blake Fielder-Civil may have influenced her look. It was Ms. Winehouse alone, though, who could pull off feats of vocal and sartorial brilliance without sounding like a Karaoke singer or looking like she was in drag. [.....]

"The woman on the cover of 'Back to Black' is clearly wearing her clothing and makeup as armor," Mr. Levy said. "She is someone who is outside the conventional world, beautiful but fierce, and who is making music that means to take possession of the world."

["A Bad Girl With a Touch of Genius", by Guy Trebay, *The New York Times*, July 28, 2011, p. E1.]

A close reading of writer Guy Trebay's brilliant and insightful New York Times article (see above), can leave no doubt that Amy Winehouse was afflicted with schizophrenic, "bearded lady" disease symptomatology, and to the key role this virulent illness played in being the basic instigator of her final and fatal descent into the extreme drug and alcohol abuse she resorted to in an unsuccessful [always] attempt to self-medicate and thereby free herself from her searing emotional pain — the invariable legacy of the "bearded lady" conflict.

Her outward appearance was, at first glance, very feminine and seductive, yet the fact that her body was partially covered with 13 basically masculine-oriented tattoos, "reminiscent of cheap flash: hearts, anchors, pin-ups [bare-breasted], horseshoes, a pocket above her left breast lettered with her lover's name," and "with a Betty Boop inked on her backside," — all masculine-style tattoos which old-fashioned sailor-boys, ashore on leave, might have had themselves "decorated" with during bibulous nights on the town — belies that initial assessment of her femininity.

Karen Durbin, the magazine Elle's film critic, notes that in the 2008 documentary about the life and career of Amy Winehouse, ".....you see her look begin to change, but it's frustrating because you don't know why. You

see the moment when the pretty girl becomes something fiercer and wilder, a bad girl, and when the pretty girl makeup turns into war paint."

What Ms. Durbin was witnessing were the subtle, insidious changes occurring in a person who is suffering from schizophrenia, the "bearded lady" disease, and whose long-repressed "bearded" side is slowly beginning to overwhelm the "lady" side of her personality. And the tragedy of Winehouse's life, as it is with the lives of all schizophrenics, is that the schizophrenic person is never successfully able psychologically to integrate the "split personality" of their warring male and female selves.

Finally, as John Waters is quoted as asking: "Is there another straight woman who could pull off a love song to a girl ("Valerie") or make a hit from a tune in which she refers to her boyfriend as her "lady-boy"? The answer to this question is, of course, that Amy Winehouse was not a "straight woman," but was a woman afflicted with a very severe bisexual conflict — accompanied, as it always is, by an equally severe case of gender confusion.

Janis Joplin, mentioned in comparison with Ms. Winehouse by Ann Powers, an NPR music critic, was similarly afflicted with the same "bearded lady" conflict as was Ms. Winehouse, and likewise self-medicated herself with drugs and alcohol in an unsuccessful attempt to lessen the severe psychological pain of her own "bearded lady" conflict. If only Amy and Janis could somehow have found the courage to "come out" by becoming consciously empowered to accept their own dominant homosexual natures, and act accordingly thereon — then the stories of their turmoil-filled lives would have had much happier endings.

"Sexual identity guarantees our psychic unity."— Julia Kristeva, psychoanalyst.

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A. Spalding Gray moved to New York City in 1967, shortly after his mother's suicide, when he was 26. He lived with his girlfriend, Elizabeth LeCompte, in an apartment on Sixth Street and Avenue D, on the Lower East Side. [.....]

The late 60's and 70's were a period of great artistic and personal ferment for Gray, as he struggled through a nervous breakdown and the dissolution of his relationship with LeCompte and toward confessional monologue for which he would later become famous.

In his personal writings, Gray comes across in a more extreme way than in his theatrical persona, his anguish and need not tempered by his perceptive charm. He writes searchingly about his sexuality. He chronicles his relationships with the three major women in his life — first LeCompte, then Renée Shafransky and later Kathleen Russo — each one overlapping with the last, each becoming involved in his work. And it is evident that even as a young man, Gray was battling the demons that would eventually lead him to

end his life in 2004 by throwing himself from the Staten Island ferry into the water.

April 20, 1970

I want to see
why?

because seeing makes me feel more alive, but at the same time it makes me feel that I could kill myself

all I have written in the past boils down to these questions

how much truth can a person take?

how honest will I be able to be?

March 7, 1972

I realize that the jig is up. This lazy in-between: I've really got to come to terms with Liz, me, the work — who I am and what in hell am I doing with my life — without comparisons. I feel as though I'm reaching a large crisis point in my life I can't turn away from it.

March 18, 1972

Very confused about my bisexual feelings. This morning Liz and I woke early after a late night.

[.....] Liz accused me of not fully loving her, of dislike of women in general.

B. In 1976, when Gray was 34, he traveled throughout India with a production of Bertolt Brecht's "Mother Courage and Her Children," put on by the Performance Group. While there he had a nervous breakdown. His downward emotional spiral would continue as he traveled from India to Amsterdam, where he became physically frail and consumed by a fever.

The following is from an undated [diary] entry narrating a series of events that he would later come to call his "India Breakdown."

I began to drink beer and smoke a lot of cigarettes. I was not treating myself well and felt I was on a self-destruct spiral. I could not will myself to leave Amsterdam and spent days and nights wandering the streets obsessed with Bali and Greece. I could not make up my mind. America or Bali or Greece. I started to get over-wrought and just plain crazy. I began to look for "signs" that I would try to interpret. An example of a sign: I SAW a man from Indonesia on the street, and I ASKED him when he came to Amsterdam and he said, "1941," and I'd try to read that. I'd try to figure it out and make a map or structure out of it. Like: "Let's see, 1941 was the year that I was born, and that means if I go to Bali, that I'll be reborn." Then I'd think I was crazy. Don't go anywhere.

Then during this period, I went to a homosexual bath house in Amsterdam and was "picked up" by this German photographer. He was very aggressive, and he made love to me like I was this beautiful woman. I had never experienced such a complete giving over before. Then I found out that Liz was coming to Amsterdam. I was so happy she called and rushed to meet her at the airport bus station. As soon as she got off the bus, I wanted to run, but instead I stayed and beat her down with my "madness." Looking back on it, I'm not clear whether I built this madness up to drop on her like a bomb. I was out of control.

I acted crazy or was crazy. I didn't know the difference really. I told her about the homosexual experience. Her advice to me was to go back to America with her and try to work things out there. I decided to do this, but by the time I got to the airport, I was a nervous wreck. I began to break down and went to the ticket woman just before I was to board the plane and asked if I could get my luggage off the plane and she said, "Yes." And I said, "Skip it." I know I was crazy, so I wasn't crazy (yet). For much of the flight, Liz did not even know I was on the plane. I sat in the back and did not speak to her. The flight seemed an hour long. It was the first time I'd been on a plane without worrying about it crashing. I really did not care if it crashed. My will was nonexistent. I was letting myself be thrown from situation to situation.

Liz took care of me. She brought me through. I don't know what I would have done without her. She stuck with me and was always there for me. I got into therapy once a week with a psychiatrist, and he had me on tranquilizers. The hypermanic activity soon changed to deep depression, and I slept 18 hours a day. I was diagnosed as hyperkalemic and was put on a special diet and given multivitamin therapy. That, combined with my seeing the psychiatrist, brought me back to a condition where I was able to work. It was then that I began to make "Rumstick Road" [with LeCompte]. I also began to have an affair with a young woman. Looking back on it, I see myself as being totally destructive to Liz. It seems like she brought me through all that so I could run off with another woman. It's beyond me how I could have done this, but I did it. And this is where it gets all confusing for me: this is where I stop being able to write about this experience. I feel guilty about this betrayal. I feel I used Liz. I feel I punished her for caring for me. I punished her for loving me. I resented her for helping me.

This is the part that's hard to write about. I have no distance on it. I'm in it now.

["The Dark Prince of Downtown," Introduction by Nell Casey, Editor of The Journals of Spalding Gray, *The New York Times Magazine*, Sunday, October 9, 2011, pp. 24-7.]

Spalding Gray was a man sorely afflicted with schizophrenia, the "bearded lady" disease. This fact becomes very apparent from even a cursory reading of the above two quotations, A and B.

Plagued all his life by severe bisexual conflict and gender confusion, his resultant "bearded lady" schizophrenic illness finally drove him to suicide at the age of 63.

The homosexual liaison he wrote about which took place in the gay bathhouse in Amsterdam, where he experienced for the first time the completely passive, female sexual role with the German photographer who had seduced him and who "made love to me like I was a beautiful woman," adding tellingly that "I had never experienced such a complete giving over before," revealed his true psychosexual nature. If he had been emotionally and physically able to accept this, to him painful truth about his basic sexual desires and feelings, his life and his mental health would have been saved. Unfortunately for him, and for those who loved him, he was unable to do so.

Spalding Gray was the type of man who always needed women in his life, not so much as lovers but as nurturing and protective mother-figures. He had been very close emotionally to his own mother, and her suicide when he was 26 was deeply traumatic for him. Scant mention of his father in his writings highlights the predominant influence his mother had in his emotional life — a mother who herself suffered from schizophrenic "bearded lady" conflicts, which conflicts finally drove her to suicide as they later also did her son — who had unconsciously so deeply identified himself with her as a female due to a complete lack of any deep and enduring male identification with his father.

Psychologically Spalding Gray was a woman among other women, even though he fought against this fate as best he could, until his eventual defeat at the age of 63 when he ended his life by jumping off the Staten Island ferry in New York harbor.

Truly it has been said that suicide is the most serious symptom of schizophrenia — the "bearded lady" disease.

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A. Since 1988 when Ian experienced his first auditory communications from "God", his understanding of his role in the universe has changed. He explains that "God" made many promises to him, which He, "God" reneged on for the purpose of providing him with anxiety and emotional suffering to test his commitment and long-term reliability. Recently, Ian has been assured that he met the tests adequately. Specifically, "God" has informed him that he has suffered 100% of the pain that Jesus suffered on the cross, and is therefore, to be honored by "God" with a place in eternity relatively equal to the place assigned to Jesus. In fact, at the judgment scene where all persons, who have ever lived, come before the Almighty for assignment in some stage in

Heaven or Hell, "God", Jesus and Ian will do the judging. To make it into paradise all people will have to profess belief in "God", in Jesus and in Ian as part of the godhead. His role has now been defined as the "wife of God" since he has been on such intimate terms with "God". Why "God" needs a wife in eternity is not explained to mortals.

In His conversations with Ian "God" identified a number of different times and places that He, "God" would request Ian's identity as the White Horseman to mankind. To Ian's disappointment, all the promised events failed to materialize leaving him in great emotional pain. The "God" he put his trust in appeared to be lying to Ian. In each of those occasions he pulled himself together and prepared to believe in "God's" next promise. "God's" latest explanation to him is that this was part of the testing process to see if he could stand up under persecution.

The latest word now is that the testing is over and that "God" will reveal him as the White Horseman in the not distant future. Worldwide media will all be involved and the celebrations will be worldwide. Meanwhile, Jesus talks to him many times each day and reveals to him esoteric information which cannot be refuted.

When Ian first announced his new found mission in life his parents sought psychiatric help for him. Several psychiatrists agreed that Ian was schizophrenic and delusional with auditory hallucinations. He was given medication and a little personal counseling.

Believing himself to be perfectly normal, actually supernormal, he fought against taking the medication and became extremely hostile. A several month stay at a research hospital in the capital city followed. There, he was alternatively beaten by attendants and placed into segregation. He remembers those days as very painful.

His pattern changed very little during the ensuing years with periodic "normal" periods when he held jobs for months at a time. In 2002 he returned from California to live with his mother. All went well for a few months until he decided to go off his medication. Police intervened and jail followed where because of his wildness and uncooperativeness he was given a special kind of probation which required his compliance with the medication protocol. When that failed to produce any therapeutic results a move to his father's house ensued. That also failed and a new regime was defined by the court which dispensed his medication dialed on schedule.

Today, Ian is happier than at any time during the preceding 20 years. The promised future of being transformed into a beautiful young woman through all eternity who is also the wife of "God" Almighty makes him smile. And smile

he might when one thinks of what he has accomplished in life.

Jim Smith (a fictitious name used for privacy reasons.)

[For the complete article, please refer on this website to: "A Case Review of an Individual with Schizophrenia."]

B. Without going further into all the details of the course of his illness, attention is drawn to the way in which from the early more acute psychosis which influenced all psychic processes and which could be called hallucinatory insanity, the paranoid form of illness became more and more marked, crystallized out so to speak, into its present picture.

This kind of illness is, as is well known, characterized by the fact that next to a more or less fixed elaborate delusional system there is complete possession of mental faculties and orientation, formal logic is retained, marked affective reactions are missing, neither intelligence nor memory are particularly affected and the conception and judgment of indifferent matters, that is to say matters far removed from the delusional ideas, appear not to be particularly affected, although naturally because of the unity of all psychic events they are not untouched by them.

Thus President Schreber now appears neither confused, nor psychically inhibited, nor markedly affected in his intelligence, apart from the psychomotor symptoms which stand out clearly as pathological even to the casual observer: he is circumspect, his memory excellent, he commands a great deal of knowledge, not only in matters of law but in many other fields, and is able to reproduce it in an orderly manner, he is interested in political, scientific and artistic events, etc., and occupies himself with them continuously (although recently he seems to have been distracted from them a little more again), and little would be noticeable in these directions to an observer not informed of his total state. Nevertheless, the patient is filled with pathological ideas, which are woven into a complete system, more or less fixed, and not amenable to correction by objective evidence and judgment of circumstances as they really are; the latter still less so as hallucinatory and delusory processes continue to be of importance to him and hinder normal evaluation of sensory impressions. As a rule the patient does not mention these pathological ideas or only hints at them, but it is evident how much he is occupied by them, partly from some of his writings (extracts of some are added), partly it is easily seen from his whole bearing.

The patient's delusional system amounts to this: he is called to redeem the world and to bring back to mankind the lost state of Blessedness. He maintains he has been given this task by direct divine inspiration, similar to that taught by the prophets; he maintains that nerves in a state of excitation, as his have been for a long time, have the property of attracting God, but it is

a question of things which are either not at all expressible in human language or only with great difficulty, because he maintains they lie outside all human experience and have only been revealed to him. The most essential part of his mission of redemption is that it is necessary for him first of all to be *transformed into a woman*. Not, however, that he wishes to be transformed into a woman, it is much more a "must" according to the Order of the World, which he simply cannot escape, even though he would personally very much prefer to remain in his honourable manly position in life. But the beyond was not to be gained again for himself and the whole of mankind other than by this future transformation into a woman by way of divine miracle in the course of years or decades. He maintains that he is the exclusive object of divine miracles, and with it the most remarkable human being that ever lived on earth. For years at every hour and every minute he experiences these miracles in his body, has them confirmed also by voices that speak to him. He maintains that in the earlier years of his illness he suffered destruction of individual organs of his body, of a kind which would have brought death to every other human being, that he lived for a long time without stomach, without intestines, bladder, almost without lungs, with smashed ribs, torn gullet, that he had at times eaten part of his own larynx with his food, etc.; but divine miracles ("rays") had always restored the destroyed organs, and therefore, as long as he remained a man, he was absolutely immortal. These threatening phenomena have long ago disappeared, and in their place his "femaleness" had come to the fore; it is a question of an evolutionary process which in all probability will take decades if not centuries for its completion and the end of which is unlikely to be witnessed by any human being now alive. He has the feeling that already masses of "female nerves" have been transferred into his body, from which through immediate fertilization by God new human beings would come forth. Only then would he be able to die a natural death and have gained for himself as for all other human beings the state of Blessedness. In the meantime not only the sun but also the trees and the birds, which he think are something like "remains of previous human souls transformed by miracles," speak to him in human tones and everywhere around him miracles are enacted.

[Dr. G. Weber, Superintendent of the Sonnenstein Asylum, in *Memoirs of My Nervous Illness*, by Dr. jur. Daniel Paul Schreber, Leipzig, Germany 1902, Wm. Dawson & Sons Ltd., London, 1955, pp. 267-274 * Translated, Edited, with Introduction, Notes and Dis-cussion by Ida Macalpine, M.D. and Richard A. Hunter, M.D., M.R.C.P., D.P.M.]

(See Dr. Weber's full report to the court, located at the end of this book.)

Ian and Dr. jur. Daniel Paul Schreber have much in common, in spite of their different ages, different backgrounds, different nationalities and the different eras of their lives.

What this commonality is — paranoid schizophrenia, the "bearded lady" disease - has caused each of them delusionally to believe that they are presently, or will later become, females who will have a loving sexual relationship with God lasting throughout eternity.

Rather than consciously admitting to their powerful homosexual and gender-confused strivings, both Ian and Dr. Schreber have repressed them, leading inevitably and directly to the development of their overwhelming schizophrenic symptomatology — including delusional and paranoid thinking, feelings of grandiosity accompanied by hallucinatory phenomena — all "fueled" by the "toxic affect" of their urgent, repressed, and therefore orgasmically undischarged homosexual libido. Thus blocked from its normal orgasmic genital discharge system, this libido, consisting of frustrated and relentlessly insistent same-sex sexual excitations, shifts, via a neurological process known as "hysterical conversion," from the genitals to the organ brain, where it is enabled to experience faux, substitute orgasmic-discharge and tension-relief in the form of the hallucinations and delusional (paranoid) thinking which are invariably an integral part of the mental illness we call "schizophrenia," and by which both Ian and Dr. Schreber have been cruelly victimized.

*"In the pre-psychotic period," writes psychiatrist and psychoanalyst Dr. Maurits Katan, referring to Daniel Paul Schreber, "the [homosexual] excitement led to genital emissions; a few weeks later, in the psychosis, before a situation leading to excitement could arise, the energy of the homosexual urge was withdrawn and then used to form the hallucination. Thus the hallucination is formed in anticipation of a danger. [The conscious recognition by the individual of his or her homosexual excitations.] The energy of the homosexual urge evaporates in forming the hallucination. The hallucination is therefore a discharge phenomenon which serves to prevent the development of danger. Of course, when the homosexual urge acquires energy again, then the danger returns." (Katan, M., M.D., "The Importance of the Non-Psychotic Part of the Personality in Schizophrenia." *International Journal of Psycho-Analysis*. No. 35, 1954. Reference also Quotations 498-504, inclusive, in "Schizophrenia - The Bearded Lady Disease," by J. Michael Mahoney.)*

If only Ian and Dr. Schreber had consciously been able to accept their own powerful homosexual feelings and sexual desires, their delusional, paranoid views of both themselves and the world about them would have collapsed and disappeared, freeing them from their disabling schizophrenic "bearded lady" symptomatology.

No longer, then, would Ian need to believe in a "promised future of being transformed into a beautiful young woman through all eternity who is also the wife of 'God,'" nor would Daniel Paul Schreber have had the need to believe that the "most essential part of his mission of redemption is that it is necessary for him first of all to be transformed into a woman.

Consequently they would finally be able to accept the psychological realities of their life-situations, and thereby recover their mental equilibrium by being "transformed" into the unexceptional homosexual men, with accompanying transgender feelings, which they really are.

780

A. MISSION Tex. — On the last night of his life, Joaquin Luna Jr., 18, filled the pages of a spiral notebook with goodbyes. In brief letters to relatives, friends and teachers, he asked one of his brothers to take care of his nephews and his niece and told a friend he had left a memento for her in his bible.

One letter was different from the rest. It was addressed to Jesus Christ and in it he asked for forgiveness. "Jesus," he wrote, "I've realized I have no chance in becoming a civil engineer the way I've always dreamed of here so I'm planning on going to you and helping you construct the new temple in heaven." [.....]

Still others have questioned what role, if any, Mr. Luna's immigration status played in his suicide. Although his relatives claimed that he committed suicide because of the pressure he felt, none of the letters mentioned his illegal status. In his letter to Jesus, he suggested that another issue was troubling him, saying he was "fearful to fall in any temptation," though he did not elaborate [.....]

Mr. Luna was a shy, lanky young man who played guitar in church bands and helped care for his diabetic mother near the border in Hidalgo County, one of the poorest counties in America, where 35.2 percent of the population lived below the poverty line in 2009. [.....]

Mr. Luna, who was born in Reynosa, Mexico, and came to the United States as an infant, was not like most teenagers in Mission. He drew the blueprints that were used to build his mother's new house and spoke often of becoming either an architect or a civil engineer. He joked that he did not have time for a girlfriend, spending many weekends mowing lawns to pay for his electric guitar and lessons. [.....]

In recent weeks, administrators at the school and several people close to Mr. Luna said he had given no indication anything was wrong. But on Nov. 25, the day after Thanksgiving, he put on a maroon shirt and a tie, lay down next to his mother and told her he was sorry he was never going to be the person

he wanted to be, relatives said, then he went into the bathroom, put a handgun underneath his chin and pulled the trigger. [.....]

Guadalupe Trevino, the Hidalgo County Sheriff, said that Mr. Luna's death had been ruled a suicide, but that investigators had not established a motive.

"I'm very disappointed that some folks, and even some of our elected leaders, have exploited this young man's ill decision to take his own life, especially when we have found no evidence that points to any particular motive," Sheriff Trevino said. "Nobody knows why he did it. Only he knows for sure why he did what he did."

[By Manny Fernandez, "Disillusioned Young Immigrant Kills Himself, Starting an Emotional Debate," *The New York Times*, December 11, 2001.]

B. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male [or female] are intimately related as a sequel to unfortunate prolongation of the attachment of the son [or daughter] and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son [or daughter] relationship must be evident. The failure of growth of heterosexual interests, with persistence of autoerotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict—often immediate precursors of grave psychosis—and of the various homoerotic and auto-erotic procedures, on the other.

[Harry Stack Sullivan, M.D., *Personal Psychopathology/Early Formulations*, W. W. Norton & Company, Inc., New York, 1972, p. 211.]

C. The mother's attitude was so subtly ingratiating and yet domineering that she would almost have to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own womanhood and independence. [Likewise for male patients, in order to win their own manhood and independence. -jmm.]

[Edward J. Kempf, M.D., *Psychopathology*, C. V. Mosby Co., St. Louis, Missouri, 1920.]

There can be no doubt that Mr. Joaquin Luna was involved in "an unfortunate prolongation of the attachment of the son and his mother," in the words of the brilliant diagnostician and psychiatrist, Dr. Harry Stack Sullivan.

That this "unfortunate prolongation" of the close devotion of the son and his mother ended in tragedy, is frequently the end-result in such incestuous-type relationships between parents and their children, of either sex. The type of mother whose child later develops schizophrenia has sometimes been referred to in psychiatric literature as a "CBI mother" — the CBI designation standing for Close/Binding/Intimate — or else as a "schizophrenogenic [i.e., schizophrenia-effecting] mother."

That this "unfortunate prolongation" of the close devotion of the son and his mother ended in tragedy, is frequently the end-result in such incestuous-type relationships between parents and their children, of either sex. (The type of mother whose child later develops schizophrenia has sometimes been referred to in psychiatric literature as a "CBI mother" — the CBI designation standing for Close/Binding/Intimate.)

The outcome of this unnatural, psychologically-warped emotional environment frequently leads to the development of either schizophrenia or homosexuality - the negation of the latter being the key factor which is invariably the trigger in the development of the schizophrenic symptomatology — the most serious symptom of which is suicide, as it was so grievously experienced by the unfortunate Mr. Luna.

The letter Mr. Luna wrote to Jesus Christ in which he said that he "realized that I have no chance in becoming a civil engineer the way I've always dreamed of here so I'm planning on going to you and helping you construct the new temple in heaven," is a classic example of the paranoid thinking (false or faulty reasoning) which is the invariable consequence when a person unconditionally represses his or her homosexual cravings and gender-confused masturbatory fantasies.

Mr. Luna had told some friends, supposedly joking, that he did not have time for a girlfriend, and also in his letter to Jesus had reported that he was "fearful to fall in any temptation." This fear "to fall in any temptation" undoubtedly referred to either a conscious, or else repressed, fear of succumbing to the natural – especially in such a young man — temptation of engaging in masturbatory activity.

It appears Mr. Luna had no strong male figure in his life on whom to model himself, thus leaving him with only his mother as his basic source of emotional support and as his primary figure for self-identification. Accordingly, he would have developed a very powerful, unconscious female persona which, when repressed, would lead inexorably to his schizophrenia and then to his suicidal depression.

Thus, once again, we are presented with another striking example of a disastrous ending befalling an innocent victim of schizophrenia — "the bearded lady" disease.

781 FORT MEADE, Md. — The military hearing against Pfc. Bradley Manning closed on Thursday, with lawyers and onlookers alternately portraying the young soldier as a traitor who acted with premeditation and as an emotionally troubled whistleblower. [.....]

Mr. Coombs portrayed Private Manning as a man struggling with emotional issues, stemming primarily from years of having to hide that he felt he was born a woman in a man's body. His lawyers said he had reached out to his commanding officers for help and emotional support, but they had ignored his problems. And, the lawyers said, Private Manning saw himself as a whistleblower, not a traitor.

"My client was young [24]," Mr. Coombs said. "He thought he could make a difference." [.....]

Throughout the hearing, Mr. Manning's lawyers have attempted to portray their client as a deeply troubled young man, struggling with gender identity issues during a time when the military was governed by the "don't ask, don't tell" policy that prohibited gay men and lesbians from serving openly. [.....]

Testimony by one of Private Manning's former supervisors seemed to support the defense argument. Jihrleah Showman, who also worked as an intelligence analyst, said she had warned commanders on several occasions that Private Manning was in severe emotional distress and should not be allowed to handle classified material.

Ms. Showman said she told commanders that she believed Private Manning suffered "elevated levels of paranoia," and that he reported feeling like he was constantly being watched.

She said the soldier's outbursts were so "uncontrolled" that she believed he posed a threat to himself and others. And she said she urged her commanders not to deploy him to Iraq.

She described three occasions that she said exemplified Private Manning's erratic behavior, including one when he "was screaming at the top of his lungs and waving his hands," at an officer. In a second incident with a different officer, Ms. Showman said, Private Manning flipped over a table and lunged at him. And in the third incident, Ms. Showman said, Private Manning punched her in the face.

She said the attack was "unprovoked."

[Ginger Thompson, "Competing Portraits of Document Leaker," *The New York Times*, December 23, 2011, p. A13.]

There can be no doubt that Private Bradley Manning's severe bisexual conflict and gender confusion is the root cause of his schizophrenic "bearded lady" symptomatology — specifically highlighted by his paranoid thinking and

by his often uncontrolled, hysterical physical actions, such as "screaming at the top of his lungs and waving his hands at an officer," and later by overturning a table and charging at another officer. And in a third reported altercation, he "punched" his supervisor, Ms. Jihrleah Showman, in her face, in what she says was an "unprovoked" assault. Anyone who has ever served in military service is fully aware of what serious consequences would immediately befall the perpetrator of such insubordinate actions. Proof enough, then, of this young man's glaringly "crazy" behavior.

Private Manning's paranoid ideation is further highlighted by his belief that he was constantly being watched — a classic symptom of paranoid schizophrenia — and by his sincere conviction that by releasing thousands of secret U.S. government documents to the world he was performing a valuable service to mankind, and was in no way endangering the security of his own country. This is a startling example of the false, or faulty reasoning which is always a major element of the severe mental illness known as "paranoid schizophrenia."

That Private Bradley Manning is truly severely mentally ill should be obvious to any intelligent and fair-minded person, and this truth needs to be taken under very serious consideration when it comes to any punishment which may be imposed upon Private Manning by the military court system. For in reality, he is just another unfortunate and innocent victim of schizophrenia, the "bearded lady" disease.

782

A. It was in April of 1938 that Dr. Cerletti began delivering, on alternate days, to some of the more psychotic and suicidally depressed patients, between ten and twenty ECT shocks. And you'll be happy to hear that the results were nothing short of miraculous. For example: 90 percent of the gang with everything from your wilted-garden-variety depression to hopeless catatonia showed everything from moderate to tremendous improvement! (The unhelped 10 percent were probably the agents of the improved 90.) And of course the other handy upside was that, for the most part, these patients wouldn't remember much from right before to a few weeks after their treatment, so it was rare that the patients complained about the experience.

Not that, in the beginning, there weren't complaint-worthy aspects of the procedure. In the earliest days, the ECT seizures could be so violent that your bones might break, especially those that were commonly referred to as the "long bones." But it wasn't long before doctors discovered a medication that could not only prevent the previously unavoidable convulsions but would also protect the longer bones of the formerly vulnerable arms and legs. Soon after, the administering of a short-term anesthesia ensured that the patients no longer even had to be conscious during those miraculously healing seizures.

Of course, ECT is rarely considered as treatment until all other valuable medications and talk therapies have failed. Then and only then, do they suggest that you light up the dark and gloomy skies behind your forehead.

[Carrie Fisher, *Shockaholic*, Simon & Schuster, New York, NY, 2011, pp. 8-9. See also www.struckbyliving.com]

B. However, contrary to widespread belief, electroconvulsive therapy is extremely effective. A family friend, Dr. Leon Rosenberg, a geneticist and former dean of Yale Medical School, has the same malady. As a patient overwhelmed by suicidal depression, he made remarkable progress after electro-convulsive therapy. As a doctor, he described his own case in a medical journal and discusses his descent and recovery with students.

[Jamie Stiehm, "My So-Called Bipolar Life," *The New York Times*, January 16, 2012, Op-Ed page, A17.]

C. Psychoanalytic observations of schizophrenics subjected to insulin shock therapy provides another opportunity for an understanding of the role of latent homosexuality in the origin of paranoid schizophrenia. In particular, these observations illustrate the important role played by the homosexual disappointment and the homosexual panic. The cathartic discharge provoked by the insulin coma creates a release of repressed libidinal impulses. The ambivalent homosexual attitude becomes split into its two components, with the positive one invested ideally in the transference reaction and thus accessible to analytic interpretation and working through.

Psychoanalytic investigations have demonstrated the affinity between homosexuality and the schizophrenic break. In certain complex cases of latent homosexuality, the counter-cathexis, built by the ego in order to maintain the dissociation of the psychotic core from the rest of the ego, is so precarious that the psychotic invasion occurs, as it were, spontaneously and periodically.

[Gustav Bychowski, M.D., *Homosexuality and Psychosis in Perversions, Psychodynamics and Therapy*, edited by Sandor Lorand, M.D., Random House, Inc., New York, 1956, p. 98.]

D. His [Daniel Paul Schreber's] excitement, which had its origin in the non-psychotic part of the personality, took a different course from that in the pre-psychotic period prior to the psychosis. In the pre-psychotic period the excitement led to genital emissions; a few weeks later, in the psychosis, before a situation leading to excitement could arise, the energy of the homosexual urge was withdrawn and then used to form the hallucination. Thus the hallucination is formed in anticipation of a danger. The energy of the

homosexual urge evaporates in forming the hallucination. *The hallucination is therefore a discharge phenomenon which serves to prevent the development of danger.* Of course when the homosexual urge acquires energy again, then the danger returns.

[Maurits Katan, M.D., *The Importance of the Non-Psychotic Part of the Personality in Schizophrenia / International Journal of Psycho-Analysis*, No. 35, 1954, p. 126.]

The reason electro-convulsive therapy (ECT) is so effective as a tool of last resort in ameliorating the potentially lethal symptoms associated with severe mental illness, is due to the fact that it "artificially" takes the place of the common orgasm as a means of discharging the toxic affect of the theretofore undischarged libido — as is clearly stated in Para C. above — and which undischarged libido provides the energy force which "fuels" all the various symptoms of functional mental illness. And when this energy force is finally discharged, either naturally in orgasmic release or else artificially by ECT, the results are the same — an immediate diminution of the symptoms.

But as the sexual tension, once discharged, immediately begins to build up its strength again, it must thereafter be discharged on a regular basis in order to keep the human organism in a beneficially tension-free state. This naturally occurring sexual periodicity is the reason either ECT or insulin shock therapy must often be repeated as the last-resort means of keeping the patient's symptoms, energized by the undischarged libido, stabilized and non-life-threatening.

Before the advent of drugs which could mask the convulsive effects of ECT, a person watching this procedure performed on a patient could not help but immediately surmising that the patient was undergoing a massive orgasmic event, replete with all the moaning and bodily convulsions attached thereto. And of course that is exactly what was occurring — an ECT artificially-produced orgasm was discharging the patient's dammed-up sexual excitement which, due to massive repression, had been unable to obtain physical release in any other manner prior to this point — except partially through the hallucinatory, hysterical conversion method described by Dr. Maurits Katan in Paragraph D. above.

Finally, It must be mentioned here that there is a medical phenomenon known as "hysterical" epilepsy, where no known organic cause can be ascertained which would explain the patient's symptoms. Undoubtedly this is a case where the patient's repressed "bearded lady" libido has become so powerful that it literally overwhelms the patient's body, and again, as in ECT, succeeds in providing the patient with massive orgasmic relief. In these cases the patient often faints and then goes into convulsions, writhing around on

the bed or floor, wherever he or she has fallen, accompanied by the usual orgasmic-like moaning and groaning vocalizations.

The human body, or that of any living creature, does not tolerate for long, states of bodily tension — whatever the causation — and does its utmost to do whatever is necessary to lessen them, or satisfy them to the extent where they temporarily disappear. This could be said to be one of the basic laws of nature, and it holds true in the realm of mental illness as it does in all realms. Undischarged libido, whether due to severe repression or otherwise, will not rest easy until it has achieved its aims, even if that results in driving a person "mad" in order to accomplish its universal goal of freeing the living organism from any state of constant, life-destroying tension.

783 In 1979, I visited Philip K. Dick for a profile I was writing. In a modest apartment he shared with dusty stacks of books, deteriorating furniture, a vintage stereo system and a couple of cats, he took the opportunity to go public about a singular experience dominating his life. For the past five years, he told me earnestly, he had been receiving messages from a spiritual entity. "It invaded my mind and assumed control of my motor centers," he said. "It set about healing me physically and my 4-year-old boy, who had an undiagnosed life-threatening birth defect that no one had been aware of. It has memories dating back 2,000 years... There wasn't anything that it didn't seem to know."

Dick had already written more than a million words of personal notes on this topic, he said, notes he referred to as his "exegesis" – a word that traditionally means an explanation or interpretation of Scripture. In his case he was trying to explain the voices inside his head.

The delusions of a penurious science fiction writer might seem of marginal interest, except that Philip K. Dick was not just any science fiction writer. Shortly after his death in 1982, his book "Do Androids Dream of Electric Sheep?" became the movie "Blade Runner." Since then, no fewer than 10 other motion pictures have been based on his work, including "Total Recall" and "Minority Report." He is widely regarded as one of the most conceptually innovative writers in the 20th century, whose influence has been acknowledged by novelists from William Gibson to Ursula K. Le Guin. [.....]

The struggle of a highly intelligent man to find a rational explanation for something inexplicable inside himself could make fascinating reading, if it was thoughtfully organized. Alas, the "Exegesis" pursues its target in the manner of a shotgun firing randomly in every direction. Dick ruminates, cogitates and associates freely from one topic to the next. He mulls the content of his dreams, descends into the labyrinths of metaphysical hypotheses and (ironically) wonders how he can ever use this material to create a publishable book.

Nor does he succeed in explaining the source of his visions. Jackson and Lethem acknowledge it could have been merely a stroke, residual brain damage from drug use or temporal lobe epilepsy; but they seem unimpressed by such pedestrian possibilities. They insist that "to approach the 'Exegesis' from any angle at all a reader must first accept that the subject is revelation."
[.....]

What's missing here is context. From my interactions with Dick, I know many of these musings were written while he stayed up all night, sometimes in an alcoholic haze, while perusing his favorite source, Macmillan's Encyclopedia of Philosophy, (edited by Paul Edwards). He also retained a healthy sense of humor about his supposed tutelary spirit. "On Thursdays and Saturdays, I would think it was God," he told me, "while on Tuesdays and Wednesdays I would think it was extraterrestrial. Sometimes I would think it was the Soviet Union Academy of Sciences trying out their psychotronic microwave telepathic transmitter."

Fortunately, he retained this humor and self-skepticism when he grappled with his metaphysical ideas in his 1981 novel "Valis." Here he portrayed himself as an eminently sane observer, engaging in dialogues with a delusional alter ego whom he named Horselover Fat. [.....]

The "Exegesis" takes itself much more seriously, and becomes tiresome as a result. The editors note that Dick's children, who are the heirs to his estate, weren't entirely happy about its being published, in case it "attracted unwelcome attention and threatened to undermine their father's growing academic and literary reputation with its disreputable aura of high weirdness."

[Charles Platt, "Dreaming of Androids," a review of *The Exegesis of Philip K. Dick*, edited by Pamela Jackson, Jonathan Lethem and Erik Davis. Illustrated. Houghton Mifflin Harcourt, *The New York Times Book Review*, Sunday, December 18, 2011, p. 24.]

The fact that Philip K. Dick's "delusional alter ego whom he named Horselover Fat" was but one of the many products of his paranoid schizophrenic, "bearded lady" delusional condition, with which he had long been afflicted, should be glaringly obvious to any objective commentator studying his life and his work.

Nowhere in Quotation 783 above was the subject of clinical-grade mental illness even hinted at in this regard, with the only possible explanations given for his multiple delusions being "...could have been merely a stroke, residual brain damage from drug use or temporal lobe epilepsy;..." This total lack of psychological insight displayed by the authors of "The Exegesis of Philip K. Dick" concerning the true genesis of Mr. Dick's emotional and intellectual turmoil is a quite remarkable fact in itself, for Mr. Dick presents as a classic case of a paranoid schizophrenic personality.

Furthermore, Many schizophrenics battle their illness by self-medicating with alcohol, as it seems Mr. Dick did also. "From my interactions with Dick," writes the book reviewer Mr. Charles Platt, "I know many of these musings were written while he stayed up all night, sometimes in an alcoholic haze, while perusing his favorite source,..." Then again, Mr. Dick himself informs us that on "Thursdays and Saturdays I would think it [the source of his auditory hallucinations] was God, while on Tuesdays and Wednesdays I would think it was the Soviet Union Academy of Sciences trying out their psychotronic telepathic transmitter." Although supposedly down-playing these malignant psychic manifestations with a touch of humor and self-skepticism, nevertheless they were actual ones. And being so, they are typical of the symptoms associated with the severe mental illness designated as "paranoid schizophrenia."

Thus it is very understandable why Mr. Dick's heirs "weren't entirely happy about its ['Exegesis'] being published, in case it "attracted unwelcome attention and threatened to undermine their father's growing academic and literary reputation with its disreputable aura of high weirdness." "High weirdness" indeed, as it is an apt description of the commonly found schizophrenic-style "hash" which is contained in the "Exegesis," and in books and papers by other writers similarly afflicted with schizophrenia — as had also been the noted psychologist C.G. Jung himself, at an earlier period in his life.

"Metaphysical" musings are predominantly the confused and tortured thoughts of a person burdened with the detritus created in the mind by paranoid schizophrenic, "bearded lady" psychopathology.

784

A. Horror in Kandahar / The Pentagon investigation into a soldier's rampage must be swift and thorough.

The massacre of at least 16 civilians in three Afghan villages by an American soldier on Sunday was an unspeakable horror. The United States said Monday that an investigation is under way. It must be fast, transparent and conclusive so that Afghans can see that America is committed to justice and responsive to their outrage.

According to American and Afghan officials, the soldier shot the civilians execution-style, including nine children, after methodically breaking into three separate homes in a district in Kandahar Province. After killing the civilians, he set some of their bodies on fire. The soldier's name has not been disclosed, but, according to The Times, he is a thirty-eight-year old Army staff sergeant and a married father of two children based at Joint Base Lewis-McChord near Tacoma, Wash. He had three tours in Iraq and was on his first tour in Afghanistan.

This atrocity appears to be the act of one individual. No one has suggested a motive. But if the investigation reveals that the sergeant showed signs of mental illness or other forms of distress, then this tragedy clearly has significant implications for how the military identifies, monitors and treats troubled service members. The Pentagon needs to make that issue part of a thorough inquiry.

[From the first half of the lead editorial in the *New York Times*, March 13, 2012, p. A20.]

B. Amok

Amok or running amok is another syndrome first described in Malaysia, but also found in many other parts of the world, for example in the Philippines, in Africa, in the Caribbean, in Tierra del Fuego, etc. The 'going berserk' of the old Vikings was probably similar to running amok. It used to be common in Malaya until the beginning of this century. According to van Wilfften Palthe, [151] it was observed with regularity among the patients of the old Batavia Hospital until the old building was replaced by a modern structure and until modern medical care was instituted in 1914. Since then, amok has become rare among the hospital's patients. Van Wilfften Palthe claims that he has never observed or heard about a case of amok among the many Malaysians living in European countries.

In the early days of American occupation of the Philippines, a number of American soldiers became victims of amok Moros, a Moslem tribe. When the Moros' level of education was raised, amok disappeared. Maguigad[102] claims that amok is still quite frequent in the Philippines. It also appears to be fairly common among the Papuans of New Guinea under the name of 'Neginigi' or 'Lulu,' and in Melanesia.

The 'Puerto Rican Syndrome,' or 'Mal de Pelea' is, in my opinion, similar to amok, although the outcome is usually less gruesome. As in amok, the patient withdraws at first and gets into a brooding mood. All of a sudden and without any recognizable provocation he becomes violent and strikes out at anyone near him.[43]

According to Zaguirre[159] and Kline,[74] the premorbid personality is impulsive, emotionally hyper-reactive, according to other authors schizoid. However, the psychodynamic interpretation is probably the same. The patient's attempt at conflict-solution by repressing his hostility is failing. He makes a last desperate attempt by withdrawing within himself. According to Maguigad, amok derives from the Malayan word 'amoq,' which means engaging furiously in battle. It is a life or death battle against a feeling of complete disintegration. I have sometimes sensed this feeling in a patient who from a catatonic [schizophrenic] stupor suddenly switched to catatonic

excitement. It is a last-ditch attempt at survival against the inner forces which are about to disintegrate him.

The Bantus express this idea in their belief that a person destined to die may escape death by killing someone else in his stead.

In other words, the amok patient externalizes his desperate need to destroy the death-bringing inner conflict by killing other persons. [.....]

[Johannes M. Meth, "Exotic Psychiatric Syndromes," in the *American Handbook of Psychiatry*, Second Edition. Silvano Arieti, Editor-in-Chief. Volume Three. / Adult Clinical Psychiatry. Silvano Arieti and Eugene M. Brody, Editors, Basic Books, Inc. Publishers. New York, 1974, p. 729.]

C. Acute Anxiety

As the term implies, acute anxiety is usually sudden in onset and occurs in attacks. These may last for only a few moments, and disappear without major sequelae, or they may continue with waxing and waning intensity for many minutes or hours at a time. In some, the attack is an isolated episode that occurs rarely if ever again; in others, a series of attacks may occur in cycles lasting for days or weeks. Generally, the patient is unable to specify any precipitant of his symptoms, though in some a clue is provided from their associations, if one allows them to talk freely about the experience. In this connection, mention should be made here of one special form of anxiety that is encountered with some regularity and frequency, the so-called homosexual panic. Occurring usually in late adolescent or young adult males, often at a time when they are first exposed to the intensive contact with other males, such as exists in army barracks, male dormitories, or camps, homosexual panic is characterized by particularly severe anxiety associated with the idea that one may be homosexual or that other people think so. Those afflicted with this condition may verge on being delusional, are at times strongly impelled to suicidal [or homicidal — jmmahoney] acts, and are frequently driven by the emotional pain of their symptoms to seek medical help, especially in general hospital emergency wards.

[John C. Nemiah, "Anxiety: Signal, Symptom, and Syndrome," in the *American Handbook of Psychiatry*. Second Edition. Silvano Arieti, Editor-in-Chief. Volume Three. / Adult Clinical Psychiatry. Silvano Arieti and Eugene M. Brody, Editors, Basic Books, Inc., Publishers. New York. 1974, p. 95.]

Schizophrenia, the "bearded lady" disease, has struck again suddenly and without any warning, leaving more death and destruction in its wake as it has always done, down through the ages, and will continue to do so far into the

future — most assuredly and most tragically. [See also the Comment section of # 763.]

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A. The mother, a high school teacher and writer, called 911 on Tuesday morning asking for help with her teenage son's epileptic seizure. But her reason for needing assistance quickly changed.

"He's coming after me!" shouted the mother, Karyn Kay, according to court records. "No, no, no!"

After several minutes of screams and wails, the 911 recording captured a brief silence, which was broken by the voice of the son, Henry Wachtel, 19.

"Mommy, mommy, please don't die," Mr. Wachtel said.

Several hours later, Mrs. Kay, 63, died from her injuries at New York-Presbyterian/Weill Cornell Medical Center.

Mr. Wachtel was arraigned on Wednesday in State Supreme Court on a second-degree murder charge. Courtney Groves, an assistant district attorney, said the 911 recording captured Mr. Wachtel "beating his mother to death," in their apartment in Hell's Kitchen.

To those who knew her, Ms. Kay's death was a tragically violent end to a life spent in pursuit of peaceful joys. She had raised Mr. Wachtel, her only child, on her own since divorcing his father, Edward Wachtel, in 1998. [.....] Her son was born in 1993 on the birthday of one of her sisters, and she named him after their father.

"Her life revolved around him," said Mr. Zinman, a lawyer and writer in Bloomington, Ind. [.....]

When the police arrived at the apartment on Tuesday morning, they found Mr. Wachtel "wild eyed" and "covered in blood," Ms. Groves, the prosecutor, said in court.

When police asked him what happened, Mr. Wachtel uttered one sentence. "It was a mistake," he said.

["Medication Cited in Killing of Woman; Son Charged," Russ Buettner, *The New York Times*, April 4, 2012.]

B. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequel to unfortunate prolongation of the attachment of the son and the mother. That schizophrenic disorders are but one of the possible outcomes of the persisting immature attitudes subtending the mother and son relationship must be evident. The failure of growth of heterosexual interests, with persistence of auto-erotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of

the situations to which I shall refer as homosexual cravings and acute masturbation conflict — often immediate precursors of grave psychosis — and of the various homoerotic and autoerotic procedures, on the other.

[Harry Stack Sullivan, M.D., *Personal Psychopathology / Early Formulations*—W.W. Norton & Company, Inc., New York, 1972, p. 211.]

C. The mother's attitude was so subtly ingratiating and yet domineering that she would almost have to be destroyed as a mother if the patient were to free herself [himself] from its terrible influence and win her own womanhood [his own manhood] and independence.

[Edward J. Kempf, M.D., *Psychopathology*, C.V. Mosby Co., St. Louis, Missouri. 1920.] *

* The extra bracketed words appearing in the above E.J. Kempf quotation have been added to emphasize how this type of schizophrenogenic mother-child relationship effects equally children of either sex.

D. "I don't know where my mother ends and I begin."

[A man afflicted with schizophrenia, speaking to his psychiatrist.]

Mr. Wachtel was obviously insane (paranoid schizophrenic) when he beat his mother to death in a fit of rage. This is a classic and tragic case of what can happen when a mother and son become enmeshed in an emotionally and physically suffocating symbiotic relationship, engendered by the mother's close, binding and intimate attitude towards her son. This type of mother is often referred to in psycho-analytic literature as a "CBI" mother (close, binding, intimate). She can also have a similar CBI-type relationship with a daughter, again commonly leading to disastrous results for the daughter's emotional and physical wellbeing. ["The mother's attitude was so subtly Ingratiating and yet domineering that she would almost have to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own womanhood and independence." – Edward J. Kempf, M.D. "Psychopathology". C.V. Mosby Co. St. Louis, Missouri. 1920.]

In Mr. Henry Wachtel's consequently paranoid mindset, he literally did have to destroy his mother in an insane attempt finally to free himself from the "terrible influence" of his own mother's "ingratiating and yet domineering" attitude, and thus win his own manhood and independence.

"Her life revolved around him," said attorney and writer Ira B. Zinman, Karyn Kay's cousin. Considering the fact she and Mr. Wachtel's father were divorced when he was five-years-old, the mother and son spent 14

emotionally-significant years living closely together, during which time there was no constant and significant male presence in the household with whom Mr. Wachtel could identify himself, thereby providing him with the crucial support he needed to allow him to develop a stable, masculine sexual and emotional identification.

Thus Mr. Wachtel was left with the psychologically-unhealthy alternative of unconsciously identifying with his mother. This female mother-identification would in turn lead to a severe bisexual conflict with accompanying gender confusion, which toxic condition is invariably the basis of the malignant mental disorder called "paranoid schizophrenia" — the devastating illness which finally drove Mr. Wachtel to the brutal murder of his so-called "CBI-type" mother.

Although he was said to suffer from "epileptic seizures," in all likelihood his "epilepsy" was hysterically-induced and not of organic origin. In any event, the final result of his obviously emotionally-warped childhood was the emergence of a psychologically-severely-arrested man, one who was driven insane by his "bearded lady" conflict — a 19-year-old man who could still plead with his mother after he had fatally beaten her — "Mommy, mommy, please don't die."

786

A. Washington — Federal authorities on Thursday charged a 21-year-old Idaho man with attempting to assassinate President Obama — saying he had told one friend that the president was "the Antichrist" and that he "needed to kill him," according to a complaint filed in federal court.

The man, Oscar Ramiro Ortega-Hernandez of Idaho Falls, who is accused of spraying bullets from an assault rifle at the residential floors of the White House last week, was also "convinced the federal government is conspiring against him," and had become "increasingly more agitated" before he disappeared from Idaho last month, the complaint said. [.....]

Mr. Ortega-Hernandez's family had reported him missing in Idaho Falls last month, after he drove away in the Honda Accord, the complaint said. The Secret Service has said it did not have Mr. Ortega-Hernandez on record as having made any threats against the president. But after the shooting, several acquaintances said he had been fixated on Mr. Obama.

Besides the one friend who told investigators that Mr. Ortega-Hernandez had said he believed the president was the "Antichrist" and that he needed to kill him, another friend said he stated "President Obama was the problem with the government," was "the devil," and that he "needed to be taken care of." The second friend also said he appeared to be "preparing for something."

Mr. Ortega-Hernandez has had legal problems in Idaho, Texas and Utah, including charges related to drug offenses, resisting arrest and assault on a police officer, officials have said. He is said to be heavily tattooed, with the

word "Israel" on his neck and pictures of rosary beads and hands clasped in prayer on his chest. [.....]

[Charlie Savage, "In Gunshots, A Trail of Threats is Reported," *The New York Times*, November 18, 2001, p. A16.]

B. These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C.G. Jung of Zurich and Sandor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defense against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.¹ [1. Further confirmation is afforded by Maeder's analysis of a paranoid patient J.B. (1910.) The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.] This was certainly not what we had expected. Paranoia is precisely a disorder in which a sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life.

["Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," Sigmund Freud, *The Complete Psychological Works of Sigmund Freud*, Vol. XII, The Hogarth Press and the Institute of Psycho-Analysis. London, 1958, p. 59.]

This is a classic case of a young man afflicted with paranoid schizophrenia — the "bearded lady" disease — due to his severe bisexual conflict and gender confusion.

His floridly paranoid delusions of being "convinced the federal government is conspiring against him," that the president is the "Antichrist," "the devil," "that President Obama was the problem with the government," that he "needed to kill him," and that he had become "increasingly more agitated" before leaving his home in Idaho to travel to Washington, D.C. in his insane

attempt to carry out his murderous, but fortunately ill-conceived plan, to kill the president of the United States — demonstrates what can occur when a person becomes entrapped in the iron grip of a full-fledged paranoid schizophrenic psychosis.

The fact that "several acquaintances said he had been fixated on Mr. Obama," provides the one clue to the underlying cause of Mr. Ortega-Hernandez's paranoid schizophrenic psychosis. The seemingly innocuous word "fixated" leads one to ask, What is the root-cause of this fixation? In Sigmund Freud's brilliant and accurate psychological hypothesis, the answer would be as follows:

"I love him," followed immediately by the ego-protecting denial, "No, I don't love him, I HATE him." Then comes the so-called projective "paranoid shift:" "No, I don't hate HIM, he hates ME and is conspiring against me, so I have to kill him to protect myself. (In reality, he is trying to kill the object of his homosexual attraction/temptation.)"

Mr. Ortega-Hernandez had somehow developed a strong homo-erotic attraction for Mr. Obama, and consequently, because of his fierce denial at a conscious level of this powerful, ego-dystonic attraction — he had been plunged into a severe paranoid schizophrenic psychosis, with potentially lethal consequences for the object of his repressed love, and for himself as well.

The psychologically-comparable case of Lee Harvey Oswald / John F. Kennedy obviously had a much more tragic resolution, and traumatically illustrates the reason the U.S. Secret Service has always had such an incredibly difficult job in protecting U.S. presidents and other important government officials from the ever-potential predations of similarly violent, paranoid schizophrenic — "bearded lady" — individuals.

*There are more things in heaven and earth,
Horatio,
than are dreamt of in your philosophy.
— William Shakespeare, "Hamlet," I, V, 166.*

[One of Sigmund Freud's favorite quotations.]

787

A. THE HAGUE — Of all the men associated with the cruelties of the Bosnian war, none has been more roundly condemned by public opinion than Ratko Mladic, the former Bosnian Serb military commander who ran a deadly military campaign in the 1990's, of a kind not seen in Europe since World War II. [.....]

But on this day, as a prosecutor, Dermot Gromme, presented his narrative of the war and what he described as Mr. Mladic's leading role, Mr. Mladic seemed revived, even animated by film shown in the court, scenes from the time he kept the city of Sarajevo under siege for 44 months of shelling and

sniping at civilians. And he nodded approvingly as rousing political speeches from 1992 were replayed, calling on Bosnian Serbs to rally for war against perceived Muslim and Croatian enemies. [.....] The campaign to divide Sarajevo, which the prosecutor said was "once a model of ethnic diversity", left more than 10,000 people dead. He played the sounds of what he called radio intercepts in which Mr. Mladic was heard personally directing fire against civilian targets in Sarajevo's Old Town. [.....]

During a break, Kada Hotic, who had traveled from Srebrenica, had lost her breath in anger. "He ordered the killing of my husband, my son, my two brothers and my brother-in-law," she said. "Now that I look him in the face, I am so disturbed, I want revenge." [.....]

Mr. Mladic, who was arrested in a Serbian village in May 2011, faces charges of war crimes against humanity and two counts of genocide — one for the ethnic cleansing campaign and a second for a massacre during the war's climax, when Mr. Mladic's forces overran a small contingent of United Nations peacekeepers in Srebrenica. About 8,000 unarmed men and boys were killed over several days in July 1995 in what was portrayed as acts of vengeance for Serbian deaths at the hands of Muslims.

"By the time Mladic and his troops murdered thousands in Srebrenica," Mr. Groome said, "they were well rehearsed in the craft of murder." [.....]

The prosecutor described how Bosnian Serbs had used strategies of ethnic cleansing to redraw the demographic outline of areas they targeted to ensure "the separation of the Serbian people from the other two national communities" — Bosnian Muslims and Croats. "Ethnic cleansing was the purpose of military action" rather than a consequence of war, he said.

Mr. Mladic has refused to enter a formal plea, but has said he is not guilty of wrongdoing because his mission was "to defend the Serbs." [.....]

At the start of the session, Mr. Mladic greeted a man in the gallery; he nodded and smiled, and the man responded in kind.

Was he connected to Mr. Mladic, a reporter asked the man, who identified himself as Satko Mujagic from Bosnia.

"Yes, I am connected to Mladic," Mr. Mujagic replied, his voice rising in anger. "His army attacked my town, Kozarac, burned down my house, killed my grandmother, my cousins, my best friend, my schoolteachers. I spent 200 days in Omarska prison camp and was beaten until I could no longer walk. So I am connected to him."

Why, then, did he smile and greet Mr. Mladic?

"Because I am so very happy he is there, in the dock," Mr. Mujagic said.

["Former Bosnian Serb General Hears Indictment, and Insults, as Trial Opens," by Marlise Simons, *The New York Times International*, Thursday, May 17, 2012, p. A7.]

B. *Paranoia—An Historical Digression*

Paranoia, from Greek meaning wrong or faulty knowledge or reasoning, "antedates Hippocrates" (Cameron, 1944) when "it was most frequently used in a very general sense...as equivalent of our popular current term insanity". It was resurrected by Vogel in 1772 and further extended by Heinroth in 1818. Its application was then gradually restricted to partial insanity or monomania until Zeihen (1894) and Cramer (1895) "Threw together all the 'primary disorders of reasoning'...including the acute and chronic forms and even all the delirious disorders of no matter what origin" (Myer, 1928) under that title. [.....]

[Dr. jur. Daniel Paul Schreber (1842-1911), *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, pp. 13-14.]

Ratko Mladic was turned into a homicidal monster by the lethal effects of his paranoid schizophrenic, megalomaniacal delusions of grandeur. In his warped and deluded mind he thought of himself as the great liberator who was going to save his fellow-Bosnian Serbs from the "perceived" threats posed by their Muslim and Croatian neighbors. The fact that all three of these ethnic groups had been living reasonably-enough and peacefully-enough together in Bosnia for many years had made no impression at all on a mind turned "rotten" by his severe paranoid schizophrenic, "bearded lady" illness.

Mladic was stamped from the same insane mold that had produced the ethnic-cleansing efforts of Hitler and Stalin earlier in the 20th century, and of Mao in China whose paranoid "bearded lady" madness likewise had caused the deaths of millions of his fellow-citizens. Providentially for Bosnia and the world, General Ratko Mladic was forced to be satisfied with the ethnic cleansing of a much smaller human "sampler" than his other three fellow-monsters, but their individual and collective madness was of equal intensity.

The picture of seven-year-old Nermin Divovic, the son of a Muslim family, lying in a pool of his own blood after having been shot down in a street in Sarajevo in 1995 by a cowardly and murderous Serbian sniper — a supporter of Mladic's insane ambitions — illustrated perfectly the total paranoid depravity of Mladic's delusional ("wrong or faulty knowledge or reasoning") thinking.

And later came the horrific massacre in Srebrenica, where over 8,000 innocent men and boys were cold-bloodedly executed, all as a part of Mladic's ethnic-cleansing campaign. In Bosnia it was a world gone mad, a world ruled by the destructive actions of men, and especially of one man, driven insane by their paranoid schizophrenic, "bearded lady" conflicts.

Unfortunately for mankind, this paranoid-type of faulty reasoning and demented behavior is a never-ending phenomenon, invariably resulting in horrendous consequences for its innocent and non-paranoid victims.

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A. [.....] The Kennedys have a celebrated tradition of keeping their secrets to themselves, but Bobby's affidavit, sworn September 16, 2011, and filed in New York Supreme Court in Westchester County as part of their divorce, discussed a Kennedy's family private life with sad candor. In the document, Bobby made the startling claim that Mary was physically abusing him and threatening suicide in front of the children. He said he cried often during his marriage, but not from sadness or grief. "Mary's violence and physical abuse toward me began before we were married," Bobby said in the affidavit. "Soon after Mary became pregnant with our first son, Mary, in a sudden rage about my continued friendship with [my ex-wife] Emily, hit me in the face with her fist. She was a trained boxer and I got a shiner. Her engagement ring crushed my tear duct causing permanent damage ... Mary asked me to lie to her family about the cause of my shiner." [.....]

"On May 26, 2011, Mary ran over and killed the dog, Porcia, in the driveway," Bobby wrote of an experience after he and Mary had separated. "She had [our youngest son] Aidan call to tell me. He was disconsolate and crying. I asked to speak to mom and Mary came on the phone. She said I should come over and spend the night in my old room with the kids who were distraught. She said she intended to kill herself unless I called off the divorce and unless I promised to recommit to the marriage. She promised that if I came over she would stay in her room and wouldn't see me or harass me.

"I drove over in a tow truck with my boat on a trailer in preparation for a planned trip to Cape Cod the following day. When I got there Aidan was in Mary's room. Mary was intoxicated. I opened the door and she leapt out of her bed and hit me with a roundhouse punch that, had I not blocked it, would have undoubtedly broken my face. Pointing to Aidan, she screamed, 'You told this child you didn't love me?' and hit me again, raining blows down on me as I backed down the hall. She struck me maybe 30 more times or more. I moved slowly backward because she was drunk and unsteady and I didn't want her to tumble over the bannister. She screamed at Aidan as she hit me. 'He is the most evil kind of man in the world. Everything he does is evil and a fraud. He is a philanderer, an adulterer, a sex addict.' Aidan was crying. I backed down the back stairs blocking her blows--and dodged out the kitchen door. She pursued me, pummeling me and pushing me with her fists all the way." [.....]

Like the Kennedys and the Skakels, Mary came from a large Irish-American family. Her father, a college professor, died when she was barely a

teenager. The Richardsons were far from wealthy, but they managed to send Mary to the progressive Putney School in Vermont. Her Putney roommate was Kerry Kennedy, Bobby's younger sister. Kerry recalls Mary as both troubled and extraordinarily creative and original. Mary was a tall, svelte young woman with long brunette hair and a windblown, natural beauty that was intimidating to most men. She was a straight-A student, but hardly the scholarly sort. She had a daring, adventurous quality, unlike the withdrawn, quiet Richardsons, and she was drawn to the excitement of life with the Kennedys. [.....]

During their years at Putney and Brown University, and living together while working in Boston and New York, Mary and Kerry had the closeness of twins. [.....] For a while, Mary worked for Andy Warhol and was part of the artist's avant-garde set. She defined herself as a "SoHo-girl," living and partying in what was in the 80's Manhattan's bohemia. Dressed always elegantly in black as she danced through the nightlife of the city, she intimidated most men. It wasn't only that she was gorgeous, but that she had an intellect to match, a nearly photographic memory, and a promising career as an architectural engineer. [.....]

There was something else they had in common. They were both recovering in 12-step programs, and had exhibited destructive, addictive behavior. In 1985, two years after Bobby had been busted for heroin possession and become sober, Mary was in a hospital for anorexia, which she had suffered from at least since her Putney days. Afterward, finding the structure and radical honesty of 12-step meetings helpful, she became a regular at AA, just like Bobby. Bobby had what his brother Doug called the Kennedy "St. Francis complex," always trying to do good and help people, and he reached out to Mary as if reaching out to a version of himself. While Bobby thrived on chaos, Mary needed structure and constancy and could not rest if there was an unmade bed in the house. [.....]

Sometimes in the middle of the night, Bobby would awake to find Mary standing over his bed, beating him, according to the affidavit. Bobby tried to protect himself from her punches and even once jumped out of a second-story window to escape.

In 1997, after three years of marriage, Bobby asked Mary for a divorce. Her reaction, as expressed in the affidavit, was explosive. Mary vowed that she would kill herself and before doing so tell the world what a monster he was. Whenever Bobby mentioned divorce, she would threaten suicide, but the next morning she would be calm and gentle. She would say she was sorry and didn't know why she was acting this way. For a time she would be her old wonderful self at night as well as during the day, and Bobby had renewed hope, the affidavit said.

Mary sought the help of psychiatrists and therapists. There was all sorts of family counseling. But nothing got better. By 2003 Bobby wanted out, and he started living a single man's life. [.....]

Almost everyone, including Mary's own therapists, thought that the marriage was so damaging to both of them that it must end. And in September 2007, Bobby hired a divorce lawyer. With that, everything bad and dangerous escalated. [.....]

There was no greater witness to the chaos than the housekeeper. "Once, during dinner, Mary grabbed a plate of spaghetti and threw it all on Bobby in front of the children," says the housekeeper. "Once they were having a fight while Bobby was taking a bath. We heard lots of noises upstairs. Mary came down the stairs and took the car and left. Five minutes later Bobby came down. My sister asked, "Are you OK, Bobby?" Bobby's face was really white. And then my sister said, "What happened to you?" And he said, "Mary attacked me in the bath with scissors." [.....]

Bobby repeatedly pleaded with Mary's brothers and sisters to do an intervention. On June 17, 2011, he wrote an email to them saying, "Mary is a wonderful, generous, kind, and wise person but depression and illness are now killing her. I know you have told me that her frequent suicide threats are not real. I do not believe this is accurate. I see her now sinking into a terrible darkness. She desperately needs a family intervention." [.....]

The family feud exploded after Mary's body was found hanging from the rafter in the barn. That night, several of the Richardson siblings arrived at the house while Bobby was away, and were rifling through drawers in Mary's office, presumably looking for a suicide note or other explanation for this tragic end. [.....]

Whatever her demons, Mary Richardson Kennedy had finally escaped them. [.....]

["The Last Days of Mary Kennedy," Laurence Leamer, *Newsweek magazine*, June 18, 2012, pp. 26-33.]

B. More than thirty years of intensive investigation of these problems permits me to make the general statement that in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation. ...Dementing schizophrenia is essentially a regression to the cloacal level of hermaphroditism.

["Bisexual Factors in Curable Schizophrenia"*, by Edward J. Kempf, M.D. --
*Presented at the Annual Meeting of the American Psychiatric Association, May 18, 1948, *Journal of Abnormal and Social Psychology*, 1949, July Vol 44(3), pp. 414-419. NOTE: Pls see Dr. Kempf's complete article in its link on this website]

C. These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C. G. Jung of Zurich and Sandor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defense against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.¹ [1 Further confirmation is afforded by Maeder's analysis of a paranoid patient J.B. (1910). The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.]

["Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," 1911. Sigmund Freud, *The Complete Psychological Works of Sigmund Freud*, Vol. XII, The Hogarth Press and the Institute of Psycho-Analysis. London, 1958, p. 59.]

Mary Kennedy was destroyed by her severe bisexual conflict and gender confusion which, as a result of its seemingly total repression from any conscious awareness, had triggered her paranoid schizophrenic symptomatology -- the most serious consequence of which being her suicidal depression which was ultimately alleviated only by means of her tragic self-destruction. And unfortunately her "bearded lady" illness also had a very marked homicidal-maniacal element to it, as demonstrated by her repeatedly violent physical attacks upon her husband and ultimately by her lethal attempt to stab him with scissors while he was bathing. This latter insane act by Mary brings to mind the famous painting of the French Revolutionary leader Jean Paul Marat, 1743-93, being stabbed to death in his bathtub by a madwoman, and it is almost a certainty that Mary Kennedy, being a well-educated woman, was familiar with this grim and evocative portrait. In a delusional mind riven by wrong or faulty reasoning or knowledge -- this being the early Greek definition, antedating Hippocrates, of paranoia, "paranoia" being the word they applied to all cases of insanity in general -- which condition (faulty reasoning, etc.) is invariably present and readily observable in all persons afflicted with paranoid schizophrenia, this unconsciously-remembered image of the painting depicting Marat's fatal stabbing may well be what had impelled Mary Kennedy to initiate her own dastardly attempt to kill Bobby -- in the same manner and in the same type of setting. ("There

are more things in heaven and earth, / Horatio, / than are dreamt of in your philosophy." -- Wm. Shakespeare, "Hamlet", I,v, 166.)

The most obvious example of Mary's florid paranoid thinking, as described in Laurence Leamer's brilliantly-reported Newsweek article, "The Last Days of Mary Kennedy", was when, in a drunken rage, she screamed at her and Bobby's son Aidan that his father "is a demon". "He is a demon. He is a demon. He is the most evil kind of man in the world. Everything he does is evil and a fraud. He is a philanderer, an adulterer, a sex addict." Bobby was certainly said at times to have been a sexually-unfaithful husband, etc., but to enlarge upon those alleged lapses in his moral character as being signs that he was a "demon" and "the most evil kind of man in the world," and that "Everything he does is evil and a fraud," which accusations Mary, in her drunken rages, truly believed to be valid ones, and perhaps believed them also even during her more sober moments -- indisputably places her in the category of those persons the ancient Greeks would have diagnosed as suffering from the mental disorder they were the first to refer to as "paranoia", or general insanity.

In their evenings at home, Bobby further stated in his affidavit to the court, "She would go into a kind of altered state which we came to call her 'episodes.' Her features would change with her jaw set forward, her face paled, her eyes notably darkened, her voice alternately breathy or hard. Mary's moods vacillated between rage and self-pity. Her behavior often became violent and destructive." What Bobby unknowingly is really describing here in his affidavit is the "episodic" appearance in Mary's personality of the overwhelmingly powerful "bearded" side of her "bearded lady" self, struggling mightily to emerge from its lifetime of near total repression, with the long-term consequence of this malignant repressive process being the development of the terrible and frightening "bearded lady" conflict that had driven her mad.

In reading through Quotation A. above, Mary's masculine "bearded lady" persona quickly becomes glaringly apparent. The fact she was a "trained boxer" and used these skills to physically attack her husband when she became enraged, the fact she "intimidated" other men by her underlying masculine aura, the fact that the closest, long-term emotional and loving peer relationship in her life had been with another female, Bobby Kennedy's sister, Kerry -- it was reported that they were as "close as twins" and that Kerry had commented that a part of her had died too, both physically and emotionally, along with Mary -- and finally in the fact that in her marriage to Bobby there had been an almost complete male-female role reversal, in the traditional sense, with Bobby predominantly being the more gentle and nurturing parent to their children, and also generally being the more nurturing partner in his and Mary's marital relationship -- even considering all his reported infidelities.

Mary's masculine aggressiveness set the tone for the marriage, and she was the most active, physical and emotional abuser in it, again dissimilar to the majority of cases of severe marital dysfunction wherein the usually more active and aggressive male partner occupies that role.

Thus we can observe once again how schizophrenia - the "bearded lady" disease - inevitably leaves in its wake a tragic trail of broken minds and lives.

789.

A. AURORA, Colo. -- Throughout this growing city, which tumbles from the edge of Denver out onto the plains and stretches across three Colorado counties, there are red, white and blue signs that declare "Aurora All-America City" -- a proud reminder of a national civic award for demonstrating deftness at dealing with municipal challenges.

Just days after a gunman [James Eagan Holmes, 24] opened fire on a midnight showing of "The Dark Knight Rises," killing 12 people and injuring 58, the signs took on a darker, more complicated meaning.

Aurora, Colorado's third largest city, now joins the ranks of American communities that have endured a mass shooting. Like nearby Littleton [site of the 1999 Columbine High School massacre], its immediate future will now be spent searching for an answer that will almost certainly never become fully clear.

"We've dealt with violence in this city before. But I've never seen people here shaken as much as after this," said Adam Goldstein, a reporter for the Aurora Sentinel who grew up here. [.....]

[Dan Frosch, "An 'All-America City' Turns Inward in a Search for Answers That May Never Come," *NYTimes.com*, July 21, 2012.]

B. Milwaukee -- Around the middle of June, Wade M. Page [40] split with his girlfriend, moving out of the home they shared in South Milwaukee. In mid-July, he suddenly stopped showing up to his job as a machine operator. About two weeks later, he bought a nine millimeter handgun, testing it by firing 50 rounds at a target in the gun shop's basement.

Within the next six days, Mr. Page would send a text message to his landlord saying he was having a horrific week, according to the landlord's former stepson, and he would then gun down six people at a Sikh temple in nearby Oak Creek before fatally shooting himself in the head, the authorities said on Wednesday.

Authorities have yet to find a note or any clear indication of Mr. Page's motive. As they continue combing through mounds of evidence, including e-mails, telephone records and security footage, and as relatives of the Sikh victims prepare for funerals and memorial services, interviews with Mr. Page's former colleagues depict a troubling final few weeks in his life.

"We are still pursuing all aspects of his behavior, the motivations for his actions," said James L. Santelle, the United States Attorney for the eastern district of Wisconsin. "We may never know for certain; we may never know exactly what was animating him."

["Investigators Seek Clues In Gunman's Last Weeks Before Temple Murders," by John Eligon, *The New York Times*, Thursday, August 9, 2012, p. A13.]

C. A teenager killed eight people with a knife and wounded five more in northeast China after falling out with his girlfriend, the state news media said Thursday. The 17-year-old suspect killed two of the girl's family members and six other people before fleeing, the state-run newspaper Legal Daily said. It reported that he had been caught but did not describe the circumstances. The official Xinhua News Agency said the attack took place on Wednesday night in Liaoning province. News reports said that the suspect was from Fushun and that his surname was Li. The attack happened in the town of Yongling. The police in Xinbin County, which oversees the town, declined to comment.

["China: Teenager Kills 8 With a Knife," *The New York Times*, August 3, 2012, p. A7.]

D. Manny Fernandez

COLLEGE STATION, Tex. -- On his Facebook page, Thomas Caffall posted a list of "inspirational people." One was Carlos Hathcock, one of the most famous snipers in the United States Marine Corps who recorded 93 kills during the Vietnam War. Another was Vasily Zaytsev, a Russian sniper during World War II who was known for his skills with the Mosin-Nagant rifle.

On Monday afternoon, Mr. Caffall, 35, became a deadly sniper himself, shooting law enforcement officers and innocent bystanders in a quiet neighborhood near Texas A&M University where he rented a home. The authorities said Mr. Caffall killed a local constable who was serving him with an eviction notice and a 51-year-old man. Four other people were wounded, three College Station police officers and a 51-year-old woman, before Mr. Caffall was shot and killed by the police.

Unlike other police standoffs that end with a brief burst of violence, Mr. Caffall exchanged gunfire with officers for about 30 minutes, terrorizing a residential area that is home to many students. Police officials said on Tuesday that it was too early in their investigation to determine Mr. Caffall's motive. [.....]

Mr. Caffall's relatives have told reporters that he was a disturbed young man who had mental problems and that he quit his job several months ago. "We're just so sorry for this tragedy, and we feel for the families that are all

involved, said Mr. Caffall's sister, Courtney Graham Clark, who also lives in College Station. "We're still in shock."

Ms. Clark declined to discuss her brother's mental state. On his Facebook page, Mr. Caffall listed his relationship status as divorced and his religious views as Christian, writing: "God loves us all. We are all capable of redemption, if we are willing to change." [.....]

["Gunman in Texas Wrote Of 'Inspirational' Snipers / Rifle Purchase Was Noted on Facebook Page," Manny Fernandez, *The New York Times*, August 15, 2012, p. A11.]

E. The defense team for a teenager charged with killing three students and wounding three others in a high school cafeteria in Chardon asked a judge on Friday to move the trial out of the community. "Geauga County has been in an ongoing state of mourning and community support for the victims and their families," Lawyers for the teenager, T.J. Lane, 17, said in their request. Every major roadway and every neighborhood in Chardon and in surrounding communities has memorials to the victims, defense lawyers said, and the grief poses a risk that any local jury will be biased against him. The defense said news coverage of the shooting had been so extensive and the subject "so disturbing" that it would be impossible to find an unbiased jury in Geauga County, east of Cleveland. Mr. Lane has been charged with aggravated murder, attempted aggravated murder and felonious assault in the shooting at Chardon High School on Feb. 27. He could face life in prison if convicted. No motive has been established for the shooting.

["Ohio: Change of Venue Sought In Trial Over Cafeteria Killings," *The New York Times*, August 8, 2012, p. A13.]

AMOK

Amok or running amok is another syndrome first described in Malaysia, but also found in many other parts of the world, for example in the Philippines, in Africa, in the Caribbean, in Tierra del Fuego, etc. The 'going berserk' of the old Vikings was probably similar to running amok. It used to be common in Malaya until the beginning of this century. According to van Wilfften Palthe, [151] it was observed with regularity among the patients of the old Batavia Hospital until the old building was replaced by a modern structure and until modern medical care was instituted in 1914. Since then, amok has become rare among the hospital's patients. Van Wilfften Palthe claims that he has never observed or heard about a case of amok among the many Malaysians living in European countries.

In the early days of American occupation of the Philippines, a number of American soldiers became victims of amok Moros, a Moslem tribe. When the

Moros' level of education was raised, amok disappeared. Maguigad[102] claims that amok is still quite frequent in the Philippines. It also appears to be fairly common among the Papuans of New Guinea under the name of 'Negi-negi' or 'Lulu,' and in Melanesia.

The 'Puerto Rican Syndrome,' or 'Mal de Pelea' is, in my opinion, similar to amok, although the outcome is usually less gruesome. As in amok, the patient withdraws at first and gets into a brooding mood. All of a sudden and without any recognizable provocation he becomes violent and strikes out at anyone near him.[43]

According to Zaguirre[159] and Kline,[74] the pre-morbid personality is impulsive, emotionally hyper-reactive, according to other authors schizoid. However, the psychodynamic interpretation is probably the same. The patient's attempt at conflict-solution by repressing his hostility is failing. He makes a last desperate attempt by withdrawing within himself. According to Maguigad, amok derives from the Malayan word 'amoq,' which means engaging furiously in battle. It is a life or death battle against a feeling of complete disintegration. I have sometimes sensed this feeling in a patient who from a catatonic [schizophrenic] stupor suddenly switched to catatonic excitement. It is a last-ditch attempt at survival against the inner forces which are about to disintegrate him.

The Bantus express this idea in their belief that a person destined to die may escape death by killing someone else in his stead.

In other words, the amok patient externalizes his desperate need to destroy the death-bringing inner conflict by killing other persons. [.....]

[Johannes M. Meth, "Exotic Psychiatric Syndromes," *American Handbook of Psychiatry*, Second Edition, Silvano Arieti, Editor-in-Chief. Volume Three / Adult Clinical Psychiatry, Silvano Arieti and Eugene M. Brody, Editors," Basic Books, Inc. Publishers. New York. 1974. p. 729.]

ACUTE ANXIETY

As the term implies, acute anxiety is usually sudden in onset and occurs in attacks. These may last for only a few moments, and disappear without major sequelae, or they may continue with waxing and waning intensity for many minutes or hours at a time. In some, the attack is an isolated episode that occurs rarely if ever again; in others, a series of attacks may occur in cycles lasting for days or weeks. Generally, the patient is unable to specify any precipitant of his symptoms, though in some a clue is provided from their associations, if one allows them to talk freely about the experience. In this connection, mention should be made here of one special form of anxiety that is encountered with some regularity and frequency, the so-called homosexual panic. Occurring usually in late adolescent or young adult males, often at a time when they are first exposed to the intensive contact with other males,

such as exists in army barracks, male dormitories, or camps, homosexual panic is characterized by particularly severe anxiety associated with the idea that one may be homosexual or that other people think so. Those afflicted with this condition may verge on being delusional, are at times strongly impelled to suicidal [or homicidal] acts, and are frequently driven by the emotional pain of their symptoms to seek medical help, especially in general hospital emergency wards.

[John C. Nemiah, "Anxiety: Signal, Symptom, and Syndrome," *American Handbook of Psychiatry*, Second Edition, Silvano Arieti, Editor-in-Chief. Volume Three / Adult Clinical Psychiatry, Silvano Arieti and Eugene M. Brody, Editors, Basic Books, Inc., Publishers. New York. 1974, p. 95.]

The five males described in Paragraphs A. through E. above have all "run amok" as the direct result of their "desperate need to destroy the death-bringing inner conflict by killing other persons." (See the above AMOK article.) And this "inner conflict" is invariably the "bearded lady" conflict which is at the root of all paranoid schizophrenic mental and physical manifestations, and which "physical manifestations" are unfortunately too often of a very violent and lethal nature, as they have been so starkly and tragically described in Paragraphs A. through E.

In the second article, ACUTE ANXIETY, the core essence of "running amok" is explained as being the final outcome of the actions of persons caught up in the terrifying throes of their "homosexual panic", which is "characterized by particularly severe anxiety associated with the idea that one may be homosexual or that other people think so. Those afflicted with this condition may verge on being delusional, are at times strongly impelled to suicidal [or homicidal] acts, and are frequently driven by the emotional pain of their symptoms to seek medical help, especially in general hospital emergency wards."

Unfortunately in the five cases described here, all but one of the afflicted persons tried to break out of the extreme and painful tension engendered by their "homosexual panic" attacks -- not by seeking psychiatric help but by lashing out at others in homicidal rages. Only James Eagan Holmes, 24, the Aurora, Colo. "shooter", was under psychiatric care at the time he "broke" under the extreme pressure of his own overwhelmingly powerful repressed homosexual feelings and desires and consequently ran amok, with devastating results for the many innocent victims of his ensuing lethal rampage.

Two out of five of the above "beserkers" had recently broken up with their girlfriends, thus putting added stress on their underlying homosexual conflicts. Another was divorced, and in two cases there was no mention of any girlfriend. Thus there was clearly a lack of any stable heterosexual

relationship among any of these five madmen / killers. This was, of course, due to their own basic and unconscious homosexual orientation.

One "shooter" committed suicide outright and one was killed by the police in a case which could be called "suicide by cop", in that the "shooter" must have realized how the police siege would finally end and had purposely chosen that way to die. Thus it is very plain to see what a very close connection there always is between suicide and homicide -- in reality the opposite sides of the same coin.

The one common refrain running through three out of the five above journalistic accounts of these shocking "running amok" tragedies is this: total bewilderment as to their cause, or etiology. One case was clearly attributed to the perpetrator as having "mental problems". No question as to the cause was raised in the account of the young Chinese man [Paragraph C.] who had run amok and stabbed to death eight people. Mention was made, however, of the fact that shortly beforehand he had experienced a "falling out with his girlfriend."

1. *"Like nearby Littleton [site of the 1999 Columbine High School massacre], its immediate future [Aurora, Colo.] will now be spent searching for an answer that will almost certainly never become fully clear." [Paragraph A.]*

2. *"We are still pursuing all aspects of his behavior, the motivations for his actions," said James L. Santelle, the United States Attorney for the eastern district of Wisconsin. "We may never know for certain; we may never know exactly what was animating him." [Paragraph B.]*

3. *"Mr. Caffalls's relatives have told reporters that he was a disturbed young man who had mental problems and that he quit his job several months ago." [Paragraph D.]*

4. *"He could face life in prison if convicted. No motive has been established for the shooting." [Paragraph E.]*

Thus in summation, the "motivation" in all these cases of deadly rampages is the fact that the people who commit them are trapped in the iron grip of their individual paranoid schizophrenic, "bearded lady" homosexual panics, and that in a last desperate attempt to break out of that strangling grip they have all of them become maniacally impelled to strike out in destructive fury at everyone around them.

790. Subtitled "The Case for Feminist Revolution," "The Dialectic of Sex" was published by William Morrow & Company in 1970. In it, Ms. Firestone extended Marxist theories of Class oppression to offer a radical analysis of the oppression of women, arguing that sexual inequity springs from the onus of childbearing, which devolves on women by pure biological happenstance. "Just as the end goal of socialist revolution was not only the elimination of the economic class privilege but of the economic class distinction itself," Ms. Firestone wrote, "so the end goal of feminist revolution must be ... not just

the elimination of male privilege but of the sex distinction itself: genital differences between human beings would no longer matter culturally." In the utopian future Ms. Firestone envisioned, reproduction would be utterly divorced from sex: conception would be accomplished through artificial insemination, with gestation taking place outside the body in an artificial womb. While some critics found her proposals visionary, others deemed them quixotic at best.

Reviewing "The Dialectic of Sex," in *The New York Times*, John Leonard wrote, "A sharp and often brilliant mind is at work here." But, he added, "Miss Firestone is preposterous in asserting that 'men can't love.'" The book, which was translated into several languages, hurtled Ms. Firestone into the front ranks of second-wave feminists, alongside women like Betty Friedan, Kate Millet and Germaine Greer. It remains widely taught in college women's-studies courses. [.....]

Her only other book, "Airless Spaces," was issued in 1998 by the experimental publisher Semiotext(e). A memoir-in-stories that employs fictional forms to recount real-life events, it describes Ms. Firestone's hospitalization with schizophrenia, which by the 1980s had overtaken her. [.....]

In "Airless Spaces," Ms. Firestone writes of life after hospitalization, on psychiatric medication. The account is in the third person, but the story is her own: [.....]

The story continues: "She was lucid, yes, at what price. She sometimes recognized on the faces of others joy and ambition and other emotions she could recall having had once, long ago. But her life was ruined, and she had no salvage plan."

["Shulamith Firestone, 67, Feminist Writer, Is Dead", by Margalit Fox, *The New York Times OBITUARIES*, August 31, 2012, p. B14.]

Paranoia, from Greek meaning wrong or faulty knowledge or reasoning, "antedates Hippocrates" (Cameron, 1944), when "it was most frequently used in a very general sense ... as the equivalent of our popular current term insanity". [Drs. Ida Macalpine and Richard A. Hunter, in their Introduction to Daniel Paul Schreber's "Memoirs of My Nervous Illness", Wm. Dawson & Sons Ltd, London, 1955, p. 13.]

Following the above early Greek definition of paranoia, it instantly becomes clear that the radical feminist author Shulamith Firestone was "insane", as indeed she was officially diagnosed as being when she was finally hospitalized as the direct result of her glaringly obvious schizophrenic thinking and symptomatology.

And as is invariably the case, her paranoid schizophrenia was the direct result of her severe bisexual "bearded lady" conflict and gender confusion,

which is so starkly spelled out in her extraordinarily bizarre and literally insane writings.

The "wrong or faulty knowledge or reasoning" of her paranoid schizophrenic thinking, engendered by her severe "bearded lady" conflict had, in her own words, "ruined" her life, "and she had no salvage plan." And all this because psychologically she was neither male nor female, occupying a netherworld of disembodied souls forever searching for their true sexual identity. As the Bulgarian psycho-analyst, Julia Kristeva, has so intuitively and incisively noted, "Sexual identity guarantees our psychic unity." Shulamith Firestone had no "sexual identity", and thus no "psychic unity", consequently leaving her with "no salvage plan."

This very tragic outcome of having "no salvage plan" is the common denominator in the lives of all persons who have been afflicted with the suffering caused by schizophrenia, this most malignant of illnesses, in times past and currently -- and, most unfortunately, far on into the future.

791. He has been seen as something of an unlikely if stumbling terrorism suspect, a used-car salesman from Texas accused of being the American nexus of a global terrorism plot that called for assassinating the Saudi ambassador to the United States.

But the suspect, Mansour J. Arbabsiar, an Iranian-American who had been jailed pending trial, recently told a psychiatrist, a new report shows, that he has an idea about how he might resolve his legal stumble.

"I have spent my life making deals," Mr. Arbabsiar was quoted as saying. "If America wants to make a deal with me, they can do it." He added: "If you want information, I will give you information. If you want addresses, I will give you addresses." [.....]

Prosecutors have said that after his arrest on Sept. 19, 2011, Mr. Arbabsiar waived his right to a lawyer and confessed to his part in the plot. He has pleaded not guilty, and his lawyers, citing findings by two other experts that he was suffering from bipolar disorder, have asked that his statements be suppressed or that the case be dismissed. [.....]

Mr. Arbabsiar said he had been married three times; his third wife is the mother of his son, who has since had a boy of his own. [.....]

The report also describes an unusual incident related by Mr. Arbabsiar, which he said occurred around 2004. Mr. Arbabsiar was on a flight from Europe to Iran, and bought duty-free cologne for the pilot. Calling the gift a "nice gesture," the pilot invited Mr. Arbabsiar into the cockpit, allowed him to sit in the co-pilot's seat for about five minutes, and gave him "a special tour of the controls," Dr. Saathoff wrote, noting that the incident occurred but a few years after the Sept. 11 attacks. Dr. Saathoff also interviewed F.B.I. agents involved in the bombing case. [.....]

Dr. Saathoff said that Mr. Arbabsiar, because the crime he was charged with involved the planned assassination of a Saudi official, "felt that it would have the attention of top U.S. leadership, including President Obama."

F.B.I. agents also told Dr. Saathoff that in their dealings with Mr. Arbabsiar, they had portrayed one agent as being President Obama's "right-hand man."

" 'That impressed him. He wants to be important,' " Dr. Saathoff quoted the agent as saying about Mr. Arbabsiar.

Mr. Arbabsiar's suggestion that his case might be resolved through a deal appears to have grown out of his view that because no one had been hurt or killed in the plot, such a resolution might be acceptable.

He said that if he had killed someone, he should go to prison. "But nothing happened," he is quoted as saying, "so I think that there is a chance to make a deal that works for both of us."

The psychiatrist depicts Mr. Arbabsiar as being open about his responsibility and his interest in being considered for lenient treatment.

"I said to the F.B.I., 'Yes, I made a mistake. I am not looking for forgiveness,'" Mr. Arbabsiar says. " 'We all make mistakes. Some are big and some are little' " he continued.

"I know that this is a big mistake so I felt, 'Yes, O.K., put me in jail. Just not for too long,' " Mr. Arbabsiar added.

["Psychiatrist Details Talks With Suspect in Bomb Plot / Report Describes a Proposal to Cooperate" -- by Benjamin Weiser, The New York Times, Oct. 5, 2011, p. A18.]

Mr. Arbabsiar is definitely exhibiting classic symptoms of paranoid schizophrenia, the "bearded lady" disease, when he states that he believes he is entitled to lenient treatment from the authorities, despite his intention to assassinate the Saudi ambassador to the U.S. -- because his plan to do that had backfired, so consequently no one was hurt. "But nothing happened so I think there is a chance to make a deal that works for both of us."

This man's reasoning is so far out-of-touch with reality that it becomes proof-positive of his confused and faulty paranoid thinking. "Paranoia, from Greek meaning wrong or faulty knowledge or reasoning, 'antedates Hippocrates' (Cameron, 1944) when 'it was most frequently used in a very general sense ... as the equivalent of our popular term insanity'". [Drs. Ida Macalpine and Richard A. Hunter, translators and editors of Daniel Paul Schreber's "Memoirs of My Nervous Illness" -- Wm. Dawson & Sons, Ltd., London, 1955, p. 13.]

The entire Quotation # 791 is rife with examples of Mr. Arbabsiar's "wrong or faulty knowledge or reasoning". And what his psychiatric examiners

euphemistically refer to as his "bipolar disorder" should instead be more accurately referred to as his "paranoid schizophrenic" disorder.

As we now know, the underlying cause of paranoia is invariably that of repressed homosexuality, always accompanied by its twin -- confused gender identity. "Yet we were astonished to find that in all of these cases a defense against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.1" ["Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)". Sigmund Freud. The Complete Psychological Works of Sigmund Freud. Vol. XII. The Hogarth Press and The Institute of Psycho-Analysis. London, 1958, p. 59.]

Mr. Arbabsiar's "unconsciously reinforced current of homosexuality" is clearly illustrated by this "unusual incident related by Mr. Arbabsiar, which he said occurred around 2004. Mr. Arbabsiar was on a flight from Europe to Iran, and bought duty-free cologne for the pilot. Calling the gift a 'nice gesture,' the pilot invited Mr. Arbabsiar into the cockpit, allowed him to sit in the co-pilot's seat for about five minutes, and gave him 'a special tour of the controls,' Dr Saathoff wrote." What really made this incident "unusual" from a psychological perspective was the extremely feminine nature of Mr. Arbabsiar's gift of such an intimate-type item to another man, and one who was most likely a complete stranger to him. It was the kind of gift a woman might give to a man, or a man give to a woman, but not a man to another man -- without obvious homo-erotic implications, albeit with a total lack of any such conscious awareness on Mr. Arbabsiar's part of its glaringly homosexual "meaning".

Thus we can observe once again how schizophrenia, the "bearded lady disease", came very close in this case to being the unrecognized factor in the cause of a major terrorist incident, and furthermore how it has completely ruined any future life-prospects for its paranoically-delusional victim, Mr. Arbabsiar -- the cologne-giving, "bearded lady" man.

792. [.....]

Mr. Castro's interest had been piqued by the declassification and release of Soviet and American documents in 1991 and 1992, which both surprised and angered him. These included long-suppressed passages from memoirs, released 20 years after [Nikita S.] Khrushchev's death, in which he wrote that Mr. Castro had become irrational and possibly suicidal and that the crisis had to end before Cuba ignited a nuclear war. [.....]

After the American-sponsored Bay of Pigs debacle, Fidel Castro, then just 35 but already Cuba's unquestioned ruler, drew an astonishing conclusion. "The result of aggression against Cuba will be the start of a conflagration of incalculable consequences, and they will be affected too," he told the Cuban

people. "It will no longer be a matter of them feasting on us. They will get as good as they give."

For the next 18 months, Mr. Castro prepared for nuclear Armageddon, while Kennedy and Khrushchev sleepwalked toward the abyss. [.....]

However, Mr. Castro believed the fundamental purpose of Soviet nuclear weapons was to destroy the United States in the event of an invasion.

"After centuries of humiliations and irrelevance," he concluded, Cuba would matter fundamentally to the fate of humanity. Cuba couldn't prevent the onslaught, nor could it expect to survive it. He insisted that the Cubans and Russians on the island would resist "to the last man, woman and child capable of holding a weapon." [.....]

While Cuba was preparing for nuclear war, Khrushchev and Kennedy were, unbeknown to Mr. Castro, moving toward a peaceful resolution of the crisis. Terrified that a catastrophic war might break out, Khrushchev took the initiative even as Kennedy was preparing an offer of his own. [.....]

Unaware of Kennedy's and Khrushchev's progress toward a deal, at 2 a.m. on Oct. 27 [1962], Mr. Castro decided to write to Khrushchev, encouraging him to use nuclear weapons to destroy the United States in the event of an invasion. At 2 a.m., he arrived at the Soviet embassy and told Alekseev [the Russian ambassador to Cuba] that they should go into the bunker beneath the embassy because an attack was imminent. According to declassified Soviet cables, a groggy but sympathetic Alekseev agreed and soon they were set up underground with Castro dictating and aides transcribing and translating a letter.

Mr. Castro became frustrated, uncertain about what to say. After nine drafts, with the sun rising, Alekseev finally confronted Mr. Castro: are you asking Comrade Khrushchev to deliver a nuclear strike on the United States? Mr. Castro told him, "If they attack Cuba, we should wipe them off the face of the earth!" Alekseev was shocked, but he dutifully assisted Mr. Castro in fine-tuning the 10th and final draft of the letter.

From his bunker, Mr. Castro wrote that, in the event of an American invasion, "the danger that that aggressive policy poses for humanity is so great that following that event the Soviet Union must never allow the circumstances in which the imperialists could launch the first nuclear strike against it." An American invasion, he added, "would be the moment to eliminate such danger forever through an act of clear, legitimate defense however harsh and terrible the solution would be, for there is no other." [...]

According to his son and biographer, Sergei Khrushchev, the Soviet premier received that letter in the midst of a tense leadership meeting and shouted, "This is insane; Fidel wants to drag us into the grave with him."

Khrushchev hadn't understood that Mr. Castro believed that Cuba was doomed, that war was inevitable, and that the Soviets should transform Cuba from a mere victim into a martyr.

By ignoring Mr. Castro's messianic martyrdom, both Kennedy and Khrushchev inadvertently pushed the world close to Armageddon. [.....]

["How Castro Held the World Hostage", By James G. Blight and Janet M. Lang, The New York Times OP-ED, Friday, October 26, 2012.]

Fortunately for mankind, only one of the three heads-of-state involved in settling the dispute which led to the so-called Cuban missile crisis of 1962, was a madman. If two out of three of these principals had been insane at the time, or all three -- rather than just the one, the world indeed would have erupted in flames, millions of deaths and massive infrastructure demolition. As it was, the world came perilously close to that horrific possibility anyway, due entirely to the floridly paranoid schizophrenic, psychotic delusions of grandiosity and persecution of the one leader, Cuba's "El Comandante" Fidel Castro.

As the Soviet premier Nikita S. Khrushchev wrote in his memoirs, he believed that Mr. Castro had become "irrational" and "possibly suicidal", and that some way must be quickly found to defuse the crisis in order to avert a full-scale nuclear war between the Soviet Union and the United States -- instigated and fully encouraged by the delusional Mr. Castro.

According to Sergie Khrushchev, the Soviet premier's son and biographer, when the premier received the letter Mr. Castro had composed for him in the bunker of the Soviet embassy in Havana, he yelled out that "This is insane; Fidel wants to drag us into the grave with him." He should have added, not only "us" but the entire world.

"Paranoia, from Greek meaning wrong or faulty knowledge or reasoning, 'antedates Hippocrates' (Cameron, 1944) when 'it was most frequently used in a very general sense, as the equivalent of our popular current term insanity.'" [Dr. jur. Daniel Paul Schreber, "Memoirs of My Nervous Illness", Leipzig, Germany, 1903. Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Ricard A. Hunter. Wm. Dawson & Sons, Ltd., London 1955, p. 13.]

Following this very accurate definition of insanity, it should be obvious to all concerned, who have read the above quoted extract from the New York Times Op-Ed article, that Fidel Castro was totally insane, or completely out of touch with reality, during that particular period encompassing the Cuban missile crisis of 1962. Single-handedly, due to the "wrong or faulty knowledge or reasoning" engendered by his paranoid schizophrenic, "bearded lady" mental illness, he was basically attempting to commit suicide, as Nikita S. Khrushchev, the Soviet premier, had so intuitively realized, while taking the rest of the world down with him.

"More than thirty years of intensive investigation of these problems permits me to make the general statement that in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation. ...Dementing schizophrenia is essentially a regression to the cloacal level of hermaphroditism." ["Bisexual Factors in Curable Schizophrenia", Edward J. Kempf, M.D., (*Presented at the Annual Meeting of the American Psychiatric Assn., May 18, 1948), Journal of Abnormal and Social Psychology. 1949 Jul Vol 44(3) 414-419.]*

Mr. Fidel Castro was definitely afflicted with "dementing schizophrenia" when he purposely and consciously attempted to bring about not only his own self-destruction in case of an American invasion of Cuba, but also the parallel destruction of millions of other innocent lives as well.

"Wrong or faulty knowledge or reasoning" indeed invariably equates with the "insanity" which is deeply rooted in paranoid schizophrenia, the "bearded lady" disease -- as do also its accompanying symptoms of delusions of grandeur and persecution, and of maniacal plotting -- all of which symptoms were prominently being displayed by "El Commandante" Fidel Castro during those heart-stopping and terrifying times.

793.

Dec. 14, 2012
Newtown, Conn.

A School-Day Calm Shattered

Sometime around 9 on the morning of Dec. 14 a young man identified as Adam Lanza entered Sandy Hook Elementary School in Newtown, Conn., clutching two handguns: a Sig Sauer and a Glock [plus a semiautomatic, AR-15 Bushmaster "long rifle"]. Before long, 28 people were dead--among them Lanza's mother, a Sandy Hook kindergarten teacher, and 20 schoolchildren, none of whom had yet celebrated their 11th [actually 8th] birthday. In any sane society, events such as these would serve as a shock to the system. In America, it has become sickeningly routine. The United States can now claim 11 of the 20 worst mass shootings of the last half century; half of the dozen deadliest shootings in U.S. history have taken place in the past five years alone. Virginia Tech, Blacksburg, Va., 2007, 32 dead. Binghamton, N.Y., 2009, 13 dead. Fort Hood, Texas, 2009, 13 dead. Aurora, Colo., 2012, 12 dead. Geneva County, Ala., 2009, 10 dead. And now Sandy Hook, where a scream, intended as a warning, echoed over the public-address system; where terrified students hid in closets, and huddled, crying, in the corner of

the gymnasium; where the surviving children were told to "hold hands and close your eyes" as they were led past the bodies of their playmates.

[**Andrew Romano**, "Newsweek" magazine, December 24, 2012, p. 15.]

A.

HARRY STACK SULLIVAN, M.D.

From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male are intimately related as a sequel to unfortunate prolongation of the attachment of the son and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son relationship must be evident. The failure of growth of heterosexual interests, with persistence of autoerotic or homosexual interests in adolescence, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situations to which I shall refer as homosexual cravings and acute masturbation conflict - often immediate precursors of grave psychosis - and of the various homoerotic and autoerotic procedures, on the other. [.....] In any case, the appearance within awareness of the homoerotic interest stirs such violent self-reproach that a dissociation or a vigorous defensive process results. If the self is able to dissociate the abhorrent system, the personality thereafter continues to be in grave danger of panic with succeeding schizophrenia, unless the sexual tensions are being drained off by some collateral procedure such as frequent masturbation or more or less definitely auto-sexual intercourse with women. Moreover, under cover of the dissociation, experience in any case continues to be integrated into the dissociated system, and its partition of energy in the personality to grow.

[**Harry Stack Sullivan, M.D.** -- "Personal Psychopathology / Early Formulations". With Introduction by Helen Swick Perry. W. W. Norton & Company, Inc. New York. Copyright 1972, 1965 by the William Alanson White Psychiatric Foundation. First Edition, pp. 211-12.]

B.

AMOK

Amok or running amok is another syndrome first described in Malaysia, but also found in many other parts of the world, for example in the Philippines, in Africa, in the Caribbean, in Tierra del Fuego, etc. The 'going berserk' of the old Vikings was probably similar to running amok. It used to

be common in Malaya until the beginning of this century. According to van Wilfften Palthe, [151] it was observed with regularity among the patients of the old Batavia Hospital until the old building was replaced by a modern structure and until modern medical care was instituted in 1914. Since then, amok has become rare among the hospital's patients. Van Wilfften Palthe claims that he has never observed or heard about a case of amok among the many Malaysians living in European countries.

In the early days of American occupation of the Philippines, a number of American soldiers became victims of amok Moros, a Moslem tribe. When the Moros' level of education was raised, amok disappeared. Maguigad [102] claims that amok is still quite frequent in the Philippines. It also appears to be fairly common among the Papuans of New Guinea under the name of 'Negi-negi' or 'Lulu,' and in Melanesia.

The 'Puerto Rican Syndrome,' or 'Mal de Pelea' is, in my opinion, similar to amok, although the outcome is usually less gruesome. As in amok, the patient withdraws at first and gets into a brooding mood. All of a sudden and without any recognizable provocation he becomes violent and strikes out at anyone near him.[43]

According to Zaguirre[159] and Kline,[74] the pre-morbid personality is impulsive, emotionally hyper-reactive, according to other authors schizoid. However, the psychodynamic interpretation is probably the same. The patient's attempt at conflict-solution by repressing his hostility is failing. He makes a last desperate attempt by withdrawing within himself. According to Maguigad, amok derives from the Malayan word 'amoq,' which means engaging furiously in battle. It is a life or death battle against a feeling of complete disintegration. I have sometimes sensed this feeling in a patient who from a catatonic [schizophrenic] stupor suddenly switched to catatonic excitement. It is a last-ditch attempt at survival against the inner forces which are about to disintegrate him.

The Bantus express this idea in their belief that a person destined to die may escape death by killing someone else in his stead.

In other words, the amok patient externalizes his desperate need to destroy the death-bringing inner conflict by killing other persons. [.....]

[**Johannes M. Meth**, "Exotic Psychiatric Syndromes," in the "American Handbook of Psychiatry, Second Edition. Silvano Arieti, Editor-in-Chief. Volume Three. / Adult Clinical Psychiatry. Silvano Arieti and Eugene M. Brody, Editors." -- Basic Books, Inc. Publishers. New York. 1974. p. 729.]

C.

ACUTE ANXIETY

As the term implies, acute anxiety is usually sudden in onset and occurs in attacks. These may last for only a few moments, and disappear without major sequelae, or they may continue with waxing and waning intensity for many minutes or hours at a time. In some, the attack is an isolated episode that occurs rarely if ever again; in others, a series of attacks may occur in cycles lasting for days or weeks. Generally, the patient is unable to specify any precipitant of his symptoms, though in some a clue is provided from their associations, if one allows them to talk freely about the experience. In this connection, mention should be made here of one special form of anxiety that is encountered with some regularity and frequency, the so-called homosexual panic. Occurring usually in late adolescent or young adult males, often at a time when they are first exposed to the intensive contact with other males, such as exists in army barracks, male dormitories, or camps, homosexual panic is characterized by particularly severe anxiety associated with the idea that one may be homosexual or that other people think so. Those afflicted with this condition may verge on being delusional, are at times strongly impelled to suicidal [or homicidal] acts, and are frequently driven by the emotional pain of their symptoms to seek medical help, especially in general hospital emergency wards.

[**John C. Nemiah**, "Anxiety: Signal, Symptom, and Syndrome," in the "American Handbook of Psychiatry. Second Edition. Silvano Arieti, Editor-in-Chief. Volume Three. / Adult Clinical Psychiatry. Silvano Arieti and Eugene M. Brody, Editors." -- Basic Books, Inc., Publishers. New York. 1974, p. 95.]

Adam Lanza was trapped in the grip of a severe "homosexual panic", rooted in his paranoid schizophrenic, "bearded lady" conflict, when he embarked upon his horrific and murderous suicidal rampage, resulting in the deaths of 20 young children and six adults, including himself by his own handgun. His name now joins a long list of other similar "madmen" whose severe bisexual conflict and gender confusion finally reached such an unbearable level of frustration and tension within their psyches that it triggered the dreaded "running amok" syndrome, which always leaves in its wake injury or death to all who are caught up in it--sometimes haphazardly but at other times not, as in Adam Lanza's case--where his furious rage was chillingly unleashed and maniacally focused on the innocent young schoolchildren and school officials who were trapped in its insane and mindless path.

Paragraphs A., B., and C. above give a clear rendition of the psychopathology involved in this terrible event--as well as in all similar events in the past--and in those that tragically will continue to occur far into the future.

The noted psychoanalyst, Dr. Edward J. Kempf, once wrote in his book, "Psychopathology", when referring to a female patient of his that "The mother's attitude was so subtly ingratiating and yet domineering that she would almost have to be destroyed as a mother if the patient were to free herself from its terrible influence and win her own womanhood and independence." Adam Lanza literally did destroy his own mother in his delusional attempt to free himself from both her psychological and physical control over him, and thus belatedly win his own independence and manhood from his CBI (Close-Binding-Intimate) mother--the divorced mother who needed him emotionally in order to fulfill her own frustrated needs.

Adam Lanza had been suffering from paranoid schizophrenia, the "bearded lady" disease, for some time before finally psychologically completely decompensating and then running amok. That his mother kept her armory of high-powered weapons in her home, not only because she enjoyed shooting but reportedly also for "self-protection", showed evidence of some paranoid "bearded lady" schizophrenic thinking on her own part. Any woman who keeps such a lethal armory of weapons such as she had (Freudian phallic symbols, especially the "Bushmaster" AR-15 semi-automatic long rifle), and who liked to frequent local bars where she would boast about them, as if she was "one of the boys", is definitely showing evidence of powerful, non-feminine, masculine strivings, consequently setting up in her own psyche the "bearded lady" conflict which always leads to paranoid schizophrenic thinking and action. Thus we have a masculinized, paranoid mother who encourages her paranoid son, whom tonsorially she kept in girlish "bangs", to go shooting with her, thereby setting the stage for the horrible massacre at the Sandy Hook Elementary School in Newtown, Connecticut.

Adam's one effort to escape his CBI mother and gain his "own independence and manhood" was when he expressed to her his interest in joining the military. Of course she firmly, and with good reason, discouraged him from this, knowing he would never be accepted. Too bad. The military would immediately have recognized how severely mentally ill he was, and hopefully taken some strong action to get him help, including mandatory admission to a psychiatric hospital, where he really should have been all along. Thus in hindsight, the Sandy Hook Elementary School massacre could have been avoided if only someone in authority had acted promptly to have

Adam institutionalized as an insane person--and thus potentially a very dangerous one.

Again, schizophrenia--the "bearded lady" disease--was the ultimate culprit in this terrible tragedy, as it has unfailingly been in all similar ones, past and present, and will continue to be in all future ones.