

Schizophrenia:
The Bearded Lady Disease

The Complete Edition
Part Two

J. Michael Mahoney

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Prologue



**Dr. jur. Daniel Paul Schreber
(1842-1911)**

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 In the immediately preceding nights my male sexual organ might actually have been retracted had I not resolutely set my will against it, still following the stirring of my sense of manly honour, so near completion was the miracle.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. Nothing of course could be envisaged as a further consequence of unmaning but fertilization by divine rays for the purpose of creating new human beings.

[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.]

About the Book

A New Scientific truth does not triumph
By convincing its opponents,
But rather because its opponents die,
And a new generation grows up that is familiar with it.

— **Max (Karl Ernst) Planck**, 1858-1947, German physicist.

Everything in nature is the result of fixed laws.

— **Charles Darwin**, The Autobiography of CHARLES DARWIN (1809—1882).

My work is complete; a work which
neither Jove's anger, nor fire nor
sword shall destroy, nor yet the
gnawing tooth of time.

—**Ovid**, Roman poet, 43 B.C. - A.D. 17?.

And if tormented and in anguish man is mute,
God granted me to tell of what I suffer.

Act 5, Scene 5. **Goethe**

— The epigraph to Dr. jur. Daniel Paul Schreber's
"Memoirs of My Nervous Illness".

Mankind has long searched for the cause and meaning of madness. The 793 Quotations/Comments in these studies (*Schizophrenia: The Bearded Lady Disease, Part One and Part Two*), each followed by an explanatory comment, point inexorably to the factor of unconscious bisexual conflict and gender confusion as forming the basic etiological role in all functional mental illness, including schizophrenia.

Since madness has been the instigator of so much suffering and destruction in the world throughout the ages it is vitally important to uncover its mechanisms, for without doing so it will never be possible to eradicate it.

These two books (Part One and Part Two) provide additional numerous documented case histories and theoretical constructs which clearly illuminate the origins of madness. Furthermore, it is interesting and challenging reading and an excellent source for future research.

Daniel Paul Schreber, who has often been called psychiatry's most famous patient, wrote in his *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." In this brief observation, Dr. Schreber, a prominent German jurist in the late 1800's before his severe psychosis made it necessary for him to be institutionalized, unearthed the answer to a puzzle which has bedeviled mankind since its beginning, namely, What is it that causes a person to become mentally ill?

It is doubtful Dr. Schreber realized that the profound truth contained in his observation about the cause of mental illness in men applies equally to women by simply reversing the gender roles in his statement.

J. Michael Mahoney

"Schreber describes what happened to him and in him from the beginning of his illness, including two years during which he was so violent and noisy that - to his great indignation - he had to be confined to a padded cell at night, be accompanied by three attendants in the Asylum's garden, and forcibly fed; when he was negativistic, withdrawn, mute and immobile for long periods, impulsive, repeatedly attempted suicide, massively hallucinated and deluded about his own body and his surroundings, suffered from unbearable insomnia, tortured by compulsive acting and obsessive thinking. We follow the intense struggle with his delusions, his first glimpses of insight, and how he slowly resumed contact with 'the outside world.' Finally we see a transvestite emerge from this state of 'acute hallucinatory insanity,' with a complicated system of delusions side by side with unimpaired capacity for clear and logical reasoning, which allowed him to play a decisive part in having his tutelage rescinded. With great acuity and keen logic he argued 'right from wrong premises' (Locke, 1690), so that as Dr. Weber said in court, 'little would be noticeable' of his insanity 'to an observer not informed of his total state.'

So manifold were the symptoms he displayed at one time or another that almost the whole symptomatology of the entire field of psychiatric abnormality is described. Comparison with the items listed in a current textbook on psychiatry (Henderson and Gillespie, 1951) in the chapter on 'Symptomatology,' allowed us to tick off nearly all as touched on in the Memoirs."

[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.]

"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."

[Ibid., p. 7.]

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Dedication

To the mentally ill of all ages

Nothing before had ever made me thoroughly realize, though I had read various scientific books, that science consists in grouping facts so that general laws or conclusions may be drawn from them.

– **Charles Darwin**, *The Autobiography of Charles Darwin*

It's just that we don't understand what's the matter.... Why did we lose peace and love and health, one after the other? If we knew, if there was anybody to tell us, I believe we could try. I'd try so hard.

– **F. Scott Fitzgerald**, *One Trip Abroad*

It is only ideas of such colossal proportions that a symbol for them cannot be created that are vague and intangible and brooding, incomprehensible and fearful, that produce madness.

The very fact that a thing – anything – can be fitted into a meaning built up of words small, black words that can be written with one hand and the stub of a pencil means that it is not big enough to be overwhelming. It is the vast, formless, unknown and unknowable things that we fear. Anything which can be brought to a common point – a focus within our understanding – can be dealt with.

– **Lara Jefferson**, *These Are My Sisters*

Sexual identity guarantees our psychic unity.

– **Julia Kristeva**, *Psychoanalyst*

When I married I was only half a man and could only marry half a woman.

– **The father** of a schizophrenic patient, gender not stated, speaking to the patient's psychiatrist.

The truth, How can we stand it, or stand for it....One cannot help noticing that they who have a hopeless passion for truth are left largely alone -- when nothing worse can be inflicted upon them.

—**Terence O'Carolan**, Irish writer and poet.

About the Author

Upon graduation from college in 1952, J. Michael Mahoney worked briefly for the federal government before spending four years in the Air Force. Upon discharge, he began work as a journalist, first in Ohio and then Georgia, with a two-year hiatus as a foreign correspondent in Africa.

It was while working as a journalist in Georgia that the author developed his abiding interest in psychology, having been assigned to do some reporting in that field. Fortunate circumstances enabled him to take early retirement, and he has devoted his full attention since 1966 to doing research that has led to the publication of this book.

He now lives in Northern California and has three children and five grandchildren.

Mr. Mahoney is also the author of:

"XCIRCUM" [www.XCIRCUM.com]

"TOPSY TURVY - A Book for All in One"

[www.TOPSYTURVY-ABookforAllinOne.com]

About the Artist

Judith Walker, the cover artist, was born in Philadelphia and grew up in Iowa. She studied at Sarah Lawrence College graduating in the year 2000 with a Bachelor of Arts degree with a concentration in Fine Arts.

A Note of Thanks

A huge debt of gratitude is owed to all the authors, writers and publishers from whose material the quotations in this book have been drawn, and without which the conclusions reached in it could never have been adequately supported or defended. Their combined contribution to this work has made it possible to further advance the science of mankind, and it is sincerely hoped that each will gain some sense of satisfaction, pride and accomplishment from that knowledge.

Finally, sole credit for getting this book published is owed to Professor Fawaz A. Gerges, formerly holder of the Christian A. Johnson Chair in International Affairs and Middle Eastern Studies at Sarah Lawrence College in New York and presently Professor of Middle Eastern Politics and International Relations at the London School of Economics and Political Science, London University. After having read the manuscript, Professor Gerges declared that it should be published and that he, personally, would do everything in his power to accomplish that end. This he has now done, and the author/compiler is immensely grateful and forever indebted to him for his constant encouragement, wise advice and practical help during all the stages leading to its publication.

— J. Michael Mahoney

All proceeds accruing to the author from sales of this book are being donated to the Child Hurbinek Memorial Scholarship at Princeton University, USA.

In Memory of Child Hurbinek

Hurbinek was a nobody, a child of death, a child of Auschwitz. He looked about three years old, no one knew anything of him, he could not speak and he had no name; that curious name, Hurbinek, had been given to him by us, perhaps by one of the women who had interpreted with those syllables one of the inarticulate sounds that the baby let out now and again. He was paralysed from the waist down, with atrophied legs, thin as sticks; but his eyes, lost in his triangular and wasted face, flashed terribly alive, full of demand, assertion, of the will to break loose, to shatter the tomb of his dumbness. The speech he lacked, which no one had bothered to teach him, the need of speech charged his stare with explosive urgency: it was a stare both savage and human, even mature, a judgement, which none of us could support, so heavy was it with force and anguish.

During the night we listened carefully: from Hurbinek's corner there occasionally came a sound, a word. It was not, admittedly, always exactly the same word, but it was certainly an articulated word; or better, several slightly different articulated words, experimental variations on a theme, on a root, perhaps on a name.

Hurbinek, who was three years old and perhaps had been born in Auschwitz and had never seen a tree; Hurbinek, who had fought like a man, to the last breath, to gain his entry into the world of men, from which a bestial power had excluded him; Hurbinek, the nameless, whose tiny forearm - even his - bore the tattoo of Auschwitz; Hurbinek died in the first days of March 1945, free but not redeemed.

Nothing remains of him: he bears witness through these words of mine.³⁴

[³⁴*Primo Levi, "The Reawakening," pp. 25-26*]

In Memory of Ana Marquez-Greene

Ms. Marquez-Greene recalled that one day when she was a bit anxious, Ana turned to her and said, 'Don't let them suck your fun circuits dry, Mom.'

"This grief process is personal, it's long and it's complex, and it's different for every one of us," she said.

She added, "But we're not going to let this suck our fun circuits dry."

—Nelba Marquez-Greene, mother of Ana, 6, one of the 20 students and six adults killed in the Newtown, Connecticut, school-shooting tragedy by a suicidally-depressed young man suffering from paranoid schizophrenia, and armed with a rapid-fire, military-style semiautomatic assault rifle.

(The actual quotation from Ana, cited above by Ms. Marquez-Greene, appeared in The New York Times on Monday, January 21, 2013, cont. from page A1.)

[*Requiescat in pace*, dearest Ana.]

(See corresponding photo at <http://www.schizophrenia-thebeardedladydisease.com/marquez-greene.html>)

In Memory of a Young Polish Girl

In memory of a young Polish girl killed in a field by a strafing *Luftwaffe* pilot during the opening days of the German invasion of Poland in September, 1939 -- launched by the paranoid schizophrenic German *Fuehrer*, Adolf Hitler.

(See corresponding photo at
<http://www.schizophrenia-thebeardedladydisease.com/young-polish-girl.html>)

To me, fair friend, you never can be old
For as you were when first your eye I eye'd,
Such seems your beauty still.

—William Shakespeare, Sonnet 104, l.1

In Memory of Czeslawa Kwoka

Prisoner identity photographs, taken by Wilhelm Brasse, of Czeslawa Kwoka of Poland. According to the United States Holocaust Memorial Museum, Czeslawa arrived with her family at Auschwitz on Dec. 13, 1942, and died on March 12, 1943. She was 14.

(See corresponding photo at
<http://www.schizophrenia-thebeardedladydisease.com/Czeslawa.html>)

In Memory of Nermin Divovic

Death in Sarajevo: U.N. Firefighters with a 7-year-old boy killed by a Serbian sniper.

(See corresponding photo at
http://www.schizophrenia-thebeardedladydisease.com/Nermin_Divovic.html)

The Gray Old Men

January 1 [1995] marks a thousand days of
Siege in Sarajevo where seven-year-old
Nermin Divovic was hit in the face
By a Serbian sniper's bullet.
He could be a little boy
Sleeping in the asphalt road
As if tired from Christmas shopping
On a cold winter's day.
The large pool of deep red blood
Flowing from his face causes us
To yell in the night for Nermin to awake
His blue and purple jacket, bright green pants
and dirty-white sneakers.
Do you think that the old gray men who
Speak for peace see Nermin Divovic in themselves?
Their faces grown pale from a thousand days of talk,
their supine souls devoid of life?
The Gestapo got Anne Frank,
The Bomb Sadako Sasaki.
The Sniper's bullet got Nermin Divovic,
Cowardice the gray old men.

— *Gerard Brooker, an American high school principal.*

Note to Reader

The compiler of this work has written a commentary (in italics) after each quotation therein. His purpose in doing so was either to clarify or else emphasize a certain point(s) mentioned in the particular quotation. Unfortunately these comments tend to be extremely repetitious in content since they invariably deal with the same subject, namely, the primary etiological role of bisexual conflict in the development of functional mental illness. The compiler apologizes for this repetition and hopes the reader will understand the reason for it. Certainly the commentaries add very little to the immense insight into mental illness which is provided to us all by the content of the quotations themselves.

References made to quotations in *Schizophrenia: The Bearded Lady Disease Volume One or Volume Two* refer to the original books published in 2011 (Volume One) and in 2012 (Volume Two). Quotation numbers are not affected, as they have not changed.

Final Note:

This manuscript was hewn from a massive collection of illegible, handwritten notebook pages and later more legible emails into its present polished form by Monica Wethmar-Christiaansen who, by dint of her awesome computer skills and indefatigable efforts, managed to create substance out of chaos.

The author/compiler is also immensely grateful to Sharon L. Frye, whose keen eyes and great intelligence have contributed so much of value to this book.

Statement of Purpose

The reason I have compiled the quotations in this study, all dealing with the subject of mental illness, with special emphasis on the condition termed "schizophrenia," is to prove the hypothesis that - as Dr. Edward J. Kempf so clearly stated in quotation 001 (*Schizophrenia: The Bearded Lady Disease, Part One*) "... in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation."

To my knowledge only two investigators have ever unequivocally taken this view, the other being Dr. Maurits Katan, who is quoted later in this work.

The scarcity of investigators who have reached this conclusion is most astounding, considering the enormous amount of evidence supporting it. Why has the scientific community been so stubborn in resisting this hypothesis? Why has this hypothesis been catalogued as just one of many inconclusive theories which attempts to explain madness? These are questions to which there may be no clear answers. It is my feeling, however, that one of the primary causes for this lack of conviction could be the fact that no one has ever gathered, under one cover, sufficient and compelling evidence to prove it. That, basically, is the purpose I had in mind in compiling the following material. I wanted to provide evidence which would be so overwhelming in its sheer volume and impact that even the most stubborn doubter would grudgingly have to admit to the truth of this hypothesis.

Madness has been the instigator of so much suffering and destruction in the world throughout the ages that it is vitally important to uncover its mechanisms, for without doing so we will never be able to eradicate it. I believe that, armed with the knowledge and insights contained within the following material, we will be able to accomplish that task.

– J. Michael Mahoney

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A "Conversation" Between Professor Fawaz A. Gerges and J. Michael Mahoney

QUESTION 1

Gerges

How do you explain the fact that other researchers have not examined the subject of the bearded lady?

Mahoney

Frankly, it is amazing to me that schizophrenia has not been generally and decisively linked to the bearded lady syndrome, except in isolated cases. A handful of investigators, notably Dr. Edward J. Kempf (*Schizophrenia: The Bearded Lady Disease, Part One and Part Two*) has certainly made note of this phenomenon in mental illness, but the writings of others on the subject have not been extensive enough to make an indelible impression on the general public, nor, for that matter, even on the psychiatric profession. Theories are a dime-a-dozen, so to speak, and one has to gather an overwhelming amount of evidence to convince people of a theory's correctness, which so far no one else has done in this particular case. Darwin's theory of evolution could have been stated quite simply in a few pages, yet, after developing his theory, he had to spend the remainder of his life documenting it extensively in such books as *On the Origin of Species* and *The Descent of Man*.

The bearded lady syndrome in mental illness has been observed by many, yet no one has really been able to distinguish the forest from the trees; that is, the general applicability of the theory to all cases of mental illness and not just the few being observed at any one moment.

My favorite quotation (from Otto Fenichel's *The Psychoanalytic Theory of Neurosis*) I think explains this investigative blindness: "And the hero who solves every riddle must have been wise not so much because of his intelligence, but because his emotional freedom, unhindered by repression, enabled him to recognize the hidden truth." Unfortunately, many investigators are still hindered by their own repressions, varying both in strength and depth. These repressions can be the result of both religious and personal problems which have never been satisfactorily resolved. The purpose of Freud's Psychoanalysis is to resolve and dissipate these repressions, but how many people have been psychoanalyzed? If

an investigator has issues with his own bearded-lady self, which he (or she) has never satisfactorily come to terms with, the ambivalence caused by this repression will make it much more difficult to recognize this conflict in others.

Charles Darwin, in his autobiography edited by his granddaughter, Nora Barlow, put it another way. He was explaining how easy it is to ignore phenomena, even though they are plainly visible, if you do not know what you are looking for. "On this tour," he wrote, "I had a striking instance how easy it is to overlook phenomena, however conspicuous, before they are observed by anyone. We spent many hours in Cwm Idwal, examining all the rocks with extreme care, as Sedgwick was anxious to find fossils in them; but neither of us saw a trace of the wonderful glacial phenomena all around us; we did not notice the plainly scored rocks, the perched boulders, the lateral and terminal moraines. Yet these phenomena are so conspicuous that, as I declared in a paper published many years afterwards in the *Philosophical Magazine*, a house burnt down by fire did not tell its story more plainly than did this valley. If it had been filled by a glacier, the phenomena would have been less distinct than they are now."

The same holds true for the bearded lady syndrome. Its phenomena are so obvious in every case of mental illness/schizophrenia, if one knows what to look for, that, as Darwin so strikingly put it, "a house burnt down by fire did not tell its story more plainly than did this valley."

Nowadays, of course, academic psychiatry is preaching a so-called biochemical theory of schizophrenia, namely, that the disease is caused by certain chemical imbalances in the brain and that the cure lies in somehow correcting these imbalances through drugs and other physiological treatments. The drugs in use today, however, are merely band-aids covering the basic pathogen, i.e., the severe bisexual conflict of the bearded lady syndrome. Drugs can be useful in certain cases to stabilize the patient to the extent that he or she can begin psychotherapy. If psychotherapy is not undertaken then the drugs truly remain nothing but band-aids, or chemical straightjackets, and the bisexual conflict pathogen itself is never resolved, forcing the patient to remain on drugs for the remainder of his or her life. The vast majority of these drugs greatly diminish the sexual drive and of course this aids in eliminating much of the toxic effect of the undischarged homosexual libido, thereby substantially reducing the symptoms of the mental illness.

The only true cure for schizophrenia is long-term psychotherapy wherein the afflicted person can finally come to terms with his or her intense bisexual conflict and resolve it satisfactorily by either accepting one's homosexuality or else maturing into heterosexuality.

QUESTION 2

Gerges

What would be the major criticisms of your work by scholars who are opposed to Freudian methodology and how would you critically respond to them?

Mahoney

Freud's most important contribution to this work lies in his interpretation of Daniel Paul Schreber's psychotic illness which he so brilliantly expounds in his case study based on Schreber's autobiographical account, entitled *Memoirs of My Nervous Illness*. It was in this case study of Schreber's illness that Freud first promulgated the theory of paranoia as being caused by repressed homosexual wishes and drives, "perhaps invariably."

This was a revolutionary interpretation of paranoia. Unfortunately, Freud did not believe that this revolutionary formulation carried over into an understanding of "that far more comprehensive disorder, dementia praecox," the original name of the illness we now speak of as "schizophrenia." In reality, however, paranoia and schizophrenia are one and the same "disease," and if repressed homosexual tendencies and desires are the cause of paranoia, which they are, then they must also play a similar, basic pathogenic role in schizophrenia.

It would be impossible to have a dialogue with other "scholars and experts" who have studied Schreber's *Memoirs of My Nervous Illness* and thereafter failed to reach the same conclusions as did Freud from their reading of the case. There must be a common basis of understanding in the development of any theoretical construct, and the so-called "Schreber case" provides that common basis for an understanding of *Schizophrenia: The Bearded Lady Disease, Part One and Part Two*. In short, if one does not believe in Freud's formulation that repressed homosexuality is "perhaps invariably" the basic pathogen in "paranoia," then there can be no understanding of this work. Freud's simple but brilliant theory of paranoia developed in the Schreber case gives us the key to understanding all mental illness.

In truth, however, this work is not about Dr. Freud or Dr. Edward J. Kempf or anyone else. It is about the overwhelming amount of evidence presented in the 793 quotations contained in these studies, evidence which points unfailingly to the basic pathogenic role of bisexual conflict and confusion in the genesis of mental illness. As Charles Darwin wrote in his autobiography, "Nothing before had ever made me thoroughly realize, though I had read various scientific books, that science consists in grouping facts so that general laws or conclusions may be drawn from them." These books consist of a grouping of "facts," the 793 quotations, and from these facts a general law or conclusion has been drawn about the etiology of schizophrenia and of mental illness in general. This general

law would be valid even without the input of Freud, for the thing speaks for itself – *res ipsa loquitur*. It stands or falls on its own, and whether "scholars and experts" agree or disagree with the theories of Sigmund Freud, or of any other investigator, is completely irrelevant to the truth and validity to be found in the 793 quotations in these books.

QUESTION 3

Gerges

What are the shortcomings and weaknesses of the current scholarship on mental illness? And how can you remedy those shortcomings?

Mahoney

The profound wisdom contained in a statement made by the distinguished American documentary film producer, Mr. Ken Burns, I believe aptly answers this question. "The great arrogance of the present," he said, "is to forget the intelligence of the past." Nowhere does this truth have more validity than in the current approach to the investigation of mental illness. "The intelligence of the past" has been almost totally forgotten, or woefully ignored, and the entire emphasis on research today seems to be in the field of biochemistry. Mental illness, we are told by the present-day "experts", is caused by chemical imbalances in the brain, which, with the right drugs, can be cured or greatly relieved. Thus the immense wisdom of the past masters of psychology and psychiatry is ignored. Freud is said to have been well-meaning but completely misguided in his theories and assumptions. Harry Stack Sullivan, who probably knew more about schizophrenia as it pertains to males than anyone who ever lived, is hardly ever mentioned at all in the present-day literature, devoted as it is to the latest "discoveries" in the biochemical field. Edward J. Kempf, Theodore Lidz, Harold F. Searles, Lewis B. Hill, and Maurits Katan, all brilliant clinicians and theoreticians, are likewise largely ignored. And how many of the crop of current investigators have read Daniel Paul Schreber's *Memoirs of My Nervous Illness*? Or have read Freud's case history based upon it wherein he outlines for the first time his brilliant theory of paranoia, the name the Greeks used to include all the various symptoms of mental illness?

Severe bisexual conflict and confusion was discovered to be the cause of schizophrenia over fifty years ago by Dr. Edward J. Kempf and others, but since the truth contained in this theory was unpalatable, it was ignored and others put in its place. But there can only be one theoretical "truth" to solve a particular problem and, consequently, all other theories dealing with mental illness which have ignored this basic truth must, of necessity, be fatally flawed.

The sole purpose in compiling *Schizophrenia: The Bearded Lady Disease, Part One and Part Two* was to bring so much evidence to bear upon the validity of Kempf's original formulation – that schizophrenia is invariably caused by severe bisexual conflict and confusion (not only schizophrenia, but all mental illness, schizophrenia being but its end-stage) – that it would be impossible to continue to ignore these findings which were originally made so long ago.

Recently I read a small item in the local newspaper which I will quote in full, as it pertains directly to the point I am trying to make here. "For two years, my sister with schizophrenia lived on the California streets with her 10-year-old son. The family could do nothing; it was her right to wander in delusion. Then, without warning, the untreated symptoms of her illness caused her to dress her son as a woman and herself in battle fatigues, ride 60 miles in a taxi and kill our 78-year-old mother. (*San Francisco Chronicle*, March 26, 2001, p. A24, by "A reader from Long Beach")."

Besides the obvious point that the woman's 10-year-old son should have been protected by the authorities from his delusional mother, the bisexual conflict and confusion always present in mental illness is glaringly obvious in this case – the son having been changed into a female and the mother into a male in the mother's paranoid schizophrenic thinking.

Thus the "remedy" for the present "shortcomings" in the current investigations of mental illness is for everyone involved to go back to school, so-to-speak, and do their "homework" – that is, read, or reread the great psychiatrists and psychologists of the past who have basically already solved the problem of mental illness, if only someone would pay attention to what they said and wrote, and to study their theoretical and clinical output thoroughly and intensely and with an open mind, hopefully unhindered by their own repressions and scotomas. And, if I may modestly add, a good place for an investigator to begin these studies would be to read the following works, consisting of 793 quotations all dealing with the problem of mental illness and its etiology in bisexual conflict and confusion, stemming from the early sex-role alienation in the child later to become schizophrenic, or mentally ill.

QUESTION 4

Gerges

In light of the existing shortcomings and weaknesses in the scholarship on mental illness, does your work fill some of the gaps? What is the importance of your research, and how original is it?

Mahoney

My "scholarship" consists mainly in the gathering together of a huge volume of evidence pointing to the truth of a single hypothesis – namely, that schizophrenia and all mental illness is basically the result of bisexual conflict and confusion which begins at an early age with sex-role alienation in the child who is later to become mentally ill. This etiology is present in every one of the cases presented in this book and could be shown to be the same in all cases everywhere, regardless of time, place, age or gender of the afflicted person. Or again, in the words of that great American psychoanalyst, Dr. Edward J. Kempf: "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."

The sole purpose of my own "scholarship" is to give added weight to Dr. Kempf's hypothesis, to the point that it should be impossible to argue with its truthfulness, like it or not.

I began the research which culminated in *Schizophrenia: The Bearded Lady Disease, Part One and Part Two*, in 1966 and am still engaged in it. Actually, it is impossible to escape from it because once you become aware of such a powerful natural law and its impact upon the human condition, you apply that law and look for its effects upon everything and everyone around you and in everything you do – both intellectually and emotionally. A truth once discovered can no longer be hidden or ignored and it is the primary purpose of this book to make this universal truth as widely known as possible. This knowledge can help people better understand themselves and others and also recognize that because of a general ignorance of this powerful law of nature, terrible crimes have been perpetuated upon mankind by rulers and others who have been driven insane, or paranoid schizophrenic, by their severe bisexual conflict and confusion. This includes, unfortunately, the maniacal terrorists of today who are inflicting immense suffering and tragedy upon the world.

My research is original only in the sense that I have devoted an extraordinary amount of time gathering evidence to prove this one basic hypothesis. Dr. Edward J. Kempf also stated this same hypothesis, but did not spend his entire life gathering evidence to prove it, case by case, under one cover as is done here. I had come to my own conclusions independently before I had ever heard of Dr. Kempf, and was both amazed and stunned when I first came by chance upon his short paper entitled "Bisexual Factors in Curable Schizophrenia." Why, I wondered then, was this truth not by now an established fact? The only answer I could surmise was that theories are ubiquitous, and in order to have one generally accepted, it required the gathering of such an overwhelming amount of evidence

as to its truthfulness that it could no longer be ignored, much as Charles Darwin had done with his theory of evolution. Darwin's theory is basically a simple and straight-forward one, which could have been explained in a few pages, but he had to devote the remainder of his life to writing *On the Origin of Species* and *The Descent of Man* to consolidate and validate it. He did this by providing multitudinous examples of its accuracy.

This, in a very small way, is what I have tried to do with *Schizophrenia: The Bearded Lady Disease, Part One and Part Two* – provide so much evidence of the truthfulness of the theory first promulgated by Dr. Edward J. Kempf in his short paper, "Bisexual Factors in Curable Schizophrenia," that, as I said in my Statement of Purpose, even the most stubborn doubter would have a difficult time ignoring the evidence (though, of course, there are those who do and always will ignore or deny evidence which displeases them, no matter how compelling it might be, as Charles Darwin learned only too well).

In short, what I have tried to do is add more flesh to the bare bones of Dr. Kempf's theory as outlined in the paper mentioned above, so that the world will sit up and take proper notice of it, to the world's benefit rather than to its detriment, as is now the case due to a general ignorance of it.

QUESTION 5

Gerges

Does the evidence you provide go beyond the contributions of Sigmund Freud and Edward J. Kempf?

Mahoney

It has always been my opinion that Freud went 99 percent of the way towards bringing us out of the dark ages of psychology and into the light of reason and truth, only to fail to take that last all-important step when he made the grievous error of considering paranoia to be a separate entity from schizophrenia proper. We now know, of course, that the repressed homosexual tendencies which Freud discovered are "perhaps invariably" the cause of paranoia, must, therefore, play the same primary etiological role in schizophrenia.

Why was Freud unable to see that paranoia and schizophrenia were basically one "disease" entity and not separate from each other? The only reason which makes sense to me stems from his turbulent relationship with Dr. Wilhelm Fliess of Berlin, who had been at one time Freud's closest confidant and the man who first acquainted him with the concept of man's innate bisexuality and its great importance in the etiology of the neuroses and psychoses. Freud and Fliess later became bitter enemies when Fliess accused Freud of stealing his concept of bisexuality and incorporating it into his writings without giving Fliess due credit for

having introduced him to it originally. Thus, for Freud to have completed his brilliant theory of psychoanalysis by stating that bisexual conflict is at the core of all psychogenetic, or functional, mental illness would have been to admit that his entire life's work basically added up to what his former great friend and later bitter enemy, Wilhelm Fliess, had told him so many years before. This I believe Freud could never do, whether consciously or unconsciously, and this is what I think caused him to veer off the track in his otherwise brilliant analysis of paranoia in the Schreber case, with the consequent derailment of his entire theoretical work in the field of the neuroses and psychoses and his subsequent emphasis on the role which the so-called "death instinct" plays in their etiology, a theory which has never been well received by even the most fervent "Freudian" psychoanalysts.

In the case of Dr. Kempf, no one has ever surpassed his brilliant theoretical and clinical work in the field of mental illness. Besides Daniel Paul Schreber's analysis of his own psychosis in his *Memoirs of My Nervous Illness*, on which Freud based his seminal study of paranoia, no more important book in the field of psychology and psychiatry has ever been written than Dr. Kempf's *Psychopathology*, first published in 1920. For anyone interested in the field of mental illness, these two books, with special emphasis on Kempf's *Psychopathology*, are required reading.

Many cases from *Psychopathology* have been quoted in *Schizophrenia: The Bearded Lady Disease, Part One and Part Two* and in fact this latter work is no more than a pallid extension of the former. No one has ever really "gone beyond" Dr. Kempf, and in fact the great majority of investigators in the field have never even caught up with him. This great work was out of print for many years but fortunately was finally put back into circulation several years ago.

Kempf tells the tale that he was so convinced of the correctness of his observations concerning the vital importance of bisexual factors in the etiology of the neuroses and psychoses that he undertook a trip to Vienna where he had an audience with Dr. Freud. According to Kempf, Freud was very polite, but non-committal, basically telling Kempf to keep up the excellent work he was doing, but not otherwise validating his findings.

Thus only Dr. Edward J. Kempf has "gone beyond" Freud, and no one has "gone beyond" Dr. Kempf. The truth is the truth and it is very hard to embellish it once you have found it.

One other brilliant investigator should be mentioned here, along with Freud and Kempf, and that is Dr. Maurits Katan, who has uncovered the energy source which fuels the hallucinations, both audio and visual, which bedevil the psychotic person. According to Dr. Katan, this energy source is none other than the repressed homosexual excitement which, frustrated and diverted from its natural genital orgasmic path, expends itself by the process of conversion into the visual hallucinations and voices experienced by the psychotic. Nature, frustrated at one level, searches out and finds another. Thus is the repressed sexual excitement drained off, allowing the organism (person) to reach some kind of physiological

stability until that excitement builds up once more, whereupon the same process is repeated, ad infinitum, or until psychotropic drugs neutralize the sexual excitement. Dr. Katan can, in this regard, be credited with having "gone beyond" Dr. Kempf, if only by explaining the mechanics of how the actual symptoms in the psychoses arise.

QUESTION 6

Gerges

Why have you chosen this methodology of using hundreds of direct quotations to prove your hypothesis rather than analyzing the materials making your case?

Mahoney

I chose this methodology because I thought it would be the best way to present the overwhelming amount of evidence I had gathered over a thirty-five year period to prove the hypothesis, as first stated by Dr. Edward J. Kempf, that severe bisexual conflict and confusion lies at the etiological core of all functional mental illness, up to and including the most severe forms of schizophrenia. To attempt to put this overwhelming amount of material in regular book form seemed, in my opinion, to be like trying to put the proverbial camel through the eye of the needle. The material was just too vast to attempt that task. Dr. Kempf came close to accomplishing that feat in his book *Psychopathology*, as did Charles Darwin in his *On the Origin of Species* and *The Descent of Man*. In this case, I determined that the most effective way to present such an overwhelming amount of evidence would be to let that evidence speak for itself, with minimum commentary from me. The truth of the matter is that regardless of the quantity or quality of the proof of a hypothesis which is presented by a researcher, there will always be those who deny it. This has held true both in Dr. Kempf's case and also in Charles Darwin's. The great and irrefutable laws of nature discovered by them are still not accepted as fact by the majority of mankind. Many people specializing in the field of psychology and psychiatry have either never heard of Dr. Kempf or, if they have, they have ignored his findings, considering them outdated and not relevant in this era of heavy emphasis on mental illness as being a "disease of the brain" best treated by drugs and not by psychotherapy.

In short, today the mentally ill are considered not so much emotionally disturbed as suffering from a so-called chemical imbalance of the brain, and supposedly only the use of drugs can cure or alleviate this chemical imbalance. Just one reading of Dr. Kempf's *Psychopathology* would quickly cure any non-biased reader of this erroneous and harmful assumption, just as I hope any one reading of *Schizophrenia: The Bearded Lady Disease, Part One and Part Two*, with its 793

quotations demonstrating the invariable pathological role of bisexual conflict and confusion in every case of mental illness, will do likewise.

That bisexual conflict and confusion is invariably the basic etiological factor in all mental illness is one of the great and as yet unacknowledged laws of nature, and if we continue to ignore this law we do so at our own peril. This law and the truth contained therein affects each of us in a direct and powerful manner, and through us the world at large. It has done so with disastrous consequences in the past and in the present, and will continue to do so in the future unless we gain a thorough understanding of its mechanisms and find the tools with which to neutralize its baleful effects.

QUESTION 7

Gerges

Why are publishers reluctant to publish your work? What explains their ambivalence? Does it have to do with your thesis or the nature of your work?

Mahoney

Schizophrenia: The Bearded Lady Disease, Part One and Part Two is obviously a work produced in a very unorthodox fashion. It is a collection of 793 quotations, each followed by editorial comment, the sum of which is meant to prove what today would be considered a very controversial thesis, namely, that the condition we call "schizophrenia" invariably is caused by severe bisexual conflict and confusion.

Thus, from a publisher's point of view, the content of this work is not only highly controversial, but is also constructed in a fashion perhaps unique in the annals of publishing. These factors, I believe, would explain a publisher's refusal to produce it. (As to a publisher's "ambivalence," one of the outstanding symptoms of schizophrenia is ambivalence itself, running the gamut from "normal" ambivalence to ambivalence of psychotic proportions.)

Finally, there is the natural human tendency to shy away from truths which cause discomfort or which counter general opinion and belief. Furthermore, this work is not one which reads easily. It requires diligence and concentration to study it. To read it carefully from cover to cover requires much time, thought and energy and, most important of all, an intense interest in the subject. All these factors would reduce the potential pool of readers, and any potential publisher would be well aware of these facts and forced to take them into consideration before making any publishing decisions.

Publishers publish books to make money. If a manuscript does not show any financial potential, it most likely will not be published by a commercial publisher. This leaves but one route for the person to travel who has produced a

controversial manuscript which shows little earning potential, and that is to self-publish. It is encouraging to know that this route is still open to those who feel strongly that they have something to say, but have no other way to get their message out.

QUESTION 8

Gerges

What do you want the reader to get out of this manuscript?

Mahoney

In the dedication to this manuscript, I quote the poignant plea expressed by F. Scott Fitzgerald, the American writer, wherein he seeks understanding of how his life and that of his wife, Zelda, could have started so well and ended so badly. "It's just that we don't understand what's the matter," he writes. "Why did we lose peace and love and health, one after the other? If we knew, if there was anybody to tell us, I believe we could try. I'd try so hard."

Enough information is contained in this manuscript to answer that heartfelt question. For both Scott and Zelda suffered from the bearded lady disease, schizophrenia. I have pointed this out in some quotations directly pertaining to both of them. They were each afflicted with severe bisexual conflict and resultant gender confusion, as is easily discernible from their life histories. Scott fought his schizophrenia by medicating himself with alcohol, while Zelda became overtly psychotic and had to be institutionalized. I would like to think that if Scott had been given the opportunity to read this manuscript, he would have understood it and thus found the answer to the question he posed above: "Why did we lose peace and love and health one after the other?"

There have been millions of Scotts and Zeldas who have lost peace and love and health, one after the other, for exactly the same reason Scott and Zelda did. "If we knew, if there was anybody to tell us," pleads Scott. The purpose of this manuscript is to tell Scott and everyone else suffering from mental illness why they are ill and the truths they must face before they can get well, no matter how unpalatable they may be.

The mentally ill are different from the rest of us so-called normal persons only to the degree that their bisexual conflict is more severe. For we are all afflicted with some degree of bisexual conflict due to our sexually unnatural upbringing – unnatural because we have not been allowed the full sexual freedom from infancy onwards which is enjoyed by all other species including our closest cousins, the primates. Because of the sexual restrictions imposed on us by society and culture, we have all been sexually crippled to a greater or lesser extent and, consequently, our innate bisexual tendencies, present in all mammals, have been unnaturally

strengthened, leading to the bisexual conflict and confusion which are always to be found at the root of mental illness.

Finally, I would like to hope that anyone who took the time to read through this manuscript thoroughly would be able to feel a great sense of intellectual excitement and wonder at seeing unfold before their eyes one of the most powerful, immutable laws of nature, a law which has been generally ignored by mankind, greatly to its detriment. This law, of course, is the law which holds that whenever man has a conflict between his male and female sides, or his homosexual and heterosexual self, mental illness, to a greater or lesser extent depending upon the severity of the actual conflict, invariably and inevitably ensues. Once one is aware of this natural law, the scales fall from one's eyes when it comes to examining every case of mental illness, for this law is operative, as all general laws of nature must be, always, in each case, without exception. If there were exceptions then it could no longer be called a general law, but of course in this case there are none.

The workings of this law are at times more obvious than at others, but if one looks deeply enough and has gathered enough information on a case, it can always be seen at work. Paranoia is a good example of this conflict being less obvious than usual, with its delusions of persecution and grandiosity, etc., but Sigmund Freud brilliantly uncovered the workings of this general law in his famous case study of Daniel Paul Schreber, who was severely afflicted with paranoid schizophrenia.

With the insight and knowledge gained from this manuscript, the reader should never be able to look at the world in the same way again. A much better understanding of one's self and others should occur, to the benefit of all mankind. That is my hope.

SCHIZOPHRENIA:

The Bearded Lady Disease (Part Two)

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 latters' 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 Havi-

sham, 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!"

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 his 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 countercathexis 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* – "cleansing 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) his 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 books, 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 Tennyson 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 sufforing 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 guy's 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 you 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 misinterpretation 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 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 [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 romed [sic] the countryside to steel [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 tranquillize, but the psychoanalytic method described above by Dr. Kemp 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, hooh 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 Chrstnhtmr 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.

Chrstnhtmr [the Internet post] writes that at age 17, after an attempt at going "all out for Jesus," he plunged into a "dark suicidal depression."

Chrstnhtmr 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 its 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. Its 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.

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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]

741

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.

743

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 a 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.

744

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.

746

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 Mbeiki 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 Mbeiki and the Future of the South African Dream, Palgrave Macmillan, 376 pp., \$29.95.]

Chronicled 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 Mbeiki'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," Mbeiki, 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. Mbeiki's "anonymous," long-running polemic on the internet backing up his crazed beliefs can only be the product of a mind totally unhinged.

Mbeiki 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, Mbeiki'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 Sodini'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 in 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 analagous 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, Part One and Part 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.

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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. Wong'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 is 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 imam, 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.

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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 "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 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. Qaddafi'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!"

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 emailed 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 Discussion 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 mas-

turbation 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 hermaphrodisism.

["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 paranoidly-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 Richard 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.

794.

A.

Washington -- A month before the murderous rampage at the Washington Navy Yard, Aaron Alexis called the police in Rhode Island to complain that he had changed hotels three times because he was being pursued by people keeping him awake at night by sending vibrations through the walls.

When officers came to his hotel room early on Aug. 7, Mr. Alexis told them that a person he had argued with at an airport in Virginia "had sent three people to follow him and keep him awake by talking to him and sending vibrations into his body" via microwave machines, according to a Newport, R.I., police report. Mr. Alexis said he had heard "voices speaking to him through the wall, flooring and ceiling," the report said.

Mr. Alexis identified himself to the police as a Navy contractor, and he sought treatment from the Veterans Affairs Department for psychiatric issues, according to a senior law enforcement official. [.....]

One co-worker, Barry R. Williams, said Mr. Alexis had held onto grudges. Some small thing would happen, something so small I couldn't even remember the details, but two, three weeks later he'd still be bringing it up, be upset about it," Mr. Williams said.

["Suspect's Past Fell Just Short of Raising Alarm / The Navy Yard Gunman", by Trip Gabriel, Joseph Goldstein and Thom Shanker, The New York Times, Wednesday, Sept. 18, 2013, pp. A1, A14.]

B.

Washington -- The man who killed 12 people at the Washington Navy Yard last week left behind electronic documents saying that the government had been attacking his brain for the past three months using "extremely low frequency" electromagnetic waves created by the Navy, and that was the reason he needed to lash out, senior law enforcement officials said on Wednesday. [.....]

"Ultra low frequency attack is what I've been subjected to for the last three months," Mr. [Aaron] Alexis wrote in one document found by investigators, Valerie Parlave, the assistant director in charge of the F.B.I.'s Washington Field Office, said at a news conference Wednesday.

"And to be perfectly honest, that is what has driven me to this," Mr. Alexis wrote.

Mr. Alexis also said he "was prepared to die in the attack and accepted death as the inevitable consequence of his actions," Ms. Parlave said. It is not clear whether he sent the documents to anyone. [.....]

A month before the shootings, Mr. Alexis told the police in Newport, R.I., that he had been hearing voices sent by a "microwave machine." [.....]

The Navy has used low frequency electromagnetic waves, or E.L.F., for submarine communications. But some conspiracy theorists say the government has weaponized the frequencies to monitor and manipulate unsuspecting citizens, Ms. Parlave said. The phrases "my elf weapon," "end to the torment," "not what ya'll say" and "better off this way," were etched into the side of the shotgun that Mr. Alexis used to kill many of the victims, she said.

["Shooter Said Electronic Brain attacks Drove Him to Violence, F.B.I. Says", by Michael S. Schmidt, The New York Times, Thursday, Sept. 26, 2013, p. A17.]

This is but one more of countless tragic tales of a man driven insane by his severe, repressed homosexual conflict and gender confusion, and, as in so many similar cases the end result was a bloody massacre of innocent persons by this paranoid schizophrenic, "bearded lady" madman -- Mr. Aaron Alexis, 34.

The "vibrations" he complained so much about in his body that he attributed to "microwave machines" being aimed at him by hostile forces, sprang directly from the toxic affect of his repressed, therefore undischarged, homosexual excitations.

He had grown very fond of the man he was living with in the Ft. Worth, Texas, area, until the latter married his girlfriend and then the relations between the three of them became very strained, due to Mr. Alexis's intense jealousy and resentment of his friend's new wife. Because of this, Mr. Alexis soon moved out and relocated to the home of another couple he knew who lived in the same area. From there he then embarked on his ill-fated trip back to Washington, D.C.

Mr. Alexis was acting just like a jilted lover might have done when he had poured sugar into the gas tank of his friend's car.

Finally, the fact that he had joined a Buddhist temple and sometimes took part in its rites wearing the female-like flowing robes of a priest, could very easily have exacerbated his fragile and insecure masculine gender-identity.

Mr. Alexis was as insane as it is possible for a person to become, and the fact that he was never involuntarily committed to a locked-down mental hospital, both for his own protection and that of unsuspecting others, could

be termed almost criminal negligence on the part of the civil and mental health authorities. Let us hope that something of value has been learned from this very avoidable and unnecessary tragedy.

(Please also refer to the links AMOK and ACUTE ANXIETY on this website.)

795. Nongqawuse

View the Wikipedia article at <http://en.wikipedia.org/wiki/Nongqawuse>.

[Many thanks to Wikipedia for use of the above article.]

This is the case of a young teenage-girl whose paranoid schizophrenic delusions and hallucinations, that is -- meeting with the spirits of three of her ancestors who had then given her certain instructions and prophesies to relay to her countrymen -- and which instructions, when later followed, had resulted in severe repercussions both for her people and for herself, illustrates once again the potentially enormous power of paranoid thinking to cause great harm to both individual persons and sometimes even to entire nations, as shown, for example, by the horrendous actions of the paranoid schizophrenic leaders Adolph Hitler, Joseph Stalin and Mao Tse-tung.

Then there is the case of another young girl, similar to this one, whose paranoid schizophrenic delusions instigated a clashing of arms between two great nations, with consequent tragic loss of life among its combatants --and finally the gruesome death of the schizophrenic girl herself when she was burned alive at the stake as punishment for her actions. (She was known as Joan the Maid, or Joan of Arc.) But according to the records kept at the time, the "actions" that brought about her execution were not directly related to her military activities, but were very specifically related to the fact that she insisted on "unnaturally" wearing men's clothing in her prison cell after her capture, even though the prosecutor warned her that if she continued to do so she would be sentenced to death. Nevertheless she took off the female garments which were brought to her and by the next day she was back wearing male clothing again -- which proved to be a fatal decision on her part. When the enraged prosecutor learned what she had done, he issued her death warrant forthwith, which was soon carried out. The reason Joan gave for not wishing to wear female garments was that she was a soldier, now a prisoner-of-war, and therefore it would not be fitting for her to wear female attire. (One reported final macabre detail is that when the fire set by the executioner had burnt hotly enough for a short while, he had drawn back the flames so that the crowds witnessing the execution could see for themselves

that Joan really was a woman and not a man, for by this time her clothing had all burned off, leaving only her naked female body visible to the eye. The executioner soon thereafter completed his grisly task.)

The original name for the mental illness now referred to as "schizophrenia" was "dementia praecox" -- or precocious dementia -- due to its early onset during the afflicted person's pubertal years, when the erotic drives caused by the newly-awakened sexual hormones are at their most urgent and powerful. And if these drives are in any way blocked or frustrated by repressed bisexual conflict or gender confusion, the energy contained in them would seek tension-relief, or discharge, by forming hallucinations and delusions. This is exactly what happened to Nongqawuse and Joan the Maid. (For more background information on "Joan of Arc", please refer to the "Index of Case Names" in the book "Schizophrenia: The Bearded Lady Disease", this website.)

One final note: The photograph which accompanies the Wikipedia article shows Nongqawuse as being a big, masculine-looking girl, and her girlfriend Nonkosi as being much more petit and feminine-looking. It is almost as if they were husband and wife. Thus it is very easy to surmise that Nongqawuse was afflicted with the severe bisexual conflict and gender-confusion pathology which is invariably the root cause of all paranoid schizophrenic delusions and hallucinations.

Impressions

[All Impressions entries are unedited]

INTRODUCTION

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 honour, 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. Nothing of course could be envisaged as a further consequence of unmaning but fertilization by divine rays for the purpose of creating new human beings.

[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.]

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1. All those whose attention has been caught by the strange contradictions inherent in sexuality will be delighted to read "SCHIZOPHRENIA: THE BEARDED LADY DISEASE." The shock in print that the whole life of men and women, in all social conditions, turns about the junction of the sexes as a

pivot is electrifying, and gives insights into personal, unconscious misunderstandings.

I can admit along with Proust that "our social personalities are created by the thoughts of other people." We differ in our powers to feel. The instinctive witness has felt "the keen desire and very urgent need," as Remy de Gormont calls it when discussing the sameness of sex throughout the animal kingdom, which "if unsatisfied produces an inquietude which may increase until a momentary madness takes hold of the animal and throws it blindly upon all sorts of illusions and hallucinations."

J. Michael Mahoney's documentary confirms Dr. Edward J. Kempf's hypothesis, "that in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation."

Mr. Mahoney's narrative divulges the rejected wisdom he discovered in his researches by uncovering dusty specimens of the largely neglected and rejected old psychiatry, which provides the cornerstone for understanding mental illness, presented in an album of selected writings and interviews with mental patients, doctors and artists, meshed with the author's insightful, informative commentary. This salubrious book adds to the dignity and significance of each life, and further provides the reader with an excellent bibliography.

Five out of five for this sensational book and many thanks to the author for writing it.

[John H. Perrill, Coauthor, *The Adventures of Talldorf and Small*]

2. You - sir - are the one whose passion for this work is so evident. How long have you been working on it? Amazing! I am sure there will be many in this field who will welcome and cherish your years of effort to provide this incontrovertible proof.

[Jane Robbins, Northern California]

3. There may be an editor or an influential person who shares the thought that the field of mental health needs to be stirred up... there is much to be angry about. We still have many thousands of mentally ill wandering the streets much as they did centuries ago. So much has changed with so little real change.

[Vid Beldavs, Authors' Representative, Indiana]

4. Thank you for the book you wrote on schizophrenia. I read it cover to cover and am amazed at how much history it contained. You have certainly

reinforced your theory with multiple examples and analysis. I enjoyed it very much.

[Diana D. Parnell, M.D., Northern California]

5. Your book arrived yesterday ... I have dipped into many parts of it and am intrigued by the scope and richness of the Quotations ... a most unorthodox format, to be sure, but I find it makes the text much more accessible than would a more traditional structure ... other scholars in the field may give you a good deal of grief about your take on schizophrenia, but if you can find ways to get the book into the hands of lay readers with a personal interest in the topic, it may find a wide audience.

[Talton Ray, Publisher, The Francis Press, Washington, DC]

6. I am a 21 year old schizophrenic male living in ... I always suspected I was going to suffer from the illness until there was a break when I was 17 (prodrome) and my first psychotic break on valentines day age 20.

I've always supported the hypothesis of gender role confusion and agree with Freud, Schreber. I spend my time on the computer reading about the illness and have discovered lots of things myself before reading them on the internet. I have this hope that I might solve the riddle or get cured as I have some advantages which first is the illness itself, always been interested in psychology and studied it in university, and I am/or partially a highly intelligent individual in domains where the illness has not damaged. I am analytical as well.

This summer has changed my life. I had lots of stress and I spent some time living with my father. He used to take me for drinks to the bar under his home. This was the last times I felt like me. I used to drink beer and talk with everyone in the bar (males). I was totally charming, funny and intelligent and interesting to talk to. Everybody wanted to know about me as I was totally different and emotionally free. However the last days it became clear, so to say, I was not a man rather a kid or a feminine hermaphrodite psyche (what the hell, a bearded lady!). He was spirited. Comments of "lady" or homosexual were suggested although not in a hostile manner rather in a friendly way. Since then I haven't been the same and everyone in the bar sort of misses that special/eccentric wonder-kid. After those spirited beer drinking days I had a psychotic episode which was different to the ones I had before as I had it during day time and not at night when I lie down to sleep.

It lasted 3 days, no eating and no sleeping. After that I think I might have violently repressed those qualities/tendencies and I felt libido energy rising from the end of the back towards the brain (hallucination?). I feel I have forced myself into being a man, however since then I am unable to feel

like I were myself and affect has also been blocked so I have problems with all the friends/family I had before that violent psychotic break.

I think it is pretty clear that your hypothesis applies to me perfectly and I would like to offer you my acquaintance to support your research. I am ready to devote my life to solving this riddle and I am sure I can help you in your research if you would like to start a dialogue thru email and I am sure as well you could help me.

Furthermore, I am son of a schizophrenic mother and a neurotic father. I have noted sexuality issues in all mentally disturbed people I know. Paranoia definitely is repressed homosexual libido and psychosis is discharge of the libido although in a toxic manner.

Pleading to God you might find my acquaintance valuable and worthwhile.

Perhaps we can complete the puzzle.

[Name Withheld]

7. In *Schizophrenia: The Bearded Lady Disease*, Mike Mahoney offers an outside the envelope approach to this regrettable staple of today's psychological problems. Mahoney's question, answer, and case study approach reflects serious thought, yielding a productive and fascinating read for any one interested in the mental illness that plagues today's society.

[Eugene R. Baker, New York]

8. Easy to read, and a wonderful research tool.

[Mental-Health-Matters.com]

Well, I would write more but I think I have bored you enough, but it must be interesting to hear from one of the family from a book you included in your bibliography. To repeat as I said, your book is written extremely well and is a tremendous contribution to the study of schizophrenia.

[Charles Antin, New York]

9. My name is [Name withheld]. I haven't read your book yet but the title and short description gave me a good idea of what it is about. At first I was outraged and then I had a good laugh and then ... well ... I haven't had a good cry yet but I'm sure it's coming.

I suffer from Paranoid Schizophrenia. Mr. Mahoney, I love men. I love their bodies and everything that goes along with them – good and bad.

However, I have been tempted to be with women because it would be easier than being with a man

Men have the ability to break my glass heart into a thousand shards. Women, on the other hand, I feel nothing for them other than someone to dominate and feel powerful around them. I have never slept with a woman but I have thought about it. I have resisted because I know it is all about power and I'm not comfortable doing that to someone.

I believe – One Hundred Percent – that this disease is because of generations of sin. (Not just my sins but the sins of my father and his father and so on.) I had become so morally dirty that I had opened myself up to spiritual deadness, moral decay, evil spirits. Ask me why I know this ... because the voices came right out and told me! They kept saying "You died, [Name withheld] ... You died." I would say, "If I'm dead, where's my grave? Show me that I'm dead!" Finally one day they simply said softly, "You are spiritually dead, [Name withheld]."

And when I heard that little voice say that, I knew it was true.

For years now I have been trying to compile my story and everything that happened to me but I'm not a writer or a movie maker but if you heard my story you would be inspired to write it down.

Mr. Mahoney, I will buy your book and read it but I have the feeling that I've already lived the stories that are in it. It's much more than just bisexuality. It's about the systematic erosion of the soul. Free will gone wild.

I don't know how busy you are ... do you read your own email or do you have an assistant? Don't really know. I would like to be a part of your next book. "Spiritual Deadness"

I am looking forward to your response.

Thanks and regards.

[Name Withheld]

10. Crazy maybe but part of me loved this book the other part hated it! Molloy "Fyte! Wit 2 HAMS!"

[Source: Amazon.com]

11. For 30 years I have been a psychiatrist in public practice. Ever since my medical residency, my professional-passion has been to better understand, and to try to help those many fellow citizens who have been labeled as nearly incurable: those labeled as Schizophrenic, and those with so-called severe Borderline Personality Disorder, and/or those with severe PTSD.

Your comprehensive compendium of Quotations is more than intelligent. Its Heart beats upon a universal Drum. I cannot thank you enough for your years of creative work which it required! Your references to political figures

such as Hitler, Stalin, Mao, PolPot, and many others seem, to me, to touch only one tip of our current cultural-iceberg.

With much respect,

[Name Withheld, an American physician, and psychiatrist]

12. On September 16, 2006 [Name deleted] wrote:

Thank you for writing your book Mr. Mahoney. I have read everything at your website and ordered the book a couple of days ago. I had a series of episodes back in the 70's and I saw a sexual connection with the bisexual confusion and or conflict. It seemed like every time I would start to fall in love with some girl an episode would begin. Finally when I was around 30 in '81 I met up with this one girl when I was in the middle of an episode. She moved in with me and within 4 or 5 days the paranoia and delusions subsided and I was sleeping normally again. That was the last breakdown I had for 20 years. I was able go back to college and get a degree. I got married and had a couple of kids. I got divorced about 7 years ago. About a month after the 9/11 thing happened I went thru another mild episode. I was familiar with the symptoms and was able to make it thru without any medication.

[Name deleted for privacy reasons]

13. Dear Michael Mahoney,

I had just completed working the last year on a memoir of my life when I saw your book advertised in *The New York Times*. I ordered it immediately because the subject is of deep interest to me. I was diagnosed by two psychiatrists (and the Minnesota Multiple Personality Test) in my mid-twenties as paranoid schizophrenic. In therapy for the past forty years I have grappled with emotional problems and struggled to put together the pieces of the puzzle that would give me "the big picture." The thesis of your book sums up the major issues of my life. A struggle with sexual identity and attempt to accept the feminine and homosexual side of myself I have had such ambivalence (and deep fear) about.

I wrote my book because I felt a deep responsibility to share what I found, in my struggle, with others who may suffer the same debilitating life handicaps and grief. Having now completed the book I stand unsure as to what to do with it. I wonder if the world has any interest in my story and frankly I wonder if I am ready to reveal these dark aspects of my life to my family (a wife and [number deleted] children) and to the community in which I live. On the other hand it has almost been my life's work to get to the bottom of these problems that have wreaked such havoc on my life. Like you

I deplore the current turning away from looking at the real issues with the biochemical prescriptions to the problem. On the other hand I understand the degree of pain, time and resources that are involved with confronting what seem like life threatening feelings and make such a quick, easy alternative seem like an appealing solution. On a cultural level the women's movement seems to have made some contribution to encouraging women to embrace their masculine side. I see no comparable movement of men to embrace their feminine side (outside of the gay community).

Anyway I applaud your considerable efforts and achievement in focusing light on this issue.

Sincerely,

[Name deleted for privacy reasons]

14. 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]

15. Hello,

I have found on the internet some excerpts from your book on schizophrenia. It is very interesting. I am shocked to find that people like Sylvia Plath or Hemingway may have suffered from it. I once had an psychotic episode. I was brain washed on the internet for a period of six months, after that I had delusions that the person who did it was transmitting messages to me through people on the radio, through letters that I was being observed. I was isolating myself from people. Was it schizophrenia? My psychiatrist couldn't tell me this.

Sincerely,

[Female- name deleted for privacy reasons]

16. On November 20, 2006:
HELLO, I HAVE A 51 YEAR OLD SCHIZOPHRENIC SISTER, PRIOR TO HER BEING DIAGNOSED, AND SINCE, SHE THINKS SHE IS A LESBIAN, ALTHOUGH WHENEVER A REALLY HANDSOME GUY COMES ALONG, (LIKE A MOVIE STAR) SHE GOES GAGA. IS IT HER WAY OF COPING WITH LONELINESS, AS SHE HAS NO FRIENDS, OR CAN IT BE TRUE?
17. Dear JM,
I'm a neighbor up here in [deleted], and I recently purchased and read your book. Great! Congratulations, you've distilled the wisdom and experience often inadvertent) of many sources to make your case, and you've made it.
What a long-term project! You have a lot of heart to have conceived and produced this book. The book will do it's work but, knowing the embedded nature and resistance to change of the "healing arts," it will probably take some while for your truths to become manifest in the day-to-day treatment of schizoids. And that's a shame.
I'm [an executive of a music company], I'm in a different field than you the researcher and writer, but, I see examples of the bipolar sexuality all the time in my business; creative artists are often the most damaged humans, especially with respect to those internal splits you illuminate. You would appreciate my experience in that area, just from the musically creative front, I could give you another chapter's worth of input!
Sometime I'd like to chat with you on the phone or over a drink here in [deleted] or [deleted]. If you like I can be reached at [deleted] or send me your number and I'll give you a shout when I get back from taking my wife and kids back [deleted] this week. My boys are uncircumcised, you and I are in agreement in more than one area.
Thanks for writing the book,
Best,

[Name deleted for privacy reasons]
18. Sent October 10, 2006:

I sure appreciate your support, Mike. When I came across your website on the net it was an eureka moment for me. I used to think that my type of insanity was unique to me, but you have compiled all of this evidence of a common thread.

[Name deleted for privacy reasons]
19. ITS ALMOST IMPOSSIBLE TO FIND INFO., ON THIS? THIS IS VERY REAL, RIGHT? MY GIRL FRIEND HAS THIS! WE ARE NOT GAY, WE LIVE A

HETEROSEXUOL LIFE-NO SHE DOESNT TRY AN DRESS/ACT LIKE A MAN-I HAVE SEEN IT AND ITS SO MUCH DEEPER THAN THAT! MY HEART ACHES 4 HER (IF ONLY U OR ANYONE COULD SEE HER PAIN BUT ME AN HER HANDLE HER HARD TIMES, BUT IS THERE HELP? Basically, she says i was put in the "wrong box". Her behavior, personality, thoughts, actions are that which u would perceive from a male. it s eerie, how much everything about her is male. Is this a disorder, possibly from defective chromosomes? Or genetic disorder—(if indeed there r defective crhosomes. Is this considered mental illness?

[Name deleted for privacy reasons]

20. Hello Mr. Mahoney ...

I just want to tell you that I am happy I came upon the advertisement of your book in the magazine "Psychology Today" which I subscribe to ... and which led me to read more about the subject and theory of your book.

I have a beloved 31 yr. old daughter who was born my son but has lived as my daughter (transgendered) since she was 21 years old. She was diagnosed with a mild form of schizophrenia shortly after she began to live as a transgendered person. I have gone through much grief and heartache trying to understand why this happened to my child ... and wondered if it was somehow my fault, as I raised her as a single parent with hardly any extended family around us.

Anyway, now I have something to read that I think will explain so much of the why ... and frankly, I have thought exactly what your book states to be the reason for her mental turmoil and gender confusion but did not entertain the idea much because of ignorance on subject matter. I am again studying courses in psychology since I have gone back to college to complete a degree in psychology/sociology.

Thank you for writing this thought provoking book ... I am definitely going to purchase it and feel that it will give me much insight and understanding into my child's psychological turmoil. I learned quite a bit just from reading the introduction here on your site.

Thanks again.

[Name deleted for privacy reasons]

P.S. My daughter takes psych drugs, but I wish she could/would receive psychoanalytical counseling. I realize as you say ... these drugs are just bandaids for the real repressed issues of conflict in her subconscious.

21. Dear Mr. Mahoney
A BIG THANK YOU!!!

For creating "The Bearded Lady Disease." It is needed, so very much needed!!! Now what is needed is how latent homosexuality affects sane normal people. Arno Gruen's book "The Insanity of Normality" proved that obviously mad people did less harm to society than the so called sane normal people. Like power hungry sane people that ran the Vietnam War three months longer so they could be elected president. I believe latent homosexuality causes half as much problem normal part of society. Not the obviously mad schizophrenic individual. J. Edgar Hoover, Adolph Hitler, both half faggots – and power hungry. And both considered sane. Both caused great harm to others. Why?

My theory is they needed power over others to feel macho. Both hated faggots. You can not love or hate anything unless you know something of it. But with enough power the fagatory feelings would never surface. But let one of these individuals lose his power and he's castrated. He feels like committing suicide. Without his power he's nothing. This same problem exists at all levels of our society at a lesser degree.

Now we need a follow up to the "Bearded Lady Disease" that will fully explain how much trouble is caused by unresolved latent homosexual feelings in so called sane individuals. "The National Disease" in Germany that went back over 300 years caused problems for Germany and the world. In 1961 my younger son had an operation. He was 4 years old. The nurse was saying, you are a little man! You are not going to cry! You are macho! I thought, what is this? A 4 year old boy is macho? Then I ask her, are you from Germany? Yah! Even the women in Germany are macho! God help us!

I was a master sergeant in the Korean War. I felt very macho and proud! I was somebody! Years later, I was a private and I felt like a weak faggot homosexual. A castrated nobody! I loved being in charge, same disease as Alexander Haig has. I hated the military. I loved being in charge. But when I was in charge I did not know I hated the military. I thought I loved the military. Picture this combat infantryman's badge on a poster with bold letters under it "The mark of a man" "What's it worthy to feel like a man?" "Be all you can be join the new regular army." With posters like this all over the United States, can you imagine how many half faggots volunteer just so they can feel like a man??? They would gladly die just so they could feel like a man!

The French foreign legion knows – understands this. They are the masters at making the best soldiers in the world out of half faggots.

Mr. Mahoney, I will sum up now. I'm 76 years old, imprisoned 25 years and 7 months, set off by the parole board 6 times I'll be reviewed again in October of 2011 – at that time I'll be age 81. My work deals with consciousness and identity. Any individual not aware of his latent

homosexuality does not know who he is. I feel I have something to give others that's inside me that has not come out yet. I've worked so hard over the years with so little to show for it ...

... I have hopes of starting a class soon. I wish you every success. I look forward to hearing from you.

[Name deleted for privacy reasons]

22. I first noticed this book in a magazine and responded to the theory with some skepticism. After thinking about it for awhile I had what Nathaniel Branden might call an "ah ha" experience and ordered the book.

I wanted to see where Mr. Mahoney was getting some of his information so I requested a copy of Dr. Edward Kempf's presentation "Bisexual Factors in Curable Schizophrenia" given at the annual meeting of the American Psychiatric Association on May 18, 1948. This is a man who had been treating mental illness and specifically schizophrenia for most of his medical years. I have been unable to find anyone who followed his theory to either confirm or dispute it.

Mr. Mahoney asked in his statement of purpose, "Why has the scientific community been so stubborn in resisting this hypothesis? Why has this hypothesis been catalogued as just one of many inconclusive theories which attempts to explain madness?" I wonder why also.

During Dr. Kempf's presentation he stated that, "I am quite sure that it would be easy to demonstrate these factors in any case and often within an hour of investigation." Where are the reviews of this theory? In my searching, why can't I find anyone in the medical profession that disputes this with confidence? Is one hour too much to ask of the medical establishment to see if there is any credibility in Dr. Kempf's statement?"

I think that after all the years and work that J. Michael Mahoney has given to possibly improving the lives of thousands, he and the theory deserve an answer.

[Name deleted for privacy reasons]

23. I have read your book in detail twice. I will be 76 in May and am married for the second time for 14 years to a wonderful woman. Her youngest son is 31 and has been showing most of the signs indicated in your book in one form or another for all of that time. In and out of hospitals and diagnosed with Schizophrenia, etc.

I am convinced that your theory is correct.

Do you know of anyone in the medical field who believes as you do and is currently willing to see new patients?

I hope to hear from you. [Name deleted for privacy reasons]

24. Dear Mr. Mahoney,

I have purchased your book in e-book format – I suppose due to a bit of manic impatience! One of my dreams is to speak to groups of mental health professionals, and I will definitely work to increase awareness of your book. The big money is currently being misdirected to genetic and pharmaceutical research, as evidenced by the Heinz Prechter Fund and the Stanley Medical Research Institute, which just awarded \$100 million to Harvard University over the next 10 years.

You have performed a great service. May the current generation of practitioners be educated to the truth!

Best regards,

[Name deleted for privacy reasons]

25. 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 anitchrist 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 suffering 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]

26. Bearded Lady Syndrome!!!!!!!!?????????

I have had severe anxiety, depression, and depersonalization/derealization (dissociative symptoms you probably know nothing about). I have been ill most of my life – I'm now 48.

I have volunteered for years in Mental Health day care centers, am a consumer member of NAMI, read extensively on mental illness, etc. (My mother was a psychiatrist, my father a surgeon).

There is so much proof that schizophrenia is a brain disorder I am astounded that you cling to old psychoanalytic theories on the topic. I have

met individuals with schizophrenia, many, through NAMI. They do not fit your profile in the least, especially the comparison with Zelda and F. Scott Fitzgerald! You're back in the day of the "schizophrenogenic mother" – the stone age of psychiatry. I've lived through the foolishness of psychoanalysis myself. It only served to hinder any return to functioning.

I have had more positive results with medication and CBT.

It seems YOU are afraid to look at what is an obvious brain disorder that is not only comprised of positive and negative symptoms, but of cognitive difficulties, difficulties reading social cues, problems with hearing voices that have been found to have a neurological origin.

Shame on you for not examining the huge mass of literature in various medical journals using the scientific method, using modern brain scan equipment, surgery on brain-damaged patients where certain symptoms can be created. (Brain trauma, epilepsy, deep brain stimulation, etc.)

I KNOW schizophrenics. They would be disgusted to hear your theory. Most HATE their medications, and they are NOT a cure, but they wouldn't go without them. Their quality of life is greatly improved. There are individuals with schizophrenia and other mental disorders who are successful in many fields – you would never know who they are as they must keep that stigma a secret. And they aren't battling a sexual crisis that caused their illness!

I could ramble on infinitely. Have you read the work of V.S. Ramachandran, M.D., Ph.D? Oliver Sacks, M.D.? Then you know absolutely NOTHING about the complexity of the human brain. NOTHING.

Shame on you.

[Name deleted for privacy reasons]

27. Are you crazy? how dare you do this to my family?????? you are God how can you do this to us human beings??? Why???? please tell me why did you let her change the time and slice my soul in two? why did you show your face in the bar??

we are just human beings how can you give her all the tools for a massacre ... put yourself in my shoes ...

[Name deleted for privacy reasons]

A personal communication from a young schizophrenic man who lives with his schizophrenic mother. One of the symptoms of his schizophrenia is alcohol/drug addiction. (See Impressions, page 2, item 6.)

28. hello my name is [deleted] i have schhizophrenia ive had it for almost 8 years before that im not sure of im still learning to deal with my moods changing they cahnge all the time i find its really hard im know finding out on

my own that i have probally got more wrong with me than i ever knew its going to be really nice when i get to the bottom of this when i really can relax and not have to worry well i will still worry but atleast i wont be having as much problems its just really hard to cope with everyday life when it dont help when i dont be honest with my docotr tis really hard i really want to get to know people with the same things that im dealing with it would be so nice to be able to relate to someone without them thinking your crazy thats really hard deailing with that. well anyways im going to go you can contact me at [deleted] that is if you want to answer back or make coments.

29. I read about your book, but have not bought it. I don't know if I am offended or intrigued. I wrote a screenplay about my own schizophrenic father and had a story about him on MTV. I guess I won't fully know what I think about what you are saying unless I read it, but I think I am too offended to look LOL! I want to be open minded and if you fully knew about my father you would know why I am afraid to read it.
Well take care.
Stephanie

Summary about Daughter of a Rogue
By Stephanie Lynn Hilpert

Stephanie Lynn Hilpert has been going into parks and desolate areas to find her homeless/paranoid schizophrenic father since she was 14 years old. She had footage on MTV News Unfiltered about her and her father's story. He thinks he is the second son of God and hangs out with Job from the bible in his mind, and Mary Magdalene.

When Stephanie was in her twenties she applied for disability for her father, took him to his doctor appointments and after a year, he got it, but still refused to live in a house. He poured his medication out the day he got his money.

He thinks a sheriff named Haun is following him in a helicopter all of the time. He thinks Stephanie is a lesbian and will go to hell where people will urinate on her if she doesn't stop her lesbianism. He thinks the Mexican mafia is after him. Stephanie had to stop going out there, because he was getting more and more volatile and was recently arrested for terrorist threats. He was self medicating with drugs and getting worse and worse.

He is still out there and calls Stephanie on the phone regularly. She hopes to sell her screenplay "Daughter of a Rogue" to raise awareness about the fact the 90% of the homeless are mentally ill.

[CHAPTER 4 – DAD]

My dad's schizophrenia seems like a worse case scenario. He is so delusional. His delusions are getting more and more obscene which I find interesting and disgusting as his daughter. When I was much younger, I was so offended and could hardly listen to him at times. Sometimes I would laugh. It would shock me into laughter. I guess it was my way of coping. I never seem to laugh now.

What interests me most is my father's fascination with Jesus. You might say that's nothing new in schizophrenics. My dad used to say "Jesus is a black man, hair like wool. Love Jesus, pray to Jesus." Then Jesus betrayed him some where down the line. The interesting part was when my dad screamed "Jesus tried to make me suck his dick"! Now Jesus has been a "queer" to my dad ever since. My dad is very homophobic. If a man touches my dad, he will break his arm. Now back to Jesus. Where did their relationship go wrong in his mind? What happened? I have wondered if my dad is an oppressed homosexual, I'm not going to lie. Did my dad have a delusional, homosexual encounter with Jesus and now he is ashamed? It's all I can wonder when he says things constantly about queers, they have no dick and balls, men take from my energy, but women and children giveth and the famous "Jesus tried to make me suck his dick"! He goes on and on about queers. I hope he is never angry that I wrote this. I love him and would never be ashamed of him whether he were gay or not.

My dad is very manipulative. He isn't stupid at all. I hate that they put all personalities of schizophrenics in this little box and they decide that is how they act. It's not true. They are individuals. Sure there are characteristics that define the disease, but they still have individual personalities trust me. Like my dad does feel love. I've seen him hurt. I've seen him feel guilt, but that is slowly going away with the years and the drug use. Drugs make schizophrenia so much worse. They self medicate and become this monster that can't be helped. They become a creature surrounded by creatures. You have to be sure all the creatures don't hurt you even though they seem to tear at you emotionally.

Stephanie Lynn Hilpert

[www.myspace.com/stefania_writes]

30. Dear JB,

Many thanks for your email. I am very sorry to hear you have been struggling with schizophrenia for some time now. I hope my website has been of some help to you. If you have any questions I might be able to help

answer, pls let me know. In the meantime take the best of care and never give up hope.

Very best regards,
Mike Mahoney

On October 3, 2007 at 3:36am -0500, you wrote:

Dear Sir,

I have been struggling with writings for some time. I came across your site while researching an illness that took 20 years for me to discover. I surely have it and now understand my writing. I am somewhat elated to have found your site. Not to go into much detail at the moment. I hope we can communicate. I thought no one could understand the insanity my life is. It has become very serious as of late. My fears aren't haven't been for myself but those I care for. I too can explain my illness and why I have it. From reading your site I also see that the world may not hear my words simply because they'll mistake their deafness for my madness.

In hopes of collaboration,
- JB

31. Dear Mr. Mahoney,

Your book has a challenging thesis relying on observations and writings of many eminent psychologists and other thinkers of the 20th Century. Whether your main thesis is to be disputed or accepted, it should not be ignored.

Yet I have not seen any reviews by psychologists or psychiatrists. If your book has been shunned because you are not in their "guild," that is deplorable.

Of course, restricting actual practice to those certified in a legitimate way in some fields such as medicine, surgery, pharmacy, nursing, and to a lesser extent, law and engineering can be justified.

But what you are offering is a theoretical understanding of the etiology of a mental condition, and it deserves discussion in a variety of fields. Contributions from "outsiders" have long been important for science, historically. If a thoughtful and informed person's ideas are ignored only because of a lack of "standing" in a "peerage" or status system, this does not bode well for future intellectual discourse.

P. D. Moncrief Jr.
pdmoncrief@yahoo.com

32. Please, a short comment on your book ...

I am so sure that your book and those who contributed to it have been served well by its publication. I can absolutely agree that within this culture sexual orientation and sexual expression are so terribly repressed and distorted, and I've had friends who have been so abused for their same-sex love – that of course the trauma of the abuse and the resulting sense of powerlessness as far as effective rebuttal creates a need for a separate reality. I myself created this separate reality within myself and I understand. But I am not ambiguous about my need to create loving nests with men. My dissatisfaction with my own sex has to do with the distortions around what being a woman is supposed to look like and a pressure to endlessly and brutally enforce a preoccupation with appearance and child-rearing.

I hate women's arrogance to women in these areas. What a waste! So it is not gender, but power that I feel strangled in expressing. But much love to you.

Sheila Blinn
sheila.blinn@goddard.edu

33. Mr Mahoney,

I spotted the ad for your book in the PAW (I'm from class of '64). Have only had the chance to read excerpts, but hope to find and peruse the book shortly (I don't usually pay new book prices, but may have to make an exception in this case).

By any chance, do you know Leonard Frank of San Francisco, a brilliant expat now in his 70's who has also published Quotations – you could google him and his Quotationery, which is on the net?

Are you otherwise in contact with any members of the (sadly, extremely feeble politically) expat and dissident professional movement?

In response to a description of your book by the publisher, I submitted the following to a Medical news site.

with best regards,
Ron Thompson, Fairfax, VA,
ronthompson4@cox.net
ps I'm also deeply impressed with the form your philanthropy has taken.

First, I want to get out of a minor 'straitjacket,' for I am neither a "health care professional" nor exactly a mere "member of the public" either.

I am a former voluntary mental patient (1964-1966), an alumnus of McLean Hospital who had the same psychiatrist as Sylvia Plath – Ruth Tiffany Barnhouse (then Ruth Beuscher) who, to my immense (but then utterly

oblivious) good fortune, neither subjected me to, nor advised me, to undergo either insulin treatment or shock, both of which were endured by SP, voluntarily and involuntarily. What is truly frightening is that if Barnhouse had advised either one, I was in such psychological and physical pain that I would have demanded them immediately, to my probable permanent physical and psychological injury (never mind the effect if I had been attacked with these procedures).

Independently of the relative and partial success of my voluntary semi-psychoanalytical therapy, I later became a longtime (1986-present) opponent of any psychiatric forced treatment, or, more accurately, the use of force IN THE NAME OF TREATMENT (this more exact phrasing is to acknowledge that the use of force may sometimes be unavoidable in madness situations, but that we should not, and doctors should not, lie to themselves that the exclusive or primary reason for intervention is to 'help' the person whose behavior is suppressed).

I am also – and have a long resume to back this up – a critic of the fundamentally flawed theory (which has become dogma) that 'now we know all mental illness is due to a brain defect or 'chemical imbalance'. Looked at with strict scientific objectivity, we know no such thing. Even if there is some circumstantial evidence, we have no definitive proof, with the tragic result that this limited and inconclusive evidence is used to justify both the biological theory of mental illness, and the moral legitimacy of forced treatment.

The universal acceptance of these two dogmas has done enormous harm not only to countless individuals, but to our basic knowledge of Human Nature.

And so this book, although it may involve some seemingly bizarre and even surrealistic readings, starting with its title, seems to be an enormous breath of fresh air and humanistic good sense. I also, for a number of reasons, basically agree with the underlying theory offered by author Mahoney.

Last, if his theory is right, it should be noted that like any other great truth about human nature – such as the theory of the "inalienable rights" of all human beings – it can never be proven by strictly scientific methods. Like the value and necessity of the concept of inalienable rights, we will either come to just know it ... or not.

For these reasons I give the review a 5.

34. January 02, 2008 3:07 pm

Subject: Bearded Lady

What a great thing you have done!! I am only up to 65, but surely I will finish, as you have done such a wonderful job. (I might hesitate to say, only a man could get someone to take his scribbled notes and make it into a book!)

I have just spent the last 2 years of my life editing and publishing the works of a man who is paralyzed on one side from aftermaths of a stroke after years of alcoholism. First was Times Queer, then several other chapbooks, and a novel Vienna Dolorosa (www.ViennaDolorosa.com) but the one I'm working on now, Holy Communion, is really his first novel and by far the most revealing. His conflicts with homosexuality and being sexually used as a child come through, of course, in much of his writing. I wrote an Afterword in the first two; I think I'll leave HC alone to speak for itself. Very powerful stuff.

I was trained in sex therapy by an ego-analytic sex therapist in Berkeley CA, and tho I haven't practiced for a number of years, I still find it all fascinating (as I did with Kinsey in my teens, Kraft von Ebing in my twenties, etc). Btw, I found you looking up dysthymic in Answers.com for my author/friend (he seemed particularly under the weather today). You were very clever to include your book on that page.

Again, thanks for all your hard work and that of your colleagues.
Sally Miller
Sally@SallyMiller.com

The rights of the best of men are secured only as the rights of the vilest and most abhorrent are protected.

[Chief Justice Charles Evans Hughes, 1927]

35. Sir:

Although Sigmund Freud was right about almost everything, he could not find the cause of schizophrenia. I have read one fantastic theory after another about it's origin, but I have not read anything about the real cause.

Schizophrenia is not inherited, it can be cured with psychoanalyses and the cause is quite similar to the 1948 Fromm-Friedman about the cold mother. This theory is only 50 per cent correct, since it has a missing link (It's quite simple, there is no riddle, no mystery.)

I am tired of all of these fantastic theories that are portraying these people as some kind of deformed monsters or some kind of creatures from outer space.

The madness has to stop. The treatment of schizophrenia is a trillion dollar business, and the forces who are profiting are the ones doing this and many, for profit, have joined them.

Having 4 close members of my family with severe mental illness, has given me insight and I discovered the cause 35 years ago.

[female – no name given]

36. Re: The Bearded Lady – Personal Story about MY Brother

Dear Mr. Mahoney,

Firstly, I wish to thank you for writing a book on schizophrenia, as it is a disease few people understand.

I have a twin brother who suffers from the illness. My family has over the years done what we could to get him help & attention.

Recently, his living situation has deteriorated in Seattle. The organization is threatening to leave him homeless if we do not come up with money to support his ongoing care. This is cruel. We are trying to resolve this as best we can, but as we aren't wealthy, we realize this is a dilemma that will get worse.

Also, over the years, we've seen a total decline in my brother's care at [Name deleted] Family Services and we believe they are "pushing him out" as we are not one of the "wealthy" families who can afford to give them money.

This organization is supposed to help those in need but in reality it really only helps those with money.

I write to you in hopes you may direct me to what you know of positive and safe housing, care, assisted living situations for the mentally ill. The immediate family, my son and I as well as my sister and her two children wish to return to the east coast. We are in Seattle but plan to relocate and will seek housing in the NY State vicinity.

I am simply seeking guidance in this from intelligent, caring, educated folks as yourself in hopes I will be directed to the proper channels. I've appealed to various organizations but thus far haven't been successful.

Thank you for any information you may have and your time and consideration of this matter.

Sincerely,

Elissa Lipman

el3339@yahoo.com

(A Fellow Advocate for the Mentally Ill Rights & Education for the Public on this Issue.)

37. Subject: dreams

Mike I don't remember. The first one was that I had no breasts and in that dream I saw [Name deleted] and [Name deleted] with a baby. The second one was that I made love to a woman with breasts and a penis. When I was ill I thought all the time that I have a GPS attached to my clothes (gloves, shoes, jackets, bags, watch – which I threw away because of this) and that I am followed by the whole town. I read almost everything in the online Truman library to "decipher" in my mind the coded messages I thought you were sending to me for our secret meeting. I thought also that you were

sending me coded messages via email. I would act under the influence of the moment and go to a different town or very far in the mountains to meet you. I was afraid of the cameras. I thought that people were taking photos of me. I thought that everybody knew me and that everyone was talking about me. I was also afraid of numbers. Anything which seemed illogical to me like this mark and a number: 111 or long numbers. I also thought that some things which I watched on TV were untrue or done on purpose to send me some sort of message like the fires in California at the end of last year. I thought that people did that on purpose. I also saw at that time a program on some plane – which they built (the biggest in the world) which could take several hundred people on board. I thought that this was untrue. I thought that the people were trying to send me some message. The reminiscence of it all is very painful for me. I have made a huge recovery thanks to you when I think where I am now and what I think. I love you.

P.S. Mike I reread my letter you put in the Impression section. I realize now how ill I was. I also thought at that time that people were eavesdropping my phone calls, that everything was planned (to destroy me, persecute me), that there were cameras in my house and outside of it. When I was ill I didn't realize that I was ill and that something was wrong with my thinking.

When I was ill I once went to a telephone booth from which I wanted to call you. I noticed some woman who was sitting there. I was convinced that you were dressed up as this woman. I think that this points to my bisexual conflict.

[A personal communication approved for release by the sender. She is presently also under psychiatric care and taking anti-psychotic medication.]

38. [Message A.]

Mike maybe it means that I envy men a penis I would like to have it. Maybe it points to my homosexuality and that I would like to have relations with women with it. I don't know you are an analyst.

Mike thank you for staying with me when I was ill and that you were writing emails with me all the time. I miss you. LOVE

[Message B.]

Mike in that dream I dreamt that I masturbated (I shouldn't be telling you this) and I felt frustrated and I wished that I had a penis. I think that it points to my bisexual conflict that I would like to have a masculine part of the body and that I didn't dream that I would like to have a feminine part like my own breasts.

39. Your Schizophrenia book is great! I've been helping someone with severe schizophrenia for three years now, and your book explains EVERYTHING.
Is it available in the Russian language?

[Name deleted for privacy reasons]

[Message C.]

I have just had a dream that I made love with a woman. I felt really fine after the dream.

[Message D.]

I had a dream today that I was dancing with a woman and later with a man. I think it points to my bisexual nature.

[Reprinted with permission by the sender, who is a 33-year-old female who has been suffering from paranoid schizophrenia, the "bearded lady disease." Please also refer to previous Impressions 37 and to New Quotations/-Comments 720.]

40. Hi Mike, I just finished reading your book again. I made notes of all that really got my attention. I especially like 262 that I think catches all that can be said about schizophrenia.

I noticed another article in the Austin American Statesman today with the heading "Study: Gene Variations Raise Risk of Schizophrenia" by Benedict Carey of *The New York Times*. The obvious seems to be overlooked in every way possible.

My stepson is still showing all the symptoms. He is going to a community college but only for monitoring. He is going to a call for casting in a movie today accompanied by his mother. He hopes to be cast as [deleted]. Some of this is so obvious that I wish she could see it. Still hears the voices that never lie to him and promise many girl friends sometime in the future. He also claims to have received a Nobel Prize for something. He has written a short book that is complete nonsense and unintelligible. And of course claims to already have many degrees and that is why he is just monitoring the classes he attends. He doesn't want to intimidate the other students with all that he knows and is. I have almost no contact when he visits us to avoid further controversy.

I am still looking for a psychologist that understands what is going on and that his mother would approve of.

[Name deleted for privacy reasons]

41. Mike,

Thanks for your help. I've done tons of research in the past few years and find the contradicting views of doctors on schizophrenia frightening. Many seem to have a schizophrenic view (repression and denial) of the role of homosexuality in schizophrenia. "A Beautiful Mind" is one example. After loading the book with many examples of Nash's repressed homosexuality the author denies that this played a factor in his illness! The film version ignored it altogether. A little knowledge is a dangerous thing, which is why I commend you for compiling in one book all the quotes supporting this obvious theory.

My harrowing firsthand experience only validates your compelling argument. A quote about alcohol making the patient aggressively homosexual and aggressively violent mirrors my experience exactly on a two day Russian train trip with my friend, who had previously never acted this way before. Schizophrenia is indeed a nightmare for all involved. While I ended up in a foreign emergency room with broken ribs, I am now healed but my friend is still not the person he was before the onset of his severe condition. Perhaps your book will help him.

Thanks again.

[Pls reference Impressions 40.]

42. Dear Sir,

Frankly, I cannot comprehend how you arrive at this theory of yours, that schizophrenia is somehow connected with "unconscious bisexual conflict/-gender confusion".

I am very glad that the medical team at the hospital I stayed in eight years ago – who by the way helped me to stay symptom-free since then (despite that time being my third episode already) – was not acquainted with any of your obscure theories.

I am sure that one might be able to incorporate gender confusion in their psychotic delusions, just as some incorporate religious experiences, etc. But you should have realized that, although surely all patients seek to find a "cause" for their infliction, in most cases, there just is no cause!!

In the case of schizophrenia, the knowledge that a hormonal imbalance in the metabolism of the brain is the most critical precondition for the disease, has been around for some time.

Let me tell you, I have no "bisexually confused" bone in my body, although I have been diagnosed with a schizoaffective disorder at the age of 21. And thank God for that. I would not want to be in a position where I would have to live a life of continuous inner turmoil with regards to my sexual self-conception.

Best Regards,

M.V.A., Frankfurt, Germany

43. Dear J. Michael Mahoney,

I am the grandmother of a 23 year old grandson who is going through a gender transition. He is taking female hormones to grow breasts and has decided to take medication for chemical castration as well. He says he has been under the care of two therapists and a psychiatrist(?). I am very concerned, and I don't know where to seek help. The reason I am so concerned is not because of the transition itself, but because of his behaviors. He has been carrying a kitchen knife (chef's knife) and says he wants to kill someone. I believe he was sexually molested by his stepfather as a child, and I know he was physically assaulted as well. He is saying he hates all men and wants them dead. He talks about drinking a certain man's blood and barbequeing his flesh to eat it. Mind you, he is a vegetarian. He talks to a voice or voices in his head, and believes that he and God speak on an everyday basis. He makes strange noises as well. I want desperately to find the help he needs in a long term facility. He was hospitalized a few times, but was always discharged within a few days. Unfortunately, money is a factor. I am fearful he may carry out his threat(s) to do harm to someone. Any help you can offer will be greatly appreciated.

Sincerely,

[Name deleted for privacy reasons]

44. Subject: your book

A note to tell you I received your book and it is quite amazing to me on many levels.

One the obvious is the way that you and I have used quotes to learn and to teach. The book also has been upsetting in several ways. I had long ago not only dismissed Freud and gone for Jung ... but I had actually become an enemy of Freud (see my quotes under "Freud") I wanted to put as many nails into his coffin as possible. I receive angry letters sometimes about my collection of Freud quotes ... and I always surmise that the writers are Jewish ... and it remains an intellectual mystery to me why the great Jewish intellectuals place him so high ... Harold Bloom whom I read and respect very much has him up above Jesus and Mohammad ... It has always mystified me why this is so. But, your book has opened up for me (in my dreams) that Freud is on to something.

In fact my dreams had anticipated the arrival of your book. After years of not really dreaming, I had a dream recently where a "rose colored ethereal female" almost made of "smoke" came out of my breast where she had been face down and took off like an astral projection out of me and then flipped over and "rose like a rocket" ,,,... I was staying with friends who are

very close to me (we have played in our own Trio for years) So I mentioned the dream to them. The woman named "Nur" (meaning light) had owned a clothing store called the "Rose" ... I didn't go for that connection and later recalled reading in Teddy Roosevelt's biography his statement about his career "I rose like a rocket"..... I liked this one as I was having a once in a lifetime breakthrough in my own long dead career as an inventor and historian of inventions. At the time I was attending a TEsla Conference. I was experiencing a great many synchronicities for the first time in decades and it had brought me back to life and hope ... So while driving to Colorado I was repeating to myself as an NLP statement "I rose like a rocket"..... My friend – the male side of the couple named "Aaron" had said to me several times that I should have a grand piano (I have a synth) and I thought about everything a grand piano means to me ... the unattainable valuable Steinway Grand piano...which on a conscious level I don't ever expect to own. So Follow me here In Aspen I go by intuition to the Aspen Music tent (where I have actually played) and where some of my most pleasant golden days have been spent lying on the grass outside with a picnic listening to classical music). Condoleeza Rice had just played their several days before ... It is the focus of the rich and powerful ... I go in the tent and there are 45 Steinway Grand Pianos on the Stage ... as they are having an end of season sale. I then get several synchronicities ... The most famous piano tuner in the world is there and he had a lifetime of tuning the Steinway at Carnegie Hall. I had been a stage hand at Carnegie Hall, and told him about my playing his tuned pianos when no one was about ... this immediately made him laugh and we were suddenly very friendly. All of my life I've been kind of a secret piano player ... most of my friends do not know I play ... and there is of course the thing of beautiful hands on the key boards ... which I certainly used to have ... Well then, unexpected to me, there was a young woman brought on stage who was Steinways newest pianist that had been most recently hired ... the lights are dimmed and she flows out in a silky gauze "rose-coloured" dress ... and she was most feminine and approached the piano like all great pianists by letting their hands float to the keys ... I met her later and got an autographed CD of her music ... I chatted her up and found that she lived in the same county as where I was born and on the way home while driving through this county I actually thought of looking her up (I'm a married man) My wife is a horsewoman with very manly hands ... I was very stirred by this "rose lady" and her beautiful hands ... I was actually wanting to meet her and some way continue to see her ... I actually wanted to seduce her ... she was the rose woman that flew up out of my chest ... my "anima". I listened to her music all the way home.

This incident caused me to come alive with sexual desire that I hadn't felt in years. Then the night before I returned home I have a dream that I'm looking in a mirror and my face is that of an Asian girl ... In real life I have

morning coffee regularly with a former Navy Top Gun Pilot (the epitome of masculinity) middle name of "Thor"... and he is always referring to Asian women as "little brown fucking machines" which grates on my nerves ... but in the dream I'm carrying one of these beautiful Asian women up a stair case to an attic and I am anticipating hot sex with her and she says the same for me ... Then another Asian woman comes in and drops one of my boots on the floor (other shoe will drop?) masculine boot? And for the first time in years I have felt very sexy (I'm 66).

So I just wanted you to know what your book triggered off in me. Also I listed your book on scholarisland.org under "Psychology".

What strange territory we humans occupy ... I also thought of a friend of mine named [Name deleted] who is also a very creative artist ... writes, paints everything ... He lives in a little town in New Mexico most of the year (He is Australian) He bought some land a few years ago and was with a beautiful woman and they were going to build a house together. Well she ran off. He built the house and built a room and closet for his feminine side whom he has named "Georgia" and everyday at evening time he changes into beautiful feminine clothes and becomes Georgia ... He seems to be the most constantly creative and happy artist I have known ... Maybe he has figured out how to work this all out.

Maybe you should do a book on people that have somehow worked out this male/female problem in a healthy way ... And I think that is what many artists are ... instead of killing themselves over it ... they simply turn it into a play and have fun with it ... after all the entheogens ... take you through this and then certainly beyond to a healing place where usually the "Christ" is seen as your real identity an androgynous identity ... "neither male nor female" and it all gets worked out ... you might check the web sites of Robert Venosa and his wife Martina Hoffman who have obviously worked this out ... google up these names and see their art ... Fantastic is what it is ... and she paints many paintings with her face and a mustache painted on ... The other artist who did this in her life and art is "VALi" (now off the planet) She was the queen of the 50s and 60s avante garde ... she went so far as to tattoo a mustache on her upper lip ... There is an avante garde film about her that is quite amazing of how she lived ... She had a harem of men and women too ... she never wore shoes and had a powerful musk odor ... And lived in a cave in Italy with dozens of animals ... Another artist named Mati Abdul Klarwein who you can also find on the web (he has left the planet too) You will find lots of art where you can see artists working through in a playful way what others have lost all happiness like Zelda ...

Check this out ... Your work would be complete if you could show how some artists use this struggle.

I'm a fan of your book and think it is powerful and I like that you just use the quotes ... You will see that my whole scholarisland.org has been my education.

Very bizzare all of this ... I have been quite shut down for decades and all this month has been an amazing awakening for me and your book certainly played some catalyst role.

[Name deleted for privacy reasons]

45. Hi friends, I recently made an amazing acquaintance with an author who has done the most interesting book on "Madness" I've come across. And as you know my wife's brother committed suicide on Xmas day so this is serious business. He has written a book *Schizophrenia: The Bearded Lady Disease* by J. Michael Mahoney ... His book triggered off some amazing dreams from me and released some deep psychic knots so we have been emailing ... I've suggested that he see your Art as I think all of you have gone through the madness and come out the other side. I suggested that Art is the way to transcend ... I would like to have him contact your websites ... I'm not sure that I have your art web sites ... so could you please send them to me. Also I would like Mati's web site and any information on Vali the wild woman ... I had a video about her ... I think Bob gave it to me ... can't remember ... But basically J. Michael Mahoney is interested in the whole issue of gender and schizophrenia which his book really makes the case that many people succumb to terrible madness and suffering in their inability to deal with it. Please let me know if you are interested.

[Name deleted for privacy reasons]

46. Subject: book

Sir,

I have just read about the book *Schizophrenia: The Bearded Lady Disease*. My son was diagnosed with Schizophrenia more than 20 years ago. Along with being psychotic and other similar afflictions. He is now 49 years old. Last year he was hospitalized because of a diabetes problem. They put him in the mental ward of the hospital. While he was there he claimed a doctor offered him a shot to change him into a woman. He accepted this shot and went home and got rid of his clothes and bought women's clothing, make up, wigs, ... the whole nine yards.

He claims he started having monthly periods and milk coming from his breasts. Now he has officially changed his name to a feminine name and also changed his last name.

I don't want to burden you with anymore details but what I'm wondering is whether or not it would do any good to hand him your book which I have

not read myself yet. So far any conversation we have where I don't agree with him he gets very angry and upset.

I'm trying not to write too much but wanted you to hear some of this and perhaps offer your two cents worth.

Thank you.

Mom,

[Name deleted for privacy reasons]

47. Dear Mister Mahoney,

I visited your site, via your ad in NYRofB. Being a psychotherapist & philosopher (in retirement, more or less) it drew my attention.

Maybe it is of little interest to you but I would like to inform you about yet another source on the bearded lady phenomenon.

Where I was born and lived most of my life (south of The Netherlands) there is a little known and rather obscure Catholic phenomenon known as "De Heilige Ontkommernis". It is found also in Amsterdam and in various German cities. The phenomenon consists of pictures and statues of a bearded woman on the Cross. The dutch phrase "De Heilige Ontkommernis" would translate in English as "Saint Uncumber". It sounds in English as strange as it does in Dutch, I guess.

The story behind it is the legend of a nobleman's daughter refusing to marry a man of her father's choice. She asked God to help her growing a beard, which he did. The marriage was cancelled and the lady became a saint. Needless to say that "Saint Uncumber" features in female convents and monasteries.

If you appreciate more info on the phenomenon and its sources (Wikipedia gives some info; try the entry "Wilgefortis"), don't hesitate to contact me. It would be my pleasure to go after it.

Your website does a fine job, it reaches more readers than any book in the 21st century on the matter could hope to get.

So, and again, I would be happy to track & deliver more info on the phenomenon if that would be of any help to you. I need no credits.

Apart from that, I would be happy to find ways to spread the info on your website. Let me know.

Cordiali saluti,

Geoff Smeets

goffredofabbro@hotmail.it

48. Many thanks for forwarding this quote to me, Mike. [New Quotation/-Comment 733, specifically – "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."]

The girl that moved in with me back in the early 80's was my saving grace. It was a much more 180 transformation for me. Within 4 or 5 days both the paranoia and delusions had subsided and I started sleeping normally. That was the turning point for me and the last episode that I had for 20 years. I also can identify with what he was stating about seeing certain sexual symbolism in certain things.

I don't believe that I ever told you that I did go through another episode about a month after the 9/11 thing happened. It was real mild and maybe only lasted a couple of weeks with just a couple of nights being somewhat difficult. I guess because I was familiar with the symptoms I didn't end up too far out there. In fact the regular medical doctor that I was seeing at the time just thought I had a case of mild depression. I think that the fatigue that I was experiencing from the hepatitis C was sort of a blessing in disguise in that it helped me to get to sleep at night without having to take any medication or alcohol. Trying to teach school plus taking care of the kids and the house just started getting too much for me with the fatigue I was dealing with. After the 9/11 thing happened I started to think about how crazy religion can be. I remember watching a show on TV around that time about Afghanistan and the Taliban executing prostitutes and homosexuals and I remembered what this one psychiatrist at the detox ward told us, "Sometimes anger can be guilt turned outward." I thought to myself that is the exact reason why the Taliban & Islam were reacting like that. I was aware of my bisexual nature and peoples' bisexual nature in general at the time. The 9/11 thing brought things to the forefront again and I thought that maybe it was my purpose to make this knowledge known.

That is why I like your book so much, Mike. Coming from me it is coming from a fool, but coming from you it is coming from a scholar.

I hope the world is treating you well up there.

Best, John

49. Oct. 23, '08

Dear Mr. Mahoney

Thank you for sending me *Schizophrenia: The Bearded Lady Disease*. My youngest son was diagnosed at the age of 17 while living in the Wash., D.C. area. He spent time in most of the hospitals there, including St. Elizabeth's. He is 53 now and his medications are keeping him stable.

In 1993 he fell from the 5th floor balcony of his father's apartment in Silver Spring, Md. He fractured his pelvis & left ankle. He is able to walk, thank goodness, but sustained bowel and bladder dysfunction.

Since 1996 he has been here in Florida, living in assisted living facilities. I am able to take him to doctors' appointments, entertainment and meals out.

Three times a week he goes to a social gathering place called [Name deleted], where he meets with others with similar problems.

He's been able to stay out of the hospital for a whole year now, thanks to a very supportive living arrangement at his present A.L.F.

Very sincerely yours,

[Name deleted for privacy reasons]

50. Wow! Coming across your website made me suicidal. Not because there is a preexisting mental illness, but because I cannot believe that such insanity exists. Schizophrenia is mild compared to what inflicts you.

[Writer's name and gender information not provided]

51. Sir.

I have recently come to read your hypothesis as to the cause of schizophrenia and realized you may be interested in this work of mine.

I have for a number of years been trying to explain how I made a discovery...

The discovery I have made has now been shown to be more effective in more diseases than any treatment in history.

It has now been shown to be ... recommended ... for more diseases than any treatment in history.

I came across the finding of man being a herbivore eating meat.

The iron from the meat we eat builds to toxic levels in the body causing all disease.

One of the results is endocrine disorder.

Hypogonadism / low testosterone at one time had only one treatment ... iron reduction therapy.

It has been shown iron excess is known to cause schizophrenia but they believe it doesn't cause all schizophrenia.

I believe a hypothesis must be proven ... false ... before a statement of 'it cannot cause all schizophrenia' can be used by reasonable men.

If iron is KNOWN to cause schizophrenia then one MUST eliminate iron in order to disregard it.

My work is found on the Nature Network and this work ... iron reduction therapy ... has now been shown to be more effective in more diseases than any treatment in history.

The treatment is bloodletting/blood donation which lowers the iron levels down to normal.

It seems you have done alot of work and may not have been thanked properly ... but .. such is life isn't it ...

Thank you for your work,

Tom

Herbivore Hypothesis

52. Dr. Mahoney: Your book has 'rocked my world.' I have a paranoid schizophrenic brother, but I have experienced manic depression myself. I feel strongly that there is a link there; have you explored this? I resolved my sexual ambivalence, and my symptoms went away. Can you comment?

[Name deleted for privacy reasons]

Dear Mr. [deleted],

Many thanks for your email. (I am not a "Dr." - I am a lay researcher.) From the research I have done, however, I have come to the conclusion that "manic depression" and "schizophrenia" are one and the same illness, with the same cause, namely, severe bisexual conflict/gender confusion. It seems you have done a very admirable job in resolving your own mental turmoil by coming to terms with your "sexual ambivalence." Many congratulations!! Unfortunately, once a person slips into the paranoid stage of the illness it become much more difficult to effect a cure because the paranoid person is so terrified of his (or her) "perverse" sexual feelings that he would rather die than admit to them, so to speak.

To my way of thinking, all functional mental illness is caused by this basic bisexual/gender confusion conflict, from neurosis up to the most severe forms of so-called "schizophrenia". The degree of the illness always depends upon the severity of the conflict.

I am very sorry to hear about your brother. I do hope he is receiving psycho-dynamic psychotherapy of some sort. It would be his only chance ever to recover, to provide him with the necessary insight into his severe bisexual conflict and gender confusion. (Pls refer on my website to the article by Dr. Edward J. Kempf.)

Many thanks again for your email, and the very best of luck and success to you.

Mike Mahoney

53. Hi Mike. An update on [deleted] that you may see a progression in? He has been saying for the past two weeks that his mind is being taken away from him. He has dropped most of the predictions of great things coming to him. Girls, prizes, awards etc. and has become very depressed saying over

and over that he is dying. He has accused his mother of sending him to places that stole his mind. One in particular was the NIH institute in Maryland that he spent about a month at for diagnosis and treatment in 2001. He told her that they had him watch horrible pictures of people being tortured and mistreated and he keeps having recurring visions of this. He is sure that this is what started his mind going bad. He has spent the last two weeks with his father from [deleted] who came to [deleted]. He told his father over and over that he needed a woman. His father took him to a lap dance place the night before last and bought him two lap dances. He told his father that during the last one he had a climax which was what he needed. His father is now considering getting him a prostitute. This was related to [deleted] this morning by the father.

In your past experience do you see any progression in this and what it might be? Thanks in advance for any comments you might have. [deleted]

[Deleted], He is still terribly ill. The lap dance thing was probably very good therapy for him, especially if he really did climax. The prostitute idea is also a good one, I think, because he can't get much sicker than he already is, except if he suicides, which is an ever-present danger in these cases. Even better than a prostitute, I believe, would be a female "sex-surrogate" who works with sexually-dysfunctional males. If the dad does get a prostitute for him, I hope he picks out a nice, gentle and caring one. The dad should talk with the girl beforehand and make sure she is suitable for the task ahead!

What does [mother] think about all this? [afterword: She approves.]

Very best, Mike

54. You are so damn cute. O.K ... I get what you're saying ... to say that is the case for ALL mental illness is interesting for thought ... and I will continue to contemplate this! I do see it SO MUCH, especially being in my position where I was living the "right" way, then the choice was truly insanity, or living my truth ... I see SO MANY PEOPLE who are wound up beyond belief, almost coming out of their skin with anxiety &/or anger, and I always think "they seem gay to me, wonder why they don't just come out?" You know, I think a lot of it is too much of a sense of self importance. They think they're so almighty important that the world will stop turning if they come out of the closet. If I could tell 50 Catholic family members.. little old Catholic parents, a husband and 2 teenagers that I'm gay... then anyone can do it. And look, everyone's fine... kids are alive and yes, bummed that their parents got divorced, but not bummed that their mom's living her truth. Hopefully they learned a lesson about getting through huge identity crisis' — and about unconditional love.

I just adore my name next to the title of Psychologist! I actually headed into grad school to get my Masters in PSych when I was 40, but decided that I was going to need to focus on coming out and getting divorced instead, my head was too not screwed on tight to make it through ... and the classes were TOUGH. I took neuro-psychopharmacology and it kicked my booty... without 100% focus I couldn't make it.

Did I tell you that I sat with my clippings the other night... it was my little meditation time. I rarely take time to "chill out" anymore... and it was a real treat. I'll have to tell you about my 93 year old gay client... she never says it... but it's obvious. From that time they're conditioned with words like "woman friend" ... "no, I never found the right man" I always want to say "ya... cuz your right man had a vagina!" ha!

I must get to work!

A big fat hug across cyberspace

Susan 2071rental@gmail.com

55. Schizophrenics have unresolved gayness.

[a personal communication]

56. [...] is back in the psychiatric hospital. [...] went down to SA and got him in yesterday afternoon after receiving calls from him all day that were about the voices etc. He has been calling here since arriving quite often on their pay phone and telling her that he has gotten rid of the anthrax and gangrene right away but that he couldn't find his cigarettes. [...] is now afraid that he will be thrown out of his program. I will keep you updated. Hope you are well. [...]

57. 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 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 case 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

<http://www.youtube.com/watch?v=D7IxGGfpSWk>

58. Hi Mike,

[.....] has been in and out of the hospital twice in the last 10 days. He insists that the men he is living with have stolen his brain and want to do him harm. He also told [.....] that he doesn't like being around men. That he dislikes all of them and is refusing to go back to the community living arrangement with other men. His father suggested again bringing him to [.....] for awhile if he is relatively normal. This reminds me of some of the cases in your book.

Are you aware of anyone anywhere in the country that would be willing to see [.....] for Psychoanalysis in the manner that Kempf Did? [.....] is thinking once again that your theory may be correct and that is the only way to address the problem. Hope all is well with you. [.....]

59. Hi Mike,

I first heard about John Nash when the movie, *A Beautiful Mind*, was first released. I didn't know really who he was until 60 Minutes ran a piece on him. Because of my own history, anything to do with schizophrenia always catches my interest. During the segment the interviewer asked Mr. Nash if he was a homosexual and he answered no. His wife Alicia then spoke up and said that she has been his wife for a long time and believe me he is not a homosexual. When I heard that question the first thing that I thought was that Nash must have gone through the same kind of confusion that I had gone through. After all, where did that question come from? It wasn't until after I read Sylvia Nasar's book did I understand where that question came from and why it was asked. The movie, *A Beautiful Mind*, was really well done as movies go, but there was much that was not covered in his life and I noticed that the dates or time line when his psychosis first appeared were wrong. The American Experience documentary that I sent you does a much better job of covering Mr. Nash's life story, but it also doesn't mention anything about early bisexual confusion that Sylvia Nasar mentions in her book. Nasar did mention that the old Freudian theory that the anxious panic of a schizophrenic is a homosexual panic at its core is now rejected by the psychiatric community. I wish that more people, psychiatrist especially, would take the time to read Kempf's paper at your website. Katan's theory that hallucinations are a discharge of repressed homosexual libido also makes perfect sense to me. The way that Nash's symptoms slowly receded as he got older could be a result of lessening of hormones and thus libido energy as a person ages. Anyway Mike, that is my take on the curious case of John Nash.

Best regards, John

<http://www.youtube.com/watch?v=vrAc5CVw2zQ>

60. On July 20, 2009 at 12:24am -0500, "thePCwarrior" <thepcwarrior@gmail.com> wrote:

Dude, as someone termed schizoaffective I can tell you that you're dealing with a subject whose scope and pathos you have no real identification with. Anyways, such a book with its "elementary schism as all-encompassing crux" does nothing to shed light on the subject. I could just say you're an old crusty bastard posing as intellect, but that would be too easy. That you would want to spread such a mind as yours "eros pervading day and night-all-solvent". Such a granted knowingness always betrays a temperament. That this effort gives you pride is sad indeed.

[Note: All Quotations in this Impressions item are the PCWarrior's own quotations, and not those of the author.]

61. Mike, I was incapacitated for 18 months after my horrific fall from my deck 5 years ago. I never knew it all those years but I was suffering from chronic depression and when I suffered my back injury on December 18, 2003 by that chiropractor who accidentally adjusted me on my lower back where I had my back surgery it was just too much pain to bear. For nine weeks until February 22, 2004 I was unable to get any relief and could not sit in a chair for more than 45 seconds without crushing the nerves coming out of my lower spine which was collapsed at the L4-5, I couldn't sleep for days until I would fall asleep in the most excruciating pain but totally exhausted I might get 2 or 3 hours of "sleep" and eventually went delirious day after day on all the Vicodin and flexoral the M.D.s kept telling me to take in increasing quantities. I would struggle to get to the doctors office where they told me there was nothing they could do but "pain management". At 3 am in the morning of February 22, 2004 I launched over my deck 28 feet from the ground. I do not remember being on my deck and deciding to "DIVE". The doctors tell me this is very common and the mind blocks the event in a self protective manner. (I do have flashbacks but not as many as before) At the time of the accident I was on 8 Vicodin and 4 or 5 Flexoral a day.

I was in a coma for 4 days at the intensive care ward at [name deleted] and when I woke up I had tubes coming out of every opening in my body. I had broken my neck in two places, broken 6 ribs, my right hand was on "sideways," I had fractured my left leg below the knee and my knee cap had to be replaced with a cadavers patella, I had collapsed both lungs and had my sides pierced so the docs could extract the blood and reinflate my lungs, I crushed my left clavicle and it still sticks out from my back in at a weird angle. They decided not to operate for several days until they were sure I was going to make it. Thirteen days after my accident they fixed

my right hand and put more screws into my left leg than you find in most hardware stores.

But the worst part Mike was the brain trauma which put me for the next 18 months into a neverland. It was such a ethereal place I actually thought I had died and was in a fifth demension between heaven and hell. That place Catholics go when you commit suicide and fail. I couldn't remember how to read, my short term memory was nonexistent and once I was sent home to live by myself I was constantly trying to remember what I was supposed to do with myself. I had post it notes everywhere..... everywhere. I burnt so much food forgetting I was cooking that I made the wise decisions to eat sandwiches for the next year and a half. There are so many buttons on my five remote controls that I couldn't watch TV because I hit the wrong buttons all the time and had no idea how to turn it on. I couldn't finish a page of reading in a book and remember what I had read so I would start again at the top and do it over and over until I thought maybe I could turn the page forgetting at the end to put a bookmarker to remind me where I stopped. Up would go another postit to remind me to put bookmarkers in the book. It was the toughest 18 months of my life and not once during that time did I have any guarantee it was ever going to get better.

In short Mike I know what it is like to be living in a hell. Thank God above that I had the strength and courage to continue each day trying to relearn how to do "everything" on my own. I was so embarrassed by the fact that everyone who knew me, knew I tried to commit suicide and "FAILED"! It was so hard to go out and try to face people. I wanted to leave the house but going out was exposure to feeling so humiliated in a town where everyone knows me as [deleted] and now weighs 145 lbs and is crazy!

But by surviving this crucible I have become so strong! Stronger than my own father who was the toughest guy you would ever want to meet!!!

I also found out Mike who my real friends were. There were some who really disappointed me and there were some who really surprised me. Generally the ones who came to my aid had run their own gauntlets and emerged as stronger and wiser men and women.

By the way Mike my condition has been diagnosed as hypomania. Here is the definition.

<http://en.wikipedia.org/wiki/Hypomania>

I know you love psychology and the way the human mind works. This description fits me to a TEE. This is really who I am. Now that I have my medication to keep me above the depression I suffered from I am catching the benefits of this disease.

Hypomania can also have a benefit in creativity and productive energy. Many have cited it as a gateway to their success, and a large number of people with creative talents have experienced hypomania or other symptoms

of bipolar disorder. Classic symptoms of hypomania include mild euphoria, a flood of ideas, endless energy, and a desire and drive for success.

So there you have it Mike. You are friends with a hypomaniac (just kidding ... I am not a maniac!!) I am just a very creative guy who now has the benefit of having gone through one hell of an experience and can appreciate even more this beautiful world we live in. Since there may not be another world after this we better grab for all the gusto we can while we are still here by the grace of the architect of this wonderful and sometimes maddeningly horrific world we live in.

[Writer's name deleted for privacy reasons. Partially edited by J.M. Mahoney.]

62. Heydumbassyouhadacrushoneveryteacherringrade-schooldidn'tyougetaclue?@gmail.com

A humorous, yet serious, fantasy email address created by a woman who came late to acknowledging openly her homosexuality. See also Impressions 54.

63. In April a despairing mother in America wrote to Freud for advice. A photostat of Freud's reply has been published, [22] but with permission I am repeating his letter here as an example of his kindness in doing what he could to help a stranger even when he was occupied with his own suffering. She herself had sent the letter anonymously to Dr. Kinsey with this note: "Herewith I enclose a letter from a great and good man which you may retain. From a grateful mother."

April 9, 1935

Dear Mrs...

I gather from your letter that your son is a homosexual. I am most impressed by the fact that you do not mention this term yourself in your information about him. May I question you, why you avoid it? Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc). It is a great injustice to persecute homosexuality as a crime, and cruelty too. If you do not believe me, read the books of Havelock Ellis.

By asking me if I can help, you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a

general way, we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies which are present in every homosexual, in the majority of cases it is no more possible. It is a question of the quality and the age of the individual. The result of treatment cannot be predicted.

What analysis can do for your son runs in a different line. If he is unhappy, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed. If you make up your mind he should have analysis with me!! I don't expect you will!! He has to come over to Vienna. I have no intention of leaving here. However, don't neglect to give me your answer.

Sincerely yours with kind wishes,

Freud

P.S. I did not find it difficult to read your handwriting. Hope you will not find my writing and my English a harder task.

[*The Life and Work of Sigmund Freud (Last Years in Vienna)*, Ernest Jones, Basic Books, Inc., New York, 1957, Vol. III, pp. 195-196.]

64. Freud makes an early reference in his "Three Contributions to the Theory of Sex" in which there is offered the hypothesis that the development of female sexuality contains important variations from that of the male in that the center of interest must shift in the pattern from the clitoris to the vagina - the clitoris and the penis having similar likeness, the vagina being the typically female organ. Further light is shed from later writings on the "castration complex" and "penis envy" in women, and the possibility of problems arising in the female as a result of physiological differences receives attention. In brief, the psychic development of woman must undergo an adjustment similar to that in the physiological realm if she is to attain adulthood.

[*Personal Psychopathology - Early Formulations*, Harry Stack Sullivan, M.D., (*Notes on Female Sexuality*, Dr. Clara Thompson), W. W. Norton & Company, Inc., New York, 1965, 1972, pp. 262-263.]

65. On September 24, 2009 at 2:42pm, [name deleted] wrote:

Dear Michael,

I'm embarrassed to tell you I still haven't read your book but I want to and I will. I am trying to figure out what I can do to help my son. My other son and I have tried to get a Power of Attorney to have [name deleted]

committed for evaluation but [name deleted] has refused our help and accuses us of all kinds of things.

You previously suggested that I write a book documenting all these crazy e-mail letters I receive from him. I have saved them all but don't begin to know how to make sense out of it. Yesterday I received another rambling letter with all kinds of stories that he must believe are true but they aren't. He didn't send the letter to me but to many other people and one of them forwarded it to me. I'd like to forward what he wrote because I'm hoping you can suggest what I should do about it. We (the family) fear him and don't really know what he's capable of. He goes to doctors and counselors but he tells them he's transgender and that is causing all these problems. The truth of the matter is that he's schizophrenic. He takes all kinds of medicine including hormones and other things for women.

There is just too much to say and maybe you don't want to even respond which is understandable. I'll forward what he wrote just in case.

Thanks again and best wishes,

[name deleted for privacy reasons]

66. Sent: Wednesday, September 23, 2009 10:00 AM

Subject: Recent Catastrophic Events

The Lamotrigine incident :

I need to briefly cover an attempted poisoning of myself - MTF - which has apparently perpetrated by my entire family! - I will try to cover ONLY the facts I know - not speculate , accuse , or disclose more information than allowed in a police investigation .

I can remember things in bits and pieces right now , so I will send along what I can best sort out.

I had reported to my DV councilor that my mother had been flagging - she was spreading rumors regarding myself , and stalking me . After a month of avoidance , she visited me on a Saturday and kept me all day shopping , no purchases , the following Sunday , she took me to breakfast . When I went to 'do' my pills (I use a four time weekly planner) , I found that the Lamotrigine had unusual (white) mixed in it (pink) . I used the pink pills I'm used to ; uncertain why . My mother came back the following Tuesday , on account of my birthday , She intended to leave Saturday (she did) ; on a trip to [deleted] to visit my sister . the next morning at AM meds ; I was shocked to find my meds had been tampered with . She has been the only person to visit , except for [deleted] rents man , repo ing my computer (that comes later) . I carefully removed ALL of the pills from my planner , did a med count (sort) and found five pills that appeared to be the weird white ones I had found in the lamotrigine . So, I had removed all the apparently out of place / unknown pills in a diabetic test strip bottle . I soon found that my

entire bottle of lamotrigine had gone missing - wednesday morning . I had a lot on my mind , and the tampered pills had remained on my table since then. Thus , I ran out of Lamotrigine last friday . I had to sell my vaccum cleaner to get a replacement bottle (long story there) . I had only missed one dose on friday morning Also , my student aid was due aug 17th - it did not come in . I worked with fin aid counselling six times , and visited the website every day (yes , it was a hellish trial) ; when if finally did arrive , it was only half . the other half comes oct 23 rd . I owed 4000 to [deleted] college where I am taking social work for transfer U of [deleted], and I took out of state tuition this semester . My balance due was lowered to 1200 .. I took Wednesday , thursday , and friday off last week to deal with every means available with this . no luck . no hope

AND I purchasded a nice computer at [deleted] earier this siummer . i went in to make my sept payment , sept 3rd , and the clerk charged of 92 dollars off my direct debit card . Direct deposit debit is owned and controlled by SSA . I was surprised to find the 92 had been debited , but [deleted] insisted they had not been paid . I finally (after an unendurable mass hysteria) ; las thusday they came and took it , after 2 weeks late (didn't get 30 days) and appealing to the nanager . thus , friday of last week again , anyone counting stress points ? i called the police and called the DD card to CANCEL a compromised account . Surprisingly , I got through to a human operator (I never did before ,) and we pulled the charge (dispute / still pending . The clerk had sent the 92 dollars intended as payment , swiped at the store , his id number , to a girlfriend in [deleted] . They are both friends of my sister , and where mom is visiting right now . an arrest was made ??? at [deleted] . I had complained to my dv councillor and others about the tampering , and my moms escalations . somehow , there was a search , after numerous other complaints (not listed) that she had (I was told this , she had been questioned and released) and then flew to [deleted] .

My brother and his wife , who evicted me a year and a half ago , who i have not spoken to since , sent me a card - There is a gaggle of monks , it reads, "The silent monks of the Carthusian monastery would like to wish you a happy birthday." I have not been able to verify but was told they exclusively do funerary services . (dark humor ?) and a friend hd mentioned poison control .

I called poison control concerning the strange white pills , the operator told me to tender it to the police . Went to [deleted] and [deleted] [deleted] police station , spoke to d a desk operator . did a report for an hour . I identified four kinds - i knew - and there were 3 left . Poison control identified two more , but the last , eight stange white pills , carfully removed from moms missing lamo-trigine to visit my sister who knows the guy who took my money and my tv ...hence the poison control operator asked her make sure / she told the officer to remove her gloves to handle them . they were taken in

as evidence when the fbi ; having linked mom and the fraud , they answered the post , and i was completed my report . then , the officer went to scrub her hands , i had told her to , and there was a yell after i stepped out of a different restroom , they said she had fainted , that there were unusual foam/reaction when soap was applied . horrified i bgan to panic and was helped out of the police staitiomn . i am very concerned about her unborn child ! I do not know thier status ; i have not heard back as phone and internet are down for now .. today is my [middleaged] birthday. I have not confirmed verified that the pills , otherwise unkown , not manufactured , legal here , are known and controlled by DOD . My fathers name and 20 year vet were the last questions i asked.

I ambled down [deleted] for a while , till i found some cigarillos and a burger king ... went to the library , and went down the line to walmart where i bought burger patties and buns for my party , saturday ...

i am taking to day off to break again , and sent this along from the school as a scream for help . i have been having flashbacks and strange memory intrisions like i think schizophrenia might be like . slept two hours last night , loved my kitty Natache' and took a long hot bubble bath . I apklogise for the state of this email - i dare mot use spell check for these systems crasjh to much i must send now time limit fear of lost data

[The above letter is from a middle-aged man suffering from paranoid schizophrenia - the "bearded lady" disease.]

67. On September 28, 2009 at 10:07 pm, [deleted] wrote:

Michael,

I would like to have access to your website. Please tell me where to find it.

You would probably be interested in one of the emails [name deleted] sent me where he says he started having menstrual periods and had blood in his "panties". I about died when I read that one! BTW, he told me he has only had sex three times and always with the same woman. I know the woman and she said they never had sex. It's all so confusing and so far you are the only person I've "talked" to in all these years who understands what it's all about.

I'm planning to put all the email letters on a disk so they are never lost. Then maybe I can try to assemble it somehow. Many of the things he told me and I have no written proof of it but trust me, it's bizarre!

I wish I could meet you.

[Name deleted for privacy reasons - Please also refer to Impressions 65 and 66.]

68. i really am a double XX transvestite. i have known all my life , it had not meant much until 98 when i was tested in a biology class. i since then have studied psychology , social work , and womens studies. i minored in womens studies. i know all about it. a traditional treatment of painful surgeries , about a half million in cost , and 3 to 5 years of being a true fruit... for what ... good sex. gene therapy is different. XX transvestisism is generally thought to be the product of a fetus being exposed to testosterone in the first trimester , but not always. the testosterone damages genes so the fetus develops male . there are often cases like myself of XX transvestites leading normal lives , or married with children , or like myself , not blossom at all until midlife. Now , i am a woman and i want to know love and life as a woman. i admit , i am attracted to women so you may as well know at this point i am not a gay man, not really even a repressed one. i am actually a lesbian.

i am absolutely certain. FACT : i did not dream or fantasize about men , penetration , and affectations toward men until after i took the drug last may. at this point it may not be fair to say i am a lesbian , as i am moving toward Bisexual Woman. I want to experience love as a woman with men or women. At mental health they say that as long as i am taking my medicine , i am fine. That i should persue other interests as funding at mental health is for crisis people - medical emergencies. folks at mental health and school support my choice. it is not insanity. i am not a sodomite. i am actually going through severely stressful changes - for certain. as far as esh is concerned , i have evry right and reason to be hopping about on the rooftop ...and they are just fine with me.

[An email to his mother from a paranoid schizophrenic man afflicted with severe bisexual conflict and gender confusion. Please refer also to Impression 65, 66, and 67.]

69. It looks like I've survived 3 murder attempts last week. Looks like I have lost every friend or family (atomic) I may have ever had . My TV / Computer now would seem to be stolen : They took 92 dollars out of my account , credited it to friends of thiers , repod it two weeks later , and are now billing me for two months - what's more , one of the employees there who was fired the first time was stalking me last friday . Had my birthday party Saturday , only a few neighbors showed up . [Name deleted] is having a show tomorrow: new material ; I'm praying my debit card gets credited back by then ...

And , a moment of silence for the police officers KIA' during all this . One was poisoned , by touching cyanide pills mom likely gave me ; another , blown up when bomb [name deleted] (my bro) likeley sent blew in XRAY machine , and at least one gunned down near a psych cult in N.A. ; while rescuing a child from parents who were " Beating the Devil you put in her ,

out of her " She has been treated for arsenic poisoning . And especially sorrow and prayer for the desk leutenants unborn child , also murdered by poisoning . Sickening...

School is coming along surprisingly well , I get paid friday , again 3 weeks later , I will get by good things are coming in - they always do , this time of year : stocks looking to cross 10,000 this week .

Worse for wear and tear but u should see the other guy; [female name]

[Posted on 9/28/09 by a middle-aged, paranoid schizophrenic man who has been driven mad by his severe bisexual conflict and gender confusion, and is now convinced he is a woman. Please also see Impressions 65 - 68.]

70. Also , [name deleted], you must be just about ready to need a doctor too , as since i went to your gouse in my nice black dress you have just never been the same . you have lost it - you just cnot accept me as i truly am . i really am a transexual , who has otherwise been s asaint , whou began to change without having done anything other than what i was told . i have an incurabe medical condtion which despite all objection will leave me either totally gay or a woman . i choose woman . because my pituitar no longer prodices androgen , because i have always been XX and it has alwas been a CLOSET THING - know what ? I cannot hide it anymore because my body is changing back to female all by itself . it happens to some XX ;'s at middle age ... triggered by medicine i took for mantal illness again ...incurabl and irreversible . testosterone makes me very very sick . it is all that has ever really been wrong with me . i have been poisoned by ny own twesticles every time i get exited , upset , or aroused ... i get sick ... i cant take testosterone nbecause i can prove even a tiny dose effects me like BAD METH ! i have to take hormones the rest of my life , just like diabetes and insulin EXEP that the INSULIN for my PITITARY is called :ESTRINOL" . which willmake my tits grow. i am going to be turned into a cow . it feels so good ! i like being a cow ... how now ? You have until this afternoon to settle or i go to an attorney monday.

[Written to an acquaintance by a middle-aged man suffering from paranoid schizophrenia - the "bearded lady" disease. Please also refer to Impressions 65-69.]

71. These observations illuminate one meaning of the futility of the dependence-independence struggle of the schizophrenic [male or female]. It is his belief, based upon his observations, that if he should improve and become well in the normal sense, his mother would become psychotic. He is aware that, so long as he stays in the hospital and is treated as an infant, mother is somehow secure in that he does not belong to someone else or

really get away from her. Were he to become fantastically well, as required in fantasies and expectations, he is aware he would actually be a paranoid psychotic himself. It seems that these patients prefer to carry the illness, which, as they see it, legitimately emanates from, and, were they to drop it, would return to their mothers.

There is much more which could be learned about the mothers of schizophrenic patients, and it is good to note that currently a great deal more attention is being paid them than has heretofore been granted. It has been assumed that they were practically inaccessible to treatment - first, because they would not recognize that they were sick, and, second, because they defended themselves against this recognition in order not to suspect that the child's illness had something to do with his experience of them.

However, I have known of a few mothers of very sick schizophrenic patients who have, for some reason, submitted themselves to prolonged, intensive psychotherapy.

They have in the course of that therapy eventually become able to consider their own psychotic potentialities and, as it were, to lift the burden of carrying these from their children. In these instances patients who otherwise could not have been expected to improve made striking improvement and workable extra hospital adjustments. It does not seem likely that any large number of the mothers of schizophrenics will do this.

[Psychotherapeutic Intervention in Schizophrenia, Lewis B. Hill, M.D., The University of Chicago Press (Chicago and London), 1955, 1973, pp. 127-128.]

72.

A. 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, photographer (and homosexual), reflecting on a visit to a reunion of his mother's relatives, in the biography "Walker Evans," by James R. Mellow.]

B. An auto-erotically motivated bisexuality might then be said to be universal among the young of these several species and certainly, as by Stekel, to characterize civilized man.

[Harry Stack Sullivan, M.D., "Personal Psychopathology," W. W. Norton & Company, Inc., New York, 1972, 1965, p. 235.]

C. 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.

[Harold F. Searles, M.D., "Collected Papers on Schizophrenia and Related Subjects," International Universities Press, New York, 1965, p. 435.]

D. It may be that he [or she] prehends the hostility of the woman [or man] and finds himself [herself] utterly impotent.

[Harry Stack Sullivan, M.D., "Personal Psychopathology," W. W. Norton & Company, Inc. New York, 1972, 1965, p. 192.]

E. 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 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, p. 121.]

F. 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.

[Edward J. Kempf, M.D., "Bisexual Factors in Curable Schizophrenia," (presented at the annual meeting of the American Psychiatric Association, May 18, 1948), *Journal of Abnormal and Social Psychology*, Vol. 44, 1949.]

73.

A. 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 off by some collateral procedure such as frequent masturbation or more or less definitely auto-sexual 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, 1972, 1965, p. 212.]

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 pretensions of other women. This handicap is perhaps 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., *Ibid.*, p. 169.]

C. Sexual asceticism was the greatest good, and both organized and informal opportunities for its achievement were provided. Once one had turned from the lure of the flesh, one could live quietly in a considerable measure of sanctified intimacy with a group of kindred souls. Or one could take to a dignified paranoid state and go about a slow "psychical castration." If schizophrenic phenomena appeared, this did not necessarily disable one: quite a few opportunities for utilizing this eccentricity were provided in the business of evangelism. Moreover, one might, if needs be, found an eccentric religion and often secure the necessary disciples.

D. in them [schizophrenics] the early childhood tie to the parent has never been outgrown.

[Harry Stack Sullivan, M.D., *Personal Psychopathology*, *Ibid.*, p. 262.]

E. 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 experience is somewhat less ominous than is the case in its absence is

not only theoretically to be expected, but actually the case in the paranoid developments.

[Harry Stack Sullivan, M.D., *Ibid.*, p. 214.]

F. 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 his 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.

[Likewise in the case of a daughter/jmm]

[Harry Stack Sullivan, M.D., *Ibid.*, p. 199.]

G. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male [or female/jmm] are intimately related as a sequel to unfortunate prolongation of the attachment of the son [or daughter/jmm] and the mother. That schizophrenic disorders are but one of the possible outcomes of the persisting immature attitudes subtending the mother and son [or daughter/jmm] 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. [See further, *New Quotation/Comment 757 - this website/JMM.*]

[Harry Stack Sullivan, M.D., *Ibid.*, p. 211.]

74.

A. 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 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 obsessive or psychopathic tendencies.

[Lewis B. Hill, M.D., *Psychotherapeutic Intervention in Schizophrenia*, University of Chicago Press, Chicago, 1955, pp. 134-135.]

B. 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 Company, St. Louis, MO, 1920.]

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 a son - his own manhood and independence/jmm]

[Edward J. Kempf, M.D., *Psychopathology*, C. V. Mosby Company, St. Louis, 1920.]

D. 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 [male or female/jmm] 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.

[Lewis B. Hill, M.D., *Psychotherapeutic Intervention in Schizophrenia*, University of Chicago Press, 1955, pp. 106-107.]

E. Sexual identity guarantees our psychic unity.

[Julia Kristeva, Psychoanalyst]

F. I had to pay heavily for this bit of good luck. People did not want to believe my facts and thought my theories unsavory. Resistance was unrelenting.

[Sigmund Freud]

75.

A. We should be inclined to say that what was characteristically paranoiac about the illness was the fact that the patient, as a means of warding off a homosexual wishful phantasy, reacted precisely with delusions of persecution of this kind.

These considerations therefore lend and 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]. This was certainly not what we had expected. Paranoia is precisely a disorder in which a sexual etiology 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, 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.

[*Notes on a Case of Paranoia*, in *The Complete Psychological Works of Sigmund Freud*, Volume XII (1911-1913), London, The Hogarth Press and the Institute of Psycho-Analysis, 1958, pp. 59-60.]

B. 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.

[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. 149.]

C. And if tormented and in anguish man is mute, God granted me to tell me of what I suffer.

[Johann Wolfgang von Goethe, 1749-1832: The above words from a poem by Goethe were used by Dr. jur. Daniel Paul Schreber as the epigraph for his *Memoirs of My Nervous Illness*.]

76. Hello Michael,

I do find your work fascinating as my boyfriend is suffering 'bearded lady disease' self diagnosed by (me) after reading your online book.

had a 6yr gay relationship until earlier this year when he ended the relationship so he could lead a Charlie Sheen 2 1/2 men lifestyle. Basically, he wanted to sleep with lots of women.

7 months later, and he has not slept with any women, but he has had gay sex with me and did like to talk about the sex he would like to have with females. 2 weeks ago he jumped in front of a train (attempted suicide) he is still alive but lost his right wrist. He still loves me and wants to be with me, yet still has sexual desires' for women. I have mentioned your book and may even give him a copy, although he did say he needs sexual counseling. One step forward I guess. Can you tell me if you have organized therapy training anywhere in Australia, preferably Melbourne?

Regards [name deleted for privacy reasons]

77. The division of mental diseases into neuroses and psychoses has resulted in new names such as ambulatory or latent schizophrenia, or prepsychosis for the multitude of patients who appear to fall between the two stools.

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, trans-vestitism, psychopathy, etc.

[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. 15.]

78. Without going further into all the details of the course of his [Daniel Paul Schreber's] 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 the 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 to even 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.

[Dr. G. Weber, Superintendent of the Sonnenstein Asylum, in *Memoirs of My Nervous Illness*, by Dr. jur. Daniel Paul Schreber, 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. 271-272.]

79. On other occasions, the therapist experiences a resolution of the symbiosis, or at least a step in this resolution process, not in this quiet and subjectively inscrutable way, but rather with a sudden sense of OUTRAGE. The very word OUTrage is significant, and the feeling it designates is qualitatively different from annoyance, anger, or even rage. He feels outrage at this or that chronic regressive symptom in the patient, or outrage at the latter's whole regressive symptomatology, and always outrage at the unreasonableness of the demands which the patient has been making upon him these many months or years. He sees the enormity of these demands which the patient has been placing, through his illness, upon him and other persons, and sees clearly the folly of acquiescing further in these regressive demands. He is suddenly and vigorously determined to give no more of his long-time dedication, now seen as misplaced dedication, to the gratification of these demands, which he formerly saw as infant needs which it would be unthinkable to brush aside.

The therapist sees now, by the same token, the full interpersonal offensiveness of the patient's defense mechanisms, whereas he possessed heretofore a high degree of tolerance for such offensiveness in his patient and maintained a devoted effort to see and emphasize with the anxiety, the hurt, the loneliness, and so on, against which the patient has been unconsciously protecting himself through the use of these defense mechanisms. In my work, for example, one paranoid schizophrenic man who chronically manifested intense scorn and sarcasm in his dealings with other persons including myself, for nearly two years I had experienced increasing forbearance towards and sympathy with him as I saw more and more clearly the feelings of hurt, disappointment, and so on which the scorn and sarcasm was serving to maintain under repression. But then with the advent of the resolution-of-symbiosis phase, it forcibly dawned upon me how genuinely obnoxious to me as well as to others he was being with his scorn and sarcasm, the defensive function of these notwithstanding.

In other words, one now holds the patient highly responsible for his symptoms. One now leaves in his hands the choice as to whether he wants to spend the remainder of his life in a mental hospital, or whether he wants, instead, to become well. In every instance that I can recall from my own experience, I have found occasion to express this newly won attitude to the patient himself, emphasizing that it is all the same to me. These are no mere words, but the expression of a deep and genuine feeling orientation. One cares not, now, how callous this may sound, nor even whether the patient will respond to it with suicide or incurable psychotic disintegration, and one feels and says this while casting one's own professional status, too, into the gamble, not to mention the potential feelings of lasting remorse to which one might be subject in case one's communication had such an irremediably destructive effect upon the patient. Thus, in effect, one braves the threat of destruction both to the patient and to oneself in taking it into one's hands to declare one's individuality, come what may.[...]

Part of this new attitude on the therapist's part is a readiness to let the patient 'stew in his own juice' in contrast to his often having found himself, previously, vicariously expressing the patient's feelings in the symbiosis which then obtained. Likewise, he feels a new freedom to express his own individual thoughts and feelings to the patient as an individual - or, at any rate, as one whose nascent individuality is increasingly in evidence - without being hampered by concerns as to whether he is being inconsistent towards him or is treating the latter unfairly in comparison with his other patients - a not unimportant aspect of the work when one has two or three patients on the same ward.

[Harold F. Searles, M.D., *Collected Papers on Schizophrenia and Related Subjects*, International Universities Press, New York, 1965, pp. 544-546.]

80. (First email)

To: (Omitted for privacy purposes)

Sent: Tue, Feb 9, 2010 7:27 pm

Subject: Schizophrenia

Hey, I've been half-heartedly researching schizophrenia for about 3 hours, I just read your memoirs and it all sounds so similar to how my boyfriend described it. He was diagnosed with it a few days ago, he also suffers from paranoia and OCD but they aren't very strong cases. I'm scared..... I hate saying that because I'm a pretty strong person, but I am scared, scared of what he might do, scared of losing him. Not breaking up with him, although I obviously don't really want that to happen, but I'm scared that he might kill himself or the schizophrenia will drive him to do something awful. He's tried to kill himself quite a few times before we got together, he hurts himself occasionally... We live far apart and he gets depression and he says he can't help hurting himself which I guess I understand now he's been diagnosed with schizophrenia. I don't know why I'm writing this to you, but I'm not sure who else to tell. I'm fourteen... And I don't know what to do. I'm sorry if I've wasted your time.

Yours Faithfully,

[name deleted for privacy reasons]

(This email was sent to the author of the link on this website: [A Personal Account of a Journey Through Madness.](#))

(second email)

To: (Omitted for privacy purposes)

Sent: Mon, Feb 22, 2010 4:21 pm

Subject: RE: Schizophrenia

Hello,

He is doing well, he has it under control most of the time. I mentioned he also has OCD and paranoia, these affect his schizophrenia sometimes. His OCD makes him click his fingers and he has a thing about the number 10, for example he has to take steps 10 at a time and stop on an exact multiple of 10. If he doesn't do this it sometimes leads to paranoia, where he thinks people are following him or someone is going to break into his house and come and take him away, or his schizophrenia begins. He says it helps when he has fits of schizophrenia if we just talk or hug or something like that as a distraction. The thing I worry about most is him hurting himself, he has done

a few times on purpose out of depression, this was before we met but since then he hasn't, but schizophrenia often makes you do things that you can't help doing, i think? He is the same age as me, 14. He will be 15 at the beginning of March.

Thank you for the reply

Yours,

[name deleted for privacy reasons]

(This email was sent to the author of the link on this website: A Personal Account of a Journey Through Madness.)

81. Another child wished so intensely to be a boy that for periods of time she delusionally believed she was one. She also resented her brother's luck in belonging to the envied sex. So she went about correcting it; whenever she encountered the words *boy* or *man* in her reading, she read *girl* and *lady*; if the printed page read *girl* or *woman*, she read it *boy* or *man*. Similarly, she read all *he's* for *she's* and the other way around.

[*SURVIVING — and Other Essays*, by Bruno Bettelheim, Alfred A. Knopf, New York, 1979, p. 159.]

82. It has long been known and often pointed out that at the age of puberty boys and girls show clear signs, even in normal cases, of the existence of an affection for people of their own sex. A romantic and sentimental friendship with one of her school friends, accompanied by vows, kisses, promises of eternal correspondence, and all the sensibility of jealousy, is the common precursor of a girl's first serious passion for a man. Thenceforward, in favorable circumstances, the homosexual current of feeling often runs completely dry. But if a girl is not happy in her love for a man, the current is often set flowing again by the libido in later years and is increased up to a greater or lesser degree of intensity. 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 germ of perversion, we shall expect to find in these latter too a fairly strong homosexual disposition. 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. [likewise in men and boys - jmm]

[Sigmund Freud, Vol. VII, *The Complete Psychological Works of Sigmund Freud (A Case of Hysteria)*, The Hogarth Press, London, 1953, p. 60.]

83. Subject: Re: CONFLICT AND "SEXUAL" IDENTITY CAUSING SCHIZOPHRENIA?

On April 20, 2010 at 5:27pm -0700, you wrote:

Well...I'll tell you what? Being as I AM A Schizophrenic? I think I would know in a way more personal way than you..And I do NOT suffer from some deep seated perverted homosexual desires..

"What joy for the nation whose God is the Lord, whose people he has chosen as his inheritance."(—Psalm 33:12—)

Subject: Re: cONFLICT AND "SEXUAL" IDENTIY CAUSING SCHIZOPHRENIA??

On April 19, 2010 at 6:04pm -0700, you wrote:

YOU ARE OUT OF YOUR COTTON-PICKING MIND!!!

"Therefore, put on every piece of God's armor so you will be able to resist the enemy in the time of evil. Then after the battle you will still be standing firm". (Ephesians 6:13)

[Note: The name of the woman who wrote the above two emails has been deleted for privacy reasons.]

84. The notion of the Oedipus complex is therefore not at all difficult to maintain if one works with this type of material. As another manifestation of that, one finds more open revolt against the certainly prescribed role in life — that is, the sexual role — in the hysteric than in any other group. In other words, the hysteric woman can be a man in a homosexual relation with an abandon which is scarcely conceivable in any other type of human organization, and the hysterically predisposed man can act the woman with incomparable thoroughness and lack of cynicism.

[*Clinical Studies in Psychiatry*, by Harry Stack Sullivan, M.D., Edited by Helen Swick Perry, Mary Ladd Gawel, and Martha Gibbon, with a Foreword by Dexter M. Bullard, M.D., W. W. Norton & Company. Inc. New York, 1973, pp. 115-116.]

85. Exhaustion was the toughest enemy of all in this struggle of epic marches. Prussia's best commander, the elderly [Field Marshal Gebhart von] Blücher,

was under such strain that at one point he started hallucinating about [his] giving birth to an elephant. But the imperial military machine could cope even with this, and with victory in the air Blücher himself recovered sufficiently to be carried on toward Paris in full view of his troops, wearing a lady's green silk hat to shade his eyes.

[Mark Mazower, *New York Times Book Review*, June 20, 2010, p. 17, in a review of the book: "Russia Against Napoleon - The True Story of the Campaigns of War and Peace." By Dominic Lieven. Illustrated. 618 pp. Viking.]

86. I am currently seeking psychiatric help for a borderline/narcissistic type issue. Although I am not yet diagnosed I am beginning to believe that sexual/gender identity issues may play a huge role in my narcissistic detachment from the world and my emotional dysregulation. I have not yet had any full-blown psychotic episodes but have experienced stress-related micro-episodes of detachment from reality. I currently live a schizoid and/or avoidant style life and recognise myself as incredibly emotionally stunted and immature underneath my mask of relative normality.

I consciously identify as heterosexual but have found issues and writing regarding sexual/gender identity issues to be almost compulsive interest and feel that they resonate with me. Has the possibility of a link between narcissism and these issues been considered?

Amongst the writings that are compiled on your website I keep seeing things such as:

"*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.*"

*Is this to say that the child has literally NO choice between homosexuality and psychosis? Despite feeling that the writing on your website resonates with me and that I feel it may well be a large factor in my own issues, I am still sexually attracted to women. Despite also being aware of repressed homosexual tendencies.

I remember reading elsewhere on the website something along the lines of "homosexuality being between narcissism and heterosexuality" - forgive me if I've misquoted; and that after accepting the repressed homosexual psychic content the person may choose to be homosexual or to emotionally mature into heterosexuality. Is it possible that this could be elaborated on?

Thank you.

Anonymous

87. I thought you said you would have been home by now . I know you would know to use email ; my phone is out of minutes so it is of no use until it is recharged . I by no means have been having a good time ; especially the 17 days i spent in the psych ward - with an obstructed uterus . the emergency room doc smoked an invisible cigarette and just dropped it out of his mouth when i insisted on going to obgyn . took a week up at [deleted] to convince them to do the blood work . i finally did get my 'drainage' - as i menstruated with no hole , it built up , and i could have died , however, i was raped the night after being released . he perforated me and i bled for about a week. when i went to tmc about that , they sewed up the hole in my butt so when i menses it comes out my ass so how have you been ?

[A communication to his mother from a paranoid schizophrenic, transgendered male.]

88. I made a test today. I went downstairs at 6:10 to prepare breakfast and heard no bang. Someone forgot to get up.

I found under my carpet in my room sand. I found it before too some months ago. I was shaking the carpet outside and vacuuming [sic] and cleaning the floor in my room. I found sand also in 3 different rooms when I was shaking carpets. I keep thinking about all those things. It is hard to think about something else.

I found today a blouse where a belt to it was put in a different way that I put it two days ago. I tie the belt in front. It was put in such a way to tie it backwards. can't go on living like this. My parents abuse me. They want me to have memory problems and drive me crazy. Please help me. I am in big depression.

I noticed today some stains on my jacket. I had it on for the last three days. I don't know if this is because of this or if my parents stained it.

I keep on losing lots of hair every day.

I feel very lonely and tired because of the things at home. I am dreaming to move out and feel safe about my clothes and the food I eat.

When I was coming back home today from the course I saw a man who looked like you, had more gray hair than you I do [sic]. I thought that it must be you, that you came here to see me. The man was dressed in high fashion with taste. He was attractive for his age and girls would be crazy after him.

Today I found a stone on the second floor balcony. I found it a few weeks ago. So what do you have to say about that? The theory that someone threw it isn't good any more.

Today I found that my new white shoes which I have had for two weeks are badly damaged. There is a long black line on the stripe. It is hardly possible that I damaged them like that out of simply walking in them. My father damaged it. I am 100% sure. Will this ever end?

I can smell very often in my room the paint from the bookcase I painted a year ago. How is that possible? I have no doubt my parents come to my room and paint it with paint I left last year. This is true my parents want to drive me crazy.

I am beginning to lose hope if I will ever move out of the house and have a peaceful mind that no one bangs, stains my clothes or paints over my bookcase.

In the room which is next to mine which I painted last year (well) I do a good job, I noticed today that in many places there is almost no paint. It looks like the paint has been wiped big parts of it. I don't have delusions and paranoia. I am 100% that my parents did that. The paint didn't fall off the wall after one year. I am sure that my parents want to drive me crazy or make me feel bad. They don't appreciate my work and want to ruin that. I saw that also outside the house on the wall which I painted there is almost no paint (rain could do that, but I doubt it) I don't have persecutory feelings. I can take photos for you if you wish. Please do something for me I am totally drained I can't read or concentrate on looking for a job. I often have crying attacks.

Do you remember how I told you that of my neighbors a few years were stalking for a few months me by driving next to my house making a huge noise with the tires of their car they started again. I am driven to insanity by this. The problems with my emotionally crazy parents are the same. Hurt technique is a daily bread.

I saw today that the paint on the ceiling of the hall is wiped out. I painted it last year I have no delusions. My crazy father did that. I am going to finally burst out today and tell him about that... I am getting bald. Will you finally help me?

Today my mother told me that I am beset by a satan and also she made me feel a sense of guilt that I threw away shoes which I wore 5 years ago. It makes me feel bad. I have no one in my family to talk with. Hurt technique is something dear to them. I hate myself.

I still smell the paint from the bookcase. My father paints it no doubt about it. He is still a tyrant for my mother who then tyrannizes me. I don't want to be pulled into such bullying.

I didn't want to stalk you with the calls. I felt so bad when I saw the window damaged in three new places (the hinges and the plastic removed in two places I could see in place under the frame of the window that is very damaged) I had to call you yesterday. My parents drove me to a nervous breakdown twice and they aren't going to do it for the third time. I told my mother about it and the paint removed from the wall and she said I am ill and have a problem. Will I ever have a normal life? have big emotional scars and I feel that I will ruin any relationship or friendship.

[The above is a small sampling of many similar persecutory-type communications from a 37-year-old single female who lives at home with her parents. She constantly accuses them of intentionally damaging her clothing and other items in her room, of making unnecessary noises day and night, and of other imagined transgressions, all solely for the purpose of aggravating her and driving her crazy. (She refuses to take any drugs prescribed by her psychiatrist.) Her parents have told her that she is afflicted with paranoid schizophrenia, and they sporadically threaten to call an ambulance and have her taken to a psychiatric hospital. They have never yet followed through on these threats, however. The mother is very "protective" of her. (She is the classic CBI mother — Close/Binding/Intimate.) She occasionally addresses her daughter by her husband's first name.]

89. We have to think of different options that can take a hearty, meaty, great contact sport but minimize the risk to young people. He loved to hit people... He loved to go into practice and hit really hard. He loved to intimidate. It's kind of sad. We all love football. We all love watching. We all love these great hits. It gives me some peace in my heart to think this is a missing piece of a jigsaw puzzle. [Her son's incipient brain tissue injury (C.T.E.) from football-related head trauma.]

[The Reverend Kathy Brearley, wife of Reverend Tom Thomas, parents of University of Pennsylvania football player Owen Thomas, who suicided by hanging in April, 2010. (Story by Alan Schwarz, *The New York Times*, September 14, 2010, pp. A1-B12.)]

90. 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 honour, 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 unmanning, 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. Nothing of course could be envisaged as a further consequence of unmanning but fertilization by divine rays for the purpose of creating new human beings.

[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.]

91. I went to Mental Health at 10:00 am to have an update with my case manager. I needed to take my Estradiol shot last night, but I had been out late; so I waited until this morning. I brought my needle and medicine to the clinic with me; I asked to see a nurse.

They panicked - I had been listed (blacklisted?) as a gay male w/ psych problems, despite all objections... Psych nurses quietly exited the building as the silent alarm went off. I felt very nervous as they called emergency services! I took the needle and med and held them in my hands; I looked at them, as I am comforted by what they represent. Clients were escorted quietly outside. After I waited for the 'no nurse response' (I tend to needle freak - as I've been conditioned against shots; I shake, make mistakes, and sometimes draw blood.)

I went into the Ladies Restroom and took it on the floor of the stall, camera and all, like a junkie. Relief came instantly as I cleaned myself up. I become mildly orgasmic after my estro shot. I also shook delightedly as I have been out of Ativan for over a week, no refill.

My case manager came out and I saw her; she gave me two scripts, one for my mood swings, with which I am current, and surprised me with more Ativan, without my having asked. I thanked her gratuitously; I returned home. I am on my way to the pharmacy to pick up my meds. Tonight I hope to relax and take it easy at last. The Mental Health Clinic has FINALLY acknowledged me as a Woman!

[NOTE: This person has not yet undergone transgender surgery/-JMM.]

92. A. Baltimore (AP) — A man who became distraught as he was being briefed on his mother's condition by a surgeon at Johns Hopkins Hospital here pulled

a gun and shot the doctor on Thursday, then killed his mother and himself in her room at the medical center, the police said.

The doctor, who was wounded in the abdomen, was expected to survive. He was identified by colleagues as Dr. David B. Cohen, an orthopedic surgeon.

The gunman, Paul W. Pardus, 50, had been listening to the surgeon around midday when he "became emotionally distraught and reacted __ and was overwhelmed by the news of his mother's condition," Commissioner Frederick H. Bealefeld III of the Baltimore police said.

Mr. Pardus pulled a semi-automatic gun from his waistband and shot the doctor once, the commissioner said. He then holed up in the room in a standoff of more than two hours that led the authorities to

lock down a small section of the building while allowing the rest of the sprawling medical complex to remain open.

["Doctor Wounded in Hospital Shooting," *The New York Times*, September 17, 2010.]

B. From my material, in which negative instances are conspicuously absent, I am forced to the conclusion that schizophrenic illnesses in the male [and in the female/JMM] are intimately related as a sequent to unfortunate prolongation of the attachment of the son [or daughter/JMM] and the mother. That schizophrenic disorders are but one of the possible outcomes of persisting immature attitudes subtending the mother and son [or daughter/JMM] 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 auto-erotic procedures, on the other.

[*Personal Psychopathology/Early Formulations*, by Harry Stack Sullivan, M.D., W.W. Norton & Company, Inc., New York (copyright 1972, 1965, by the William Alanson White Psychiatric Foundation, First Edition), p. 211.]

93. SEOUL, South Korea — An evangelical activist from Arizona, imprisoned by North Korea last year after he illegally entered the country on Christmas Day, appeared Wednesday on South Korean television and spoke for the first time about his treatment by his captors.

The activist, Robert Park, 29, a Korean-American who was released in February after 43 days of detention, gave a harrowing account of his imprisonment, which he said included beatings, torture and sexual abuse.

'The scars and wounds of the things that happened to me in North Korea are too intense,' Mr. Park said in an interview with the South Korean broadcaster KBS. 'As a result of what happened to me in North Korea, I've thrown away any kind of personal desire. I will never, you know, be able to have a marriage or any kind of relationship.'

Mr. Park said he attempted suicide soon after he returned to the United States. He told the magazine *Christianity Today* that he had been 'in and out' of psychiatric hospitals for treatment of posttraumatic stress disorder [i.e., paranoid schizophrenia/JMM]. He had crossed into North Korea over the frozen Tumen River, which forms the border with China. He carried only a Bible and some letters urging North Korean leader Kim Jong Il, to close prison labor camps in the North, free all its prisoners and resign.

Analysts in Seoul said such personal affronts to Mr. Kim were forbidden in the North and typically drew long prison terms or death sentences. But Mr. Park told friends in Seoul before he left that he would die with political prisoners if Mr. Kim refused to free them. [Continued.]

["Activist Tells of Torture in North Korea Prison," by Mark McDonald, *The New York Times*, October 28, 2010, p. A8.]

94. Hell N Tie

I have undertaken the greatest BSG experience ever - speaking for myself. I ran a hot tub of bathwater with my usual bubble bath (chamomile / vanilla; as usual ; added a half cup of Sea Salt and a cup and a half of Epsom Salt with menthol eucaliptus . I also added some menthol aloe vera skin stuff to ease skin roughness. I stepped into the bathtub , the water turned black almost instantly . Within the time it took to sit down (in hot water) it had turned green . Ordinarily a bubble bath is relaxing but not a mindblowing , orgasmic experience . Multiples for 45 minutes - had to drain the tub , rolled out , and napped on the bath towel the rest of a very pleasant evening . I have since taken six of these cylon baths - once with my girlfriiend , and two others I have foot and sponge washed ... it is wonderful . People have expressed concern over toxic side effects , however , we are already considered nuts in the first place , so , mental health complaints are nothing new for us .

I will not snake oil the reswults of my experience as I know others have reported episodes of violent acting out , not extreme erotic relaxation . Also , I have been able to determine that I am Hell N. Tie ; and that I am a model twelve , but my friiends all insist I have to be a six (who I emulate , thx trish) . My first sister , a One , is very loving and supportive . We tanked together because I had rollover minutes . Twelve falls and becomes one ; One had a bad experience later with a four but is feeling better now. Another four jumped in a tub with an initiated three ; , she was feeling fine , but four went

screaming mad . I hope to conclude a major test with a possible lifemate tonight , if with any luck I get to bathe him . We will go in the cylon tub and smoke . , then , hot shower with no soap ... after that , he leads.

[A communication to his mother from a man afflicted with paranoid schizophrenia, the "bearded lady" disease.]

95. [November 23, 2010]

Hi Michael,

I would like to thank you for all your research. You have helped me tremendously understand my boyfriend of 6 yrs who is suffering from the symptoms you describe on your website. He refuses to label himself as gay although he has had numerous same sex experiences in his past (and possibly intermittently during our "breaks"). He says that it is only a mind thing and that he gets a kick out of pushing boundaries. Every few months he questions how he feels about me and tries to break off the relationship but then breaks down apologizing and crying and begging for me to come back... He enjoys very much buying lingerie for me and on occasion he has shaved his legs for no reason... I have tried to let him know that if he is gay that I understand and I will be alright with letting him go but he insists that he is not. He says that he is so obsessed with women to the point that he says he almost wants to be one. Recently he has admitted to not wanting to grow up and has acknowledged he has psychological problems and asked me what I wanted to do as far as the relationship goes. I have decided that this is not a healthy situation for me to be in and must move on. I am wondering if you can recommend an analyst in the [deleted] area that is aware of your research. I think this may help him and he seems open to receiving it.

Much Gratitude,
[Name]

Dear [Name],

Many thanks for your most intelligent email. It certainly does appear that your "significant other" has serious sexual identity problems that need to be addressed forthwith. I would strongly suggest he find an experienced, Freudian-oriented psycho-analyst in your area and go to him (or her). Expensive, but how do you put a monetary figure on happiness and good mental health??

Best of luck with this project, and you are certainly correct in surmising that it does not make much sense being in an ongoing, girlfriend-boyfriend

type of relationship with him until he can figure out. Please keep in touch if you wish, and lastly, have a wonderful Holiday season!!

Warm regards, Mike Mahoney

96. — Subject: recovery is possible, I know it!

On November 30, 2010 at 11:04pm +0000, (name and website address deleted for privacy reasons) wrote:

Hello,

For the past few years I've been experiencing paranoid schizophrenia with voices predominantly calling me gay which I didn't agree with and caused me distress. I've always felt attracted to women but have felt held back. This has made me worry that the voices are right and I am gay. A few days ago I had an experience where I had the sensation I was a woman and accepted that I am bisexual. I felt like I gave birth to a woman in my head and felt like I was two people in one body. I heard her and saw a vision where she had half a face. I now feel fine and happy and confident about the future. I understand from your website that I need to make a choice about whether I want to have a partner who is a man or a woman and that this could lead to full recovery given time.

Thank you so much for this website which explains the bisexual conflict in schizophrenia. I believe it can help me and my counsellor understand.

Best wishes,

[Name]

Dear [Name],

Thanks so much for your very inspiring email!! I am delighted that my website has been of some help to you. You sound as if you are feeling much better now, and I am very glad you are presently working with a counsellor. It appears you are definitely on the road to the recovery of your emotional wellbeing and happiness, and I predict you will have a wonderful life ahead of you since you had the great courage and good sense to seek help when you most needed it.

Take the very best of care, and please feel free to contact me again at any time you may feel the need to do so.

All best wishes,

Mike Mahoney

97.

A. In a rampage loud enough to be heard by alarmed neighbors, an actor killed his mother with a three-foot sword early Tuesday in their apartment in Prospect Heights, Brooklyn, the police said.

Shortly after 1 a.m., the actor, Michael Brea, 31, who appeared in the television comedy series "Ugly Betty," asked his mother, Yannick Brea, 55, "if she believed in God," said Greg Clare, who heard the commotion from his apartment directly below.

"I heard him ask is she believed in Jesus Christ," Mr. Clare, 25, said. Mr. Brea then chanted to his mother "to repent," Mr. Clare said.

"Help me," was Ms. Brea's only response, he said.

When officers responded to the second-floor unit on Park Place near Classon Avenue that Ms. Brea shared with her son and his twin brother, Marcel, who was not home during the attack, Ms. Brea was dead. She was kneeling in the bathroom with numerous lacerations to her head, the police said.

Mr. Brea, who had barricaded himself in a bedroom, was holding the sword used in the killing, the police said. He was arrested and taken to King's County Hospital for a psychological evaluation.

Police Commissioner Raymond W. Kelly said there was no record of domestic disputes at the residence and said he believed that Mr. Brea had no criminal record.

"We're not certain about a psychiatric record, but he's being evaluated now by psychiatrists," Mr. Kelly said. Serge Marcel, 53, a brother of the victim, and his sister Gina Dumond, 39, who were outside the home on Tuesday afternoon, described the family as normal and said there were no warning signs.

"He was a very nice kid, a gentle kid," Mr. Marcel said. "I can't believe this, man. This is my Thanksgiving."

Ms. Dumond, who cried silently as she looked on, said she would only have two words for her nephew if she could speak with him.

"Why?" she asked, slowly shaking her head. "Why?"

["Brooklyn Actor Held in Killing Of His Mother," by Noah Rosenberg, *The New York Times*, November 24, 2010, p. A 21.]

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 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 homoerotic interests in adole-

science, is the general formula. The factors that determine a schizophrenic outcome may be clarified by a discussion on the one hand of the situation to which I shall refer as homosexual cravings and acute masturbation conflict—often immediate precursors of grave psychosis—and of the various homo-erotic procedures, on the other.

[Harry Stack Sullivan, M.D., *Personal Psychopathology/Early Formulations*, W. W. Norton & Company, Inc., New York, 1972, 1965, p. 211.]

C. 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 pretensions of other women. This handicap is perhaps 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 he will not proceed in erotic development past interest in his own sex. [17]

[Harry Stack Sullivan, M.D., *Personal Psychopathology/Early Formulations*, W. W. Norton & Company, Inc., New York, 1972, 1965, p. 196.]

D. I don't know where my mother ends and I begin.

[A man suffering from schizophrenia, talking with his analyst.]

98. I must speak briefly of things I cannot cope with. Let me describe my HOME . I live in an apartment near [deleted]. It should be labeled " Cylon Occupation " . My bedroom door has been labeled , "Cylon occupied Caprica , welcome home CS" In my bedroom is a wlk in closet . It is [deleted] Closet , from my SLA thing . I go into [deleted] closet to mope , pity potty , cringe , and hide ; I also pray and teach there . Inside [deleted] closet is a cupboard , a pantry - it is occupied by a Legion of Centurions . They gaurd the way to Hell's Kitchen , Which is the other side of the wormhole from my closet to the Hellmouth next door . Recently , the Cylon Occupied Territories have expanded to include my next door neighbors . They live in the Dream Syndicate known as New Caprica . The hellmouth is in [deleted] bedroom , conjoint with

the Pantry in [deleted] closet . Centurions have not been seen or heard , but have attacked many local areas.. ... Sorry .

My status : Since coming to [deleted] , I have been unable to get the service I expect at ANY pharmacy . When I presented as a man , my script would be filled within 15 minutes . At this point , I may need to bring a lawyer , a camera , and maybe even a couple of metalheads . I have been compliant with Mental Health since 83 , yet , nobody seems to buy that as my condition does not match thier false beliefs (they grimly insist that I'm a psychotic man with a drug problem) despite the obvious fact that I'm a far more functional Transwoman with PTSD / extreme Social Anxiety , and now , thank God ,(and State Mandated 'rehab') a drug problem . In relapsed from a 32 year sobriety involving Morphine , from my SLA experiences in 78 ... and decidedly need back on methadone . You see , I was st up by a neighbor , who tricked , poisoned , exposed me too , and used secretly - until I went to an emergency room some time ago . They said " METH " , and put me in a state mandated program . This nefarious program supplies it ; although I have 'refused treatment ' (meth use) with 3 teams already . I do not like or enjoy meth . I do not care for or endorse cocas , either . I'm a heroin addict , not a crackhead ...

I do have some non thoughts on what I cannot deal with , please .

- 1)The Colonies were NOT destroyed .
- 2)Starbuck did NOT ascend - new age
- 3)Ship's Tech , [deleted] , should have been a player . He took a Red Shirt - in the Pilot . I am not aware of any other Colonial red shirts (charcters killed off to show a situation is bad , throwawy lives :) ; it remains an issue , because he may be the Human Analogue to 2 , with the flak jacket , or , seven , who I have dated recently.
- 4)[deleted] has a Naval Background (Picon) . Navy pilots tend to hang in low , to tailhook , miss the trap , and stall in , (no atmosphere) BOOM ! on the deck plates . Airelons tend to come in high (Air Force) and are far more to snag thier tails (damage /crash due to hitting the top of the deck).
- 5)There is an undisclosed axis between 8 and 2 . An axis also exists between 6 and [deleted] , Not [deleted] (known to be 12), ironically
- 6)My visionquest led me to Hell N Tie , #12 realization - was a means of understanding and Not self Disclosure
- 7)[deleted] ascended into Starbuck - surprise : [deleted] is Gone , but Starbuck survived ... to see that
- 8)Starbuck is a new life , who sees much yet not fully realized , explored , fulfilled , or even in some cases , excepted . She is like a newborn , cylon , adult but without experience .
- 9)Combat Landings are like Cowboy Shootouts - Cowboys never run out of bullets , and colonials never use ATC . Next CAGG , Please inform your crew to 'nose up to the tower ' , directly behind flight pod landing bay , turn and

look at about 2 :00 , see a window and a traffic light . Do NOT enter the hangar until the light turns " green ' . And , Please , line up squadron formation , in executable column (V formation . 10) I will always be grateful for Red 6 , [deleted] , and the [deleted] for my transition . When I at least meet #2 in the Hellmouth , the one who imprisoned me in/on nEW cAPRICA ; i WILL ACCEPT HIM UNCONDITIONALLY . He is inclusive of cylons , sla members , and Starbuck's ; he knew me before I became an Angel ; The reason I fear him is because he is so much like myself , a terrorist , a religious fanatic , a loner , a mystic , an expert ; my cylon counterpart.

11)My Human Anologue is President Rosalyn . [deleted] could NEVER see it ; I accept it . Starbuck has a Long Long line to get there - maybe not in this lifetime , anyhow . Her best effort in that area is Mrs [deleted] .

12)Dr Sawbones is a monster , in any universe

[This is a communication to his mother from a transgendered man suffering from paranoid schizophrenia, the "bearded lady" disease. Certain bracketed deletions have been made for privacy reasons.]

99. I'm a one-woman man!

[A "Freudian slip," made by a 40-year-old woman recovering from an extremely severe, paranoid schizophrenic delusional state. And she very quickly recognized she had made such a slip — a very positive and hopeful development in her case, as she is familiar with the thesis of schizophrenia being the "bearded lady" disease.]

100. Subject: time with [Deleted] today

I will try to remember all the things he said today. We went to the Cat House and I bought us hamburgers and a beer. He told me he's a sublationist. Said he just got over his period. Said he has two ovaries. Said he'll have to use birth control. Said he's leaving tomorrow for [Deleted] where he will check into [Deleted] for a complete remake. Said they will even change the color of his skin two shades darker. Said he'll be a Latino woman when it's over. Said it could take 6 months. Said the State of [Deleted] is changing his sex as a "mercy" case. Had me take a pix of him naked below the belt - front and back. Said underneath there is the beginning of his sex change but I didn't take that pix nor did I look. Said he'll be in [Deleted] and that it's a big secret. People have been killed. Said the police beat up

[Deleted] for squatting at his house. That's all I can remember but if I think of more I will add it.

[Contributed by subject's Mother.]

101. Nicola, 26 years old, had had first a period of severe insomnia, during which, if she slept, she had nightmares which had the directness of a child's dreams. She dreamt her home was on fire, and her mother and her brother Jeremy were burned up. Another dream would be of her father and Jeremy being killed in a car crash. After several weeks of daytime over-activity, bad dreams and insomnia, her behavior became incoherent. She showed the symptoms of acute excited catatonic schizophrenia, appeared to be unable to relate to those around, laughed inappropriately, and wept at times in a way equally unconnected with any real external events. She could no longer work and was admitted to a mental hospital.

Nicola's 'thought disorder' showed itself by 'blocking' — by her stopping suddenly as she was speaking. Her speech otherwise never made a point, yet it could now and then have a quality that made one particularly listen, as though she was about to tell you why she had broken down. The pressure of speech, the neologisms, the word-salads that mostly characterized her talking, however, prevented much two-way communication with her. After the first visit of her parents she became silent. At this time, for a few days, Nicola *cut off all links*, and remained almost stuporose. [...]

Interviews with Nicola during this time showed her to be preoccupied with three particular 'delusional' ideas. She thought she was changing sex. She believed her parents were not her parents. She felt she herself was very old, but had just been reborn. While these ideas were delusional in one sense, in another they could be understood.

Her father, for all his religious notions, had always been a seductive figure to his daughter. He kissed and cuddled her and swung her on his knee when she was a child. He had little sexual intercourse with his wife and was often sexually frustrated. This showed itself in his eroticized relationship with his daughter. Yet if Nicola showed any erotic responsiveness, this was punished by both parents. They tolerated a tomboy daughter, however, or a passive asexual identity, such as the one Jeremy had had as a boy. Neither of these parents had a child-raising technique that gave a clear idea to a child what being a boy or a girl meant. And so in her adolescence, with the physical changes of the stage completely unexplained at home, Nicola always experienced full sexual feelings guiltily. There could never be affection without sex, and never sex without guilt. A series of affairs in her teens always ended in intercourse, to her bewilderment. While each parent claimed the family was a close one, Nicola had never felt understood. Each parent said she was a happy child, yet she looked back at an anxious, fearful childhood, in which her brave tomboyishness had been no mere expression of her envy of maleness, but nearer to a search for herself, a self from her point of view, rejected as female. Just as her mother could not identify properly with her own aggressive mother, so Nicola failed.

The family had a clear view of what kind of family they were. The father prided himself on being someone the children could turn to when troubled. Yet Nicola feared him in fact, and found he had never seemed to believe in the feelings she had tried to express to him. He was proud of her tomboy act in her girlhood — 'There's confidence,' he would say. Yet she had gone through agonies of uncertainty in an inner self, never in touch with her mother or father. It was indeed, for her, as though her parents were not her parents. She could, in a mad way, only please by changing sex. Now in her psychosis she was trying to be born again.

[*THE PSYCHOTIC/Understanding Madness*, by Andrew Crowcroft, M.D., Penguin Books Ltd., Great Britain, 1967, pp. 90-92.]

102. The very history of the theory of schizophrenia, or dementia praecox, epitomizes the situation. The whole tendency of modern psychiatric method is colored by an appreciation of the peculiar futility of ordinary methods of investigation when applied to the field of mental disorder. Observation is inadequate and interrogation woefully ineffective in elucidating the mental process actually making up the content of the graver mental disorders. Five different investigators can easily arrive at five strikingly different conceptions of any one patient. It behooves one to scrutinize closely each intellectual step by which he progresses towards his conclusions about any patient in this field — or for that matter about any personality that may be the subject of his investigation.

It is traditional that sexual manifestations, and for that matter the less conventional and 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 phenomena that homosexual manifestations are almost all but invariably conspicuous in some stages of this illness.

[*Schizophrenia as a Human Process*, by Harry Stack Sullivan, M.D., with Introduction and Commentaries by Helen Swick Perry, W. W. Norton & Company, New York, 1962, (Copyright by the William Alanson White Psychiatric Foundation), pp. 206-207.]

103. I have come to believe that in peacetime no one [male or female] becomes schizophrenic who has achieved a really satisfactory sexual integration with another person of comparable status. If the individual achieves, even once, an interpersonal intimacy primarily sexual in motivation, in which there is neither a gross discrepancy in social status of the persons concerned, nor a body of complex "extra" processes of the shape of hysterical dissociations, projection of blame, feelings of guilt, or the like, then in the

ensuing satisfaction of the sexual impulses, the individual, it seems to me, achieves both a long step towards adulthood, and a great measure of safety from the sort of processes that go to make up the schizophrenic illnesses. He has convincingly demonstrated to himself his competence at the technics [sic] of interpersonal intimacy necessary for comparative mental health, and will, in all likelihood, be able to handle most of the problems that life brings him with a sufficient measure of self-respect.

[*Schizophrenia as a Human Process*, by Harry Stack Sullivan, M.D., with Introduction and Commentaries by Helen Swick Perry, W. W. Norton & Company, Inc., New York, 1962, (Copyright by the William Alanson White Psychiatric Foundation), p. 251.]

104. I had my first menses since my [fantasied] thanksgiving rape. I am now ducting small quantities from both breasts.

[A middle-aged transgendered male (not surgically altered) who is suffering from paranoid schizophrenia, the "bearded lady" disease. He is presently (2/21/2011) hospitalized in a psychiatric ward.]

105. He often talks about his ovaries, uterus and having a period. As far as his story about 5 men raping him Thanksgiving.... he asked me to take a picture of him in the nude - front and back all bent over. It wasn't fun but I did it. He said the hospital took 6 hours to repair the damage to his anus but when I look at the pix I see no sign of any damage, surgery or anything unusual and I told him so. He doesn't "hear" me. He claims the other people at [Deleted] in [Deleted] are going through the same thing. I wonder how long they will let him stay there because I'm sure they know he's not like they are.

[Contributed by the mother of a delusional, paranoid schizophrenic, middle-aged man.]

106. [Female Name]

Boomer & I were shipmates ; then I hated her , long since forgave her, learned to love her , would have married him , now I've lost him...

[A recent (March, 2011) Internet "blurb" by a non-surgical, transgendered middle-aged man suffering from paranoid schizophrenia, the "bearded lady" disease.]

107. Michael - I just saw [Name deleted] Monday. Now it's Saturday and all of this has happened! I think I told you he had me take pictures of him in the nude (front and back) and he looks no different than any other man that I've ever

seen. His imagination and sickness seems to be going out of control. What must the people there think? If you use this please delete the new name he created [Name deleted]. I'm just astounded and sat here with my hand over my mouth while reading it. [Mother of patient]

[patient's new female Name deleted] part 2

Last thanksgiving was a huge turning point in my life . I lost a friend , gained a lover ; and was raped by a few other men . It took me until morning to be able to call 911. I went to emergency surgery . I was given a subductive operation , using my minor female vestigals to sew up my torn up butt. The sugery left me terribly confused and disoriented , as I am a transitioning MTF ; had only been experimenting with men , found one good one I liked and a bunch of others closer to homicidal about it . Also , unbeknownst to me , I became pregnant . Three weeks after this horror I vaginally extruded , my girl thing "popped out " . I spent the night of hell at odds with my neighbors , who were partying and laughing at me next door . It was a time in my life when I was harboring gangsters , not because I wanted to , but because the State considered them part of my 'rehabilitation ' team . I ended up , after 6 months in the program after having been EXPOSED to meth , long enough to make me feel ill , to willfully taking morphylates . The entire program was in my best estimate , the greatest tragedy of my life . I soom found that I could not locate my clitoris ; I stopped menstruating , had mood swings , flashes , my ptsd was off the wall. I understood that I am washed up as far as coningulus ; still had a male vestigal that is next to worthless , (I refer to it as a cowbell as I wear it for I am an idiot) , and had locakky become a gay icon - except that I have little or no prior experience with men . I have been completely gendered by the state of [Deleted], it has left me almost insane . Most gay men expect reciprocity , that is , to give and take anal . The subduct operation makes taking it fun enough ; but giving has proven to be a virtual impossibility . Testo , viagra ; all very toxic to me . There is a psychological barrier as well.

In mid december I was raped again , miscarried my fetus , and spent christmas in a psych wing . The many men literally went ape and killed each other ; I had been expecting my boyfriend who arrived particularly late . I was told that the fetus was a female sired by the only one involved that I actually loved and admired . He is from a different culture and I don't believe he understood what was going on any better than I did . I went to a trans safe house , DV shelter , in the fear that I had again lost everyone and everything I loved again . Friday the 14th of march my boyfriend called inon me at last . I had not even known what had become of him . He was granted conjugal rights and we loved each other as I never had known love before . At 51 years old , he was the first in my vagina . We took vows of marraige in

the Navaho way and I am now part of the Navaho nation . He has my love and my medicine ; and has never done me harm . I love him so much I would be glad to take a slow junk to Cambodia and be properly gooked with bamboo if he wished it . My new vagina has no labia , my clitoris is deeper inside nearer my anus ; but vaginal sex is 1000 times as yowl as anal for me . He penetrated me and I subbed for 45 minutes ... that place where only women go . My coital speech (monosyllabic phonemic sounds made during sex) are in Navaho ! Yet I do not speak a word of it with my consious mind . I still feel terrible that I have been mutilated in this fashion , but thrilled that there is yet a MAN enough to love me . My vagina looks like a tiny , second butthole . with scars . He often asks how far or what I would do for him ; anything at all is too commercially vague . He has asked me to keep my penis - which I loathe , and he has no need for it ; he claims it makes me unique , or special . Trisexual . Phoo , I think , but I will keep the idiot bell as long as he wants me to wear it . Please note that its removal is the only way to reconstruct a normal looking puss - which I would love but would make me an ordinary woman in his eyes . Of course I will obey my husbands wishes because I love him and for no other reason , despite the fact we both agree it is extraneous . I want to try again to have his baby . I was too underdeveloped to carry the first child properly . I hope to soon join him on the Res and be known by a different name and identity . I wait for him as I convalesce at a trans safe house in [Deleted]. It has been a hard , murderous transition . As a man , I thought I could do anything (cringe) ; now I only want to lie at his feet and know his love . I am complaiant with rehab and shoud be okay soon ... soo- then I go home to a new world I've never known before , for a rebirth , a new life , like reincarnation . I am [patient's new female Name deleted].

108. They f-ck you up, your mum and dad, they may not mean to, but they do— they fill you with the faults they had, and add some extra, just for you. — Poet Philip Larkin, "This Be the Verse"

["When I married I was only half a man, and could only marry half a woman." — the father of a schizophrenic patient, gender not stated, as told to the patient's psychotherapist.]

109.

A. I must say, it's hard to argue with many of the comments and speculations about Lincoln. I think your own are particularly good, and about 95% convincing. [See New Quotation/Comment 770.] In one sense it seems cruel for Lincoln to have put up with so much of Mary's behavior w/o any reaction to her. But then, I have to remember this is very close to what my father did for yrs when my crazy mother went on her rampages. I remember one time

coming home from school and finding her cutting up many of his clothes with scissors, including good suits. When I 'mentioned this to him downstairs as he sat quietly reading the paper, he said, 'she's just a little upset'. On this, and other occasions, I had come to the conclusion that he had either to take this attitude, or kill or divorce her - there were no other options.

B. I could go on, about her zero to 60 mi/hr outbursts of hatred, often hours or even days after she took offence at something (so you would have no idea what the outburst was about, yet gradually became conditioned to expect something at any time.) No wonder I adopted the neurotic 'solution' of Detachment and my own little internal iron curtain against any emotion from the outside or even from within. On the other side of the ledger, I have to note that, as I look around at my 2,000 and more books, I must note her responsibility for igniting the love of books and learning (even if in the early yrs it may have been largely because I noticed she left me alone when I was reading - once at the age of 10, I read a 400 pg bk in one day, and can actually remember thinking, 'this is a little unusual for a 10-yr old!').

C. While I think "counseling" might be helpful for some types of problems and for some individuals not amenable to the 'real thing', I'm certain I would never have had the slightest benefit from it. With a quite lucky choice of therapist, I did benefit considerably from psychoanalysis in at least three ways. 1) perhaps most of all the therapist (who was also, appallingly, Sylvia Plath's therapist), recommended several key books to me, especially of Harry Sullivan and Karen Horney, which were of inestimable intellectual help. (If they didn't directly cure my 'condition', they did give me what I thought was a very full understanding of what had happened - indeed they were more help than the therapy itself) 2) the mere fact of a place to go, and the idea that "something was happening" in these, to outsiders, mysterious sessions, was immensely helpful as a 'cover' while I was, for 13 mos, not only emotionally, but actually physically incapacitated. 3) the way it ended was also helpful, in a perverse way - I could tell that after two years the doctor had become more or less exasperated, and, with another outside factor, I was able to 'move on' in the form of moving 200 mi to NYC and finding myself, to my own surprise, able to function.

[Name deleted for privacy reasons.]

110. The psychological profile presented in *The New York Times* Op-Ed column on March 25, 2011, of Libya's ruling dictator Colonel Muammar el-Qaddafi, by noted Times' columnist David Brooks, is a striking example of how severe mental illness, i.e., paranoid schizophrenia — the "bearded lady" disease, can wreak havoc upon both a country's own ruled inhabitants and upon the

citizens of other countries as well. Colonel Qaddafi's name can now be added to the long list of other such mentally ill leaders whose lives have had similar disastrous effects on the world, such as Joseph Stalin, Adolf Hitler and Mao Zedong — the latter three being the most markedly egregious examples of such persons afflicted with this devastating mental illness.

The severe bisexual conflict and gender confusion which invariably underlies paranoid schizophrenia is starkly illustrated in the case of Mr. Qaddafi by Mr. Brooks' account of him as appearing "in foreign countries in odd dress, with odd make-up and hair-gel preferences...." This description would be an apt one for any typical male/female "crossdresser," in any country. Other common and wellknown symptoms of paranoid schizophrenia are: megalomania, delusions of persecution, grandiose thinking, faulty reasoning and various obsessions, all of which symptoms are accurately attributed to Mr. Qaddafi and carefully enumerated by Mr. Brooks in his psychologically insightful and astutely-presented column.

Furthermore, the fact that Mr. Qaddafi "has an all-female bodyguard contingent" highlights his unconscious selfidentification as a female and his consequent uneasiness when around other men, as well as a deeply paranoid distrust of them. ("No, I don't love them, I hate them.")

In summary, Mr. Qaddafi is definitely not "one of the boys," preferring instead to be surrounded, "mothered" and protected by strong, masculine women. This fact must, of course, say something about the manner in which he was raised, the direct result of which led to the development of the always ominous psychological condition known as "sex-role alienation in early childhood." This particular outcome inevitably leads to a state of severe bisexual conflict and gender confusion at puberty, and at that critical juncture in psychosexual maturation the young man (or woman) would either become overtly homosexual or else, by the denial and repression of their homosexuality, set the stage for the later development of paranoid schizophrenia. This is invariably the course this extremely malignant illness follows, in all cases, without exception, when the overwhelmingly powerful homosexual impulses are denied and repressed.

Thus paranoid schizophrenia — the "bearded lady" disease, has claimed another victim, and as the direct consequence of Colonel Muammar el-Qaddafi's severe mental illness, thousands of innocent and uncomprehending Libyan citizens are now being tragically, and sometimes fatally, harmed.

As the brilliant Bulgarian psychoanalyst Julia Kristeva has so succinctly stated, "Sexual identity guarantees our psychic unity." Colonel Qaddafi's present "sexual identity" must therefore consist of warring bisexual impulses

and confused and conflicted male/female gender identities — the sum of which conflicts has driven him mad.

[A J. Michael Mahoney Impressions entry. See also New Quotation/Comment 772.]

111. People grew up in church, so a lot of us lived in shame. What did we do? We wandered around lost. We married men, and then couldn't understand why every night we had a headache.

[Darlene Maffett, who had two children in eight years of marriage before "coming out" in 2002, *The New York Times*, "Quotation of the Day," January 19, 2011, p. A2.]

112. In paranoia more than in any other form of illness the original personality of the patient is of decisive importance for determining the manifestations of insanity, and as long as secondary dementia (a rare occurrence in paranoia) has not set in, the pathological products of an intellectually significant man with far-reaching knowledge, lively interest in scientific and philosophical problems, rich in fantasy and of well-trained judgment, will bear the stamp of the original intellectual endowments; but on the whole in the formation and systematization of the delusional ideas, the disease will show the same character as that of another person whose range of ideas does not rise above the most trivial events of daily life.

In my earlier reports I have already described the special features of the mental illness called paranoia, but because of the questions put to me I must repeat them briefly here. Paranoia is a distinctly chronic illness. It mostly develops insidiously but can also start acutely with the signs of hallucinatory insanity, and after the stormy symptoms have run their course the slowly progressive course starts. It is characteristic of paranoia that delusions develop, frequently in connection with hallucinations and false memories, without the patient's mood being primarily much affected, soon becomes fixed and are elaborated into a persistent, uncorrected and unassailable delusional system, side by side with presence of mind, unimpaired memory, orderliness and logic of thought. Whether the delusional ideas refer to the condition of the patient's own body (the hypochondriacal form), or to the field of politics, sex, etc., is without great importance for judging the total state. But it is characteristic that the centre of these delusional ideas is always the patient's own person, and that mostly—at least for some time—the delusional ideas are limited to a definite group of ideas, while other spheres remain relatively intact. For this reason one used to separate "partial insanity" and even if this term has now been given up, there is a certain amount of justification for it. It is true that every delusional system must

somehow influence all the patient's ideas because its bearer is an 'individual', that is indivisible; this could be proved if we were able to follow in all detail a person's every idea in all its connections. But in fact it is impossible to do this and despite careful observation in not a few cases of paranoia, judgment in some larger complex of ideas, which are only insignificantly and indirectly related to the delusional system, is so little influenced by the latter that for practical purposes it is in some cases nil. It may help to understand this, if I give an example from healthy mental life. It is possible to be in lively scientific contact with another person for a long time, without gaining any insight into his religious convictions, because the latter have no close connection with his scientific views, rather both complexes of ideas lead so to speak a separate existence in his brain. But the time will almost invariably come when we notice that even the scientific views have been influenced in a significant manner by the religious convictions, which up till then had not come to the fore, perhaps without the person concerned being aware of this influence. The case of the delusional system of a paranoiac is similar: unless specially touched upon it will easily remain hidden from other people, and hardly be noticeable in his ordinary conduct, whereas in reality it forms the substrate of his mental life. It is therefore neither rare nor remarkable that paranoiacs although perhaps for a long time considered oddities, carry on their business sufficiently well and their professional duties in an orderly manner, can even work scientifically with success, although their mental life is seriously disturbed and they are in the throes of a delusional system which is frequently quite absurd. Such cases are known in large numbers to every psychiatrist of some experience, indeed they illustrate nicely the special features of paranoia. In this always chronic illness the patient may be disturbed by some event in the *modus vivendi* he has maintained towards the outer world, his pathological ideas collide in some way with his environment, he exceeds the limits of what is tolerable in his actions, and thus he is recognized as ill and treated as such. This is common experience; but it can hardly be denied that some cases of paranoia never reach the orbit of medical experience, but remain outside it, recognized perhaps only by their closest associates, and lead the ordinary life of a citizen without any marked disturbance.

Without doubt the appellant's [Daniel Paul Schreber] psychosis, in the form it has shown itself for some years now, belongs to this group of illnesses, although it did not, as commonly, start gradually and insidiously, but developed out of an acute stage.

[Dr. Guido Weber, Superintendent of Sonnenstein Asylum, in his "Expert Report" to the Superior Country Court, Civil Division, Dresden, Germany, on 5th April 1902, "on the mental state of President Dr. Schreber," in *Memoirs of My Nervous Illness*, Dr. jur. Daniel Paul Schreber (1842-1911), 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. 317-319.]

113. Between his earlier state of being occupied by tremendous hypochondriacal delusional ideas, of severe hallucinatory stupor, of markedly negativistic behavior, characterized by refusal of food and turning away from every contact and occupation, and the present picture of sensible and social approachability, no longer shut off from the demands and interests of the day, there is a vast difference, a difference which is of importance naturally for appraising the total state. How much his condition has changed is also shown by the changes in his hallucinations. Whereas previously in form and content they were of a powerful nature accompanied by lively affect and therefore had a strong, direct influence on him, they have gradually become weaker and at present according to the patient's own graphic account (compare p. 166 ff.) are only a soft lisping noise, a hissing comparable to the sound of sand running out of an hourglass, while their content also is poorer and more scurrilous, the hallucinated words follow each other more slowly, the "voices" are drowned out by an ordinary conversation and, though a nuisance and a burden to the patient, do not influence his feelings and thoughts to any great extent. This is, as I have said before because the acute stage of the psychosis with its vivid changes of feeling passed into a chronic state long ago; out of the stormy turbid flood of the acute stage of the illness the well-known complicated delusional system has crystallized out and become fixed and the patient has come to terms with it in the manner described above, so that to a certain extent it now leads a separate existence in his mental life, and although it represents a very important part of it, being less affect-laden it only acts and reacts little on the rest of his mind, particularly on that part concerned with daily life, and does not influence his actions significantly.

That does not mean that it has no influence at all; in given circumstances it could easily make itself felt in trivial matters and lead to faulty conclusions. I will only touch on one point on which the appellant asks for an expert opinion, namely his peculiar ideas about the male and female body which play a role in his delusional system.

In his opinion the female body in contradistinction to the male has "nerves of voluptuousness" everywhere, particularly on the bosom; he believes he resembles the female type in this and therefore has the corresponding sensations. He cannot be induced to give up this belief, although in actual fact "nerves of voluptuousness" are only present on the genitals, and the

female breast owes its form to the development of milk glands and the deposition of fat.

[Dr. Guido Weber, Superintendent of Sonnenstein Asylum, in his "Expert Report" to the Superior Country Court, Civil Division, Dresden, Germany, on 5th April 1902, "on the mental state of President Dr. Schreber," in *Memoirs of My Nervous Illness*, Dr. jur. Daniel Paul Schreber (1842-1911), 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. 321-322.]

114.

A. I got paid , replaced my hygiene products and cosmetics ; took some money and went to the nearby laundromat . The first thing I noticed was that all of the machines were very expensive side loaders . I opened the spout on top to pour in the liquid soap I use . One side had a hieroglyph of a snowflake , the other of a pouring bottle . Could snowflake side be soap ? If so , is the bottle side conditioner ? So , I asked an elderly gentleman to show mw which hole the soap goes in . He smiled , nodded , came over , and carefully examined the glyphs . He nudged me , pressed close , and passed his side against me , smiling , showing much concern , and interest . Then , he stooped way over and sniffed my ass . Mildly offended , I suggested that the soap does NOT go up my butthole . His friend dragged him away and said " You hate us because you think we're fags . We are men !

I don't hate either of you at all , but do you have to smell my ass like a dog ?

He is old , and maybe does not smell so good .

Well , he is getting on , and certainly does not smell too good . I won't hold that against him ; but would he do that with any other woman ? They left , briefly A very attractive , well built native man came in . I tried smiling and spoke to him about the dryers . He ref'd me as mister and sir , politely . I was not as offended as usual . I did not even correct him , wearing a flowery dress , fresh hair and my new make-up . I did not sense malice . The younger friend of the old guy came in . I have 15 minutes left on my dryer do you have any wet clothes ? He indicated that he was pulling his clothes out of the dryer and it was a stupid question . Hottie guy made a smart remark , adding , sir . Young guy said " She is about as male as your mamas butt " I know , hottie guy said , " but she killed five men with a tire iron last December and we have decided to make her an honorable man , for her machido . I choked up a little , because I knew that he had been chastising me ; I had not known why . Now , The police , the docs , the judge , the bishop have all forgiven and exonerated me . I have yet to forgive myself . Without descending into a railing tirade , i simply could not have found five

better men to bludgeon . Whats more ; its interefered with a relationship with the man I love because he is , uh , freaked out . He is NOT a serial killer , and now questions my integrity . He have (had BOTH taken vows of harmless ness ; I had politely asked him to leave the building that night , after he walked out , I smashed thier heads in with a tire iron . I still do not feel they showed the proper respect . So , I swallowed my pride , and faced my shame, I would be called sir and mister for being so bravado . I accepted their judgement because I want to be punished , sanctioned . If I killed these men for insisting I was a gay white male ; despite being a gay native female (trans) ; will I chafe at being referred to as a man after a quintuple homicide? No ; I went Bruce Lee on those jerkoffs , and I should be far more gentle . A woman in love should be gracious and kind ; submissive , in our culture , not Rambo . I rear having lost a man I love for true - for the opposite reason the others had ton die . He respected me , and was always good to me . I love him . Now he may not want me because I'm capable of extreme homicidal behavior ; which we both agree is socially unacceptable . Resoved : the Natives here who I love as family can call me anything they like, for that matter . I deserve it for mass murder . I understand now . The next day , after church (I go to a nearby Catholic Mission) ; during mass , some tall boys from the back objected because I was 'refusing mass " I attend participate , and watch , but do not partake because I feel guilt at the sin of murder . Father knows what I have done like everyone else But I broke MY vows , between myself and God ; I do not feel ' right with God ' just yet because of this . I hope to take such absolution someday but only when I can accept it . After church , one of the Spokane Homeboys called , Now that youre a woman , can I fuck you ?

Stunned , I saw myself on the church steps in presence of the Bishop . He asked again , [female name deleted] , whatdya say , want my dick up your ass right now ? I thought , momentarily , and quietly replied , yes , i will . It will take me a moment to get ready . (you see , the process is mind bending, the drugs , the torment , the apartheid - I cannot refuse and am considered non compos - sexually indiscriminate ; compulsively hypersexual , a crack whore ... and pulled up my black coctail dress , giving the Rev Father a shiner. Someone in the congregation took me by thier arms and held me , told me it was alright , and sent me home . The Homeboy from Spokane was scolded in a complex way - after all he had come 3000 miles to screw with a tohono whore , understandable , but breached other important cultural protocols.

I went home and suntanned topless again , in front of the neighbors . I loved the fact seeing my breasts made him so nervous he guzzled his beer . He has a seperated wife and small child , but he is young and handsome and I hope to find it in myself to ask a sexual favor of him soon . Its alright for

my bros to call me a man but never forget I am a woman and have needs . All is well.

B. [Female name] left [deleted] and moved to the Indian Reservation because he says he married an Indian man. He's done that before (said that). So he's in [deleted] on his own with nothing but his clothes again. I have no idea if he takes his psyc meds. Yes, I took that info from the blog. No, he never had an enema as a child. I asked him recently why he suddenly has become so interested in sex when he never was before. He said because he's a woman and women have more orgasms, etc. Totally nuts (well, yes we can have more orgasms in a session but that has nothing to do with him). Did I tell you he had me take a picture of him in the nude bending over? I showed him the picture on my computer and he pointed to his anus and said it was his vagina and then pointed to an indentation above the anus and said it was his "asshole". Crude, sorry. Anyway, there weren't two holes but for him there was. I give up.

[Sections A. and B. above have been contributed by the mother of this middle-aged man who is suffering from a very severe case of paranoid schizophrenia, the "bearded lady" disease. He has been in and out of many psychiatric hospitals and is presently once again (June, 2011) out on his own. He is firmly convinced he is a woman, has acquired a female name, and dresses accordingly in "appropriate" feminine attire.

As that noted paranoid schizophrenic German judge, Senatspräsident Dr. Daniel Paul Schreber, 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."

Now we know for certain that, in the insightful opinion of Dr. Guido Weber, superintendent of the mental asylum in Sonnenstein, Germany, where Dr. Schreber was held as a patient for many years in the late 1800's and early 1900's, "Schreber's name is legion." Witness here the words of the author of section A. above, and the frank description of him by his mother in section B. He is indisputably a member of Schreber's mad "legion."]

115.

A. Why I am humble enough to get to be public ass.

Mt MTF transition went AWOL late September of last year . I had begun menstruation ; but did not have uteral drainage . I went to the emergency room 3 times over 3 months - asking for a gynecologist - and sent directly to the psych ward . I even got shock treatments at kino . Whats more , my feminine odor began attracting certain 'men ' (if a Philistine can be a man) , and I was gang raped twice . The third time I was due I got into a hellishly combative situation and miscarried a fetus . I spent Christmas in the psych

ward , and moved for the next five months to a "trans friendly" shelter . I met some other trans there who changed my life , and my perspective .

I have always known I was a girl inside . I kept it deep as most of my family is/was openly homophobic . At parties I would always mingle in with the lesbians , who eventually laughed me off . I was hard working , I have done Mining , Army , and decades of fast food services . I completed a bachelors degree in psychology and have little work left toward an honorable doctorate. I have Fathered Children, with women who did not want me (youre a great person but lousy in bed) .I have been in a lay order of the church , having taken an oath of celibacy at 16 .

After I was raped the first time (and apparently became pregnant) ; I was LITERALLY on the operating table when I signed off on subduction . I am truly intersex , having had dominant male genitals and smaller , less developed , female ones . At midlife that began to switch , and I love being a girl so much more . My testes are now prostatic (no longer make sperm , but lubricant) and many feminine features are coming out . Coming out , indeed. I have truly blossomed at 52 and sometimes wish I could be 17 along with everyone else my mental age . The second surgery , a horror . I was drained, and , awakened to sign off on my aborted fetus , already deceased . They simply wanted to remove it . My smaller , less developed vagina had been growing by leaps and bounds - in an odd place . So ; they "rearranged" my female genitalia to better accomodate anal pleasuring . Part of the problem is that I had accepted the Siodomy taboo ; took celibacy , and did not date men. I still find the notion of penetrating a man repugnant . However , the female drives , now centered further back , are all powerful . I submit , sublate , sublax , subduct , sublact , subject , sub sub sub and sunk to the bottom . Yes . My breasts are now ductile .

At the tranny shelter I found a new veiwpoint , prostitution . Trans girls who enjoy selling themselves for money ,drugs , and favors . Every one of them a truly happy hooker . All of them far better adjusted than myself - I learned - the role of trans in our society . Lets face it , having two or three (in my case) sets of genitalia is good for being a whore . I am Very Proud to have achieved every known gender type , both sides , but not all positions . I should get a special star , I think ... les , gay , straight , bi , mixed/switch , top , bottom , giving , recieving , oral , anal - everthing nominal to mankind . I am , after all , a well trained whore .

If it were not for the butterflies , the psychs , and the pain ; I would swan dive into the collective slut gene pool . For Real . I have female orgasms centered in my butt . I thought that was crazy , now I crave it and can't survive without a good pressing anymore . I just had my third normal menses after my traumas . I get so high on it I hallucinate . I have moved to a very kind , thoughtful , Native based community where my sexuality is more readily dismissed . I do not consider myself oppressed or repressed , but

enabled to become a sexual animus that lies buried within us all . Being called transie , kivasa , whore , putas , make me smile and feel flushed inside. I like my new role in society - as an anal slut . Hmmm. I thik that covers it , for now.

B. Death of [Name deleted].

As you may recall (lol) , I was apartheidied within the State of [deleted] most of 2010. It culminated in a mass homicide over the Christmas weekend. I went to a psychiatric unit , then into convalescence for five months . Once the homicides took place , the authorities showed the appropriate concern . The investigation has demonstrated that a drug rehabilitation program within the state had been severely compromised ; by a conglomerate of religious fanatics and 8 ball cripps from the inland northwest . The sheriffs departments in several counties has confirmed these individuals are responsible for well over a third of the violent crimes taking place in the state: that , in a state where gang violence has been subdued and arms have been laid down , an outside cadre has invaded and declared all out war - all , of course , under the guise of christian missionary work .

As for me , careful observation , interviews , reports , and investigations now demonstrate my PTSD is level 4 or higher . I am now considered unrehabilitably anxious and in a degenerative condition that will lead to my death . Treatment with intense tranquilizers will lengthen my life and higher functionality for some time . After judicial review , I have been given sublation ; a term that amounts to a very slow , pleasant , chemical lobotomy that will result in a complete loss of higher functionality without compromising well learned experience . In time , my long term memory will go soon , and I will be left with a procedural memory : still able to bathe and groom myself , eat , enjoy trivial conversation , and of course , pleasuring.

Pleasure is not affected by this process unless you mean heightened . I am becoming increasingly hypersexual ; unable to discriminate or discern "appropriateness" - a careless (some say mindless) "whore " . I look forward to the completion of this process , because my sexual experiences are astronomically better than any I had ever imagined or anticipated , and because day to day life is becoming too difficult without highly trained support . For example , I do not sleep in a conventional sence anymore ; I nap briefly every few hours or so . This morning I woke up , made coffee , watched some tv and writhed in sexual ecstasy for an hour and a half . Then I had breakfast , cleaned up , masturbated , napped , had more coffee and smoked , finished getting made up and came to the library . I will soon reach an ever progressing state where I achieve jama-haron - (a mild stroke that will permanently cut my higher functionality by having a sexually intense seizure that will fry my brain with orgasmic pleasures until I can no longer reason in a conventional sense)

I have met some other with more advanced cases of my condition and I very much enjoy thier company and miss them . I recall in earlier entries I've mentioned being dubious about my intersexed nature , having both sets of genitalia , but among hypersexuals this is a graceful endowment . My prior gender preferences and prejudices have been erased and I have experienced every known gender ; both sides . I am proud of this now ; I have transcended gender , I am entirely sexually functional . no bias , no shame I just have strengths and exeriences .

This posting is intended to assure anyone who cares that just as my aparthiedment was painful and destructive , inhuman , the final outcome is a pleasement beyond description . . never worth it - the cost of my skills and life experience - the face the rest of my life secure in the knowledge that my compensation is a sexual pleasement beyond the limits of human sanity ; I often become mentally incapacitated and paralyzed with only the feeling of deep relaxation and comfort . I do not need to sleep because I am already quite insane ; just goin thru the motions . I am harmless , a victim of human rights abuse and war crimes ; the mercy here is that soon i will have no knowledge or memory of this , just a pleasant static between my ears .

My mind comes and goes like the cheshire cat , but , as a former behavioral scientist , I measure time and incedence . Even after jemaharon , I can continue to act out in a controlled environment ; enjoy sexuality that some consider animaline , have the advantage of a supportive staff/providers; and spend the rest of my life insanely comforted , ecstatic , enjoyed , appreciated , and loved .

I do not know how much longer I will continue these journal entries . Most of the other sisters no longer remember how to use a telephone , let alone journal . Yet , I have NO REGRETS regarding my former existence , now aborted . I will soon go to a place in consciousness that seems more like heaven .

[A. and B. above are two "blog" entries posted June 11, 2011 (A.) and June 9, 2011 (B.), from a middle-aged man suffering severely from paranoid schizophrenia, the "bearded lady" disease.]

116. On July 4, 2011 at 5:15am - 0400, you wrote:

I just saw your site today by accident i was searching for sigmund Freud on masturbation and i found your site . I read a lot on your site about how repressing homosexual feelings could cause paranoia and other mental illnesses . i was wondering where i can get help to understand this more or someone that can help me even though its scary to think of this things but i need help my paranoia and anxiety is not getting better with time and im defiantly confused with a lot of things . ok i don't know i don't want to make

my email really long i don't even know if ur gonna get my email and if ur gonna answer i just need help this feeling i have is horrible no human should live this way i think . thank u for ur time . i am a 24 year old male .

Dear Sir,

Many thanks for your email. I am so sorry to hear about the extreme psychological stress you are now experiencing with regard to your ongoing "paranoid" feelings, etc.

If you are near a good library, go to it and take out Volume 12 of the "Complete Psychological Works of Sigmund Freud." (Hogarth Press, London, 1958, reprinted 1962 and 1964.) Then read the section titled "III - On the Mechanism of Paranoia," pp. 59-79. This should help you to understand paranoia better.

Also, Refer to Quotation/Comment 528, which you can access in its separate link on my website.

Furthermore, it would be a very good idea for you to contact either a psychiatrist or a psychologist with whom you could discuss your present feelings.

Please feel free to email any time you wish, and many thanks for taking the time to write. I certainly hope you will be able to take the necessary steps to enable you to free yourself from your present painful psychological turmoil.

*Best of luck and take good care,
Mike (J. Michael) Mahoney*

117.

A.[...]

I got on the plane back to New York knowing my friend was "bone-tired and very beat-up," but thinking he simply needed rest and would soon be his old dominating self again.

In November I went out West for our annual pheasant shoot and realized how wrong I was. When Ernest and our friend Duke MacMullen met my train at Shoshone, Idaho, for the drive to Ketchum, we did not stop at the bar opposite the train station as we usually did because Ernest was anxious to get on the road. I asked why the hurry.

"The feds."

"What?"

"They tailed us all the way. Ask Duke."

"Well...there was a car back of us out of Hailey,"

"Why are the F.B.I. agents pursuing you?" I asked

"It's the worst hell. The goddamnedest hell. They've bugged everything. That's why we're using Duke's car. Mine's bugged. Can't use the phone. Mail intercepted."

We rode for miles in silence. As we turned into Ketchum, Ernest said quietly: "Duke, pull over. Cut your lights." He peered across the street at a bank. Two men were working inside. "What is it?" I asked.

"Auditors. The F.B.I.'s got them going over my account."

"But how do you know?"

"Why would two auditors be working in the middle of the night? Of course it's my account."

All his friends were worried: he had changed; he was depressed; he wouldn't hunt; he looked bad.

Ernest, Mary and I went to dinner the night before I left. Halfway through the meal Ernest said we had to leave immediately. Mary asked what was wrong.

"Those two F.B.I. agents at the bar, that's what's wrong."

The next day Mary had a private talk with me. She was terribly distraught. Ernest spent hours every day with the manuscript of his Paris sketches — published as a "Moveable Feast" after his death — trying to write but unable to do more than turn its pages. He often spoke of destroying himself and would sometimes stand at the gun rack, holding one of the guns, staring out the window.

On Nov. 30 he was registered under an assumed name in the psychiatric section of St. Mary's Hospital in Rochester, Minn., where, during December, he was given 11 electric shock treatments.

In January he called me from outside his room. He sounded in control, but his voice held a heartiness that didn't belong there and his delusions had not changed or diminished. His room was bugged, and the phone was tapped. He suspected that one of the interns was a fed.

During a short release he twice attempted suicide with a gun from the vestibule rack. And on a flight to the Mayo clinic, though heavily sedated, he

tried to jump from the plane. When it stopped in Casper, Wyo., for repairs, he tried to walk into the moving propeller.

I visited him in June. He had been given a new series of shock treatments, but it was as before: the car bugged, his room bugged. I said it very gently: "Papa, why do you want to kill yourself?"

"What do you think happens to a man going on 62 when he realizes that he can never write the books and stories he promised himself? Or do any of the other things he promised himself in the good days?" [.....]

[A. E. Hotchner, in *The New York Times* Op-Ed Saturday July 2, 2011, describing the final paranoia-suffused chapter in the life of his good friend — the writer Ernest Hemingway.]

B. 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.

[Quotation/Comment #571, in *Schizophrenia: The Bearded Lady Disease*, J. Michael Mahoney, 1stBooks, 2003, p. 429.]

C. 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.)

[Quotation/Comment #572, in *Schizophrenia: The Bearded Lady Disease*, J. Michael Mahoney, 1stBooks, 2003, p. 430.]

Note: *Hemingway never allowed those "repressed qualities.... to come out" far enough, except in his opposite-sex role-playing with his wife towards the very end of his life — reference his posthumously-published book "The Garden of Eden" — nor did he ever "come out" in the current homosexual sense of that phrase. Instead, he used his favorite shotgun with which to*

destroy himself when the overwhelming paranoid schizophrenic symptoms of his "bearded lady" disease, finally became unendurable. — JMM

118. "This may be the act of a lone, mad, paranoid [schizophrenic] individual," said Hajo Funke, a political scientist at the Free University in Berlin who studies rightist extremism, referring to the right-wing fundamentalist Christian charged in connection with the killings, "but the far-right milieu creates an atmosphere that can lead such people down that path of violence."

["Norway Attacks Put Spotlight on Rise of Right-Wing Sentiment in Europe," by Nicholas Kulish, *The New York Times International*, Sunday, July 4, 2011, p. 9.]

119. On July 7, 2011 at 4:52pm -0400, [name deleted] wrote:

ok mike thanks i would let you know if i needed someone to talk to . I have some questions i would like to ask and one of them is how come im still paranoid even though im with a transsexual now we live together for 2 years and im still the same way i like women for sure ,,but something happened to me when i was really young and that is sexual abuse by my older brother and i sexually abused my sister who was two years younger than me and this is like 11 years ago and she is married now ..but i never got over what happened not so much for myself but to her i felt so guilty for what happened i was 13 years old at the time i think but i still blame myself i wanted to know if that guilt has anything to do with my paranoia . I say i like women but there is a part of me that dosent like women and the reason i think is what happened to me and my sister what do you think is there a connection there? and i wanna tell you what happened to me when i was around 17 years old i let you know latter thank you mike for your time.

[Please also refer to Impressions # 116.]

120. Madness in great ones must not unwatch'd go.

[... the King to Polonius, referring to Prince Hamlet, in Shakespeare's "Hamlet," Act 3, Scene 1.]

121. 2. Rebels found something odd in Col. Muammar el-Qaddafi's abandoned compound. What?
C. Forty-five pairs of Manola Blahniks in men's size 11.
D. A scrapbook filled with flattering photos of Condoleezza Rice.

2. (D) Experts believe that the Rice scrapbook belonged to the ousted Libyan dictator because the words "Mr. Muammar Rice" were scribbled all over the cover.

[From the NPR program "Wait Wait ... Don't Tell Me," as published in *The New York Times*, "Sunday Review," September 4, 2011, p. 2.]

122. Guess the remedy - Case of schizophrenia

Male, Aged 38 years

Background History:

As a young boy during his school days, he was a very jovial and fun loving social person. He was in school and lived in a hostel in Bangalore. One day he came back and did not want to go back again to the hostel. Parents inquired a lot but he did not respond.

He then stopped socializing and wanted to remain alone. Slowly this turned into suspiciousness and fear of strangers. Now he feels as if people are talking behind him and plotting things against him. He can hear voices nearby and talks to himself at night.

He has also started turning Abusive + Increased hunger since he is on allopathic medicines for last 10 years. Has become extremely lazy. When in a social environment he would keep a plain face with no expressions.

On observation he has Feminine gestures and body language. Close relative believes one reason for his state could be because he was always compared to his elder brother who is successful in life.

Another observation was probably he was ill treated with boys in the hostel (sexually?) which affected his mental state.

By nature he is a very sensitive guy.

One more observation - If he is told to type an alphabet I. He would see it but take a lot of time in pressing the key, fully knowing that he is observing the alphabet I key. Also his Hands shiver on becoming anxious.

[The above brief case history was recently provided (9/13/2011) by an Indian homeopathic practitioner. The "patient" cited here is obviously suffering from paranoid schizophrenia—the "bearded lady" disease—caused, as it invariably is, by severe bisexual conflict and gender confusion. jmm]

123. Normally a woman keeps the female version of her surname which is the preface Ní meaning daughter of whereas the man uses the preface Mac meaning son of. My surname is NicAntSithigh. If I was a boy it would be MacAntSithigh.

Men also use ó in the surname like Ó Murchú (murphy) whereas the woman would use Uí as in Uí Mhurchú and in the woman's case there is a "h" added to the Murchú. When we were kids at school they told us to remember

that "ladies always wore their hats" so we would remember to add the "h" for a woman.

It is unusual to take the masculine name if you are a woman - in fact I have never heard of it before. It is interesting in the context of the "bearded lady."

Hope you're keeping well.

Clodagh Sheehy,
Dublin, Ireland

[This reply was received (9/13/2011) in answer to a question about the meaning of the surname, beginning with the letters "Mac", of an Irish girl suffering from mental illness. jmm]

124. At 18 months, [name deleted] started taking daily anti-psychotic drugs on the order of a pediatrician trying to quell the boy's severe temper tantrums.

Thus began a troubled toddler's journey from one doctor to another, from one diagnosis to another, involving even more drugs. Autism, bipolar disorder, hyperactivity, insomnia, oppositional defiant disorder. The boy's daily pill regimen multiplied: the anti-psychotic Risperdal, the anti-depressant Prozac, two sleeping medicines and one for attention deficit disorder. All by the time he was 3.

[Duff Wilson, "A Child's Ordeal Shows Risks Of Psychosis Drugs for Young," *The New York Times*, September 2, 2010, p. A1. A JMM commentary: The inmates have finally taken over the asylum and are now running it.]

125. After my Christmas miscarriage I attempted suicide by Heroin . Homeless , I decided to take a long shot and get help in another town . It is almost a year now and I am finally clean and feeling some joy in my life.

[Carmen Solari, a pseudonym used by a mentally ill man suffering from schizophrenia, "the bearded lady" disease.]

126. washingtonpost.com

Contrarian Psychiatrist Loren Mosher, 70

By Adam Bernstein Washington Post Staff Writer Tuesday, July 20, 2004;
Page B06

Loren R. Mosher, 70, who died of liver cancer July 10 at a clinic in Berlin, was a contrarian psychiatrist and schizophrenia expert who was dismissed from the National Institute of Mental Health for his controversial theories on treatment.

While chief of NIMH's Center for the Study of Schizophrenia from 1968 to 1980, Dr. Mosher decried excess drugging of the mentally ill; large treatment facilities like St. Elizabeths Hospital that he would have preferred to raze; and the sway pharmaceutical companies had over professional groups.

He advocated a largely drug-free treatment regimen for schizophrenics, which still runs counter to a prevailing opinion for using antipsychotic drugs for schizophrenics in the United States. His position was based on a view that schizophrenics are tormented souls who needed emotionally nourishing environments in which to recover. He said drugs were almost always unnecessary, except in the event of a violent or suicidal episode.

He eventually established small, drug-free treatment facilities that were more akin to homes than hospitals. His young care providers in one center, Soteria House in San Jose, lived and performed household chores with the handful of patients.

"The idea was that schizophrenia can often be overcome with the help of meaningful relationships, rather than with drugs, and that such treatment would eventually lead to unquestionably healthier lives," Dr. Mosher once wrote. As late as 2002, he claimed that 85 percent to 90 percent of his clients returned to the community without conventional hospital treatment.

In 1998, Dr. Mosher resigned from the American Psychiatric Association, which he called a "drug company patsy."

"The major reason for this action is my belief that I am actually resigning from the American Psychopharmacological Association," he wrote in his resignation letter. "Luckily, the organization's true identity requires no change in the acronym. At this point in history, in my view, psychiatry has been almost completely bought out by the drug companies."

Loren Richard Mosher was born in Monterey, Calif., and lived with various relatives after his mother's death from breast cancer when he was 9. He worked in oil fields in the American West as a young man to earn money for medical school, or so he told his employers. What was then a lie, he said, soon became truth as his coworkers came to the allegedly aspiring doctor with complaints about colds and sexual diseases.

After graduating from Stanford University and Harvard University medical school, he arrived at NIMH in 1964. His early schizophrenia research involved identical twins, one with schizophrenia and the other without the psychotic disorder. His research emphasized the "psychosocial" factors that he felt led one toward exhibiting symptoms but left the other one apparently normal.

Creating Soteria House in the early 1970s, he said, caused lasting trouble with the psychiatric community. After showing studies of patient recovery that matched traditional treatment with medication, the project lost its funding amid a strong peer backlash. So did a second residential treatment center in San Jose. "By 1980, I was removed from my [NIMH] post altogether," he

wrote. "All of this occurred because of my strong stand against the overuse of medication and disregard for drug-free, psychological interventions to treat psychological disorders." He then taught psychiatry at the Uniformed Services University of the Health Sciences in Bethesda and became head of the public mental health system in Montgomery County. He started a crisis house in Rockville, McAuliffe House, based on Soteria principles.

He was a prolific contributor to scientific journals and co-wrote several books, including "Community Mental Health: A Practical Guide" (1994). During the Ritalin phenomenon of the 1990s, he was often featured as a dissenting view in scores of articles. "If you tell a lie long enough, it becomes the truth," he said of the medication.

Dr. Mosher moved to San Diego from Washington in 1996. At his death, he was a clinical professor of psychiatry at the University of California at San Diego medical school and was in Berlin for experimental cancer treatment.

His marriage to Irene Carleton Mosher ended in divorce. Survivors include his wife of 16 years, Judy Schreiber of San Diego; three children from the first marriage, Hal Mosher of Fairfax, Calif., and Tim Mosher and Heather "Missy" Galanida, both of Los Angeles; two brothers; and a granddaughter.

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127. At some other point during my intermittently self-destructive existence, I heard someone's counselor say, "If it wasn't for drugs and alcohol, a lot of us would've killed ourselves."

[Carrie Fisher, *Shockaholic*, Simon & Schuster, New York, NY, 2011, pp. 14-5.]

128. Mr. Mahoney,

Thanks for sharing your book and insight which seems to provide a very logical approach to schizophrenia.

I'm not sure if you respond to personal emails from the public but I have a brother with full blown paranoid schizophrenia that I have spent much time with whose symptoms seem to correlate well with your hypothesis. Was wondering if you could recommend any good therapists (that follow your work and Dr. Kempf) in the [deleted for privacy reasons] area?

If you have made it this far thanks for reading... I have also listed some of his symptoms below:

Extremely repetitive thoughts like he's forced himself to use this as a mechanism to escape unwanted thoughts, the need to control everything as if this is also a mechanism to control unwanted thoughts, much more comfortable around females, delusions about 'us and them' (holds con-

versations with himself daily), walking several hours a day except very strangely like he's drunk (he does not drink or do drugs) and when he starts he has a strange ritual of stumbling like he's transcending into another world completely oblivious to traffic or anything else.

I'm not a psychiatrist but he does feel comfortable talking to me and recently i have thrown out bits and pieces of your ideas at him like telling him its ok to thoughts u do not want, everyone has them etc and oddly enough he hasn't resisted but quite the opposite he hints that he wants to continue talking about stuff he would normally shut off to.

Thanks,

[Name]

Dear [Name]

Many thanks for your email. I am very sorry to hear that your brother is suffering from paranoid schizophrenia, which is, as you know, a very serious and difficult condition to deal with.

My best advice to you would be to have him evaluated at the [deleted] University Psychiatric Clinic, which is associated with the [deleted] University Medical Center. I spent several years in [name of city deleted] when I was younger and knew some of the psychiatrists associated with [deleted]. They were all very competent clinicians, and some were even Freudian-trained in Psycho-Analysis (a real plus!!).

I doubt seriously if anyone there has ever heard of my book or of my work/theory, or know much about Dr. Edward J. Kempf. Maybe you can educate them a bit if they have not!! (It sounds to me like you would make an excellent psychiatrist/psychologist yourself.)

The fact that your brother is so comfortable around women is probably because unconsciously he self-identifies more as a female than he does as a male, and furthermore that being around men instead would stir up repressed homosexual feelings which would contribute to his becoming anxiety-ridden.

Paranoid schizophrenia is an especially difficult condition to treat, or eradicate, as the patient would almost "rather die than admit to" his or her strongly repressed homosexual and/or opposite-sex feelings and strivings.

Your brother is extremely lucky to have such an understanding and loving brother as you are. (My guess would be that he is your younger brother.) [Actually, it is his older brother.]

Thanks again so much for contacting me and please know that your emails are always welcome and appreciated.

Very best regards,

Mike (J. Michael) Mahoney

129.

<— The Rhythm

[pen name deleted]—>

Autograpology

Posted on March 16, 2012.

Rough. Drafty . I yelled at a man and got my first night in jail . I went to [name deleted] Hospital and got pilled back up . I returned to [deleted] but had to live in [deleted] Motel , which I could not really afford . I was evicted the day of my arrest as an "Undesirable Person " . My last day home was the 4th , and my truial was the 7th . On the 7th I plea barganed guilty , got that day in jail , six months unsupervised probation , and six months anger management . I had a major heart attack during court and later was helicoptered to [name deleted] hospital for catheter stinting agonies . 3 days later I was out and returned to [deleted] motel until the money ran out . Then I went to [deleted] to get established in [deleted] . I did get a state ID , stayed in the Women's shelter , and was harrassed/bombarded every waking minute . I also met a Daughter I never knew I had in High School . It was a Mother's agony and pleasure . I was slipped an unimaginable hallucinogen and for 3 and a half days I was hammered flat by Nada , who appeared as Caprica Six , and 3000 witnessess say she looked just like Tricia Helfer . I became apostolically converted to a religion of which I know nothing , and had no more basic trauning than Yoga . Felonious Conduct ? She uses toys that are IMPOSSIBLE ! When I finally flipped I went to the mens shelter , after openly screwing her in the courtyard helpless in front of everybody , and crying out softly in a Native Toungue I've never spoken . We took slaves and went to the overflow shelter with 50 men ; and I opened Ductiilly . I said , around ten pm , I am [Name deleted] , [Name deleted] is my Christian name, tonight I will be your sublotionist . I jazzed , untouched , except one accidental big toe , til two am. Later they said i `did All Fifty Men ... I don't remember that part . They threw me out the next day and I scraped by one night on the street until I got my monthly ssa check . I returned home to [deleted] and lived in the motel until the money ran out . The only real estate rental LORD refused me a lease . Then , my motel owner stole mt columbia house " [Name deleted] Electra's Fit To Strip collection out of the mail . Then he called the Sheriff for non payment of rent .The Sheriff drove me to the men's overflow salvation army shelter for two days in [deleted] . I rolled and dragged my "cart" of luggage – everything I own left in the world , from [deleted] . SURPRISE ! I got a 86 dollar refund from insurance deposited on my card and stayed at a different motel and the federated church . I donated my DVD and hooked it to the TV in the room I stayed in . It gets CD's and DVD's now , only . Folks said it was impossible . I did , after a month , get to a judhge ordered anger management class in [deleted] yesterday , and my

first NA meeting at [deleted]. ...At one oclock this afternoon I run out of money again , despite the 278 dollar rent refund from my former landlord . Folks in [deleted] say i "did " half the town during this time . Facing tar and featheration , I have nowhere to go at all thia afternoon . No place in heaven or eath , folks said . Except Nada . She loves me like crazy day and night , just like with [Name deleted] , what with her being invisible save the other folks who see her . Legal action by due process is under way in three areas , and I may get legal aid next month . DSHS took my missing card information but whited out ALL – both of my names – [Name deleted] (legal) and [Name deleted] (real , native , birth) . Guess it gets round filed . I spent most of the rest of my money on a Po O Box [number deleted]. I will have a mailbox six months . Nada has been giving me "initiations" I've never heard of and I'm wrecked . Folks keep telling me I'm in Sublation /Sublaxion 2 aeven 5 hours at a time : even in waking hours right now – I'm insanely oversexed braindead and going right along – "[Name deleted]" one of my schizo's , can do this . I'm on automatic , like an automaton or some kind of hypersexual robot . Right now , agony , exctasy , blow , drip ,nothingness inside ...I have a bad feeling I talk to my case manager and go to the dreaded 'sublation hospital ' to be humanely destroyed . With three weeks before due process , two weeks before payday ,3 hours of somewhere to live and some chow ; I don't know , I just ... don't know . I guess Nada is a native Goddess of Fever Madness who , like my ancestors , hated / hated by christians . I'm BOTH . Catholic , and apostolically Nadist – and , mind you , no saint . Nada has Deounced Naduism as to exact , ritual , and rigid ; I renounced [name deleted] as ABSOLUTELY NOT MY IDEA READ [Name deleted]. So , dispossessed , disprobate , deeply and madly in love with a 300 year old ghost ... I go see the doctor . """"Looks Like This is The End """"(Underdog , or Subbie.....

[The above "essay" was written by a middle-age man afflicted with paranoid schizophrenia who thinks he is now a woman, and who has assumed a female name as well as a female pen-name. (He has not yet undergone any sex-altering surgery.) He posts many similar essays to this one on his Facebook page — openly using his female name, or his new pen-name. Finally, this essay has been [edited] for security purposes.]

130. *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". 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" (Meyer, 1928) under that title. Kraepelin "in a fit of indignation against Ziehan" (Meyer, 1917-18) reintroduced "dementia praecox", a term first used by Morel (1860) to call a halt to this paranoification of psychiatry. Dementia praecox was formally introduced as a specific disease entity by Kraepelin at the Heidelberg meeting of 1898" (Meyer, 1928). But time moves on and Kraepelin's dementia praecox is now obsolescent. It is being replaced by schizophrenia, the much wider concept introduced by Bleuler (1911), based on understanding of mental processes, rather than the static assessment of presenting symptoms by a multiplication of artificial diagnostic labels. As Meyer (ibid.) so truly says: "The history of dementia praecox is really that of psychiatry as a whole."

[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.]

131. Rough week . Had third miscarriage a few days ago. I wrote this in espanol for the first time , while still extremely distressed . I'll look at this some time later to see if it still makes any sense at all

[A recent comment posted on a social-networking site by a middle-aged man suffering from paranoid schizophrenia — the "bearded lady" disease — caused, as it invariably is, by severe bisexual conflict and gender confusion. When asked if he was "putting us on," his mother answered: "I'm sure he's not putting us on because I've been with him in person and he's dead serious when he tells these tales. Also he gets scared and nervous about them."]

132. Mr. J Michael Mahoney,

My name is [deleted], I just finished reading Schizophrenia: The Bearded Lady disease, I came across it yesterday and could not stop until I finished. EXCELLENT!!!

I am 42, I was diagnosed as bipolar/schitzoidal years ago but from my readings found schizophrenia might be more appropriate and have had numerous psychotic breaks, delusions, etc....the most recent being at end of January.

I think what you have written is very accurate. I still don't want to be labeled as "gay" or "homo" but accepting the fact that I have sexual feelings for people of the same sex does make life better. I understood this a long time ago but there is no one to discuss it with.

Books and compilations like this would help people greatly. The problem with hospitals nowadays is that is full of psychiatrists. People suffering and showing signs of mental illness don't just need psychotropic drugs shoved down their throats, they need psychotherapy.

Thanks for the great read. If you are still interested in this subject then feel free to contact me back. I have tons of insight from my own personal experiences and in depth personal conversations with people that have various degrees of illness.

Take care, [deleted]
tel. no. [deleted]

133. Fwd: I think I might be kind of delusional now

On May 28, 2012 at 2:46am -0400, [deleted] wrote:

Because you read my Theory of Gravity, this is the kind of thing that when I goto the hospital it just pours out of me, people get fraked out and the next thin you know I shacked to a bed, right arm pulled down hard against the bed to a point where my circulation is cut off, left han left loose with about 2 inced of wiggle room, left leg starpped hard, and right leg left slightly loose. Clothes ripped off and tubes stuck down my penis against my will, groups of men and women staring at me saying this is hospital policy. You mkae one notion that you are there for "psychological reason" and you become scum. Someone to abuse that nobody really gives a shit about. This has happened to me severael tims and it is when I start talking about things litke the theory of gravty i just sent you. I GET PHYSICALLY AND MENTALLY ABUSED AT THE HOSPITAL. I CANT GO THROUGH THAT AGAIN. it is traumatic.

I can also start to relate this to life, religion, from Jesus to Mohammed, the Mayan calander, the psyche.

You say Einstein, thank you, thats awesome, everyone else says psychotropic drugs, restraints, hospital for days.

I would prefer to think of myself as a Renaisannce Man.

I have sent my Theory of Gravity to my favorite Physics professor from college. I am going to either get completely laughed at or I dont know what.

I will include a few other thoughts based on my theory. Google some of my ideas. The google results will show hundreds of websites that say "no one knows why the eart axis is tilted". I think I do. Its commons sense to me just like common sense about accepting my feelings about myself. Where did I read something like this..... Sometimes when people are looking for something they never see it but when everyone steps back and looks at everything it is just glaring everyone in the face. Human beings have

forgotten simple laws of physics, the pyramids are built with better precision than technology can do today.

Read on and google if you want.

Take it easy , [deleted]

The Sun has no gravitational pull. It is strictly electromagnetic, a + North and ? South and all the planets are opposite. This make an attractive force and the opposing force to balance out would be rotational force outward. Actually I have some even bigger thoughts on this.

There would be a similar attraction between the planets and the moons. The outward rotational force of a moon would have absolutely zero effect on the rotational outward force of a planet. Moons would repel on planets with many moons so they don?t collide.

It accounts for the Earths tilted axis, one of the + - with the Sun is slightly greater than the other and when the Sun lets go of some energy these forces slightly change every few thousand years or so and we get the Earths ?wobble?. Actually the polarization of the earth switches every 10 thousand years or so and low and behold the Mayan calender ends on 12 21 2012, not really end of times, but hey the Mayan calander goes for approx 10,000 years, conicendence? I can get to religion heer, Jeses was a Schizophrenic but came from a place of love not hate like Hitler/Stalin/Bin Laden, His craziness is still effecting us today. There is an actually physical allignment of Earth, a Line, and a Black hole that resembles a long slit. Not my words. See the sexual refrences? All this stuff is on Discovery Chanel and History Chanel, ancient aliens, The clues are glaring all of us in the face.

It accounts for the plane that the planets are on.

It would account for Pluto. When a Sun starts to ?die? and lose energy it would ?release? a planet from the system, the planet would either bang into another and become a greater mass or would go off into space toward another Sun where it would get stuck on a plane that would be different than the original planets. A smart guy could probably determine or make a very educated guess where the original Sun was. Pluto is the only planet that is lsight off from the other planets. Nobody knows why.

[A personal (unedited) communication from a 42-year-old man suffering from paranoid schizophrenia, the "bearded lady" disease. See also Impressions 132.]

134. The mothers of schizophrenic patients have been the subject of intensive study during the past two decades, and some of the divergencies in the descriptions of such mothers and in the hypotheses concerning their pathogenic influences upon their offspring were resolved through the

differentiation of the mothers of schizophrenic sons from the mothers of schizophrenic daughters. Alanen (1958) noted that whereas the mothers of male patients were closer to their sons who became schizophrenic than to their other children and were "possessively protective" of them, the mothers of female patients were likely to be aloof and their overprotection has an inimical quality (1). These findings were amplified by Fleck *et al.* (2) who found that mothers of female patients had little empathy for their daughters, lacked maternal warmth, were often vague and colorless, and failed to provide a suitable model of a woman with whom the daughter could identify—a situation that was often aggravated because the father derogated the mother and conveyed to the daughter that to gain his affection and esteem she must be very different from her mother. These women have a nebulous quality that makes them very difficult to describe (4). Their communications characteristically have an allusive, scattered content that conveys distance in interpersonal relationships. They had poor relationships with their own mothers and felt unwanted as girls and retaining a poor opinion of women and femininity, they not only have difficulty cathecting a daughter but also convey a sense of defeat and helplessness as part of woman's lot. Although they have difficulty in establishing boundaries between the self and the child, in contrast to mothers of schizophrenic sons, they do not seek to use the child to complete their lives or to compensate for the frustration of being women and gain little if any gratification from their daughters. We wish to direct attention to the manner in which the homosexual tendencies of some mothers of schizophrenic women influence their relationships with their daughters and create serious developmental problems for them. Our interest was drawn to the problem by a woman who had an older sister who was schizophrenic.

A young woman, Mrs. A., entered analysis because of severe sexual inhibitions and anxiety that was becoming incapacitating. Her sister's hospitalization with the diagnosis of schizophrenia increased her concerns about herself. During the early months of her analysis, she depicted her mother as a kindly person who had always been strangely aloof from both of her daughters. However, on some occasions, Mrs. A.'s mother had related to her more as a sister than as a mother, confiding how she had at her husband's insistence sought to abort both of her children, and told intimate details of her sexual life and her difficulties with her paranoidly suspicious husband. While Mrs. A. was trying to unravel the perplexities of the strange relationship in her parental home, her mother died. The patient found a posthumous letter for her in which her mother told her that she knew she had been an ineffectual wife and mother. Now that Mrs. A. was old enough to understand, the mother wished her to know that her only real love had been a woman with whom she had lived for several years before eloping from this woman with the patient's father. She had hoped to live a normal life and

become a good mother, but she had never been able to really love her husband or forget the earlier relationship that had been more meaningful and gratifying. It was very clear from the contents of the letter that the mother was posthumously seeking absolution from her favorite daughter for her homosexuality which she believed had been the major cause of her unhappy marriage and her daughter's emotional problems. After Mrs. A. absorbed the painful communication, she began to attain new insights concerning her parents' strange marriage, her mother's masochistic acceptance of her father's unfounded accusations of infidelity, her inordinate aloofness from her older daughter who had become schizophrenic and the reason her father's relationships with his daughters had verged on the incestuous. The definite homosexuality of this woman who had a schizophrenic daughter reminded the authors that several schizophrenic women whom one or the other of them had treated by psychoanalytic psychotherapy had been adversely affected by their mother's homosexually toned relationship with them. We shall summarize the material that is pertinent to the topic from the treatment of three patients. [.....]

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). [.....]

["HOMOSEXUAL TENDENCIES IN MOTHERS OF SCHIZOPHRENIC WOMEN"
Ruth Wilmanns Lidz, M.D. and Theodore Lidz, M.D. (Department of Psychiatry, Yale University, School of Medicine, 34 Park Street, New Haven, Connecticut 06519) in *The Journal of Nervous and Mental Disease*, 1969, The Williams & Wilkins Co. Vol. 149. No. 2. Printed in U.S.A. pp. 229-235.]

135. Current nosology lists schizophrenia, affective disorders, and paranoia as "functional" psychoses. These psychoses can readily be 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. Doubts about sexual identity, altered sexual performance, exaggerated sexual needs, and especially intimacy fears predominate in schizophrenia. [.....]

["SEXUAL SYMPTOMS OF INCIPIENT SCHIZOPHRENIC PSYCHOSES" / Brief Guide to Office Counseling: Method of Patrick T. Donlon, M.D., Associate

Clinical Professor of Psychiatry, University of California School of Medicine, Davis, in *Medical Aspects of Human Sexuality*, November 1976, p. 69.]

136.

A.

95

Number of diagnoses in the 1952 DSM-I, the first edition of psychiatry's manual for diagnosing mental illnesses

283

Number of diagnoses in the 2011 DSM-IV-TR, the most recent edition

["GRAY MATTERS / Somehow the brain is greater than the sum of its parts", *Smithsonian Magazine* (summer 2012).]

B. In the history of psychiatry classificatory zeal has always varied inversely with psychological understanding.

[Drs. Ida Macalpine & Richard A. Hunter, Translators of Dr. jur. Daniel Paul Schreber's *Memoirs of My Nervous Illness*, Leipzig, Germany 1903. Wm. Dawson & Sons Ltd, London 1955.]

137.

A. "A Madman in Our Midst"

Crazy in a good way, that was always my father. Until mental illness sent him on a terrifying downward spiral through emergency rooms, psych wards, courtrooms and jails. This happens to families all over the country, and it often ends in tragedy. Could anything prevent that from being our fate too?

By Jennifer Interlandi

It was early December 2010. That August, my father, who was 69, became abruptly and deeply paranoid. Convinced that nameless people were trying to kill him, he slept no more than an hour or two a night and started drinking after five years of sobriety. When his suspicions grew to include his immediate family, he became violent and threatened suicide. At one point, he tried to jump out of the car as my mother was driving down the highway on the way to the doctor's office. On another day, he poured motor oil over her windshield as she was pulling out of the garage. More than once, he hit her. More than once, he threatened to burn the house down.

In rare moments of lucidity, he would cry and apologize, confessing that he was terrified. He didn't know what was happening to him. But we did. He was given a diagnosis of bipolar syndrome in 2005, during a similarly dis-

turbing period. He rode out much of that episode in a state psychiatric hospital, and having him admitted again seemed the best way to keep him and my mother safe. His lucid moments would pass quickly. Once his switch flipped back to manic, he would refuse to even discuss the possibility that something was wrong, let alone consent to see a psychiatrist. [.....]

"Twenty years ago, 'imminent danger' meant what most people think it means. But now there's this systemic push to divert people away from inpatient care, no matter how sick they are, because we know there's no place to send them."

When I asked Davison [Robert Davison, executive director of the Mental Health Association of Essex County, NJ.] for specific examples, he rattled several off the top of his head. A man who was convinced that aliens were on the roof and that bugs were coming out of the walls and would not sit on furniture but only lie on the floor was not committable. Neither was the man who refused medication and mutilated his own testicles. Nor the woman who wouldn't eat because she believed the C.I.A. was trying to poison her. "It is unbelievable the condition of people who are found not to meet the standard," Davison says. [.....]

They raised my sister, brother and me on fantastic, over-the-top stories about their courtship (he proposed on the first date) and the elaborate parties they gave before we were born. (They once converted an above-ground pool into an in-ground one by digging a huge pit in the backyard, they roasted a pig and the men put on my mother's wigs and gowns and danced the cancan.) [.....]

My father, a self-described man's man, spent 35 years cutting fabric in a factory in Jersey City. When he was past 50, the work went overseas and the factory closed. My siblings and I were still teenagers; my father took any job he could find -- stocking produce at A. & P., painting kitchens for cash, baking pies at Costco -- so that we could at least finish high school before the bank took the house.

I once wondered if these indignities are what triggered his first bouts of mania. But for as long as I can remember, he was bubbling over or oozing out, as if his own skin could not quite contain him. In winter, he would cover every last ledge of our two-story home in blinking, multicolored and musical Christmas decorations. In summer, he kept a large vegetable garden and carried baskets of tomatoes and zucchini to our neighbors. He was never still [.....]

During his previous manic episode, in 2005, my father was committed to Hagedorn Psychiatric Hospital, a state facility, where he stayed for more than a month. [.....]

["A Madman in Our Midst," Jeneen Interlandi, *The New York Times Magazine*, Sunday, June 24, 2012, pp. 24-28.]

B. 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.

[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 Richard A. Hunter, Wm. Dawson & Sons Ltd., London 1955, p. 149.]

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.]

138. Hunted Bison the traditional way this year . I lay down in a field and accepted a bull bison to sex me . Bull Bisons almost universally prefer anal entry with Humans . I mean , PREFER it ... When he sublated , My partner killed him with a military Tazer .

[Posted by a middle-age man suffering from Schizophrenia, the "bearded lady" disease, who believes he has changed into a woman. He later added that he had played the role of the bison bull for approximately one half hour. See: www.HeleneTigh.com. (Subject also has a Facebook page and a LinkedIn page under a different name.)]

139. One Response to Thoughts on Ancient Hunters

A competent doctor finally examined the two hemorrhoids. One IS a "Bison's Kiss" or Kiva Mark.. The other one gets and warrants colonoscopy within a few weeks. I had, never, in my life, heard of "Meatus". It refers to a Bison Human partial hybrid – not mutant. I NEVER expected to get PREGNANT! I carried my 3rd child, a roughly 3 1/2 LB 8 chromosome match Meatus for over a month. It grew ill and died. A mammalian uterus will eject a dead fetus. I slipped into the bathtub, got in a la Maz position and passed most of it. When I came to, I had 4 inches of thick, ruddish bathtub ring all around. I was covered with yuk like Carrie Underwood at Homecoming. I showered off as much as I saw, hosed by spray as much as what drained. Tired, miserable I went to bed and slept and wept through the night. It took an hour the next morning to clean the bathtub. I saw things on the bottom mat I never imagined I could ever see that came out of myself... I'm still sick, but much better. Next time I need a better council, midwife, or medicine healer. 3 Hospitals turned me away with no clue.

[See also Impressions # 138 posted by this same man -- "Helene Tigh."]

140. And YES I have been on your BeardedLady site many times already. I like it. Thank you!

[Signe Baumann, a highly creative, independent film animator who states that 20 years ago she was diagnosed as being manic depressive. See her link: <https://vimeo.com/50619518>]

141. Thanks much Mike and again, Great Work !! [referring to New Quotation / Comment # 784 on this website]. The fact that I was living and working in close quarters with other guys on board the fishing boats must of had a similar effect on my early breakdowns.

I watched a video this morning on CBS of a bearded lady breakdown in progress. Poor guy.

http://www.cbsnews.com/8301-505263_162-57399843/kony-2012-creator-hospitalized-after-arrest/?tag=morningFlexGridRight;flexGridModule

Take the Best of Care my great friend and colleague,

[name deleted]

142. If Beethoven were sent to nursery school today, they would medicate him, and he would be a postal clerk.

[Andrew Solomon, a lecturer in psychiatry at Cornell University, from his book, *Far From the Tree* -- Scribner (publisher).]

143. Meanwhile, she concedes, in so many words, that the lives of Wilder's siblings were also blighted by sexual repression. Charlotte was the most forthcoming on the subject: a promising poet before the onset of mental illness and an eventual lobotomy, she hinted at her predicament in five "Monologues of Repression," while admitting elsewhere that she'd never managed a "homosexual consummation" because she was "too frigid" even to kiss. The bleakness of such a life -- a bleakness her brother doubtless knew only too well -- was perhaps "one significant root of her breakdown," according to Niven. [.....] That said -- and never mind Niven's previous assertion that sexual frustration may well have led to actual schizophrenia for poor Charlotte -- [.....]

[Blake Bailey, in his review of Penelope Niven's book, *Thornton Wilder / A Life*. The New York Times Book Review. Sunday. Dec. 30, 2012, p. 17.]

144.

Nuts and Bolts

My Friend Nada

Posted on February 15, 2013 by [female name deleted]. In all fairness , I have been considered SMI since 1983 . Dr. [name deleted] , one of the better ones , told me a delusional fantasy can seem more real than reality . I first met my `invisible' friend at [deleted] , a homeless complex in [deleted] . I had heard of her before , at seminary , some years earlier . I had a full size lithograph of her holding a Rose , and in the other a Diploma , which later became a marriage licence .

Her name is Nada and she is generally considered something of a monster here , as am I . She is the nicest , kindest , most thoughtful , loving , Goddess I have ever known . Usually `crazy voices ` come in two categories ; those who berate , hate , and indignify , and those who tell you to do crazy , stupid , or life threatening stunts . Nada is gentle , loving , and supportive . I have met many of her manifestations.

At [deleted] she appeared to me for three days in the [deleted] women's shelter . She looked like BSG's "Six" character played by Tricia Helfer , - in a black leather teddy . She and I did sexual things with each other otherwise unheard of ; not just i the bedroommed shelter , but all over the [deleted] campus . 3000 witnessess saw her pound me down in bed , the astro turf , and the grounds . There were Natives who sat and watched , and spoke Native tongues to her . She had told me that I had actually committed serous , greivous , sins , in the past , but that she felt I had been over

punished for these thoughtless acts . She told me if I accepted her , in time , I would never have to worry again ... It has been more than a year , and I still feel fear , for my life . My conversion to Bahai Faith is considered grounds for cold blooded murder in some quarters , here . Rather Like St Paul I converted to a religion I knew nothing about ; but am as enthusiastic as any neophyte . My first assignment was to give away all my clothes to the Watkins thrift store , and go to the men's overflow shelter . It happened to be payday (SSA) so it only meant one night. The shelter filled up by 10 pm and lights out . The capacity sign said 50 people and it was full up . I said , calmly , in a soft yet audible voice : "I am Josef Carmen Anzaluuda . Carmen is my Christian name I am a Sonoran Girl Tonight , I am your designated Sublationist " .

I danced slowly , snake , on the floor , then child pose and up to table top . My clothes were on at all times . I danced , slowly , sensually , sexually , like an Orion Slave Girl . I heard very few words . Mistakes or flaws were associated with coughs . Good stuff by hearing low , moans of pleasure as they slept . Some got up , quietly , and bedrolled out . I was astounded at how many men became incontinent . I danced from 10 pm til 2 am , and the shelter , still two thirds full , smelled like a horrendous outhouse . I went outside , and smoked , quietly and undisturbed , in the fenced 'yard ' I was officially expelled the next day . Since it was payday , I took a bus back to [deleted] , a small town on the res . Nada visited me at the marine motel , where I stayed while looking for an apartment . She taught me positions and trained me like an expert , yet gentle , drill sergeant . She would teach me forms , stretches , exercises , and hold positions . She would also pleasure me in diverse ways . After I found a new apartment , she went away for about two weeks . She came to me one night with an associate 'the green eyed one' , who seemed Hawaiian . She showed me her ...secret ... and anointed my head with yellow oil . Nada said not to worry as this is spiritual , and the physical stuff would have burned a hole through my skull . This way I could be treated , with all benefits , without harmful side effects . Nada led me in exercises for many hours , til past dawn ; and then the green eyed one , watching judicially , touched my crown with her sceptre and said , You are a High Queen of the Be Hai . I fell into a deep sleep after that . I know not to speak of such things because it is a fast track to the Hospital de Mentales ; and others swear murder and mayhem and revenge for my outrageous "claims " . They are not my claims , I report my experiences ...Before all this I was a behavioral scientist , and believe me , I would have called it dissociative schizophrenia , pretty much ... MANIFESTATIONS OF NADA : BSG's "Six" character , a larger , husky black haired native / viking mix (beowulf,, she says) , a white poodle we call puddles because she is incontinent , but is know locally and seen by ambulance people as the 'safety dog' , who apparently stays with critical patients on the ambulance ; A very

cute , petite , black "Gorn from Star Trek " , with a huge , toothy smile and a delightful sense of humor . She sometimes wears oil on her tiny , black scales . She can breathe fire like godzilla , and Natives say she has been known to `gobble people up ` . She told me I could to , but I'm little and should save the bones for her . So ,if I swallow someone whole , I make sure to spit bones . Crunchy , munchy bones , for Nada . She one appeared as a devilish monster called a whip -oor-whill - like some almost ghoulish apparition with a bisons skull and long fast arms , like bull whips . They Shriek something awful , and are very scary . They did some bedside service to me once , and afterward , She told me I passed , and comforted me the rest of the night .

YET TO COME :

" There is no inside , there is no outside . My skin is not a DMZ between myself and everything else . I am connected to all things . I am congruent with Nada " – Nada

[NOTE: This comment was "posted" by a middle-age man who suffers from paranoid schizophrenia, the "Bearded Lady" disease. (jmm)]

145. [Name deleted] continues to improve. She has been off the anti-psychotic for a couple of weeks now. Psychotherapy is not really an option here. I talk with her when the opportunity arises. She told me that she had a dream where she was growing a beard. I brought up your book again and gave her the copy that I bought. I even shared some of the content of my own psychotic breaks and why your theory makes so much sense to me. She still seems to be stuck in the middle of the road, but I hope that she can settle on one side or the other. Being able to establish a loving, meaningful relationship would be the Best medicine, in my opinion.

[The above message was from the author of "A Personal Account of Schizophrenic Breakdown and Recovery". See on this website.]

146. 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.

[*Homosexuality, A Psychoanalytical Study of Male Homosexuals*, Irving Bieber et al., Vintage Books, Random House, New York, 1962, p. 310. (Please see also Quotation/Comment #481 in the book "Schizophrenia: The Bearded Lady Disease.")]

147. 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 mas-

turbation conflict – often immediate precursors of grave psychosis – and of the various homo-erotic and autoerotic procedures, on the other.

[Harry Stack Sullivan, M.D., "Schizophrenia as a Human Process", W. W. Norton & Company, Inc., New York, 1962, p. 326.]

148. Freud makes an early reference in his "Three Contributions to the Theory of Sex," in which there is offered the hypothesis that the development of female sexuality contains important variations from that of the male in that the center of interest must shift in the pattern from the clitoris to the vagina -- the clitoris and the penis having similar likeness. the vagina being the typically female organ. Further light is shed from later writings on the "castration complex" and "penis envy" in women, and the possibility of problems arising in the female as a result of physiological difference receives attention. In brief, the psychic development of woman must undergo an adjustment similar to that in the physiological realm, if she is to attain adulthood.

[Clara Thompson, M.D., "Notes on Female Adolescence", Chapter XIII, pp. 262-3, in Personal Psychopathology / Early Formulations, by Harry Stack Sullivan, M.D. (W.W. Norton & Company. Inc. New York. 1972, 1965 by the William Alanson White Psychiatric Foundation. First Edition. With Introduction by Helen Swick Perry.)]

149.

Hi Michael,

I am writing to let you know I am leaving [deleted] to live near my daughter in the [deleted] suburbs. They are picking up my shipment tomorrow and then I'll be gone. The house is listed with a realtor and I'm hoping someone will come along and want it sooner than later. I don't know when I'll get my computer set up again. I'm moving into a senior independent living apartment building.

Chatted with [female name] for a very brief time via Facebook and this is what he said to me: "You are not even real . I am proven to be [female name] and you would still pass a lie detector . perhaps it would be different if you could face the day , but you can't."

It's a bit sad for me to know that I will probably never see him again.... brings me tears....but he doesn't acknowledge me as his mother and there's nothing I can do about it.

You know I have hundreds of his old emails (I've sent you a lot of them) and I'm really wondering why I keep them. I guess I always thought it would

be an interesting read if put into book form but I'm just not up to it. Besides it carries so much pain for me.

Thanks, Michael, for the books you sent me and for the encouragement too. [Name deleted]

[The writer of the above message is the mother of a middle-aged man who has suffered from paranoid schizophrenia, the "bearded lady" disease, for a good part of his life -- delusionally believing he has become a woman, both physically and emotionally. (See the link "A Mother's Anguish" on this website, and also the "PROLOGUE".) He has cycled in and out of numerous psychiatric hospitals over the years.]

150. Salt Lake City -- H. Rachelle Graham, who has spent the last 15 years battling depression's chokehold, was finishing up an exercise session at Utah's largest mental health provider when she got the news that she would no longer be treated there.

Citing budget cuts, the non-profit agency, Valley Mental Health, was removing Ms. Graham and some 2,200 other people from its roster and transferring them to other providers, a change that mental health advocates said was striking in its size and sweep, even in these austere times.

"It was devastating," Ms. Graham said. [...]

Ms. Graham, 35, said she started cycling in and out of hospitals when she was 20. She was raised Mormon, but said she struggled as a teenager to reconcile the church's views on homosexuality with the realization that she is bisexual. She said she had tried to kill herself with a drug overdose, and had struggled to fight off crippling depression and anxiety while juggling the demands of holding down a job and keeping an apartment.

She found an outlet in writing -- she has published one young-adult novel through a small publisher of lesbian fiction -- and found solace in group therapy and group discussions at Valley Mental Health with other people trying to cope with mental illness. [...]

[Jack Healy, "Utah Mental Health Cuts Leaving Patients Adrift", The New York Times, July 25, 2013, p. A17.]

*Note bene: In the words of the brilliant Bulgarian psycho-analyst, Julia Kristeva -- **Sexual identity guarantees our psychic unity.***

151. Mr. Manning [Pfc. Bradley] has reacted stoically to the conditions of his imprisonment, much of it in solitary confinement, although others, including his legal team and Amnesty International, have loudly protested his treatment. In one of his chats with Mr. Lamo [Adrian], he contemplated a

life behind bars, which could be especially difficult for him because of his struggles with his gender identity.

"I wouldn't mind going to prison for the rest of my life," he wrote to Mr. Lamo, "or being executed so much, if it wasn't for the possibility of having pictures of me plastered all over the world as a boy."

["Loner Sought a Refuge, and Chose the Army", By John M. Broder and Ginger Thompson, The New York Times, Wednesday, July 31, 2013, Front-page / page A13.]

152. While in Iraq, where he downloaded 700,000 secret government files that he sent to WikiLeaks, Private Manning responded with angry outbursts when he was chastised over minor misconduct, went "catatonic" [schizophrenic] at times while talking, e-mailed a photograph of himself dressed as a woman to a supervisor, and was found in the fetal position with a knife, witnesses said. [...]

Prosecutors pushed back, suggesting that the understaffed intelligence unit was doing the best it could with what it had. And Mr. Adkins, noting that psychologists never pronounced Private Manning unfit for duty, said he had hoped to help the young soldier get through the deployment so that he could be honorably discharged. [...]

Even before the unit deployed to Iraq, Mr. Adkins had referred Private Manning for a mental health screening because he had angrily responded after being criticized for missing a formation.

And in December 2009 -- a month before he started sending files to WikiLeaks -- Private Manning shoved a chair and shouted when he was chided for losing a key. Soon after, as he was being counseled for being tardy, he flipped over a table, dumping two computers to the floor, and was put in a headlock by another soldier until he calmed down, several witnesses testified. [...]

In April 2010, Mr. Adkins wrote another memo to behavioral psychologists, noting his "instability was a constant source of concern" and that it included "frequent catatonic [schizophrenic] periods," like when he stopped talking and went blank in the midst of a briefing. [...]

That e-mail was titled "My Problem." In it, Private Manning told Mr. Adkins that he had been struggling with something "for a long time" that was "haunting me more and more as I get older." Attached to the e-mail was a picture of him wearing a blond wig and makeup.

Then, in early May, Mr. Adkins was called to the classified information facility because Private Manning was in the "fetal position" in a storage room, "clutching his head as if he was in pain." At his feet was a knife, and he had carved the words "I WANT" in a chair. [...]

But later that same shift, Private Manning punched another soldier in the face. When a higher-ranking officer, Capt. Tanya Gaab, who also testified on Tuesday, found out about the incident, she banned him from coming into the information facility again. Weeks later he would be arrested.

["Manning Played Vital Role in Iraq Despite Erratic Behavior, Supervisor Says", by Charlie Savage, The New York Times, August 14, 2013, p. A14.]

A Personal Account of a Journey Through Madness

Mike, I would write the memoir story - but I would consider this like a job. I don't want to spend a lot of time analyzing myself and daydreaming. However I think that it could be fun writing it.

I can tell you that my delusions started when I was around 27 when I was studying at the university. I was very stressed at that time. I barely spoke English and at the university they told us to read around 30 books in English per year, we had lots of additional reading for classes every two weeks too. It was impossible for me to learn all that when I hardly understood what I was reading. I was also physically tired I had to travel to this university for 7 hours (one way) twice a month. I remember that once when I was waiting at the platform I saw some man I was convinced that it was my professor dressed in a different way that he was there to follow me, to find out more about me.

Mike what do you think?

* * *

My life in my family has been unhappy most of the time. My mother who is the closest person to me never understood me, never supported me no one in fact in my family did. Whatever ideas I had in the past trying to do something to change my life to have a better future was always met with criticism from them. They were always discouraging me when I tried to be independent. It is as if they spoke "different language" from my own. We are totally different emotionally. I am a sensitive, understanding they aren't. I try not to hurt people and anyone who is close to me with what I say. They do it most of the time and don't feel a sense of guilt over it. I think that most of the people in the world are like that. I have two older sisters. They are very controlling and domineering always asking me inquisitive questions not only about my private life but what I do on a daily basis. They call me "child". I think that whenever someone calls anyone a child it means that she/he wants to dominate you. How can anyone feel free, well like that? You can only feel small and insignificant. When you are so "restricted" emotionally you aren't likely to become a strong, successful. You aren't able to grow up emotionally and be independent. I am not surprised that there are so many adults-children in the world, immature people.

With such emotional background I plunged into two unsuccessful relationships. I had my first mental breakdown when I was around 28 years old after break up with my boyfriend with little experience in people and human psychology I tricked myself into believing that the person with whom I was corresponding on the internet was my literature professor (so strong were my

delusions). He sent me a photo in which the person looked like him. I would enter a chat room on the internet in which I was convinced was the professor. Initially I would join the conversation with the people there, but soon many people wanted to talk to me in "separate windows" I gradually became convinced that these people were one person – the professor and the conversation in the chat room was all written not by many people but by him. I became convinced that he was trying to send me some "secret message." What I would do would be to save on my computer, one computer page of that conversation and by reading it for several hours I would try to decode the "message" I decoded several of such messages which would "tell" me to burn all my photos to throw away all my clothes which I did, my jewelry, some of the books. These were all things of good quality. I became so addicted to the internet that I spent around 7 months "decoding" those messages on the internet which was a laborious process lasting several hours every day. My outlook changed. I cut my hair, I started to cover all the attributes of my feminine look. I didn't go out anywhere. If I went somewhere I was convinced that I was followed, that people knew me, were talking about me. I was spending hours locked up in my room, lying depressed in my bed with the curtains drawn. After a few months I came to believe that it wasn't only one professor who was sending me the coded messages but all the professors from the department on which I was studying.

It all stopped when my computer broke down, but I transferred reading of "coded" messages from those on the internet to reading them in the letters which I was receiving. I received once a letter from my university and I was convinced that my professors were sending me there a coded message in which was the date, the hour when they would call me. In another letter which I received from a bookstore advertising books I "decoded" that my professors wanted me to meet them. What I would do was to get on the train and go to the place where my university was – 7 hours one way. I would wait for them on the railway station and in front of the university but they never showed up. (To this day I don't like going by train in my country.) A few weeks later it became worse and worse I think that my parents started giving me psychiatric drugs without my knowledge and consent. I stopped speaking completely to my family. I would utter a few sentences per week. I was afraid to go out of the house. I was convinced that people were following me, knew me, were talking about me. I was convinced that the priest from the Catholic radio station which my mother was listening, was talking there about me in "coded" words. I also thought that the professors from my university were watching me through a satellite and knew what I was doing when I was outside of my house. Later I stopped going out of my house, I would spend hours in a room adjacent to mine and observe what was going on in houses next to mine to see what the people were doing and how they were behaving being convinced that everything had a meaning. I saw once people going in the street I thought that my professors arrived and that they were "showing" me some messages with the way they were walking (some behind others) (To this day I

don't like spend a lot of time in this room.) I didn't understand what was happening to me. I would spend evenings for several months in complete darkness I didn't want to show my neighbors that anyone was living on the floor of my house. I thought that I was observed by people (It is all very strange when I think about it now.) I had no control over my behavior, it is as if some stronger force was pushing me to behave like that. I think that the psychiatric drugs were pushing me to behave like that.

I had lots of crying periods without a reason. I was very aggressive towards myself. At that time my father was drilling in our new bathroom making huge noise in the house. It lasted all days long for weeks. I would bang my head against the wall. I would also beat my head, my legs with my fists with all my force. I had plenty of bruises over my body. The noise and the drugs made me full of violence for myself. I lost control over my behavior and over what was happening in my mind. The drugs made me feel worse. I couldn't understand what was happening to me. I think that pharmaceutical companies make huge profits making people feel miserable on the assumption that the cause of mental illness is chemical. If the drugs were actually so effective people who take them for long years would be healthy after years of chemical therapy but it isn't like that. The drugs made me violent, more delusional. I felt tremendous mental pain. I had daily panic attacks which lasted for weeks.

One day my parents asked the priest to come to the house to talk to me, as I stopped talking to them and was isolating myself. He came and asked me why I wouldn't talk to him or anybody. The experiences from the internet were still fresh all the time in my mind. I didn't want to talk to him and my parents locked the door so that I couldn't get out of the house. I felt really bad and humiliated that they put me in such a situation. I wanted to go to my university that day to "meet my professors" and they held me locked in the house. They didn't allow me to open the door and were watching me to stay inside. Another day they asked a psychiatrist to come and visit me. She came and was aggressive and imposing herself on me. I barely spoke at that time. I must have been taking huge doses of the psychiatric drugs. Once my father called for an ambulance to take me to hospital. I was terrified and afraid of people. I locked the door to the part of the house where my room was. When the doctor arrived they couldn't enter. My father damaged the door. When they entered my floor I locked myself in my bathroom and didn't want to go out and talk to them. My father damaged the door to my bathroom too. My father told them to take me to hospital to examine me. I refused to go. They tried to use force. They said that if I don't go with them they will put me in a strait jacket. I think that it was against the law to treat me like that. I was so ashamed that anyone could see me in a strait jacket that I went with them and my father. My father didn't relate to me at that time as normal, sensitive father would to a daughter but simply ordered me to do things. When we got to the hospital I escaped back home.

At that time I was convinced that people spoke in a predetermined way I believed that you could respond to some questions only in a special "pattern". I thought that to some questions there was only one possible response. My thinking was seriously damaged. I watched movies to see how people answered to each other's questions, how they behaved. I thought that people's reactions were also predetermined. I felt very confused and weak. I had a very low self-esteem. I didn't believe in myself and my abilities. I knew nothing about being assertive. I was very suggestible. I didn't know how to relate to people, how not to be used or dominated. I didn't know what were "psychologically normal" behaviors. With such thinking I was easily dominated by my family. At that time I came to believe that the professors sent someone for me to bring me in the car to them. Every time I left home I would take all the personal things with me hoping for the car to stop and take me to the university. Once I left the house in the evening and went to the bus stop (There was a huge noise in my house from the drilling) I waited at the bus stop for the car. I was in such a bad state that if some car stopped and the driver offered to give me a lift I would think that it was the person sent by the professors to take me to them and I would go with him. In this way I could be easily kidnapped. Fortunately no car stopped to offer me to give me a lift. Another time I came to believe that the professors wanted to meet me not far from my house. It was evening I would go to the place near which there was forest and complete darkness. Fortunately nothing bad happened to me.

All the time at that time because of the drugs I heard constant ringing in my head - the sound of the ambulance. I was afraid of police cars I thought that they were following me when I saw one. I would speak to myself convinced that the professors could also hear me in my house. I felt very lonely. The habit of speaking to myself would remain with me for the next years being on the psychiatric drugs all the time. When I was with my next boyfriend waiting for him to come home from work I was in such a bad mental state that I needed several hours to talk to myself to be able to utter any sensible sentence to him when he came home. I felt all the time tense and unconfident. I would talk for several hours to myself before he came home not to sound too depressed. I came to believe that if he saw me depressed he would lose interest in me and leave me which he eventually did months later. I think that if the man does it for such a reason it means that he is immature. Life is never pink. If he couldn't give me support in such moments it means that life with him would be a disaster. There are a lot of men who want their girlfriends to look good, to be happy, stable. Very few people look if they are compatible in opinions, and mentality. Maybe that's why so many relationships are unhappy or fall apart.

I was standing in a shop yesterday I saw a young mother with a small child who wanted an ice cream. She didn't want to buy it to him telling him that he is ill. The boy started crying. I think that that she should have bought it to him and explain to him that ice cream aren't too good for the health and can cause cholesterol. I am sure that the child would become more responsible. Some

mothers don't talk to their children, don't explain things to them. In this way the child will always feel like a child – small and confused. I think that parents should guide their children starting from the small age teaching them about life and the world explaining things to them, and keeping an eye on them so that they don't make a mistake in the life.

I think that people become mentally ill and depressed because they aren't respected by their families. In my family people aren't polite they will not ask you to do something with "Can you..." phrase but just simply tell you do this or that. I feel very bad when my family doesn't ask me politely to do things. I think where there is culture, politeness there is more understanding and support between people. People don't become hysterical. I always end up with a mental collapse after my sister's visit. When she was here last time she would tell me in the street to "go faster" to "wait." She had a remote control to my person and was changing the channels. She kept telling me that I have a mental problem that there is something wrong with me, telling me that I am a weak person because things like noise disturb me. I have to be assertive in my family. My sister is very domineering and controlling very similar to my mother.

There is a man who has a cottage in the forest near my house. He keeps on pounding on the metallic roof repairing it probably making huge noise. He has been doing it for several months now. The cottage is very small. I think it is very sadistic as he keeps on doing several hours per day every day. My windows are closed and I can hear unbelievable noise. I told my mother that it is sadistic and that this man has no consideration for the neighbors. I told her that I would go to this guy and tell him to stop. She replied that it isn't a problem for her and that I exaggerate and that I have a problem. This is how my mother can understand me. I think that depressions and mental illnesses are caused by such "understanding" mothers as my own. Another day on Sunday she criticized me for cleaning the carpet on that day (when people go to church) Sometimes I don't feel that I live in my own house. Such things can gradually drive people on the brink of mental breakdown.

Yesterday I wanted to make a phone call, my mother saw me standing near the phone and asked me who I was calling. This is limitation of my freedom. It happened before in the past. I really feel depressed because of this. I am an adult and she wants to control me and my life. They say that people become depressed and mentally ill due to chemical imbalance in the brain. I think it is so untrue. I don't think that chemicals in my brain make me hurt and consequently depressed but my family's actions towards me do. Yesterday I also noticed that some of my things have been damaged. I think that my father does it. In my bathroom I found some stains on my bath sponge. I also noticed paint stains on the floor. It happened also in the past. I often found my things in different places than I had put them. I now lock the door of my room whenever I leave the house.

Some time ago I was having a number of bisexual dreams. Once I dreamt that I masturbated and I felt frustrated and wished that I had a penis. I think that

it points to my bisexual conflict that I would like to have a masculine part of the body and not a feminine one like breasts. In another dream I dreamt that I made love to a woman. I felt really fine after the dream. I once dreamt also that I was dancing with a woman and later with a man. I think that it points to my bisexual nature. A few months ago I also dreamt that I had no breasts and in that dream I saw my sister with a baby. I also dreamt that I made love to a woman with breasts and penis. When I was ill I thought all the time that I have a GPS attached to my clothes (gloves, shoes, jackets, bags, watch- which I threw away because of this) and that I am followed by the whole town. I read almost everything in the online Truman library "to decipher" in my mind the coded messages I thought my friend who owns the website with whom I am in love for our secret meeting. I also thought that he was sending me coded messages via email. I would act under the influence of the moment and go to a different town or very far in the mountains to meet him. I was afraid of the cameras. I thought that people were taking photos of me. I thought that everybody knew me and that everybody was talking about me. I was also afraid of numbers. Anything which seemed illogical to me like this mark and a number 111 or long numbers. I also thought that some things which I watched on TV were untrue or done on purpose to send me some sort of message like the fires in California at the end of last year. I thought that people did that on purpose. I also saw at that time a program on some plane which – which they built (the biggest in the world) which could take several hundred people on board. I thought that this was untrue. I thought that the people were trying to send me some message. The reminiscence of it all is very painful for me. I have made a huge recovery thanks to my friend. At that time I also thought that people were eaves dropping my phone calls, that everything was planned (to destroy me, to persecute me.) When I was ill I didn't realize that I was ill and that something was wrong with my thinking. Once I went to a telephone booth from which I wanted to call my friend. I noticed some woman who was sitting there. I thought that he was dressed up as this woman. I think that it points to my bisexual conflict.

Today I wanted to rake the grass which my father had cut yesterday. I wanted to take it to a nearby forest, my father ordered me to burn it. I told him not to tell me what to do and he called me an idiot and was shouting at me across the street. Does anyone has any doubts why people become mentally ill? It is curious that in normal loving families people don't become depressed and mentally ill. The previous year in winter there was a lot of smoke in the hall in my house from the coal oven which we have to heat the house. I opened the window to air the hall and my father ordered me to close it. When I opened it again he put nails onto the window so that I couldn't open. In the next weeks I became paranoid. It is hard for me to believe that it was due to chemical imbalance in my brain. I became ill because of my crazy father.

I think that my bisexual conflict made me ill twice, caused me delusions. (The atmosphere in my house made it worse). The conflict between my masculine and feminine self if I understand this well with predominance of my masculine side. I

think that I was confused to which gender I belong feminine or masculine. I repressed my masculine side which caused my paranoia. It took me awhile to discover my feminine side. I feel well now thanks to my friend Mike. It has been a long journey in my psyche. I wish everyone who is afflicted with any mental problems to undergo psychoanalysis, this is the only cure which can help, no drugs can help. I think that drugs can only confuse you more. The psychiatrists I think have no idea how to treat mentally ill people, they have no idea for a successful talk therapy. They are so little "intelligent" that the only thing they can offer is drugs which are dangerous for the mind and body.

My message to all the mentally ill people is: Don't talk about your problems to chemical psychiatrists - they have no clue what you are going through. It won't help you to talk to someone who doesn't understand your problem.

Mike I was yesterday in the mountains. I saw many mothers with small children. They were shouting at their kids and were despotic driving the kids to hysteria and crying. You see this a lot in my country. I really don't like it. Parents can't talk to their children and be reasonable with them and use a sense of humor to calm them down. The kids are intelligent people and would listen to the reasonable arguments of their parents. I think that some parents consider their kids a possession not human beings with feelings.

When I was ill I had lots of delusions. Very often there was a helicopter flying over my house. I was convinced that the people inside were making a "movie" about what was going on in my room. (I don't draw curtains) I thought that they were sent by someone to see what my room looked like and what I was doing. I was very noise sensitive at that time (probably due to the drugs) Whenever I heard someone use a horn several times in the street, when I was out I thought that they wanted to upset me and did that on purpose to make me feel like this. I would become hysterical and irritated very easily (also probably due the drugs.) If I went out for a walk with my mother I believed that she was recording our conversation to show it to the psychiatrist. I know now that mentally ill people very often have these sort of illusions of being followed or they believe that their conversations are recorded. Now I realize only this, that people in my country are mainly impolite (noisy drivers, people here aren't so kind, open and friendly like in the US. In such an unfriendly, stressful atmosphere you are more like to become ill) I think that someone should give the people here and everywhere in the world a LOVE LESSON. Now I realize that these were only delusions and that people should say to each other more often I LOVE YOU.

I recently had a dream that I made love to a woman. I think that it points to my bisexual conflict. I think that the psychiatrists who think that drugs cure depression are wrong. Psychoanalysis seems like the best therapy where patient talks about what bothers him without being interrupted too much and asked too many questions thus being able to gain insight to his problem. I once went to a psychologist who asked lots of inquisitive questions which had nothing to do with my depression. I felt much worse when I left his office. I don't recommend to

anyone suffering from depression or schizophrenia going to a psychiatrist who doesn't offer psychoanalytically oriented therapy. This kind of psychiatrist is going only to offer the psychiatric drugs which are dangerous to the mind and body. They can cause diabetes, heart disease, hair loss, tremors, aggression, irritation, suicidal thinking, blurred vision, paranoid thinking. These drugs don't cure schizophrenia but cause lots of bad side effects. I think that all mentally ill people are unassertive people. The good treatment for them is also assertiveness training.

A Mother's Anguish

Subject: book

Sir,

I have just read about the book *Schizophrenia: The Bearded Lady Disease*. My son was diagnosed with Schizophrenia more than 20 years ago. Along with being psychotic and other similar afflictions. He is now 49 years old. Last year he was hospitalized because of a diabetes problem. They put him in the mental ward of the hospital. While he was there he claimed a doctor offered him a shot to change him into a woman. He accepted this shot and went home and got rid of his clothes and bought women's clothing, make up, wigs, the whole nine yards.

He claims he started having monthly periods and milk coming from his breasts. Now he has officially changed his name to a feminine name and also changed his last name.

I don't want to burden you with anymore details but what I'm wondering is whether or not it would do any good to hand him your book which I have not read myself yet. So far any conversation we have where I don't agree with him he gets very angry and upset.

I'm trying not to write too much but wanted you to hear some of this and perhaps offer your two cents worth.

Thank you.

Mom, [Name deleted for privacy reasons]

A Brief Journal of Healing & Self-Discovery

1. Hi Mike: If one is going through the issues you describe on your website (no diagnosis of schizophrenia, but definitely significant disease in life) and suspects bisexual conflict is the culprit, what advice would you give such a person to get better? Thanks.

[Freudian-oriented psychoanalysis]

2. Hi Mike, Thank you for your response. I was talking about myself. I'm 34 and for last 12 years I've been repressing same-sex attractions/desires and I think to a very negative effect. A memory of a same-sex experience in puberty triggered these attractions and I have tried to push them away out of fear and misunderstanding. I just want to figure out what to do, do the right thing for my brain and spirit and get my life together.

Thank you kindly for your wise words. If you have any further advice or observations on what I just wrote, I would certainly welcome that. Best wishes to you and I think your research touches on an area that many people are afraid to admit exists.

[Name]

3. Hi Mike, I feel like I have rejected a part of me (a part of homosexual feelings), which feels like a part of me. I judged myself and pushed that part away until it knocked louder and louder. I did not embrace it and give it love, like a father gives his child. That part of me started feeling unsafe. There is an ego part of me that rejected me. I don't see why there should be such a judgmental part of me always in control.

I think this is a deep observation. Please keep me in your prayers, send me some good energy, so that I continue in joy and calm my journey into maturity as a human.

4. Thank you, Mike. How did you arrive to think that Freud was 99% right in his conclusions?

[Name] [by reading all 24 volumes of his collected works, inter alia]

5. Hi Mike, Have you heard of homosexual compulsive disorder? I suspect this is what I have. It's really just obsessions.

[Name]

6. Hi Mike, I don't mean to be difficult. This is what I know about potential causes of my condition, whatever label I attach to it. I grew up being attracted to women, but age 14 I had a gay experience with a friend of mine. The memory of this experience came back to me at age 22 when I was going through difficulties in my love life with women — I was having trouble finding a girlfriend at that time for about a year. The memory of that gay experience freaked me out. The memory came back to me during a mushroom hallucinogenic trip. It was preceded by some negative thoughts about my mother always being in my business. I eventually forgot about all this until about half a year later when I met a woman and unfortunately ended up failing to perform sexually with her which in turn caused me to really freak out. I then remembered anew that gay experience in puberty and I concluded that I must be gay. I don't know how much more can be analyzed. What do you think?

7. Hi Mike, Likewise. I plan on doing some psychoanalysis. I want to learn what else I "don't know" about myself.

Feel free to use the "sanitized" text of my emails, I hope it helps someone. I don't know if I have schizophrenia [he does not], but whatever I'm dealing with causes me anguish and if it helps others I'm all for it.

Thanks for your time, Mike. I had a pretty good day today. I had a pretty strong thought today that sex life is very important today, and found myself feeling very attracted to a sexy latina woman. It felt quite nice, and unlike other times it did not feel as manic as it used to in the past.

Take care, I'll keep you updated on my progress, Wish me well.

8. Hi Mike, Thanks. think the biggest source of my conflict is that I enjoyed my same sex experience with my friend at age 14 and I am uncomfortable with the notion that I may have a desire for this sort of experience again, which is not in line with my inherent heterosexual sex drive. I don't know how to resolve these competing urges. The memory of that experience came back at age 22 along with those urges.

I find it difficult to make sense of all this, and I had been hoping that those urges would go away. I think that was the wrong approach, but I'm not sure what the right and healthy approach is. I guess I need to figure that out for myself.

I hope that didn't sound like I'm feeling sorry for myself.

What do you think of this, Mike?

9. Hi Mike, Was it on your website that you wrote that a person with a bisexual conflict has to either accept homosexuality or mature into

heterosexuality? [yes] What exactly does maturing into heterosexuality entail?

Thanks.

[Name]

10. Sorry that I'm spitting out these emails but I can't sleep.
 I'm having a difficult time connecting with the notion that what happened to you from ages 0 to 9 can have an effect on how you feel now. Any advice. [psychoanalysis] Keep in mind I've never been a parent. Thanks

11. Hi Mike, I read #528. [Quotation/Comment # 528 in "Schizophrenia: The Bearded Lady Disease"] I get what it is saying. I think in the end there's a part of me that would like to change what gives me that great orgasm. It used to be women, but ever since 22 it was men that have been an excitation. I don't even know if this is something that I have any say or control over or am I simply spinning my wheels.

Afterword

In every case of mental illness, if one digs deeply enough, the factors of bisexual conflict and gender confusion in the causation of the condition become readily apparent. This is a fixed law of nature, no more – no less. It is hoped that anyone taking the time to read completely through these works will agree with this assessment. If not, then it would appear that no amount of proof would be sufficient to convince the skeptic.

The one Quotation in *Schizophrenia: The Bearded Lady Disease* which best summarizes what mental illness is all about is contained in the statement made by the person many consider – and correctly so – to be the most famous psychiatric patient to date, namely, the German judge, Dr. jur. Daniel Paul Schreber, author of *Memoirs of My Nervous Illness*, published in 1911. As Sigmund Freud said of him: "The wonderful Schreber ... ought to have been made a professor of psychiatry and director of a mental hospital." Interestingly, Freud never included the following quotation from Schreber in his own case study of Schreber's madness.: "I would like to meet the man who," wrote Schreber, "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 Schreber is explaining here is that the only way an insane man can regain his sanity is to accept his female side, as he himself had partly done while hospitalized for his paranoid schizophrenia. And although he didn't further expound on this deep truth, or law of nature, the exact same criterion applies equally to women, namely, that for an insane woman to regain her sanity, she must first accept her masculine strivings. That these opposite-sex strivings always carry a powerful affect of homosexuality with them is what makes them so terrifying to most people and is the reason they are so violently repressed and denied, thereby leading to mental illness. This is the basic lesson to be learned from Schreber's experience of madness and the lesson the compiler of these two volumes of research material pertaining to schizophrenia and mental illness in general, has tried to emphasize and demonstrate in this study. Hopefully it has not been in vain.

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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 re-cognizable 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 [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 psychoanalytic 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 'amok,' 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.

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, 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.]

The Toxic Affect of Undischarged Libido

A.

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 affects 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 affect 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.

[Quotation / Comment # 528 in "Schizophrenia: The Bearded Lady Disease", by J. Michael Mahoney.]

B.

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.

[Quotation / Comment # 503 in "Schizophrenia: The Bearded Lady Disease", by J. Michael Mahoney]

C.

A transition between these endogenous increases of excitation and the psychological affects in the narrower sense is provided by sexual excitation and sexual affect. Sexuality at puberty appears in the first of these forms, as a vague,

indeterminate, purposeless heightening of excitation. As development proceeds, this endogenous heightening of excitation, determined by the functioning of the sex-glands, becomes firmly linked (in the normal course of things) with the perception or idea of the other sex---and, indeed, with the idea of a particular individual, where the remarkable phenomenon of falling in love occurs. This idea takes over the whole quantity of excitation liberated by the sexual instinct. It becomes an 'affective idea'; that is to say, when it is actively present in consciousness it sets going the increase of excitation which in point of fact originated from another source, namely the sex-glands.

The sexual instinct is undoubtedly the most powerful source of persisting increases of excitation (and consequently of neuroses). Such increases are distributed very unevenly over the nervous system. When they reach a considerable degree of intensity the train of ideas becomes disturbed and the relative value of the ideas is changed; and in orgasm 1.thought is almost completely extinguished. 1. ['Orgasmus' in the first and second editions. In later editions this is misprinted "Organismus".]

Perception too---the psychical interpretation of sense-impressions---is impaired. An animal which is normally timid and cautious becomes blind and deaf to danger. On the other hand, at least in males, there is an intensification of the aggressive instinct. Peaceable animals become dangerous until their excitation has been discharged in the motor activities of the sexual act.

[Dr. Josef Breuer, in the "The Complete Psychological Works of SIGMUND FREUD". Volume II (1893-95). "Studies on Hysteria". Drs. Josef Breuer and Sigmund Freud, pp. 200-01.]

"Struck by Living"

by
Julie K. Hersh

My story of recovery with ECT
www.struckbyliving.com

Note: Please also reference Carrie Fisher's "Shockaholic" -- First Simon & Schuster hardcover edition, November 2011.

"Happily, none of the stories I'd previously heard about ECT turned out to be true anymore. Spoiler alert! You're given a short-acting anesthetic and a very effective anticonvulsant, you go to sleep for about ten minutes, and your big toe moves a bit, which is all that remains of the bone-snapping thrashing of old. And whereas before my brain had felt it was set in cement, leaving me...I don't know, kind of stuck, the ECT blasted my Hoover Dam head wide open, moving the immovable."

[Carrie Fisher, "Shockaholic," pp. 19-20.]

IST (Insulin-Shock-Therapy)

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 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.

["Homosexuality and Psychosis in Perversions, Psychodynamics and Therapy" -- by Gustav Bychowski, M.D. Edited by Sandor Lorand, M.D. Random House, Inc. New York. 1957, p. 105.]

Autism

- A. A terrifying aspect of the psychosis called primary infantile autism is its quietness: since the baby is conveniently quiet, since such babies are "good" babies, parents think everything is fine. Either the baby "was born quiet" or, though noisy and annoying at first, he stopped crying, just as the pediatrician said he would, when his crying was ignored. At two years the baby does not talk. Well, the parents are told, some babies are late talkers. Sometimes the full horror is not perceived until a nursery school teacher says the child seems "retarded" and does not get on with other children. Deprived of social stimulation, the child has "obeyed" his parents' wishes — he has grown indifferent to society. The wish that the child be quiet has become the magic jest — the child is quiet forever.

[Jules Henry, *Pathways To Madness*, Random House, New York, 1965, 1971, p. 289]

- B. But a mother who is available (not a "quiet" mother), who finds it hard to stay away, will be there often, even without a peep from the baby. Science knows nothing about the quiet babies that have been born to supremely available mothers; because those babies are compelled to join the human race by the loving energy of their mothers, they never come to the attention of doctors or psychologists. Finally, even a noisy baby born to a quiet mother may become autistic, never become human, because he never got the necessary social stimulation. Mrs. Jones* in this book and Mrs. Portman in my "Culture Against Man" are withdrawn mothers who do not go to their babies. In such situations the pediatric folklore advises against spoiling the child by too much attention, counsels the mother to teach the baby "who is boss," diagnoses prolonged crying as mere "fussing," unworthy of concern, and explains that the baby is only "crying for attention." All this supports the mother who stays away from her baby. No other culture has invented so many excuses for keeping a mother away from her infant.

[Jules Henry, *Pathways To Madness*, Random House, New York, 1965, 1971, p. 288]

- C. A mother's availability to her child is always affected by her relationship with her husband, and in pathology, her availability to the child may be incompatible with her availability to her husband. As we saw in the Jones case, if a man needs his wife as *his* mother, he will not tolerate her being the child's. Since, in general, people do not know that *isolation alone* can impair the mind, only tradition, as in tribal society, or love, as in our own, makes a

parent available to an infant for the necessary length of time. A father interested only in himself — "available only to himself" —who thinks only of his own need, can compel a troubled mother to withdraw from her child. In my experience one of the most striking qualities of the mothers of autistic children is that they are not bizarre, and although their later* children may be troubled, they are far from psychotic. The relationship between husband and wife, however, was bad; and in all but the Wilson family, the relationship was miserable during the time when the child was becoming autistic. But I think that Mrs. Wilson concealed the reality of the relationship in the early days.

[Jules Henry, *Pathways To Madness*, Random House, New York, 1965, 1971, p. 290]

- D. *Domestic desertion — leaving a child to cry unattended — is often impossible in tribal societies because tribal peoples do not tolerate a mother's leaving her child alone this way, and because there are usually plenty of people around to take care of a baby if his mother has to be away. Thus private enterprise regarding babies, and the shutting up of families away from one another in apartments and houses so that the cries of their children cannot be heard by outsiders, is a gift to us from civilization — and so, of course, therefore, is autism.

[Jules Henry, *Pathways To Madness*, Random House, New York, 1965, 1971, p. 41]

- E. Norma went to play with a friend. The Wilson's and I sat in the parlor, and Mrs. Wilson did 90 percent of the talking. She spoke with enormous intensity about Donald, their autistic child — mostly about her guilt. She said she had neglected him, and this neglect seemed to stem from about the second or third year of his life. She did not go in when he cried; she paid no attention; she left him alone in his playpen. She said that under these circumstances one could never expect a child to grow up normally. He never had a chance to see anything, to interact with anybody, to learn how to deal with human beings. She grasped at straws in an effort to explain his condition according to causes other than neglect, but she really felt that fundamentally it was all her fault. She described, for example, the time when she and her husband went off for a couple of days and left Donald with a sitter, and when they came back his face was all black and blue. The sitter said Donald had fallen off the toilet seat but Mrs. Wilson did not think that would have done it. She doesn't know what happened, but ever since then he stopped singing. Before that he used to sing beautifully. He used to stand up in his crib, shake the crib and sing.

She said a doctor had told her Donald needed to have his tonsils and adenoids removed; and when she took him to the hospital the anesthetist clapped the mask over his face and then the operation was performed. After that Donald began to run back and forth.*

*Autistic children have bizarre, stereotyped movements. A common one is to run back and forth, always in the same way, and often even along the same pathway.

[Jules Henry, *Pathways To Madness*, Random House, New York, 1965, 1971, p. 297]

- F. I have not been the only one to whom this parallel between camp experience and a child destroyed by his earliest experiences has occurred. It seems to force itself on the mind if one thinks and cares deeply for the victims of the holocaust. Another of Paul Celan's poems, "Death Fugue" ("Todesfuge"), bears this out. It was this poem which immediately established him as Germany's — and probably Europe's — most important poet of his generation. To convey the ultimate desperation reigning in the death camps, he evokes the image of a mother destroying her infant.

*Black milk of dawn we drink it at dusk
we drink it at noon and at daybreak we drink it at night
we drink and we drink.*

are the poem's first lines; and later on

*Black milk at dawn we drink you at night
we drink you at noon death is a master from Germany^[1]*

When one is forced to drink black milk from dawn to dusk, whether in the death camps of Nazi Germany, or while lying in a possibly luxurious crib, but there subjected to the unconscious death wishes of what overtly may be a conscientious mother — in either situation, a living soul has death for a master.

[*SURVIVING - and Other Essays*, by Bruno Bettelheim. Alfred A. Knopf, New York, 1979, pp. 110-111]

- G. Observing the mortal anxiety which regularly underlies the symptomatology of these children, I was, for a time, much taken by Pious's views on the role of *mortido* in schizophrenia.^[1] But his views did not fully agree with our observations at the Orthogenic School. In my ruminations, checking

ideas against observations, it occurred to me that once before I had not only witnessed, but had also partly described, the whole gamut of autistic and schizophrenic reactions – observed not in children, but in adults in the German concentration camps. These reactions, in many aspects different from person to person, were all responses to one and the same psychological situation: finding oneself totally overpowered. Characterizing this situation were its shattering impact on the individual, for which he was totally unprepared; its inescapability; the expectation that the situation would last for an undetermined period, potentially a lifetime; the fact that, throughout its entirety, one's very life would be in jeopardy at every moment; and the fact that one was powerless to protect oneself.

[*SURVIVING — and Other Essays*, by Bruno Bettelheim, Alfred A. Knopf, New York, 1979, p. 115]

- H. The difference between the plight of prisoners in a concentration camp and the conditions which lead to autism and schizophrenia in children is, of course, that the child has never had a previous chance to develop much of a personality. However, the youngster who develops childhood schizophrenia seems to feel about himself and his life exactly as the concentration camp prisoner felt about his: deprived of hope, and totally at the mercy of destructive irrational forces bent on using him for their goals, irrespective of his. Under such conditions the egos of most people are unable to give protection against the devastating impact of the external world; they are unable to exercise their normal task of assessing reality correctly or predicting the future with reasonable accuracy, thus making it impossible to take steps to influence it. Such egos appear not worthy of investment with vital energy by the total personality. Most of the very limited vital energy remaining available to a person under extremely debilitating conditions remains at the disposition of the id, and too little is available to the ego for it to exercise adequate influence and control over either the inner life or external reality.

One must not disregard the crucial difference between the life of a prisoner in a concentration camp and that of a child who becomes schizophrenic; however, their emotional responses to externally entirely different situations are strangely similar. To develop childhood schizophrenia, it is sufficient that the infant is convinced that his life is run by insensitive, irrational, and overwhelming powers, who have total control over his existence and do not value it. For the normal adult to develop schizophrenic-like reactions, this actually has to be true, as it was in the German concentration camps.

In our work with schizophrenic children, we found again and again that their schizophrenic symptomatology was not just a reaction to parental attitudes such as rejection, neglect, or sudden changes in mood. In addition,

specific events, different for each child, has convinced these children that they were threatened by total destruction all of the time, and that no personal relations offered any protection or emotional relief. Thus the psychological cause of childhood schizophrenia is the child's subjective feeling of living permanently in an extreme situation – of being totally helpless in the face of mortal threats, at the mercy of insensitive powers motivated only by their own incomprehensible whims, and of being deprived of any intimate, positive, need-satisfying personal relationship. Three examples may serve to illustrate.

One set of parents, for reasons of their own, and with no basis other than the child's reactions to the complete neglect to which they subjected him, decided that their son was feeble-minded. Since he supposedly did not understand conversation, they spoke freely in front of him about how he ought to be put away, and how he should never have been born. His subsequent autistic withdrawal led to his being sent to an institution for feeble-minded children where he was also badly neglected and often deprived of meals as a punishment. This added to his conviction that his parents wished to kill him through starvation.

[*SURVIVING - and Other Essays*, by Bruno Bettelheim, Alfred A. Knopf, New York, 1978, pp. 117-118]

- I. Basically, what such a child needs is a mother free of the self-centered emotional demands so many mothers make, so that he can benefit from mothering without having to respond to it; so that he is free to respond in his own good time and his own schizophrenic way. Thus he can begin to reestablish his autonomy.

For the child must be able to recapture autonomy not only in the treatment room, and not only in regard to his emotions. To begin life anew, the total, extreme situation which destroyed his autonomy must be replaced with a total living situation which he can master. As he was overwhelmed by his environment, now he must be able to control it within reason, and to control it successfully. This means the environment must be simple; it must not offer complex challenges, nor make complicated demands. The need of such children for consistency and their desire for simple routines must be stressed. Basically, the child has to feel as safe, protected, and in command of his environment as the happy infant may feel in his cradle.

We cannot put a schizophrenic child in a cradle, not only because he is no longer an infant, but also because it would violate whatever feeling of self-respect he might have acquired, deprive him of whatever negative autonomy he might have achieved through his symptoms, and restrict his freedom of movement and expression. Instead, we must provide the child with an environment that creates only those slight challenges and stimuli which are

compatible with the utter security an infant should know in his crib. We must protect the child from any hostility coming from the external world, particularly from his parents; we must provide maximum need-satisfaction; and we must demand very little socialization, so that the demands of the environment are cut down to a minimum while the pressures of his impulses become reduced. When living under such conditions, even a very weak ego can begin to function more adequately.

[*SURVIVING - and Other Essays*, by Bruno Bettelheim, Alfred A. Knopf, New York, 1979, pp. 122-123]

- J. In regard to the origin of childhood schizophrenia, it can be said that the mother's pathology is often severe, and in many cases her behavior towards her child offers a fascinating example of an abnormal relation.

[*SURVIVING - and Other Essays*, by Bruno Bettelheim, Alfred A. Knopf, New York, 1979, p. 114.]

- K. Returning to childhood schizophrenia, it should be mentioned that, much to our surprise, we found quite a number of schizophrenic children who, at the crucial point in their rehabilitation when they were ready to reintegrate their personalities, also began their new life symbolically, so much so that they underwent again the experience of being born.^[5] One autistic boy told his therapist about it at the moment he was symbolically giving rebirth to himself through hatching from an imaginary egg. He said, "I laid myself as an egg, hatched myself, and gave birth to me. You know, that happens to very few people." [Note that this autistic-schizophrenic boy has unconsciously identified himself in the female, maternal role, as being a hen laying an egg, and then hatching it. —JMM]

^[5] I detailed one such case, illustrating both the severity of the extreme situation which led to a child's schizophrenic withdrawal and the process of her symbolic rebirth, in *Truants from Life*, and another in *The Empty Fortress*.

[*SURVIVING - and Other Essays*, by Bruno Bettelheim, Alfred A. Knopf, New York, 1979, p. 124]

- L. If the demands of the authority figures are consonant with the culture, if the child observes that the demands are approximately the same as those made by his parents on others or on themselves, he will not feel the precepts of the authorities as arbitrary or unjust. If however, the authority is irrational or driven by anxiety, or if the modes of punishment become ends instead of means, the child may begin to protect himself by deceiving himself and his parents, by concealing what is going on within him. He may use verbalisms to

avoid punishment and learn the use of "as if" performances to deceive the authority, deceiving himself in the process.

If the child's signals for the need for tenderness, approval, or affection are met with marked anxiety, being made fun of, being taken advantage of, or being hurt, instead of the tenderness he requires, what Sullivan [Harry Stack] calls the "malevolent transformation" takes place. This is a basic confusion in the relation of stimulus and response, much like turning on the hot water faucet and receiving a cascade of ice cold water. In the shower, it may result only in a mistrust of plumbing, but in an area as vital as the need for tenderness, approval, and affection, it results in much more distressing consequences. It results in the conviction that one lives among enemies and can expect no satisfaction of needs outside oneself. An additional consequence of the development of the malevolent transformation is that it vitiates the trust in others so necessary for the progressive experience of unthwarted personality development. It also results in others being repelled by the child's attitude so that the child is never able to benefit from experience with potentially kind and friendly people.

[Earl G. Witenberg, *American Handbook of Psychiatry (Ch. 40 - The Interpersonal and Cultural Approaches)*, Second Edition, Basic Books, Inc., New York, 1974, pp. 848-849]

- M. The mechanism by means of which the infant's signals may cause anxiety in the mother may be readily imagined and will, of course, depend upon the existing personality of the mother and her state of mind at the moment. A mother beset by anxiety about a current marital problem will be anxious in the interchange with the infant. A mother with low self-esteem in regard to her womanliness will find her baby's needs threatening, since they cause her to face the very area of her anxiety. But the means by which the anxiety of the mother can cause anxiety in the infant are less easy to explain. If the infant is newborn with an as yet poorly developed perceptual apparatus, it will be difficult to understand by what means he will perceive the anxiety of his mother. In order to explain such perceptions, Sullivan [Harry Stack] postulates the existence between the infant and the mother of a quality called "empathy." By this he means the emotional contagion by which the infant may become aware of the emotional state of his mother without the mediation of any of the sense organs.

Given anxiety in the mother, the infant becomes anxious and experiences the state Sullivan terms insecurity. Thus, lack of security is the result of interpersonal deficit as the presence of security is the result of interpersonal adequacy. The presence of the tension of needs is a sign of physiological disequilibrium; the presence of the tension of anxiety is a sign of interpersonal difficulty. As satisfaction is to the tension of needs, security is to

the tension of anxiety. The perception of this tension of anxiety causes the infant to become uncomfortable and to signal this discomfort, but for the infant there is no relief because the mother has no way of relieving it. Severe psychopathology results from intense anxiety early in life. Severe anxiety does not convey any information about experience. It erases any experience or occurrence that may have preceded or accompanied it.

[Earl G. Witenberg, *American Handbook of Psychiatry (Ch. 40 - The Interpersonal and Cultural Approaches)*, Second Edition, Basic Book, Inc., New York, 1974, p. 846]

- N. The infantile ego contributes to the mother-baby configuration its own main preoccupations, which are self-preservation, security, the reduction of tension and anxiety, so that there may be a comfortable basis for life and growth. Such a baby in interaction with a good mother will, of course, suffer some anxiety, some frustration, but these will be of moderate amount and will be neutralized by mother's support and her own security, so that the child is free to develop and differentiate. It would seem that the infant whose mother is emotionally ill in the fashion described will itself experience increased anxiety because of increased need and also by empathy or resonance with the mother or by internalizing her. This child, whether or not it has a constitutional liability to anxiety, will be subjected from the beginning recurrently to greater quantities of anxiety than children of good mothers are required to carry. Not only is the child influenced by the mother's anxiety and tensions and difficulties, but the child's evidence of tension and anxiety in response to the mother will, of course, increase the mother's tensions, perhaps to the point at which she no longer is able to function even as a good caretaker of the young animal, the baby. This mutual augmentation of tensions or building-up of reciprocal anxieties would seem to be a factor in disturbing the growth of the infantile ego in such a manner that it becomes liable to schizophrenia [autism]. The term "aphanesis," [i.e., autism] as defined by Ernest Jones, would seem to apply to the state into which these infants must have gone repeatedly. This is a state in which all sensory avenues are open, and at the same time all avenues of activity and discharge are closed. The child is incapable of any effective behavior, muscular or mental, to remove the bombardment, the painful stimuli. The device upon which the child would appear to hit is that of going out of contact, becoming somnolent, withdrawn. This, if mistaken by the mother for relaxation and sleep, can permit the child some relief from the mother's tensions. It would

seem to us that this sort of event, oft-repeated, must be the prototype of the catatonic [autistic] episodes of later life.

[Lewis B. Hill, M.D., "Psychotherapeutic Intervention in Schizophrenia," The University of Chicago Press, 1955, 1973, pp. 138-139]

- O. Jessy, the 8-year-old daughter of Clara Clairborne Park, would step around a spot of light on the floor for hours, or incessantly run a chain through her fingers. She would sit and stare through people as though they were not there. A word she learned one day would fade from her memory the next.

That was more than 40 years ago, when autism was barely understood, much less recognized, as a standard diagnosis. It was considered schizophrenia, or, to some professionals who embraced the term "refrigerator mother," a deep-seated decision to closet consciousness from an unbearable family situation, including an emotionally [and sexually] frigid mother.

[Dennis Hevesi, Obituaries (Clara Clairborne Park, 86, mother of Jessy), *The New York Times*, July 15, 2010, p. B15]

- P. Yet even the closest mother-infant relationships are embedded in a dense social environment, as in this description of !Kung hunter-gatherer infants in Botswana, which Hrdy quotes:

"From their position on the mother's hip they have available to them her entire social world. When the mother is standing, the infant's face is just at the eye-level of desperately maternal 10- to 12-year-old girls who frequently approach and initiate brief, intense, face-to-face interactions, including mutual smiling and vocalization. When not in the sling they are passed from hand to hand around a fire for similar interactions with one adult or child after another. They are kissed on their faces, bellies, genitals, sung to, bounced, entertained, encouraged, even addressed at length in conversation long before they can understand words."

The mother does not have to assign the care of the baby to an older child, nor does the grandmother have to take over for there to be enough support to make life easier and more pleasant for the mother. The fact of a mother at home alone with an infant or toddler is a new one in human experience, and it may not be "natural" for either.

This becomes clearer with careful measurement. Ann Cale Kruger, a developmental psychologist who analyzed !Kung responses to crying, found that in timed, coded behavioral observations someone other than the mother helped respond to a baby's cry in most cases. Even the longest crying bouts, those over thirty seconds (!Kung infants aren't left to cry very long), evoked a non-maternal effort half the time. However, she also found that the number of longer crying bouts in which the mother was *not* involved was zero. These

findings confirmed that although mothers are not alone in meeting the challenges of baby care, they can have a uniquely important role.

["It Does Take a Village," by Melvin Konner, in his New York Review of Books review (December 8, 2011, p. 38) of "Mothers and Others: The Evolutionary Origins of Mutual Understanding," by Sarah Blaffer Hrdy. Belknap Press/-Harvard University Press.]

A Great Awakening

Hi Mike, [J. Michael Mahoney]

Right now I am writing this email in regards to this lady in her mid-40's who states she fears she may be slipping into psychosis because of her lack of sleep. She says that she is a psychotherapist and she is describing taking some psychedelic last year. I have turned her on to your website and theory along with [Dr. Edward J.] Kempf's paper. I guess I should recommend her to read quote 528?

Your friend and colleague, John

[Subject's e-mail to "John", with her permission to publish it on this website.]

The aftermath of my journey is too difficult and complicated to describe. I'm not trying to be evasive, but it would take at least a few hours just to give a nutshell summary of what's happened. Suffice it to say, very, very bad things have been happening to me on mental, emotional, physical, spiritual, social and energetic levels. I've completely, totally fallen apart. The fact that I'm able to type this right now is actually enormous improvement.

Something that what you said brings up for me, though, that's relevant ... as I was coming out of my journey, as I regained consciousness, I found myself locked in an incredibly intensely sexually charged embrace with a woman, my legs wrapped around her. She was the facilitator's assistant. I'm told I had screamed, "I need help. I've lost my mind," and she held me in a yab-yum style embrace until I came to. I have never felt such intense sexual energy in my life. Prior to the journey, as we had gone around and discussed our intentions, she had mentioned her longing for a partner. I had related to that, because I long for one, too (a male). So as I was coming out of the journey and super-charged around her body, all of a sudden, my entire world was turned upside down as I realized (still in a semi-psychedelic state) that this was the obvious solution to her and my longing for a partner and grief about there not being enough good men. It had been right in front of my face this whole time. To feel in such an intense, visceral way my attraction and longing for her was more foundation-shaking than I can possibly describe. I had thought myself to be open to the idea of being with a woman, but until I felt quite how strongly that possibility rocked my world when it arose, I hadn't realized how much my worldview centered around "men and women."

As the medicine wore off, of course, I started finding things wrong with her, just as I would have with a man. But having had that experience really made me wonder. After the journey, I decompensated so badly that I hadn't even thought much about that experience. But now you're bringing up this bisexual nature thing, and I wonder how that might have influenced everything that unfolded for me afterwards.

[*Note: The definition of the term "yab-yum" (see para. 2 above in Subject's e-mail to "John") can be found through an internet search.]*

A Freudian View on Masturbation

A. LETTER 79^[1]

..... It has dawned on me that masturbation is the one major habit, the 'primal addiction' and that it is only as a substitute and replacement for it that the other addictions — for alcohol, morphine, tobacco, etc. — come into existence.^[2] The part played by this addiction in hysteria is quite enormous; and it is perhaps there that my great, still outstanding, obstacle is to be found, wholly or in part. And here, of course, the doubt arises of whether an addiction of this kind is curable, or whether analysis and therapy are brought to a stop at this point and must content themselves with transforming a case of hysteria into one of neurasthenia.^[3]

[Sigmund Freud, Vol. I, *The Complete Psychological Works of Sigmund Freud (Extracts From the Fliess Papers)*, the Hogarth Press and the Institute of Psycho-Analysis, London, 1953, p. 272.]

B. In confirmation of my suspicion Dora gave me two facts from her conscious knowledge: She herself had frequently suffered from gastric pains, and she had good reason for believing that her cousin was a masturbator. It is a very common thing for patients to recognize in other people a connection which, on account of their emotional resistance, they cannot perceive in themselves. And, indeed, Dora no longer denied my supposition [of her childhood masturbation], although she still remembered nothing. Even the date she assigned to the bedwetting, when she said that it lasted "till a short time before the appearance of the nervous asthma" [p.73], appears to me to be of clinical significance. Hysterical symptoms hardly ever appear so long as children are masturbating, but only afterwards, when a period of abstinence has set in;^[1] they form a substitute for masturbatory satisfaction, the desire for which continues to persist in the unconscious until another and more normal kind of satisfaction appears — where that is still attainable. For upon whether it is still attainable or not depends the possibility of a hysteria being cured by marriage and normal sexual intercourse. But if the satisfaction afforded in marriage is again removed — as it may be owing to *coitus interruptus*, psychological estrangement, or other causes — then the libido flows back again into its old channel and manifests itself once more in hysterical symptoms.

[Sigmund Freud, Vol. 7, *The Complete Psychological Works of Sigmund Freud (A Case of Hysteria)*, the Hogarth Press and the Institute of Psycho-Analysis, London, 1953, pp. 78-79.]

C. There is another question that I might draw your attention to, which has been dealt with too little in our discussions: that of 'unconscious' masturbation. I mean masturbation during sleep, during abnormal states, or fits. You will recall the many hysterical fits in which masturbatory acts occur in a disguised or unrecognizable way, after the subject has renounced that form of satisfaction, and the many symptoms in obsessional neurosis which seek to replace and repeat this kind of activity, which has formerly been forbidden.^[1] We may also speak of a therapeutic return of masturbation. A number of you will have found on occasion, as I have, that it represents a great advance if during the treatment the patient ventures to take up masturbation once more, though he may have no intention of making a permanent stop at that infantile halting-place. In this connection I may remind you that a considerable number of precisely the most severe sufferers from neurosis have avoided all recollection of masturbation during historic times, while psychoanalysis is able to prove that that species of sexual activity had by no means been strange to them during the forgotten earliest period of their lives.

But I think the time has come to break off. For we are all agreed on one thing — that the subject of masturbation is quite inexhaustible.^[2]

[Sigmund Freud, Vol. XII, *The Complete Psychological Works of Sigmund Freud (A Discussion of Masturbation)*, the Hogarth Press and the Institute of Psycho-Analysis, London, 1953, p. 254.]

D. In the final stages of Schreber's delusion a magnificent victory was scored by the infantile sexual urge; for voluptuousness became God-fearing, and God Himself (his father) never tired of demanding it from him. His father's most dreaded threat, castration, actually provided the material for his wishful phantasy (at first resisted but later accepted) of being transformed into a woman. His allusion to an offence covered by the surrogate idea 'soul murder' could not be more transparent. The chief attendant was discovered to be identical with his neighbor von W. [p. 39f], who, according to the voices, had falsely accused him of masturbation (108). The voices said, as though giving grounds for the threat of castration: 'For you are to be *represented* as being given over to voluptuous excesses.'^[1] (127-128.) Finally, we come to the enforced thinking (47) to which the patient submitted himself because he supposed that God would believe he had become an idiot and would withdraw from him if he ceased thinking for a moment. [See p. 25.] This is a reaction (with which we are also familiar in other connections) to the threat or fear of losing one's reason^[2] as a result of indulging in sexual practices and especially in masturbation. Considering the enormous number of delusional ideas of a hypochondriacal nature^[3] which the patient

developed, no great importance should perhaps be attached to the fact that some of them coincide word for word with the hypochondriacal fears of masturbators.^[1]

[Sigmund Freud, Vol. XII, *The Complete Psychological Works of Sigmund Freud (Notes on a Case of Paranoia)*, the Hogarth Press and the Institute of Psycho-Analysis, London, 1953, pp. 55-56.]

E. 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 fantasy 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 timelag between conscious awareness of a particular fantasy 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 fantasy abreaction his anxiety had completely disappeared, along with his 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.

[*Schizophrenia: The Bearded Lady Disease*, by J. Michael Mahoney, AuthorHouse, Bloomington, IN, 2003, Quotation/Comment # 528.]

F. 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 miracle 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.*

[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. 68.]

G. At a later stage in this paper I intend to return to a discussion of some further objections; but in the meantime I shall consider myself justified in maintaining the view that the basis of Schreber's illness was the outburst of a homosexual impulse. This hypothesis harmonizes with a noteworthy detail of the case history, which remains otherwise inexplicable. The patient had a fresh 'nervous collapse' which exercised a decisive effect upon the course of his illness, at a time when his wife was taking a short holiday on account of her own health. Up till then she had spent several hours with him every day and had taken her midday meal with him. But when she returned after an absence of four days, she found him most sadly altered: so much so, indeed, that he himself no longer wished to see her. 'What

especially determined my mental breakdown was a particular night, during which I had a quite extraordinary number of emissions — quite half a dozen, all in that one night.^[44] It is easy to understand that the mere presence of his wife must have acted as a protection against the attractive power of the men around him; and if we are prepared to admit that an emission cannot occur in an adult without some mental concomitant, we shall be able to supplement the patient's emissions that night by assuming that they were accompanied by homosexual phantasies which remained unconscious.

The question of why this outburst of homosexual libido overtook the patient at precisely this period (that is, between the dates of his appointment and of his move to Dresden) cannot be answered in the absence of more precise knowledge of the story of his life. Generally speaking, every human being oscillates all through his life between heterosexual and homosexual feelings, and any frustration or disappointment in the one direction is apt to drive him over into the other. We know nothing of these factors in Schreber's case, but we must not omit to draw attention to a somatic factor which may very well have been relevant. At the time of this illness, Dr. Schreber was fifty-one years old, and he had therefore reached an age which is of critical importance in sexual life. It is a period at which in women the sexual function, after a phase of intensified activity, enters upon a process of far-reaching involution; nor do men appear to be exempt from its influence, for men as well as women are subject to a 'climacteric' and to the susceptibilities to disease which go along with it.^[1] [.....]

We shall therefore, I think, raise no further objection to the hypothesis that the exciting cause of the illness was the appearance in him of a feminine (that is, a passive homosexual) wishful phantasy, which took as its object the figure of his doctor. An intense resistance to this phantasy arose on the part of Schreber's personality, and the ensuing defensive struggle, which might perhaps just as well have assumed some other shape, took on, for reasons unknown to us, that of a delusion of persecution. The person he longed for now became his persecutor, and the content of his wishful phantasy became the content of his persecution. It may be presumed that the same schematic outline will turn out to be applicable to other cases of delusions of persecution. What distinguishes Schreber's case from others, however, is its further development and the transformation [Schreber's delusional self-transformation into a female] it underwent in the course of it.

[*Notes on a Case of Paranoia*, in *The Complete Psychological Works of Sigmund Freud*, Volume XII (1911-1913), the Hogarth Press and the Institute of Psycho-Analysis, London, 1958, pp. 45-48.]

Pre-Adolescent Sexual Life in The Trobriand Islands (Circa Early 20th Century)

A. But if there could be any doubt about the facts of this difference between the classes and about its cause, such doubts should disappear when we turn to Melanesia. Here certainly the facts are different from those found among the educated classes. As we saw in Chapter Five, the early sexual indecencies, clandestine games and interests are absent. In fact, it might be said that for these children the categories of decent-indecent, pure-impure, do not exist. The same reasons which makes this distinction weaker and less important among our peasants and even our bourgeois act even more strongly and directly among the Melanesians. In Melanesia there is no taboo on sex in general; there is no putting on any veils on natural functions, certainly not in the case of a child. When we consider that these children run about naked, and that their excretory functions are treated openly and naturally, that there is no general taboo on bodily parts or on nakedness in general; when we further consider that small children at the age of three or four are beginning to be aware of the existence of such a thing as genital sexuality, and of the fact that this will be their pleasure quite soon just as other infantile plays will be — we can see that social factors rather than biological explain the difference between the two societies.

The stage which I am now describing in Melanesia — that which corresponds to our latency period — is the stage of infantile independence, where small boys and girls play together in a sort of juvenile republic. Now, one of the main interests of these children consists of sexual pastimes. At an early age the children are initiated by each other, or sometimes by a slightly older companion, into the practices of sex. Naturally at this stage they are unable to carry out the act properly, but they content themselves with all sorts of games in which they are left quite at liberty by their elders, and thus they can easily satisfy their curiosity and their sensuality directly and without disguise.

There can be no doubt that the dominating interest of such games is what Freud would call 'genital,' that they are largely determined by the desire to imitate the acts and interests of elder children and elders, and that this period is one which is almost completely absent from the life of better-class children in Europe, and which exists only to small degree among peasants and proletarians. When speaking of these amusements of the children, the natives will frequently allude to them as 'copulation amusement' (*mwaygini kwayta*). Or else it is said that they are playing at marriage.

It must not be imagined that all games are sexual. But there are some particular pastimes of small children in which sex plays the predominant part. Melanesian children are fond of 'playing husband and wife.' A boy and a girl build a little shelter and call it their home; there they pretend to assume the functions of husband and wife, and amongst those of course the most important one of sexual intercourse. At other times, a group of children will go for a picnic where the entertainment consists of eating, fighting and making love. Or they will carry out a mimic ceremonial trade exchange, ending up with sexual activities. Crude sensual pleasure alone does not seem to satisfy them; in much more elaborate games it must be blended with some imaginative and romantic interest.

A very important point about this infantile sexuality is the attitude of the elder generation towards it. As I have said, the parents do not look upon it as in the least reprehensible. Generally they take it entirely for granted. The most they will do is speak jestingly about it to one another, discussing the love tragedies and comedies of the child's world. Never would they dream of interfering or frowning disapproval, provided that the children show a due amount of discretion, that is, do not perform their amorous games in the house, but go away somewhere apart in the bush.

But above all the children are left entirely to themselves in their love affairs. Not only is there no parental interference, but rarely, if ever, does it come about that a man or a woman take a perverse sexual interest in children, and certainly they would never be seen to mix themselves up in the games in this role. Violation of children is unknown, and a person who played sexually with a child would be thought ridiculous and disgusting.

An extremely important feature in the sexual relations of children is the brother and sister taboo, already mentioned. From an early age, when the girl first puts on her grass petticoat, brothers and sisters of the same mother must be separated from each other, in obedience to the strict taboo which enjoins that there shall be no intimate relations between them. Even earlier, when they first can move about and walk, they play in different groups. Later on they never consort together socially on a free footing, and above all there must never be the slightest suspicion of an interest of one of them in the love affairs of the other. Although there is comparative freedom in playing and language between children, not even quite a small boy would associate sex with his sisters, still less make any sexual allusion or joke in their presence. This continues right through life, and it is the highest degree of bad form to speak to a brother about his sister's love affairs, or vice versa. The imposition of this taboo leads to an early breaking up of family life, since the boys and girls, in order to avoid each other, must leave the parental home and go elsewhere. With all this, we can perceive the enormous difference which obtains in the juvenile sexuality at this stage of later childhood between ourselves and the Melanesians. While amongst ourselves, in the educated

classes, there is at this time a break of sexuality and a period of latency with amnesia, in Melanesia the extremely early beginning of genital interest leads to a type of sexuality entirely unknown among us. From this time, the sexuality of the Melanesians will continuously though gradually develop, till it reaches puberty. On the condition that one taboo is respected in the strictest and most complete manner, society gives complete free play to juvenile sexuality.

[Note: Taboos are established only where the tabooed actions invariably have powerful, natural and tempting sexual forces driving them to express and fulfill themselves. — jmm]

[*Sex and Repression in Savage Society*, by Bronislaw Malinowski, Meridian Books, The World Publishing Company, Cleveland and New York, First published 1927, First Meridian printing August 1955, pp. 56-59.]

17 CHILDREN INVOLVED IN SEX RING, POLICE SAY
YORK HAVEN, Pa — A ring of children as young as 7 in a small Pennsylvania community taught each other to have sex, and a half-dozen of them have been charged in juvenile court.

The children, all students at Northeastern Middle School or York Haven Elementary School, hid their activities from adults but readily answered questions asked by police. Their candor was all the more troubling, said Newberry Township Police Chief Bill Myers.

Six children have been charged in juvenile court on charges including rape, involving deviate sexual intercourse and indecent assault, Myers said yesterday. At least one or two have been convicted and sent to juvenile detention facilities, he said; their sentences are sealed by juvenile court.

[Date of article - probably circa 1970's — source not noted — jmm.]

- B. When studying the Trobrianders, it would be futile for an ethnographer to compare them with Europeans, for with us there are innumerable other factors which complicate the picture and contribute to the formation of mental disease. But some thirty miles south of the Trobriands there are the Amphlett Islands, inhabited by people essentially similar in race, custom, and language, but who differ, however, very much in social organization, have strict sexual morals, that is, regard prenuptial sexual intercourse with disapproval and have no institutions to support sexual license, while their family life is much more closely knit. Though matrilineal, they have a much more developed patriarchal authority, and this, combined with sexual repressiveness, established a picture of childhood more similar to our own.^[1]

Now even with my own limited knowledge of the subject, I received quite a different impression of the neurotic disposition of these natives. In the Trobriands, though I knew scores of natives intimately and had a nodding acquaintance with many more, I could not name a single man or woman who was hysterical or even neurasthenic. Nervous tics, compulsory actions or obsessive ideas were not to be found. In the system of native pathology, based, of course, on belief in black magic, but reasonably true to the symptoms of disease, there are two categories of mental disorder — *nagowa*, which corresponds to cretinism, and is also given to people who have a defect of speech; and *gwayluwa*, which corresponds roughly to mania, and comprises those who from time to time break out into acts of violence and deranged behavior. The natives of the Trobriands know well and recognize that in the neighboring islands of the Amphletts and d'Entrecasteaux there are other types of black magic which can produce effects on the mind different from those known to themselves, of which the symptoms are according to their accounts compulsory actions, nervous tics and various forms of obsession. And during my few months' stay in the Amphletts, my first and strongest impression was that this was a community of neurasthenics. Coming from the open, gay, hearty and accessible Trobrianders, it was astonishing to find oneself among a community of people distrustful of the newcomer, impatient in work, arrogant in their claims, though easily cowed and extremely nervous when tackled more energetically. The women ran away as I landed in their villages and kept in hiding the whole of my stay, with the exception of a few old hags. Apart from this general picture, I at once found a number of people affected with nervousness whom I could not use as informants, because they would either lie in some sort of fear, or else become excited or offended over my more detailed questioning. It is characteristic that in the Trobriands even the spiritualistic mediums are *poseurs* rather than abnormal people. And while in the Trobriands black magic is practiced in a scientific manner by men, that is by methods which present small claim to the supernatural, in the islands of the south there are 'flying wizards' who practice the magic which in other parts belong only to semi-fabulous witches, and who make at first sight a quite abnormal impression.

In another community among whom I served my ethnographic apprenticeship, and whom I therefore did not study with the same methods or come to know as intimately as I did the Trobrianders, the conditions are even more repressive than in the Amphlett Islands. The Mailu, inhabiting a portion of the south coast of New Guinea, are patrilineal, have a fairly strict code of repressive sexual morals.^[2] Among these natives, I had noted a number of people whom I had classed as neurasthenics, and therefore useless as ethnographic informants.

But all these tentative remarks, though they are not sheer guesses, are intended to raise the problem, and to indicate what the solution would most probably be. The problem therefore would be: to study a number of matrilineal and patriarchal communities of the same level of culture, to register the variation of sexual repression and of the family constitution, and to note the correlation between the amount of sexual and family repression and the prevalence of hysteria and compulsion neurosis. The conditions in Melanesia, where side by side we find communities living under entirely different conditions, are like a naturally arranged experiment for this purpose.

Another point which might be interpreted in favor of the Freudian solution of this problem is the correlation of sexual perversions with sexual repression. Freud has shown that there is a deep connection between the course of infantile sexuality and the occurrence of perversion in later life. On the basis of his theory, an entirely lax community like that of the Trobrianders, who do not interfere with the free development of infantile sexuality, should show a minimum of perversions. This is fully confirmed in the Trobriands. Homosexuality was known to exist in other tribes and regarded as a filthy and ridiculous practice. It cropped up in the Trobriands only with the influence of the white man, more especially the white man's morality. The boys and girls on a Mission Station, penned in separate and strictly isolated houses, cooped up together, had to help themselves out as best they could, since that which every Trobriander looks upon as his due and right was denied to them. According to very careful inquiries made of non-missionary as well as missionary natives, homosexuality is the rule among those whom the white man's morality has been forced in such an irrational and unscientific manner. At any rate, there were a few cases in which 'evil doers' caught *in flagrante delicto*, were ignominiously banished from the face of God back into the villages, where one of them tried to continue it, but had to give up under the pressure of the native morals, expressed in scorn and derision. I have also reason to suppose that perversions are much more prevalent in the Amphlett and d'Entrecasteaux archipelago to the south, but again I have to regret that I was not able to study this important subject in detail.

[*Sex and Repression in Savage Society*, by Bronislaw Malinowski, Meridian Books, The World Publishing Company, Cleveland and New York, First published 1927, First Meridian printing August 1955, pp. 84-87.]

- C. There are plenty of opportunities for both boys and girls to receive instruction in erotic matters from their companions. The children initiate each other into the mysteries of sexual life in a directly practical manner at a very early age. A premature amorous existence begins among them long before they are able really to carry out the act of sex. They indulge in plays and pastimes in which they satisfy their curiosity concerning the appearance and

function of the organs of generation, and incidentally receive, it would seem, a certain amount of positive pleasure. Genital manipulation and such minor perversions as oral stimulation of the organs are typical forms of amusement. Small boys and girls are said to be frequently initiated by their somewhat older companions, who allow them to witness their own amorous dalliance. As they are untrammelled by the authority of their elders and unrestrained by any moral code, except that of specific tribal taboo, there is nothing but their degree of curiosity, of ripeness, and of "temperament" or sensuality, to determine how much or how little they shall indulge in sexual pastimes.

The attitude of the grown-ups and even of the parents towards such infantile indulgence is either that of complete indifference or that of complacency — they find it natural, and do not see why they should scold or interfere. Usually they show a kind of tolerant and amused interest, and discuss the love affairs of their children with easy jocularly. I often heard some such benevolent gossip as this: "So-and-so (a little girl) has already had intercourse with So-and-so (a little boy)." And if such were the case, it would be added that it was her first experience. An exchange of lovers, or some small love drama in the little world would be half-seriously, half-jokingly discussed. The infantile sexual act, or its substitute, is regarded as an innocent amusement. "It is their play to *kayta* (to have intercourse). They give each other a coconut, a small piece of betelnut, a few beads or some fruits from the bush, and then they go and hide, and *kayta*." But it is not considered proper for the children to carry on their affairs in the house. It has always to be done in the bush.

The age at which a girl begins to amuse herself in this manner is said to coincide with her putting on the small fiber skirt, between, that is, the ages of four or five. But this obviously can refer only to incomplete practices and not the real act. Some of my informants insist that such small female children actually have intercourse with penetration. Remembering, however, the Trobriander's very strong tendency to exaggerate in the direction of the grotesque, a tendency not altogether devoid of a certain malicious Rabelaisian humor, I am inclined to discount those statements of my authorities. If we place the beginning of real sexual life at the age of six to eight in the case of girls, and ten to twelve in the case of boys, we shall probably not be erring very greatly in either direction. And from these times sexuality will gradually assume a greater and greater importance as life goes on, until it abates in the course of nature.

Sexual, or at least sensuous, pleasure constitutes if not the basis of, at least an element in, many of the children's pastimes. Some of them do not, of course, provide any sexual excitement at all, as for instance those in imitation of the grown-up economic and ceremonial activities (see pl. 17), or games of skill or childish athletics; but all sorts of round games, which are played by the children of both sexes on the central place of the village, have a more or

less strongly marked flavor of sex, though the outlets they furnish are indirect and only accessible to the elder youths and maidens, who also join in them. Indeed, we shall have to return later (chs. ix and xi) to a consideration of sex in certain games, songs, and stories, for as the sexual association becomes more subtle and indirect it appeals more and more to older people alone and has, therefore, to be examined in the contexts of later life.

There are, however, some specific games in which older children never participate, and into which sex directly enters. The little ones sometimes play, for instance, at house-building, and at family life. A small hut of sticks and boughs is constructed in a secluded part of the jungle, and a couple or more repair thither and play at husband and wife, prepare food and carry out or imitate as best they can the act of sex. Or else a band of them, in imitation of the amorous expeditions of their elders, carry food to some favorite spot on the seashore or in the coral ridge, cook and eat vegetables there, and "when they are full of food, the boys sometimes fight with each other, or sometimes *kayta* with the girls." When the fruit ripens on certain wild berry trees in the jungle they go in parties to pick it, to exchange presents, make *kula* (ceremonial exchange) of the fruit, and engage in erotic pastimes.^[1]

Thus it will be seen that they have a tendency to palliate the crudity of their sexual interest and indulgence by associating it with something more poetic. Indeed, the Trobriand children show a great sense of the singular and romantic in their games. For instance, if a part of the jungle or village has been flooded by rain, they go and sail their small canoes on this new water; or if a very strong sea has thrown up some interesting flotsam, they proceed to the beach and inaugurate some imaginative games around it. The little boys, too, search for unusual animals, insects, or flowers, and give them to the little girls, thus lending a redeeming aesthetic touch to their premature eroticisms.

In spite of the importance of the sexual motive in the life of the younger generation, it must be kept in mind that the separation of the sexes, in many matters, obtains also among children. Small girls can very often be seen playing or wandering in independent parties by themselves. Little boys in certain moods — and these seem their more usual ones — scorn the society of the female and amuse themselves alone (pl. 17). Thus the small republic falls into two distinct groups which are perhaps to be seen more often apart than together; and, though they frequently unite in play, this need by no means be necessarily sensuous.

[*The Sexual Life of Savages (in Northwestern Melanesia)*, by Bronislaw Malinowski (with a preface by Havelock Ellis), A Harvest Book / Harcourt, Brace & World, Inc., New York, 1929, pp. 55-59.]

[Bronislaw Kasper Malinowski, 1884-1942, social anthropologist, born in Poland.]

"So it may happen that, in presence of the picture Dr. Malinowski here presents to us, we may become aware, not only of a unique contribution to anthropological research, but of suggestions bearing on civilized life and its efforts towards social reform. Trobriand Islanders are a small community living in a confined space; they only supply one of the patterns of savage life, though it may well be a fairly typical pattern. When we study it we find not merely that in this field the savage man is very like the civilized man, with the like vices and virtues under different forms, but we may even find that in some respects the savage has here reached a finer degree of civilization than the civilized man. Comparisons we can thus make furnish suggestions even for the critical study of our own social life. "

H. E. [Havelock Ellis]

Letters to the Editor [year and name of publication not noted]

Rewards at Any Age

To the Editor:

Re "Young Love: The Good, the Bad and the Educational" (Nov. 13): I am a 16-year-old who has been in a relationship for three years now, and I know that my relationship has altered and enriched my life in ways beyond which I could ever list here. It has been educational - helping me both to define myself as an individual and to learn to be part of something greater than myself.

Adults as well as teenagers need to know that teenage relationships can truly be rewarding experiences, which can foster personal growth and development. Why? So that the relationships will be encouraged rather than inhibited.

I can speak only from my experience: I am incredibly happy, and I can only hope that every person has the chance to experience what I feel I have.

EZRA MARKOWITZ

A Personal Account of Schizophrenic Breakdown and Recovery (Name withheld, Unedited)

For educational purposes I am writing a brief biography in hope that it may shed some light on why I experienced a series of psychotic episodes when I was in my twenties. I am writing this mainly for the psychological professionals out there and I am trying to be as honest as possible as best I can remember. A word of caution though — Some of the content is rather raw and frank and could act as a trigger for some people.

When I was around 4 or 5 I remember my Mom taking my older brother and I to Sunday school and church. I remember being in a Sunday school class and the teacher telling us that God was always everywhere and always knew what we were doing at all times. If we were good after we died we would go to heaven; if we were bad we would go to hell and suffer for eternity. I grew up believing this to be real.

My Mom used to play solitary, and she would call it Beat the Devil. Most of the time as the game ended she might say I almost beat him and once and a while she would announce with glee, I beat the Devil. I also remember being over at my aunt's house when there was a thunder storm and after a loud crack of thunder my aunt explaining that the thunder sound was the Devil beating his wife.

When I was around 8 or 9 I started to develop an interest in sex. My experiences were probably pretty normal for most kids growing up though I might have been more on the hypersexual side. There were times when a female cousin or family friend and I made excuses to lie close to one another. Once one cousin of my cousins was mad at me and told my Mom that we were lying close to each other, and I was rubbing something hard against her. My Mom confronted me and I ended up being very ashamed of my behavior.

Once a couple of my male cousins spent the night. I had been very good friend with the one maybe a year younger than me. That night before we went to bed we were fooling around and wrestling on the floor, and when I had him down I started to get an erection when my penis was rubbing against the back of his underwear. We just laugh about it a little bit and then went to bed.

Not long after, when we were at my aunt and uncle's house, I was watching TV, and Liberace was playing the piano. My uncle made the comment that he was a great showman but was queer as a 3 dollar bill. I asked my uncle what queer meant and he explained to me that it meant that he like to sleep with other men. Not too long after that when I was playing with my male cousin in the back yard a minor dispute came up and my cousin ended up calling me queer as a way of getting back at me. It really hurt my feeling at the time because I had just learn what a queer was and it something to be ashamed of.

As a child I was anxious over all. I would worry a lot. I remember even laying in bed at night worrying about worrying. When I was in the 4th grade I had stomach x-rays to see if I had an ulcer. I remember being on a special diet for a while. At times I would get real bad migraine headaches. I also developed a fairly bad stuttering habit and was made to see a speech therapist at school. Sometimes when I would try and talk other kids would make fun of me, and I remember for a while I decided it was better not to try and say anything unless it was really important. It wasn't until I was a teenager that migraines and stuttering gradually ended.

Something strange happened late one evening in the living room of my parents house. It was maybe around 10pm and everyone else had already gone to bed. I had finished watching TV and was headed to bed myself. As I was leaving the living room I suddenly notice hearing this real heavy and loud breathing coming from behind the sofa. It sounded very real to me, but the sofa was against the wall and all of the windows were closed. It freaked me out enough that I went to my parent's room knocked on the door and woke up my Mom. When she came into the living room there was no more breathing sound. I remember her telling me that it must have been just my imagination.

When I was in the 6th grade I made a good friend who lived a couple of miles away. We spent a lot of time hanging out at school together and doing things together outside of school. He was a good looking kid and some of the girls in our class had crushes on him. Some nights on the weekend I would get to stay over at his house. I remember one night as we were getting ready to go to sleep feeling a strong affection towards him.

Girls seemed to be always the objects of our fantasy relationships though. I dreamed of one day getting married and raising a family. When I was in the 8th grade I had a girl friend who was one of the nicer looking girls in our school. We went to a school basketball game and together in the bleachers. I was feeling pretty good about myself at the time until these 3 boys from another school came up and started making fun of me and the way I was dressed. I got so embarrassed that I left and went outside sat in our school bus and started crying. My good friend came out and tried to make me feel better by saying that those guys were a bunch of jerks.

Hunting and fishing had been an important part of my life when I was young. Both were something that I could do with my Dad and my uncles and they seemed to just be very manly things to do. My equivalent of a manhood initiation was when I passed my hunter safety course and was able to get my hunting license carry my own gun and decide for myself when to use it.

After my freshman year in high school we moved away from where I grew up to a small town on the coast. My Dad, who had always enjoyed fishing, decided to give commercial fishing a try. It was tough for me leaving my old friends and the places where I grew up. I was the new kid in school at this high school on the coast, and I was reluctant to make friends. I thought that I would be able to move

back to my old school and finish high school there. I spent most of my time studying and doing my school work at the new school and usually got very good report cards. I didn't have much of a social life except for the fishermen and their families that my parents became friends with. It wasn't until my senior year, when I realized that I would not be moving back to my old school, that I really start to make friends at high school.

A lot of the students at the new school were experimenting with drugs at the time, and they dressed and acted a lot different from the students at school my old. I waited until it was the last semester of my senior year before I smoked any weed. The first couple of times that I smoked it I didn't get high. Then one evening I smoked some with my older brother and when I laid down to go to sleep and closed my eyes I started to see cartoons behind my eyelids.

After we made our move to the coast there was no more church for us kids. My Mom would sometimes go but my Dad would never so my 2 brothers and I started to follow his lead. Beside, in high school I started to learn about evolution and began to think if this part of the Bible was BS then the rest of it must be as well.

I had a couple of English teachers in High school who would analyze the different books that we read through the symbolism that the authors would weave through the plot. This one real good teacher English teacher told us that his college professor once told him if you had to name the greatest American Novel ever written it would have to be Moby Dick because of the symbolism. He said that it was one of the first times that white was used to represent evil; before that black had always been used. He also pointed out the biblical references throughout the book and the significance of the opening line, "Call me Ishmael." He stated that Ishmael in the Bible was the bastard son of Abraham and was cast out into the desert along with his mother and was sometimes known as the wanderer. Another English teacher once told us that this symbolism could become like a game where you could see it in almost everything. She was acting pretty spacey that day and in retrospect I wonder if she could have dropped some psychedelics over the weekend.

I never had a girl friend in high school. I remember this one rather tall girl liking me, but I didn't pursue her. In retrospect I feel that I was feeling self conscious about what other people would think of me having a girl friend taller than I was. Worrying what my parents thought really seemed to influence why I was reluctant to just settle for any girl.

When I went away to college it was in a town close to the place where I grew up, and I was able to reconnect with some of my old friends. My one good friend had married his high school sweetheart when she got pregnant and they were living in a small rental close by. He had begun experimenting with drugs and soon so did I. At first we just started smoking weed and drinking beer, but soon we started to experiment with psychedelics.

Once, after a day of taking LSD, I went home by myself still being kind of high. I remember thinking how phony so many people at college seemed to be. At that time I was also taking psychology 1-A and had recently studied about the various symptoms associated with psychosis. That night, when I was still on LSD, I noticed some of those same symptoms in myself such as delusions and paranoia. I thought to myself that this must be what it is like to be psychotic.

Later that year in college I took a Health Science class and learn that doctors will sometimes give Thorazine to people who are having a bad LSD trip and that Thorazine is also given to psychotic patients to relieve their symptoms. In the section on drug abuse from that Health Science class the drugs were studied in 3 categories: stimulants, hallucinogens, and depressants. Hallucinogens were kind of a special category with marijuana being a mild form. Something else that I recall learning in that Health Science class from either reading or hearing from the professor was that for a person to have good mental health they should have faith or belief in something.

After a couple of years of college I had finished with most of my general requirements, but I couldn't really decide on what I wanted to major in. I really liked commercial fishing so I decided to take a break from college and buy my own small boat with the plan of fishing it during the summer months and going back to college in the fall.

The first year went pretty well. I made some good money as the fishing was pretty lucrative back then. I enjoyed the sense of freedom of having my own boat and being able to make my own decisions on what direction I wanted to go and where I wanted to sell my fish. In retrospect I seemed to be very conscious of my identity of being a fisherman. It was mostly a man's world with a woman fisherman being a rare exception. Women would sometimes go fishing as deckhands, but I only met one that own her own boat.

During this time I did briefly have a girl friend. She was good looking enough and a nice enough person as well, and she seemed to like me also. She was looking to get serious, and I was still in my early twenties and shyed away from a commitment. I often wonder what my life would have been like if I had had nurtured that relationship. At that time I was still partying a lot — drinking and smoking weed mainly. I found that booze would lessen my inhibitions and make it easier to meet women. One night stands began to be fairly common. I did go back to college that fall, but I ended up dropping out before the end to that semester.

The second year of fishing my own boat didn't go as well as my first. I seemed to be encountering many problems with the various electronics on the boat. Once I had to replace a set of batteries that I used to start the engine. As I was being sold a new battery, the man at the marine supply place told me that the battery was the most important part of the boat. As I was fishing by myself, I started to related myself to the boat as a sort of game or fantasy. I came to the conclusion that if you had to name the most important part of the boat it would have to be the compass. Fishermen and Sailors would believe in their compasses

to be true and put their trust in their compasses to get them to where they wanted to go. I thought that this was very much similar to how a Christian would use a Bible. I then started to think about the chart and how magnetic north would vary slightly in its relationship to true north depending on the part of the globe a person was located at. I thought about all of the different churches or denominations and how they interpreted the bible slightly differently or from a different perspective, and I thought about how similar this was to people navigating with their compasses with the various magnetic variations depending on their perspective or location on the globe. I then looked at the chart and noticed how true north stayed the same regardless of your perspective or where you are located at on the globe. At that time I had this real intense sense that I had just discovered or stumbled upon something very significant or just had a very deep insight.

Not too long after this I started to think about how a magnet could affect the compass. Also around that time I had saw a film of a Russian lady using what appeared to be this invisible power radiating from her hands to move objects such as a wrist watch around a table. To me it looked almost like she was using magnetic energy of some kind. I had also read about a type of photography that could photograph auras or energy fields around people and other living organisms. Thinking about a magnet and its positive and negative poles, I started to relate this to the two different categories of drugs that I had learned about in my Health Science class – stimulants and depressants. I started to think about the downers and how they tended to bring out the Id in people. Then I thought about the hallucinogens and how they were in a category by themselves. At the same time I thought about a magnet, having a positive and negative pole, must also have a mysterious point in the middle that is either both positive and negative or neither positive or negative or zero. I thought about this zero point in the middle being where the hallucinogens lie, and then I had another flash of having an extreme insight and thought to myself that being in the middle was being like God.

This was the official kick off of my schizophrenia, and I was around twenty-one years old. Everything was fitting together and making sense to me. I started to call it my theory. It seemed extremely important that I try to convey this information to the right people or people that could better understand what I was talking about. Most people that I would try to explain my theory to would simply reply, "Your not making any sense." I decided that I should stop fishing, put my boat up for sale, and go back to college. Maybe I could find the right people to explain my theory to there.

When I went back to my old college, I first ended up talking with a Astronomy professor and he asked if I wanted to sit in and watch a film he was showing about Astronomy. It was about the universe and different mysterious structures such as black holes. It stated that the gravity of a black hole was so great that light could not even escape.

I then ended talking with the chairman of the religious studies department who was also well schooled in psychology. He kind of reminded me of a psychiatrist in a way. I started to talk to him about the difference between magnetic north and true north. He said that when I spoke about true north he thought that what I was really referring to was my own personal truth. He stated that many people will develop their own personal truth if they don't feel like they can fit into a religion with its collective share truth. He said that he had his own personal truth. When I told him that everything was fitting together and making sense to me he suggested that I read Jung's *Memories, Dreams, and Reflections*. He said that it was written as an autobiography when Jung was in his eighties and it stated how his whole life fitted together and made sense to him. I thanked him for his time and left his office.

I reenrolled in college that fall semester but didn't last that long. I seemed to be having trouble staying focused on the different class material. Then one day I was driving the main road of town when I heard music coming out of my radio. This took me a bit by surprise as my radio had not been working for about six months. It was country music, but the station wasn't quite tuned in. I started turning the tuning knob back and forth, but still the station wouldn't come in clearly. Then I reached down to turn the volume knob up when it clicked, and I suddenly realized that the radio hadn't even been turned on. Later I decided to tell a college councilor about what had happened, and he recommended that I drop out of college. He even made arrangements for me to go to the county mental health facilities for the weekend. When I finally saw the doctor he prescribed *Stellazine* for me, and I left for where I was living at the time. I just took that medicine a couple of times before I stopped taking it. I gradually just started to get back to normal before long.

One thing that I heard around that time stuck with me. I had drove over to my Aunt's house around lunch time and she was there with her boss. I started up and conversation with him, and I must of mentioned something about true north and magnetic north because he said that he knew where true north and magnetic north were the same. He said that he just read about it a couple of days ago in the newspaper and the place was called the Bermuda Triangle or sometimes called the Devil's Triangle. That was the first time I had ever heard of such a place, but I thought that it was significant because just a few month prior I was out on the ocean comparing true north with magnetic north and relating them with the Christian religion. Now I learn there is a place where true north and magnetic north align, and it is sometimes called the Devil's triangle where some ships and planes will sometimes mysteriously disappear.

It was also around this time that the movie *The Exorcist* first came out. After I saw that I also ran into a religious pamphlet explaining the opening scene of the movie with the white and black dogs fighting. It stated that symbolism was from the Tarot moon card. It then stated the famous psychologist C.G. Jung once wrote

that hell is a reality. It then stated that *The Exorcist* was based on a true story. All of this information had a strong impression on me at the time.

That winter I worked in a fish house cleaning fish and unloading boats. In the spring I landed a job working on a pretty good boat with a captain that caught fish. I was making pretty good money at the time.

On my days off, when I drank, I would drink to excess most times. I still like to smoke weed when ever I could also. I had also started to experiment with harder drugs such as cocaine and heroine around that time. A friend of mine that I had worked with at the fish house shot me up with heroine for the first time. I used to have a hard time shooting up so most of the time he would get me off. He used to say that heroine was better than sex. It was like a beautiful woman caressing your whole body he would say. Through him I started to fall in with the group of hard core drug users of the town. I was lucky that I never got addicted to heroine. I guess that I used it maybe 25 or 30 times. I did OD 4 or 5 times and nearly died a couple of times.

While I was fishing that year I started to read some of Jung's work such as Memories, Dreams, and Reflections. I remember reading what he wrote about the fish symbol. He stated that the fish symbol represented Christ and that when ever you kill a fish you are symbolically killing Christ. All of this information plus the drinking and drugs that I would do on shore started to work on my head that fishing season. After a night of drinking my captain and I got in an argument, and I ended up quitting in a port a few hundred miles from home.

I continued drinking as I made my way home. I remember scoring some LSD from some guy that I met in a bar. By the time I got home I was in pretty bad shape. I guess the decision was made that my mom and sister-in-law should drive me to a hospital in the city. I remember being in the back seat as we were driving about 60 mph down the freeway. All of a sudden I saw a guy all dressed in black standing in front of the car. He slowly started to walk around to the driver's side door. I told my mom that she better lock the door. I believe that I reached up and did it for her. He then started to walk back around the front of the car and over towards the passenger's side door. I told my sister-in-law to lock her door, and I remember them telling me that there was no one outside of the car. We were after all traveling 60 mph down the freeway.

When we were got to the hospital I was pretty out of it. It was a general hospital with no special wing for mental patients. Within a day or two I had gotten back to fairly normal with the help of some sleeping medication. It was at this hospital that I met my psychiatrist who I would work with for the next two years.

My psychiatrist pretty much fit the mold of what I thought a psychiatrist should be. He was probably in his 40's, smoked a pipe, and wore tweed jackets with arm patches. When I asked him what had happen to me he said that I had a toxic reaction to the alcohol and Valium I had been taking. He said that the sleep that I had been getting had been the wrong type of sleep. He ordered a head X-ray to see if I had something organic going on.

I told him that symbolism was bothering me, and told him that I had a theory. He didn't seem to want to question me too much about my theory. I ask him what he thought of Jung's theory. He said that he thought Jung was a brilliant man and probably every bit as intelligent as Freud. He said that all a theory is however is a tool that you use to structure your work by, and he preferred to use Freud's theory. After a few days I was released from the hospital and we decided to see each other once a month for an hour.

On one occasion I remember telling him that I think that I needed a girl friend. He said that would be healthy. It was around this time that the gay liberation movement had been gathering steam, and I remember the Pope coming out and making a statement about homosexuality being a sin. A couple of rock stars had recently come out in the media stating that they were bisexual, and that puzzled me why they would say such a thing in public. These guys were rock stars and could have had any woman that they wanted, and I thought if a guy could choose between having sex with a man or a beautiful woman why would they choose a man. When my psychiatrist sensed some confusion on my part, he would say that he had tried them both and had found that women were a lot less messy. I always thought that statement was funny. Once, I told him a story of getting pretty drunk and ending up in a room with whom I thought was a lady prostitute only to suddenly realize that it was a transvestite who was giving me a blow job. I got up and left the room as soon as I sobered up enough to figure it out, leaving the transvestite crying at my rejection. Upon hearing this story my psychiatrist said to me some what angrily that a blow job was a blow job.

Once when I was in his office and he stepped out, I pulled a book off of his shelf and started thumbing through it. I can't recall the exact title, but it was about the ancient Sumerians, the Euphrates valley, and the sacred or magic mushrooms. It stated that the Sumerians considered those magic mushrooms sacred because they appeared almost magically in the morning after a rain, and they were a phallus symbol. I asked my psychiatrist if he thought that drugs made you more creative. He was always pretty honest with me, and he stated that Freud said of himself when he was using cocaine he was the terror of Vienna. My psychiatrist then told me that I should try and stay away from those drug related insights though. I told my psychiatrist of what I had learn a few years prior in my college Health Science course; that for a person to have good mental health they should have faith or a belief of some sort. He said that he didn't think that statement was necessarily true. At the time, many young people who had been into drugs were now deeply into a religion of some sort. I believe that he thought this made them just as messed up. Seeing how I was abusing alcohol and drugs, he told me if I had to believe in something then I should believe in gravity.

My psychiatrist got set me up with several months of disability, and in the spring of the next year I got another job on a pretty good boat. I fished out the year and in the fall when I went to the hospital to see my psychiatrist it was decided that it would be a good idea to go through the 30 day alcohol and drug

detox program. My liver enzymes were high, and I had had two DUI's within six months of each other. Being in my mid-twenties, I was somewhat hesitant about taking on the title of alcoholic. I asked my psychiatrist if he thought that I was an alcoholic as I was leaving his office. He was always very honest with me and he said, "No, but I do think that you are trying to kill yourself." I just looked at him with surprise and thought to myself, "What are you talking about?" Later on when I started thinking about my DUI's and the times that I ODed, I started to realize that he was right. On an unconscious level I was trying to kill myself.

In retrospect, it was a good thing for me to enter the detox program at that time. I met another very good and honest doctor that ran the program. Once, a group of us guys were sitting around a table drinking coffee and discussing whether or not there was a higher power. When he walked by, he asked, "Well, when you went out and got drunk and you don't remember driving home, who drove the car?" I thought that was kind of an interesting argument. He told me on another occasion that another reason why he believes there is a higher power is because humans are the only animal that mates facing one another. I was not sure if that was true, but it was interesting how his thinking went. I also remember asking him once if he thought that I was too crazy to benefit from the detox program, and his reply was that he thought that I was as crazy as I wanted to be.

While I was at the detox program, another psychiatrist came and gave a lecture to our group. A couple of things that he said stuck with me. He said that some philosopher once stated that nonhumans react but humans respond, and the word responsibility means having the ability to respond. He also told us that many times anger is actually guilt turned outward. I think that this anger generated by guilt can also be turned inward in the form of self destructive behavior as was my case.

While I was at the hospital and before I entered the detox program, I made friends with a young man who's original home was located in the tropics. He was planning on returning home the following summer, and he invited me to come along and take a vacation. I think he saw that the rat race was getting to me. Anyway, we stayed in touch, and that following summer we met up where he lived in the states for a few days before we left for his homeland. At his place in the states I met his female cousin and found myself becoming attracted to her, but I did not let my feeling be known as our original plan was a vacation in the tropics and experience all that lay in store there.

When we arrived at his home village his younger brother was the only one staying at his family home. He was a big husky kid and sort of the leader of the rest of the young men of the village. Because he was such a big kid I think that most of the girls his age were a bit afraid of him. He seemed to be very masculine, but he would engage in homosexual acts with some of his friends. Sometimes he would jokingly say to me that I had a nice ass. I would say to him that there were other guys in the village. He would reply yes, but I was the only white one. After about a week staying at that house I felt it would be a better idea if I moved in

with my friend's aunt and uncle who lived in another village not far away. I became good friends with them, and they really made me feel at home. I stayed there for about a month and then came back to the states.

In the states now, I moved back to the town where I grew up. I rented a small place by myself and got a job as a laborer on a construction job with an old friend of mine and his older brother. His older brother was the real boss, and I knew him from when I was a kid. His wife was rather attractive and would flirt with me whenever she got the chance. Because I was friends with my friend and his older brother I didn't feel right about responding to his stray wife's advances. I did find her attractive though and would fantasy about her when I was at my home. I was not drinking any alcohol at the time but was smoking weed. Sometimes in the evening just as I was starting to fall asleep I would sense that something was trying to poke me in the butt and wake up suddenly. Because I wasn't drinking I would not go out and try and meet women. Then one day I ended up alone with the flirtatious wife at their home. She was giving me every opportunity take her, but I couldn't bring myself to. I couldn't handle working around her and started to wonder about my own manhood for not responding to her. I remember trying to reason with myself at the time by thinking that I couldn't be queer because every time that I masturbated I always thought of women. I ended up getting drunk and quitting my job. I had written several times since my tropical vacation to my friend's cousin who I first met in the states the year before. The next day I decided to get in my car and drive to their place so that I could see her again.

Once there things seemed to go well and in a day or two I started to feel like I was falling in love with her. I started to fantasize about marrying her and living together at her tropical home. My original friend was here at the time also having returned from the tropics several months prior. He thought that it would be a good idea if we got out of the house and away from his cousins for a day so we could talk some in private. We ended up renting a motel room close by. While he had went out for something I was lying on one of the beds thinking about our vacation the previous year and his younger brother. He was a big strong masculine guy, but he seemed to prefer to have sex with other guys. Then I had a thought as my mind was wandering, that before all of this religion BS people used to be bisexual. Just as I had that thought I happen to look out the crack of the motel door that was open several inches.

On a hill not too far away were a group of trees who's limbs and leaves were blowing in the wind. There I saw a very anger animated and what looked like a demonic face snarly and growling at me for several seconds. I instinctively smiled at it and gave it the finger. The experience really blew me away because it seemed so real and happened so suddenly and out of the blue. I started to think that I must of just had some kind of religious experience and that the thought that I had just prior to the vision must be of great importance and significance.

I had entered into another schizophrenic episode, and it didn't take too long before I started to wear out my welcome with my friend and his cousins with my crazy talk. One of things that I started thinking and talking about was how the tropical place that I visited the year before was like a happy medium between capitalism & communism. I thought that I had discovered an answer to the world's problem or conflict, a zero between the positive and negative. I decided that it was important that I see my psychiatrist and tell him about my discovery. He was after all bisexual. I remember talking with him on the phone and telling him that I realized that I was bisexual now and him saying to me that I sounded better. Then when I saw him in his office and told him about having that thought, before all this religious BS people used to be bisexual and then seeing that animated angry face formed out of the blowing leaves and limbs, I thought that I noticed fear in his eyes. I told him that he must be my psychological father like Freud was Jung's psychological father. Then, because of his last name, I told him that I must be Ishmael.

He had other members of the office staff talk with me for a while. It was after all a teaching hospital. After a while my parents had arrived, and they made arrangements for another hospital to grant me admission for a while. The lady psychiatrist that I first saw there talked me into taking the medicine by reasoning with me and telling me that it would help to slow my thoughts down. It did do that, and after about a week I was well enough to leave that hospital. I remember my Dad telling me that he never wanted to see me like that again. He had warned me before about experimenting with drugs like LSD. He said that a friend of his told him that some people who take that stuff end up turning queer. That was a major concern for him.

For me the worst part of having or going through a schizophrenic episode like that was the shame and mortification afterward. My life was definitely not going the way I had originally planned it. After a couple of months I felt like I was back to normal enough to stop taking the medication. I did not like the way it was making me feel. I guess it was making my thoughts slow down too much. I remember talking with this old seaman once and telling him that I think I need a girlfriend. He kind of smiled and said, "Yep, the one medicine that you need and they won't give it to ya."

There was this one old wino fisherman that I knew who would frequently go on a port wine benders and then sometimes say, "I seen em, I seen the head gorilla." He sort of reminded me of the crop duster pilot character that Randy Quade played in the movie Independence Day. He was tortured by an experience that he once had and that turned him into an alcoholic. Once I saw him in a bar and asked him what he was talking about when he said the head gorilla. He asked me if I had ever heard of evolution? He then said that he had saw God once in a tree. I then told him that that is where I saw him also. He told me to leave it alone because it would drive me up the wall. He then said that he had a problem and then he just said, "women."

There was a radio program that came on once a week entitled Rock and Religion. I remember listening to it once when some guy who sounded like he might have been an East Indian was explaining his understanding of things. He said that when people are hypnotized and report these past life experiences that what is actually happening is these spirits are coming inside their heads. He said that the same thing happens when people go into deep states of meditation or use some of the heavy drugs that many people of the day were experimenting with. Then he said that UFO's and aliens were actually angels. I also recalled learning about the Rastafarian and how they would smoke marijuana so that they could be closer to God. From my college days I had already made the association between psychosis and psychedelics. I remember asking a regular M.D. About this connection when I ended up in the hospital the first time, and he told me that all of those drugs were a form of psychosis.

Religion then seemed to me to be a controlled form of psychosis or related to psychosis in some way. When I was talking with that M.D. I told him that I seemed to have a conflict between science and religion. He told me about learning about the Baha'i religion and that I might want to check it out. He said that the people seemed to be nice and well grounded. I did learn more about it, and I found it interesting. The founder stated that mankind was like a bird with one wing being male and the other wing being female. He also stated that mankind was like a bird with one wing being science and the other wing being religion. Religion without science was superstition and science without religion was too hard and cold cut. As my belief or world view or theory was forming, I began to view psychology and especially depth psychology as trying bridge the gap between science and religion. It was the zero between the positive and negative.

After a few months had past by I got another job on another boat. It was a new type of fishing for me and things were working out well until something triggered another breakdown. It was a public humiliation. I had been drunk at a bar a few nights before and must of said something to this one fisherman that I knew that must of pissed him off. Then during a work day and in front of other people he yelled out and asked me if I was still jacking off. I remember giving him the finger and wanted to fight him. That comment had triggered elements of the episode that I had the year before.

The year before I had the thought that before all of this religion BS people used to be bisexual. I could not really conceive of myself as being this way though. I began to feel like I was in some contest against this supernatural power; it was like I was trying to beat the devil. At the high point of the episode I was just kind of going with the flow, and I felt like much of what was taking place was what Jung had labeled as synchronicity or meaningful coincidence. Much of what was taking place seemed to have special symbolic meaning, and as I thought that I was in a contest with this supernatural power, much of what I did had symbolic meaning also. Much of the meaning had sexual symbolism to it such as putting out a cigarette in an ashtray. At times I thought that I had won the game only for it to

start up again. The amount of money that I had also seemed to play a large part in the contest. I felt like I was trying to save everyone else and myself also. The symbolism behind the homosexual acts between two males seemed to me to be unnatural. Two of the miracles of life seemed to me were that we could consume food and drink and sustain life and that we could have sex and procreate.

I had ended up driving to the city as I thought that I might be able to enter the detox program again in the hospital I was once at. It was in the middle of the night and the security officer asked me to leave and come back in the morning. As I was walking through the city I came to this store that was open 24 hours. To make a long story short I found myself in a situation where I felt that my personal safety was at risk if I didn't let this gay guy have oral sex with me. I could not cum and he ended up masturbating while he was looking at me. When I was leaving he said that he was sorry and that someone else put him up to it. I remember telling him that it was alright, and it was just the symbolism that counted. I did feel rather angry though.

That morning, when I finally made it back to my car, I started driving back to my home town. As I was driving I started to feel this weird sensation starting to form and build around my head and shoulders. I finally pulled off a side road and stopped at a store. When I got out of the car it felt like this energy that was building around my head and shoulders suddenly flew off. I guess that it must have been a type of hallucination, but it was definitely a strange one.

When I finally made it back to my parents house I was getting pretty tired physically so I laid down in my bed. I thought that maybe if I could masturbate I would be able to get some sleep. I had thought about drugs and how they were a form of psychosis because they stimulated the imagination. As I was masturbating I thought that this is what I was doing right now, stimulating my imagination and was that not a form of psychosis also? Then I had the thought that what I was doing right now was really trying to beat the devil. I then started to feel what felt like a snake starting to crawl up my spine. It freak me out so I stopped trying to masturbate. Later that night it felt like my soul was trying to leave my body from the top of my head. I remember if I put a small mirror over the top of my head and the feeling would stop. I started thinking that I was losing my soul to a black hole. I was definitely entering into a panic, and it seemed like everything I was doing was part of some kind of symbolic ritual that was constantly evolving.

I was in pretty bad shape by the next morning and my parents decided to take me to the mental hospital that I was at the year before. Once there, this male nurse had me in this room, and he was trying to get me to sign this voluntary consent form. He had a goatee, and I remember thinking of the similarities of the devil trying to get me to sign a contract for my soul. I told him that I was thirsty, and he told me step on this foot peddle and get a drink out of this sink faucet. I remember thinking about the sexual symbolism behind this at the time. I was in the hospital for close to a week before I became stabilized on the medication

again. I remember thinking in a comical way at the time that it was my nuts that were driving me nuts.

My old psychiatrist was no longer working at the general hospital that I had originally come to so I started seeing this younger psychologist. Just a word about my old psychiatrist before I move on, I felt that he was a good and intelligent man who tried to help people, but I found out a couple of years later from his old secretary that he had committed suicide. I felt some guilt when I heard that news. This new psychologist was much different from him. I was talking with him in his office about homosexuality and the churches taboo on it. I told him about reading Michener's *The Source*, and how he described the old Rabbis coming up with a taboo on pork because when people ate it they sometimes became sick. He thought that was interesting reasoning. He was trying to convince me to keep taking the antipsychotic medication this time. He told me if I kept taking it for a couple of years I might not go crazy again. I told him that I had been talking about sex and religion and any time you start talking about those two subjects you are going to get some people really angry. I said look what happen to Larry Flint. I told him that I was different, and if I had a real reason to be paranoid should I still be taking that medicine? I remember him telling me at the time that I was going to end up driving him crazy.

I stayed on the medicine for several months when I got back to my old home town. I didn't have very many friends left at this time. Most of them drifted away when they heard how crazy I was becoming. I guess they thought that some of it might rub off on them. I did have a few left though. I remember talking with this one friend whom I went to school with and who was a fisherman also. He also used heroin when ever he could. I told him that I thought that I was trying to beat the devil when I went crazy this last time. He then said something to me that I later thought was very profound. He said that you can't beat the devil; you have to become partners with him. In fishing when you become partners in a boat one partner doesn't submit to the other one, but you learn to work together. Later I would come to realize that I couldn't beat the devil because it was really an aspect of myself that I was trying to beat, an aspect that I was having a hard time coming to terms with.

A couple of things happened relating to fishing during the next year that I thought had special meaning. I will not go into the details, but I thought them to be unusual coincidences that had religious overtones. At the time I thought that they were signs or omens related to the religious theme of my previous episodes. I started to think about what had happened to me when I went crazy before. Everything that I was doing had special meaning or was part of an ongoing symbolic ritual that I was caught up in. In a way, I was being super superstitious or taking magical thinking to the extreme. Around that time I was driving in my car and listening to a DJ on the radio. It happened to be Friday the thirteenth that day. The DJ said that some philosopher once stated that superstitions were for people who are too stupid to figure things out for themselves or can't afford a

psychiatrist. I had been buying into Jung's theory of synchronicity or meaningful coincidences. What if things just happened randomly and the only meaning that they have is what we assign to them.

The last time I went crazy I was fishing again. I think what triggered it was I felt like I was falling in love with this lady that I had met when we were in this one port. When we went out fishing my imagination started to run away with me again, and before long I found myself entering another episode. My captain, who was also a friend, cut the trip short and let me off the boat again. This episode was not as intense as the previous one. I think because I was getting use to the symptoms and the process. I knew that before I would go into a panic so this time I made a conscious effort not to panic and not to get caught up in the symbolism of things. I think that I had also come more to terms with the bisexual theme of the previous episodes by remembering what the good doctor who ran the detox ward had once told us. He said that a person could be born an alcoholic, live their whole life an alcoholic, and die an alcoholic without every having taken a drink of alcohol throughout their entire life. That reasoning or rationale, if I applied it to the bisexual theme, seem to make it more acceptable to me and ease the panic from before. I also found that drinking a few beers help me feel fairly normal so that I could have some social interactions without totally blowing people away. I did not like the anti-psychotic medication and the way it made me feel. I had been working with this one regular M.D. and this other councilor that I would see occasionally, but they did not feel like they could help me much if I didn't want to take the medicine.

One day I happen to meet up with this young lady who was taking her trash out. I had been drinking beer, sitting on the curb, and waiting for a friend to show up when she noticed me. She invited me into the house where she was staying with her brother, and one thing led to another and before long we were in bed together. She wasn't that good looking and had some health problems, but she seemed like a nice person and was very hungry for a relationship. At that time I had my own small place where I was staying, and I invited her back there. We both seemed to find comfort in each others company, and she ended up moving in with me on a trial basis. When I woke up in the wee hours of the morning she was there to talk with and interact with. I wasn't alone with my own thoughts like before. She was also ready to make love whenever I was ready to make love. Within 5 or 6 days of her moving in with me my delusions and paranoia had both subsided, and I was able to have a regular night sleep. I also didn't feel like I needed to drink beer in order to feel normal. The regular doctor that I was seeing at the time couldn't believe that I had gotten that well that fast without taking any antipsychotic medication.

That was the first successful ongoing relationship with a lady that I had been able to establish. It was like a hurdle that I had to jump over or a threshold that I had to cross. After about a year and a half, when I was out of town working, she had met up with someone else. When I came home for the weekend she was

gone. That was a bit traumatic for me, but I was able to hold it together and after a couple of months I was able to establish another relationship with this lady who had her own place and 3 kids from her ex-husband. We would see each other for the next two years when I wasn't fishing, but I never moved in with her.

One day out of the blue I received a letter from this one girl that I had once met when I was in the tropics. I was in between jobs at the time so I decided to take another vacation. We hit it off and decided to get married. I was able to save enough money from fishing to build a house. We ended up having a couple of kids, and I was able to go back to college, get a four year degree, and land a respectable job. I was lucky that I made it through my twenties because my thirties and forties were a great deal better.

It is my hope that this biographical narrative can be of some educational value to aid in the understanding of schizophrenia.

September 22, 2010

**A Case Review of an Individual With Schizophrenia
(unedited)**

This review covers 45 years of my son's life. He is now 50 years old. Names have been changed to protect the identity of my son. I am a retired psychological counselor.

If you would like to vault out of obscurity in small town USA and into the number one position in the universe far beyond all your competitive humans, brothers and sisters, read on.

Ian, despite many painful episodes, has been given the formula and has lived by it. Briefly, it revolves around ten identifiable characteristics including:

- A deep and unshakeable faith in "God" and a conviction that "God" is a super person
- A strong self-centeredness with a selfish ego and no self-awareness.
- A strong sense of punitive justice based on a black and white philosophical orientation.
- An INTJ personality type (Carl Jung's categories), heavily rooted in "introversion", which is unbalanced "Instinctively"(given to fantasizing and dreaming about possibilities rather than "sensing" defined as truly seeing and appreciating literal facts of existence.)
- A sharp mind and selective memory subservient to ego ambitions.
- A subliminal sense of guilt, which reinforces a need to always have the final word from "God" about any action that he might take.
- A very limited sense of empathy for people who do not share his "truths" (personal observations) about the nature of "God" and the universe.
- A total commitment to the worldview that he believes has been given to him by "God".

These characteristics appear to his father to be definitive in Ian's life pattern from childhood, and through his schizophrenic experience to the present.

Ian is now happy and upbeat about the future after 20 some years of virtually every kind of misery, in and out of jails, mental institutions, churches, and private homes while never having laid a hand on anyone or committed a truly criminal act.

Picture a peace loving, extremely artistic, highly intelligent, truly sensitive, empathic and athletic individual who is convinced that he is destined to hear "God's" voice clearly enunciating a new covenant for mankind to be realized through his (Ian's) cooperation.

"God's" Voice, identified Ian, as the scriptural White Horseman of the apocalypse and indicated that he would be prophesied in scripture the announcer of both the end of the world and of the New Covenant to be brought forth for all eternity.

For such news Ian was shocked, humbled, but also energized as the implications of such a prediction commandeered his imagination. Responding to the excitement in "God's" declaration of his role in mankind's future, he sought clarification in Holy Scripture. And he found it there with a little reinterpretation of prophetic sayings along with "God's" requirement that he begin to make the New Covenant known to all who would listen.

Midnight sessions before the altar at St. John's church in his town to which he had a key reinforced his conviction that "God" had indeed chosen him to usher in the apocalypse, and to begin immediately by announcing his destiny in churches, on the street, and at the University, and to anyone who would listen.

Unfortunately, "God's" projected design had no place in it for Ian's wife June, who felt more and more isolated from his inner life to the point of seeking and obtaining an uncontested divorce from him in 1990.

In the 20 years since then they have lived apart, she happily remarrying and living a half a continent away with no ongoing touch, and he being faithful to his calling as defined by "God's" daily verbal communications with him.

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 and 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.

In attempting to locate a possible genetic referent for Ian's condition his parents have checked both sides of his heritage. His mother's side reveals no known mentally ill persons. His father's side, however, shows a grandfather about whom little is known beyond his having been known to the family as a drunken glass blower who died young.

Ian's wife had a sister whose daughter was a strange person who preached to small groups and who lived in her car with her dog because she was so nomadic. A review of his mother's life during his nine-month gestation period reveals no clues which might suggest a genesis for his illness. However, his first three months of life were painful. Colic kept him crying a good deal of the time and no doubt affected his personality to some degree. By the time he was a year old he developed an engaging smile and pleasant personality.

Early years in school revealed a considerably sharper than average mind which was destined to get all A's both in grade school and high school from which he graduated as valedictorian without ever really trying. A scholarship to Earlham followed. The first year continued his scholarship pattern but the second year problems began to show themselves in Ian's inability to get along with some teachers and his excessive interest in religion. The third year he left school,

became more religious, got married and began to relate to family and friends as one who had the final definitive word on everything. It was difficult to have a conversation with him or relate to him in any way without assuming the role of student at the foot of the master.

Ian feels that his piano playing, singing, and drawing are being negatively affected by the psychotherapeutic drugs which are being forced upon him. To a degree, this seems to be true. His creativity is locked into patterns which he resorts to in both music and art so that everything he does is some type of replay of previous expression.

His parents, who have despaired at his condition in the past have rejoiced in his newfound position with its relative peacefulness. He seems almost happy that his earthly ordeal is almost over. His parents are afraid to hope for his becoming rational and rejoining the human race by finding love and fulfillment in this world, but they do none-the-less. No one is formally assessing the level of their irrationality or mental illness.

Jim Smith [a pseudonym]

**[Dr. G. Weber's Report to the Court
in the Case of Daniel Paul Schreber.]**

OI 128/01 at C.J.J. 64/99².
December 1899.

Sonnenstein, 9th p. 379

A. MEDICAL EXPERT'S REPORT TO THE COURT ¹³³

The returned *Senatspräsident* Daniel Paul Schreber, Doctor of Law, of Dresden, was admitted to this Country Asylum on 29th 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 Psychiatric 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 hyperaesthesia, 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. p. 380

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

¹³³ The Reports A, B and D follow without any comment (apart from footnotes 134 and 135). The comparison with the corresponding accounts in the Memoirs and in my grounds for appeal will show immediately that the reports contain some factual mistakes, inexactitudes and misconceptions. But I have no doubt that the reason lies to some extent in unreliable reports furnished by third persons (attendants, etc.).

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jerking 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 tense, 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 regularly again. 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.

p. 382

In November 1894 the patient's stiff posture loosened a little, he came out of himself more, became more mobile, started to speak coherently although in an abrupt and somewhat staccato manner; there now emerged undisguised, the fantastic delusional elaboration of his continual hallucinations; he felt himself adversely influenced by certain persons previously known to him (Flehsig, v. W...), whom he believed to be present here, thought that the world had been changed by them, God's omnipotence destroyed, he himself struck by their curses; maintained that they pulled thoughts out of his body and suchlike. While he continued to refuse to read, he sometimes wrote stenographic signs on paper, occupied himself occasionally with a game of patience, and appeared to give a little more attention to events in his environment.

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 behaviour had to be looked upon as a reaction to hallucinations, particularly to delusional ideas springing from

¹³⁴ These reported soilings find their true explanation in my statements at the end of Chapter XVI of the Memoirs.

them, became evident from some of the patient's statements, such as that the world had come to an end, that everything he saw round 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 rejecting and negativistic attitude gave place, so to speak, to a certain dualism. On the one hand the reaction 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 accent on the first word, or shouted abuse and such-like out of his window with such tremendous force even at night, that the townspeople gathered and complained of the disturbance. On the other hand he was in many respects more polite and accessible towards the doctors and other persons, even if they surprised him during such noisy scenes, even answered simple questions about his condition, etc., though in a somewhat reserved and patronising manner, said nothing of his troubles and was able to control himself for a little while quite well; he also started to read, play chess and piano as he had done before. p. 383

In the meantime the nightly scenes became increasingly noisy unchecked by the sleeping drugs given in ever increasing doses, so that, as the medicines could not be increased without fear of causing harm, and as the whole department suffered considerably through the continual nightly disturbances, one was forced in June 1896 to segregate the patient at night in a more isolated room and carry this *out for a number of months*.¹³⁵ The patient, of course, was somewhat irritated by this, but permitted it without marked resistance, apparently realizing that his actions were pathological and causing extraordinary almost unbearable annoyance to his environment.

For some time the physical behaviour 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 counteraction against the hallucinations and disturbances of feeling (pain in p. 384

¹³⁵ As regards the duration, compare pages 197, 198, 201 (two and a half years).

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 early 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.

However, perhaps since the spring of 1897 a change was noticed in the patient; he entered into a lively correspondence with his wife and other relatives; and it must be admitted that the letters were correctly and deftly written, and hardly showed anything pathological, but rather a certain insight, when for instance he revealed that he had been very frightened, had not been able to get himself to do anything, but that things were now much better and he was grateful to be able to find so much stimulating conversation, etc., while nevertheless the former insulting, laughing and shouting continued, and nightly isolation could not be discontinued.

Even while the patient continued to show himself little inclined to more serious conversation, and soon became restless and impatient when this was attempted, started to grimace, utter peculiar short interjections and one could see that he wished the conversation quickly finished, nevertheless the patient's occupations became more varied and more continuous; frequently it was difficult to understand how he could achieve sufficient peace and concentration for such intellectual work during the continuous obviously intensive hallucinatory burden, to talk about the most varied matters in a relevant manner and moreover to control himself in a way which at times hid his illness. Gradually even the nightly noisy outbursts diminished, so that the patient could again use his usual bedroom and remain in it with only little support from drugs.

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. p. 386

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 p. 387

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 him miracles are enacted.

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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 behaviour, 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.

Only in one connection has the patient in recent times shown a change in attitude; whereas previously, perhaps because of a more marked feeling of being ill, he was to a certain extent resigned to his fate, although protesting here and there against some measures, did not give any external sign of wishing to change his situation and appeared to have little interest in his legal and social affairs, he now demands energetically the lifting of his tutelage, wishes for freer movement and more active contact with the outer world and expects definitely to return to his home in the not too distant future. These plans exercise him a good deal and have apparently even pushed the mentioned pathological ideas to a certain extent into the background.

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Whether President Schreber is to be considered deprived of the use of reason in terms of the law by virtue of the above exposition of his pathological mental state, which must be labelled paranoia, is a question for

the Court to decide. If, however, what has been said gives the impression, far removed from medical opinion, that the patient is prevented by mental illness from understanding *all* events objectively and correctly, from judging them by circumstances as they really are, and from taking his decisions after unimpaired sensible consideration and with free will, then clearly in this case the existing hallucinations, the delusions connected with them and built up into a system, and the irresistible impulses which rule the patient, amount to a considerable degree of impairment and continue to do so.

There is no medical objection to President Schreber being examined by the Court.

The aforementioned is attested by the undersigned acting under his oath of office.

L.S. (Signed) Dr. Weber,
Superintendent of the Asylum,
Area Psychiatrist, Psychiatric
Adviser to the Court.

[Dr. G. Weber, Superintendent of the Sonnenstein Asylum, in *Memoirs of My Nervous Illness*, by Dr. jur. Daniel Paul Schreber, 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.]

