

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 In the immediately preceding nights my male sexual organ might actually have been retracted had I not resolutely set my will against it, still following the stirring of my sense of manly honour, so near completion was the miracle.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 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.]

275.

"Andreas Lubitz, 27, The Amok Pilot"

by J. Michael Mahoney

When 27-year-old co-pilot Andreas Lubitz, flying aboard a Germanwings Airbus A320, flight #9525, from Barcelona to Dusseldorf on March 24, 2015, terminated the flight by suicidally crashing the aircraft into the French Alps, killing all 150 persons aboard, he was in the deadly grip of a paranoid schizophrenic "homosexual panic" attack.

He had experienced troubled relationships with his girlfriends in the past, and it is a well-known psychiatric fact that mentally-troubled individuals like himself will often evince schizophrenic-like symptoms, including paranoia and suicidality, either when in troubled romantic relationships or after the break-up of a love affair with a member of the opposite sex. For those individuals who are unconsciously homosexually-inclined, the ending of a heterosexual affair can cause these underlying, repressed homosexual feelings to become much more powerful, thus threatening to destroy the person's ego and self-perception, and thereby precipitating a terrifying "homosexual panic" attack which too often ends in suicide and/or a murderous rage, the latter with lethal consequences directed against any innocent persons in the now beserk one's immediate environment. (The afflicted person will do anything to break the grip of the terrifying homosexual panic attack, including murder and suicide.)

A Germanwings flight attendant had reported that the suicidal Mr. Lubitz, whom she was romantically involved with at one time, "was mentally unstable, screaming at night, at one point locking himself in a bathroom and complaining bitterly about how he was treated at his job." [As reported by the German newspaper "Bild Zeitung".]

The "Bild" also reported that Mr. Lubitz told the same flight attendant that someday he would "do something that will change the entire system and everyone will know my name and remember it." (Chilling words indeed!!)

The "Bild" also ran a headline on March 27 reading: "Andreas Lubitz, 27, the Amok pilot" ("He deliberately flew 149 innocent children, women and men to their deaths.")

NOTE: Please reference the links AMOK and ACUTE ANXIETY on the opening page of this website:

POSTSCRIPT

Tabloids Claim Co-Pilot Andreas Lubitz Was Gay

The New Civil Rights Movement, LLC

By Jean Ann Esselink

March 28, 2015

British tabloid newspaper *The Daily Star* is claiming that Andreas Lubitz, the Lufthansa co-pilot authorities say deliberately crashed the passenger plane he was flying, was secretly gay.

The Daily Star has decided, on very flimsy evidence, that Andreas Lubitz was gay.

The British tabloid was one of several publications that speculated of the infamous Lufthansa co-pilot who is accused of killing 150 people by purposely crashing the passenger plane he was flying into the side of a mountain. But the accusation they make - that Lubitz crashed the plane because he was tormented by his sexuality - is based on very little evidence.

The "gay" rumor spreading across Germany seems to center around the revelation that Lubitz had serious emotional problems he kept hidden, coupled with the report that he recently broke up with his girlfriend. This has been twisted into the story that Lubitz was a gay man forced into the closet, even though Germany is a leader in LGBT rights and Lufthansa, the German company he worked for, is openly LGBT-friendly.

The Independent added to the rank speculation this inconclusive message that a male friend posted to Lubitz's website after the crash:

"We were only talking yesterday about what we would do together when you came back. You always made me smile."

The Mirror goes one-step farther, reporting that Lubitz was "mercilessly taunted" and called a "Trolley Dolly" because, before he became a pilot, he was a member of the cabin crew. (And everyone knows flight attendants are all gay?) *The Mirror* claims Lubitz was nicknamed "Tomato Andy" because co-workers thought he didn't know if he was a "fruit or veg" - a slang term for someone gay who is living as if he were straight.

The tabloids all seem to have about as much proof that Lubitz was gay as Pat Robertson has when he accuses gays of being responsible for tornadoes and

hurricanes. But, hey, why let a search for facts get in the way of a good rumor?

274.

This Time, Durst Faces First-Degree Murder Charge in the Capital of Celebrity Trials

By Vivian Yee
The New York Times
Wednesday, March 18, 2015
Page A19.

So far, speculation has far outpaced reliable information about the prosecution. But a few things are all but certain. Chief among them: As Los Angeles, the city of the Menendez brothers, O.J. Simpson, Phil Spector and Michael Jackson, knows well, it will not be easy to keep the publicity surrounding Mr. Durst -- and the dubious reputation he has acquired over three decades of cross-dressing, fleeing law enforcement, family strife and close ties to three deaths -- from seeping into the courtroom.

COMMENT: *Mr. Robert Durst is suffering from paranoid schizophrenia, the "Bearded Lady" disease. His "three decades of cross-dressing", talking to himself, and his self-destructive and alleged murderous path in life, are all key indicators of the severe bisexual conflict and gender confusion which he suffers from, and which has fueled his paranoid schizophrenic symptomatology. -- jmm*

273.

Chapel Hill Shooting Leaves 3 Muslims Dead

By JONATHAN M. KATZ and RICHARD PEREZ-PENA
February 12, 2015 (The New York Times, Page One.)

CHAPEL HILL, N.C. -- It was a little after 5 p.m., a quiet time in a quiet neighborhood, before many people had returned home from work on Tuesday, when two women called 911 to report multiple gunshots and screams echoing through a condominium complex here near the University of North Carolina.

By the time the police arrived, three people were dead -- a newlywed couple and the woman's sister. They were young university students, Muslims of Arab descent, and high achievers who regularly volunteered in the area. A neighbor,

a middle-age white man, was missing -- then under arrest and charged with three counts of murder.

The victims' families described it as a hate crime. The police said that the shooting appeared to be motivated by "an ongoing neighborhood dispute over parking," but that they were investigating whether religious hatred contributed to the killing.

"To have him come in here and shoot three different innocent people in their head -- I don't know what kind of person that is," said Namee Barakat, the father of the male victim, Deah Shaddy Barakat.

The killings immediately set off a debate throughout the world over whether the students had been targeted because of their religion, with Muslims picking up some of the language of those who protested police shootings in the United States, using the phrase #muslimlivesmatter.

Even as Chapel Hill awoke on Wednesday, frustration had already spread on Twitter throughout Europe and Asia, as Muslims as far away as Indonesia shared photographs and details of the victims' lives.

The Chapel Hill police quickly attempted to tamp down the fears, releasing a morning statement that identified parking as the cause of the dispute, without confirming whether the victims were shot in the head. [.....]

Comment: *The insane man who murdered the three Muslim students in Chapel Hill, NC, recently (Feb. 10, 2015) was not committing a "hate crime" in its true sense, but was killing them because he felt "persecuted" [a symptom of his paranoia] by them on account of parking problem disputes between them, and other very minor matters.*

This man had suffered for a long time from the mental illness known as "paranoid schizophrenia", whose etiology is invariably that of severe bisexual conflict and gender confusion [Freud/Kempf/Mahoney], and who was finally so tortured by this unsolvable [except by psychoanalysis] conflict to the point where he lapsed into a "homosexual panic", causing him to "run amok" and lash out lethally at the three innocent and unsuspecting young students. (See the links ACUTE ANXIETY and AMOK on the opening page of the website: www.Schizophrenia-TheBeardedLadyDisease.com, or the shortened form: www.BeardedLady.com)

Actually, even all so-called true "hate crimes" are committed by persons similarly afflicted with the always potentially deadly mental illness -- "paranoid schizophrenia".

272.

Bartender Is Accused of Threats Against Boehner, Records Show

By Michael S. Schmidt
The New York Times
January 14, 2015, p. A 16

A bartender who worked at Speaker John A. Boehner's Ohio country club is facing federal charges after the authorities accused him of threatening to shoot the speaker and poison his drinks, according to court documents unsealed on Tuesday.

The bartender, Michael R. Hoyt, told the authorities in October that he had lost his job at the country club because several members had complained that he had a bad attitude, the documents said. Among those members, Mr. Hoyt said, was Mr. Boehner.

Mr. Hoyt had worked at the Wetherington Country Club in West Chester, Ohio, for five and a half years. He has a long history of mental illness, and he was placed in a psychiatric hospital after the authorities learned of his threats against the speaker, according to the documents.

"Hoyt advised that he often poured drinks for Boehner and could have already put something in his drink, but he did not," the documents said. "Hoyt stated that he that no one checks the drinks he poured for Boehner, and that it would have been very easy to slip something into his drink."

Mr. Boehner was "aware of the situation and sincerely thanks the FBI, the Capitol Police and local authorities in Ohio for their efforts," a spokesman for the speaker said in a written statement.

Mr. Hoyt told the authorities that "he was Jesus Christ and that he was going to kill Boehner because Boehner was mean to him at the country club and because Boehner is responsible for Ebola," the documents said.

The bartender also said that he had a loaded handgun that he was going to use "to shoot Boehner and take off." The police later recovered a handgun from Mr. Hoyt's home.

It was not clear Tuesday night whether Mr. Hoyt was in custody, either in or out of a hospital. The United States Capitol Police led the investigation, and a spokeswoman did not return a message seeking comment.

Mr. Hoyt sent at least two emails to Mr. Boehner's wife, Debbie, shortly after he was fired in which he implied the threat against the speaker while seeking information about why he lost his job, the documents said.

"If I had any intention of hurting Mr. Boehner, I could have poisoned his wine at Wetherington, many, many times," he said.

In response, Mr. Boehner said: "What is this about?"

"Mrs. Boehner, I was fired," Mr. Hoyt said. "I could not email Mr. Boehner directly because of the ZIP Code block on his email. It doesn't matter anyway. If he took a real interest in anything he would ensure his club was better than the country, but they are exactly the same and life goes on."

He added: "Sincerely, Mike. Mike, your former bartender."

COMMENT by Sigmund Freud:

651. 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 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 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. 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, 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.

— Notes on a Case of Paranoia, The Complete Psychological Works of Sigmund Freud, Volume XII, Hogarth Press, London, translated by James Strachey, p. 59.

271.

Ambush Unfolds on Video as Pennsylvania Sets Trial in Killing of State Trooper

By Seamus McGraw
The New York Times
January 6, 2015, p. A16

Milford, Pa. -- [.....]

Defense lawyers said little as the witnesses constructed a complex web of evidence. A state police forensic investigator testified that Mr. [Eric M.] Frein had detailed the attacks and his subsequent flight in a three-page handwritten note that was found crumpled at the bottom of a trash bag at one of his campsites.

A state police computer specialist testified that the laptop computer found when Mr. Frein was arrested provided not just a link to the weapon that the authorities say was used to shoot the two officers -- a Chinese-made .308 caliber semiautomatic rifle -- but also a possible motive.

Cpl. Derek Fozard, the computer specialist, testified that in a letter found on the computer, Mr. Frein told his parents that he was trying 'to wake people up,' incite a revolution and 'make a change in government.'

[.....]

At the end of the proceeding, Mr. Frein was whisked out a side door and into a waiting state police cruiser surrounded by a phalanx of officers.

COMMENT by J. Michael Mahoney.

Mr. Frein, 31, was obviously suffering from a very severe case of paranoid schizophrenia. [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'.]*

*(* "Memoirs of My Nervous Illness", By Daniel Paul Schreber, Translated, Edited, with Introduction, Notes and Discussion by Ida Macalpine, M.D., and Richard A. Hunter, M.D., -- Wm. Dawson & Sons Ltd. London, 1955, p. 13.)*

That Mr. Frein actually believed that his murder of one police officer and the wounding of another in an ambush would 'wake people up', incite a revolution and 'make a change in government', highlights the psychotic depth of his "wrong or faulty knowledge or reasoning".

And considering the fact that Mr. Frein still lived at home with his parents at the age of 31, shows a definite lack of heterosexual drive and maturity, and thus accounts for his development of the severe bisexual conflict and gender confusion which invariably underlies the disease of paranoid schizophrenia (the bearded lady disease), and which led directly to the tragic death of one police officer and the severe wounding of another during his psychosis-"triggered" deadly ambush.

270.

Thanks to you, Dr. Mahoney!

We admire your work in Mexico, as in the rest of the world.

—Omar Lopez Vergara (Psychotherapist)

269.

California Officer Kills Teen After Machete Attack

The Associated Press

December 21, 2014

Marin Independent Journal

Page 9

Willow Creek -- A California Highway Patrol officer shot and killed a 17-year-old who attacked him with a machete, and the officer was hospitalized with major injuries, officials said.

The officer had responded to a report of a car hitting a telephone pole Thursday in the Humboldt County community of Willow Creek, CHP Capt. Adam Jager told the Eureka Times-Standard.

The officer and the boy stepped to the rear of the damaged car when the teen attacked the officer, Jager said. The officer raised his left arm to defend himself, Jager said, and also was struck on the hand and face.

Jager said the officer shot the teen an undisclosed number of times before locking himself in his patrol car and calling for backup. The teenager returned to his car and was honking the horn, Jager said.

Another officer arrived about 10 minutes later and found the teen lying naked next to his car, Jager said. The boy did not respond to the officer's commands, and the officer used a stun gun to place the teen in handcuffs. Jager described the teen as "completely erratic and irrational."

Paramedics treated the boy, who died at the scene. Officials said they had no history with the teen and the motive for the attack was unclear.

This is the very tragic case of a young man (17) caught in the iron grip of a severe paranoid schizophrenic "homosexual panic" attack, which has caused him to run amok and suicidally assault a police officer with a machete, seriously injuring him, and consequently provoking a lethal response by the officer to this sudden and unprovoked attack on him by this berserk young man.

The homosexual aspect of this horrifying and tragic event becomes clearer when the mortally wounded young man still has the strength left to shed all his clothes and become naked, knowing in his deranged and delusional mind that the policeman (and other likely "responding" males figures) would see him thus, thereby "satisfying" his powerful -- heretofore strongly repressed -- homosexual cravings to exhibit his naked young body to another male, or males.

(It is a well-documented psychiatric phenomenon that schizophrenic young men, when in the midst of severe homosexual panic attacks, will sometimes "exhibit" themselves in this naked manner.)

NOTE: Please also see the link "AMOK" in the left-hand column on the opening page of this website. - jmm.

268.

From: Jose C Abadia Jr
To: J. Michael Mahoney
Sent: Sunday, January 04, 2015 10:32 PM
Subject: LinkedIn Post 1/3/2014

More than thirty years of intensive investigation of these problems [and 49 years for author and researcher J. Michael Mahoney] 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 hermaphrodism. 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. 414-19.

267.

493 Theresa, a 23-year-old mother of a newborn and a toddler, was the first of the 21 residents to go. She became incoherent at 2 a.m. on a Wednesday. She said she was scared to sleep for fear she wouldn't wake. Two shelter workers listened to her cries. Throughout the night, she talked. At times, her complaints were pitiful. 'I didn't hurt anyone,' she said. 'Why do I feel like this?'

At one point, she opened a safety pin and began to stick it into her hand. A counselor gently took the pin away.

By morning, she was calm and more coherent. Counselors decided to escort her to a local hospital. Emergency room attendants checked her physical signs and recommended that she seek psychiatric care. The next day, a psychiatrist prescribed an anti-depressant and suggested that she be placed in a psychiatric facility.

She was allowed to return to the shelter for another night. That evening, as others settled down with their children, Theresa became incoherent again. She talked in a man's voice, then a child's voice, holding her 5-month-old son in her arms.

The counselors decided that Theresa needed immediate psychiatric help. Twice during the night, they took her to the hospital, where she was

given emergency treatment with pamelor, an antidepressant. Doctors there spoke to Theresa but decided she was not in imminent danger and sent her back to Greentree.

In the morning, Greentree counselors took Theresa to another hospital, where she was admitted to the psychiatric ward.

["No Home and Not Much Hope," Chris Spolar (staff writer), *The Washington Post National Weekly Edition*, March 27 - April 2, 1989, p. 6.]

Theresa's bisexual conflict, the cause of her schizophrenic break with reality, is hinted at in this account when she is described as talking "in a man's voice," as well as that of a child's. The fact she would speak like a man shows definite evidence of sexual-identity confusion.

266.

525 He had been a girl
It had been a trick, a deception.
He bounced back, righted himself.
He assumed his rightful place in the company of men.
He went further, he became a super-boy.
Secretly, he believed in his invulnerable and unique intelligence.
In psychotic transformation he became a superman.
He assumed his rightful place in the company of the gods.
It had been his secret, mythic life all along.
But he was even more special than the gods – he was a mortal who accomplished it on his own.

Born somewhat late in his parents' lives, he was their only child. His father, known for his heavy drinking and occasional episodes of abuse, maintained an emotional distance from his son. On the other hand, Donald was very close to his mother and was clearly a treasure in her life. They communed with each other about their experience of God and she did her best to protect him. But all the evidence indicates that she was bringing him up as a girl! A photograph of him at the age of six shows him with long curly hair, which hung below his shoulders. He is demurely sitting in his parents' garden in a white sunsuit and gives the unmistakable appearance of being a little girl. His mother had longed for a daughter, and on her insistence his hair was not cut until shortly after his seventh birthday. A picture from that time shows his remarkable change into a

little boy, holding his sailboat. Within a year came the first reports of the bravery that was to become the signature of his character.

[*The Seduction of Madness*, Edward M. Podvoll, M. D., Harper Collins (Publishers), New York, 1990, p. 109.]

Due to his faulty upbringing, Donald was destined to become either a homosexual or a schizophrenic. He rejected his homosexuality and consequently became schizophrenic, thus validating the concept that schizophrenia is the negation of homosexuality. The classic parental configuration of an emotionally distant father and of a close, binding, intimate (CBI) mother invariably produces a son with strong homosexual tendencies. These can either be acted upon or else repressed. If repressed, the outcome for the son will be the development of a neurosis or a psychosis, the strength of the repressed homosexual drive determining the severity of the ensuing mental illness.

265.

473 The cross-cultural and cross-species comparisons presented in this chapter combine to suggest that a biological tendency for inversion of sexual behavior is inherent in most if not all mammals including the human species. At the same time we have seen that homosexual behavior is never the predominant type of sexual activity for adults in any society or in any animal species.

... The basic mammalian capacity for sexual inversion tends to be obscured in societies like our own which forbid such behavior and classify it as unnatural. Among these peoples social forces that impinge upon the developing personality from earliest childhood tend to inhibit and discourage homosexual arousal and behavior, and to condition the individual exclusively to heterosexual stimuli. Even in societies which severely restrict homosexual tendencies, however, some individuals do exhibit homosexual behavior. In our own society, for example, homosexual behavior is more common than the cultural ideals and rules seem to indicate.

[*Patterns of Sexual Behavior*, Clellan S. Ford, PhD and Frank A. Beach, PhD, Harper & Brothers, Publishers, and Paul B. Hoeber, Inc. Medical Books, 1951, pp. 143.]

264.

- 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.

263.

Those whom God wishes to destroy, he first makes mad.
—Euripides (c. 485 - 406 bce). Fragment.

For those wishing to better understand the psychological background of the fatal encounter between Mr. Michael Brown (18) and Police Officer Darren

Wilson (28), in Ferguson, Missouri, USA, on August 9, 2014, Please refer to the link "AMOK", which is located in the left-hand column on the opening page of this website: www.Schizophrenia-TheBeardedLadyDisease.com

262.

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, PhD, 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]

261.

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.]

260.

243 Lucille portrayed also a desire to escape into a fairy-tale world different from her reality. In Figure 16, castle and ships, friendly waves, sirens, and moons are put together to signify a world without anxiety, a place where we too, like the girl on the ship, would like to land. But the patient did not land there. Figure 17, made at the beginning of the illness, portrays already the patient's conflict. Woman is the protagonist. The theatrical setting discloses the drama of woman, as lived by the patient.

Woman appears in various poses that reveal grace and beauty in the majesty of the stage of life. But let us look at the two couples in the center of the picture. Strangely, each couple does not consist of a woman and a man, but of two women: one more energetic, not fully dressed, and another one typically feminine in a beautiful evening gown.

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

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

259.

On 11/07/14 7:53 PM, [-----] wrote:

THANKS SIR, I AM FINE NOWADAYS BUT I AM WORRY ABOUT NEXT CYCLE IN FUTURE, BECAUSE AFTER EACH CYCLE I FACE INERTIA.

On 11/07/14 1:38 AM, J. Michael Mahoney wrote:

Dear [-----], Please keep in touch on how you are doing. (I wish I were a magician and could cure you with the wave of a magic wand of some sort. But you will have to fight hard and never give up until you are well again.)

With kindest regards, Mike

On 11/05/14 11:15 PM, [-----] wrote:

THANKS MR. J MICHAEL MAHONEY,
HOPE YOU ARE FINE AND HAPPY. I WISH TO DISCUSS MY ILLNESS WITH YOU. I AM 32 YEARS OLD, AND INDEPENDENT RESEARCHER IN MATHS. I HAVE INVENTED NEW FORMULAS AND PRESENTED MY WORK SUCCESSFULLY IN LEADING INSTITUTES OF [-----].

ACCORDING TO SOME PSYCHIATRISTS I AM PATIENT OF SCHIZOPHRENIA, AND SOME HAVE DIAGNOSIS ME AS A BIPOLAR PATIENT. IN 2009 I EXPERIENCED FIRST CYCLE, DURING THIS CYCLE I HAD SEEN SOME SUPER NATURE CREATURES, AND WOULD USED TO COMMUNICATE WITH ME, THEN MY FAMILY MEMBERS ARRANGED MY APPOINTMENT WITH A DOCTOR, AND THEN HE PRESCRIBED ME MEDICINES, AND I RECOVERED FROM THAT CYCLE AND WAS NORMAL WITH IN COUPLE OF MONTHS. AGAIN I EXPERIENCED NEXT CYCLE IN 2011 , BUT WITH DIFFERENT SITUATIONS, 3RD CYCLE IN 2012 AND 4TH CYCLE IN 2014. SIR THESE CYCLES REPEAT AFTER 1 AND HALF OR 2 YEARS. MY CASE IS LIKE THAT OF PROFESSOR JOHN

NESH [NASH] SENIOR, WHO WAS A RESEARCHER IN 1947 AND HAS WON NOBEL PRIZE IN 1994 FOR HIS BRILLIANT ACHIEVEMENTS IN ECONOMICS AND MATHS. SIR, PLEASE GUIDE ME HOW I CAN KEEP MYSELF FROM NEXT CYCLES IN FUTURE BECAUSE THIS DISEASE IS AFFECTING MY RESEARCH AND MY POSITION IN SOCIETY.

I WILL NEED YOUR EMAIL ID FOR FURTHER INFORMATION.

I HOPE YOU WILL HELP ME.

258.

Thank you sooo much for accepting the invitation, and for the endorsments. Reading Mahoney is a must in Portuguese Psychology and for me it was / has been very inspiring.

My best wishes

Sandra

On 10/16/14 10:23 AM, J. Michael Mahoney wrote:

Many thanks, Sandra Vilarinho, Faculty of Psychology, and all best wishes!!

—Mike (J. Michael) Mahoney

257.

A.

It has long been known that the occurrence of insanity follows an annual curve ^[3], and though our knowledge of this curve, being founded on the date of admissions to asylums, cannot be said to be quite precise, it fairly corresponds to the outbreaks of acute insanity. The curve presented in Chart 4 shows the admissions to the London County Council Lunatic Asylums during the years 1893 to 1897 inclusive; I have arranged it in two-month periods, to neutralize unimportant oscillations. In order to show that this curve is not due to local or accidental circumstances, we may turn to France and take a special and chronic form of mental disease: Garnier, in his *Folie à Paris*, presents an almost exactly similar curve of the admissions of cases of general paralysis to the Infirmerie Spéciale at Paris during the years 1886-88 (Chart 5). Both curves alike show a major climax in spring and a minor climax in autumn. (Also see [chart II](#) for the Annual Curve of the Conception-rate in Europe.)

^[3] Mania comes to a crisis in spring, said the old physician, Aretaeus. (Bk. I, Ch. V).

["Studies in the PSYCHOLOGY OF SEX", by Havelock Ellis, Volume I, Part One, Section I., *The Phenomena of Sexual Periodicity*, pp. 149-50 -- Copyright 1936 by The Modern Library, Inc. -- Published by Random House. New York.]

B. [Three charts: [Click here to see chart II.](#) on p. 344.
[Click here to see chart IV., and V.](#) on p. 345.]

COMMENT: *The proof provided here that the incidence of insanity follows a similar course to that of mammalian / human sexual periodicity is extremely important knowledge, as it shows beyond a doubt that all psychogenic mental illness is based on mankind's sexual drives, and that when they go askew through their repression [i.e., of bisexual conflict -- jmm.], Nature exacts its terrible revenge in the form of madness.*

The phrase "Madder than a March hare" speaks of the almost "insane" sexual frenzy exhibited by rabbits during their mating season, and the same can be said for many other mammals, [mankind included], and especially for the "Tasmanian Devil", a large and fierce dog-like creature long-noted for its wildly irrational behavior during its "rutting" season.

Sexuality is the force that drives all life, and when it is disturbed or curbed -- for whatever reasons -- the results are invariably explosive. (—jmm.)

(Again, please see all the above three charts.)

256.

HYSTERIA

It was the belief of the ancient Greeks that hysteria came from the womb; hence its name. We first find that statement is Plato's *Timæus*: "In men the organ of generation--becoming rebellious and masterful, like an animal disobedient to reason and maddened with the sting of lust--seeks to gain absolute sway; and the same is the case with the so-called womb, or uterus, of women; the animal within them is desirous of procreating children, and, when remaining unfruitful long beyond its proper time, gets discontented and angry, and wandering in every direction through the body, closes up the passages of the breath, and, by obstructing respiration, drives them to extremity, causing all varieties of disease."

[Studies in the *PSYCHOLOGY OF SEX*, by Havelock Ellis, Volume I, Part One, Section II., *Auto-Erotism*, p. 210. -- Copyright 1936 by The Modern Library, Inc., USA.]

COMMENT: *The renowned French alienist (psychiatrist), Jean-Martin Charcot (1825-93), has written about the mental patients, both male and female, whom he saw on a regular basis in his famous clinic in Paris: "Mais dans des cas pareils, c'est toujours la chose génitale, toujours! toujours! toujours!" In other words, he learned that all his patients were suffering from a sexual (genital) conflict, which was the direct cause of their mental illness. (Unfortunately, today's psychiatrists are frantically searching for the answer to the cause of mental illness in the wrong organ -- the brain instead of the "womb". Psychiatric science is thus regressing.)*

The great Greek Philosopher Plato (427?-347 b.c.), without realizing it, solved the riddle of mental illness when he penned these words: "... like an animal disobedient to reason and maddened with the sting of lust." These kind of "animals" can be found in every mental hospital in the world, and are but a miniscule fraction of the total number of such persons, not yet or probably never to be incarcerated in a mental hospital, yet who walk freely upon this earth, sometimes committing horrendous acts of violence or other mischief, as their schizophrenic, "bearded lady", stung-by-lust madness demands of them. —jmm.

[In loving memory of University of Virginia student, Hannah Graham, 18, savagely raped and murdered in September, 2014.]

255.

'Avant-Garde Weirdness' in an Irish Accent

By Steven McElroy
The New York Times
October 12, 2014

A Dublin company is inspired by a true story of suicide.

The catalyst for the show is the true tale of four women in Leixlip, in County Kildare, Ireland, who starved themselves to death in a suicide pact. "Lippy," though, is hardly a kitchen-sink drama.

The bodies of three sisters -- Catherine, Ruth and Josephine Mulrooney -- and the aunt who raised them, Frances Mulrooney, were discovered by their landlord in July 2000, and though authorities initially suspected the women were poisoned by a faulty heating system, their deaths were ruled suicides in January 2001. Left behind were a few letters, bags of shredded personal documents and the unanswerable question of why they chose to exit their lives this way.

COMMENT: *A very powerful sense of mutual homosexual attraction permeates this tragic tale of four unmarried women living intimately in very close quarters together.*

And the conscious denial of their strong homosexual attraction to each other would invariably result in the development of a paranoid schizophrenic disorder, which in this particular case led directly to their "insane" decision to commit mutual suicide by means of starvation. —jmm.

254.

527 Case A – Patient was a forty-six-year-old divorced man suffering from a psychosis. He had recently broken up with his live-in girlfriend, an event which had triggered his schizophrenic break. He believed he was turning into a woman, and took great pride and pleasure in this fact. During therapy with him it was decided that his male side would be called 'Mars' and his female side 'Venus.' It was pointed out to him that his present psychotic condition was the result of a very severe conflict between his Mars and his Venus. The patient readily agreed with this explanation.

The thrust of therapy with this patient consisted in the therapist trying to strengthen the patient's Mars while simultaneously allowing his Venus, which had long been deeply repressed, to come out and have her day on stage, so to speak. This she did over a period of several months, while his Mars stood aside and allowed her complete freedom of action and thought.

On one occasion during this time the therapist mentioned to the patient that he had seen a friend of the patient's drive by with a very pretty blond woman by his side. The patient responded that yes, he knew that, because it was actually the patient himself whom the therapist had seen sitting in the passenger seat of the friend's car. When the therapist countered that on the occasion he was speaking of, it had definitely been a blond female he had seen in the car, the patient replied that yes, he understood that, but the blond was really himself. The therapist then acquiesced to the patient in this matter, seeing that it was futile to differ with him about the identity of the pretty female, as the patient so clearly and emphatically identified himself as being this particular woman.

At another point during his therapy, the patient brought the therapist a postcard showing a beautiful, voluptuous female lying naked on a bed, with clouds and some angels overhead. The patient told the therapist that the woman shown on the postcard was really himself, as in his psychotic mind this was how he pictured himself at that moment. His Venus was in full bloom at this time.

Later, as the therapy progressed, the patient's Venus diminished somewhat in power and his Mars began to regain its rightful place in the

patient's psyche.

Towards the very end of his therapy the patient, in one of his sessions, handed over the above-described postcard to the therapist to keep,

stating that it no longer represented what the patient looked like. Shortly after this the patient terminated his therapy.

[A J. Michael Mahoney Case History.]

From the moment this schizophrenic patient was able to accept his passive, feminine, homosexual drives on a conscious level and begin assimilating them into his total concept of himself as a man, he was well on the road to recovery from his severe mental illness.

253. [A repeat of 247, for added emphasis.]

523 Most schizophrenics have a homosexual bent or conflict. This was fully confirmed by the histories and psychological tests of our two groups of patients: 27 of the 30 in each group revealed homosexual tendencies. But there was a sharp contrast in expression of the tendency. In the 27 Irish patients the homosexuality was latent but repressed, whereas 20 of the 27 Italians had become overt homosexuals. The underlying factors in both cases are clear. The Italians had rejected a male role out of hostility to their overbearing fathers and elder brothers. Italian men, no less than Irish men, take pride in masculinity; indeed, they are, if anything, more masculine in behavior. But they are also readier to act on sexual impulses, and when they lose their sense of sexual identification in schizophrenic illness, they do not shrink from overt homosexual behavior. Irish men, on the other hand, flee from their identity as males through fear of the mother rather than hostility to the father. All of our Irish schizophrenic patients were either pallidly asexual or latently homosexual. Most of them avoided females. Their homosexuality was repressed because sexuality in general is inhibited in the Irish culture. But it emerged in their fantasies. Indeed, some misidentified themselves as women: one patient had the delusion that the front of his body was covered by an 'apron which bled periodically.'

[*Schizophrenia and Culture*, Marvin K. Opler (publication not recorded), August 1957, p. 120.]

252.

In loving memory of Mork and Mrs. Doubtfire ...

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

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

Comment: *When Perceval writes that "It is strikingly true of a lunatic" that "he knoweth not of what spirit he is," he could truly have written instead that "he knoweth not of what gender he is."*

—J. Michael Mahoney, author of *Schizophrenia: The Bearded Lady Disease* (Quotation 244).

251.

692 The patient's [Daniel Paul Schreber] delusional system amounts to this: he is called to redeem the world and to bring back to mankind the lost state of Blessedness. He maintains he has been given this task by direct divine inspiration, similar to that taught by the prophets; he maintains that nerves in a state of excitation, as his have been for a long time, have the property of attracting God, but it is a question of things which are either not at all expressible in human language or only with great difficulty, because he maintains they lie outside all human experience and have only been revealed to him. The most essential part of his mission of redemption is that it is necessary for him first of all to be transformed into a woman. Not, however, that he wishes to be transformed into a woman, it is much more a must according the Order of the World, which he simply cannot escape, even though he would personally very much prefer to remain in his honourable manly position in life. But the beyond was not to be gained again for himself and the whole of mankind other than by this future transformation into a woman by way of divine miracle in the course of years or decades. He maintains that he is the exclusive object of divine miracles, and with it the most remarkable human being that ever lived on earth. For years at every hour and every minute he experiences these miracles in his body, has them confirmed also by voices that speak to him. He maintains that in the early years of his illness he suffered destruction of individual

organs of his body, of a kind which would have brought death to every other human being, that he lived for a long time without stomach, without intestines, bladder, almost without lungs, with smashed ribs, torn gullet, that he had at times eaten part of his own larynx with his food, etc.; but divine miracles ("rays") had always restored the destroyed organs, and therefore, as long as he remained a man, he was absolutely immortal. These threatening phenomena have long ago disappeared, and in their place his "femaleness" had come to the fore; it is a question of an evolutionary process which in all probability will take decades if not centuries for its completion and the end of which is unlikely to be witnessed by any human being now alive. He has the feeling that already masses of "female nerves" have been transferred into his body, from which through immediate fertilization by God new human beings would come forth. Only then would he be able to die a natural death and have gained for himself as for all other human beings the state of Blessedness. In the meantime not only the sun but also the trees and the birds, which he thinks are something like "remains of previous human souls transformed by miracles," speak to him in human tones and everywhere around (p. 388) him miracles are enacted."

It is not really necessary to go further into all the details of these delusional ideas, which by the way are developed and motivated with remarkable clarity and logical precision – the description given should suffice to give an idea of the content of the patient's delusional system and of his pathologically altered conception of the world, and it only remains to mention that also in the patient's behavior, in the clean shaving of his face, in his pleasure in feminine toilet articles, in small feminine occupations, in the tendency to undress more or less and to look at himself in the mirror, to decorate himself with gay ribbons and bows, etc., in a feminine way, the pathological direction of his fantasy is manifested continually. At the same time the hallucinatory processes, as already mentioned above, continue in unaltered intensity and they as well as certain pathological motor impulses are shown by very noticeable involuntary automatic actions. As the patient himself declares, he is very frequently forced by day and night to utter "unnatural bellowing sounds"; he affirms that he cannot control them, that it is a matter of divine miracles, of supernatural happenings, which cannot be understood by other human beings, and these vociferations, based on physical compulsion, and very annoying also for his environment, occur so unremittingly that they disturb the patient's nightly rest in the most painful way and necessitate the use of sleeping drugs. (Signed)

[Dr. G. Weber, Superintendent of the Asylum [9th December 1899, at Sonnenstein Asylum in Pirna, Kingdom of Saxony, Germany], Area

Psychiatrist, Psychiatric Adviser to the Court, as published in *Memoirs of My Nervous Illness*, by Daniel Paul Schreber, Translated, Edited, with Introduction, Notes and Discussion by Ida Macalpine, M.D., and Richard A. Hunter, M.D., MRCP, DPM, Wm. Dawson & Sons, Ltd., London, 1955, pp. 272-273.]

250.

705 Source: An anonymous article by a minister.

Prophets, Apostles, and Mental Illness

I have kidded for decades about the fact that in my ministerial years I have met at least 23 of the Two Witnesses. One felt he was both of them, thus the odd number.

I remember going with a minister to a home in Idaho once where the woman heard the voice of God often in her head. She had a young baby so the minister asked me to tend to the baby while he talked to her about her visions and voices. The baby had not had a diaper change in a pretty long time, so I took care of that in the kitchen while the minister tried to help her. Seems she was killing chickens on the farm and trying to resurrect them ... without much luck. We never made any connection to the danger and I doubt either of us understood the symptoms of schizophrenia, but I do now. After that, I returned to Ambassador for my last year and was reading the LA Times in the lounge before breakfast. My eye fell on a small article about a woman in a small town in Idaho who was found sitting in her car on a Mountain top waiting for Jesus to return. I knew the name. They found the baby dead on the farm. Or should I say, still dead.

From the Bible we find a man once laid on his right side for 390 straight days and then flipped over for another 40 because the voice in his head told him to. He built little models of Jerusalem in the sand and laid siege to a stone with a pot (Ez. 4). He even cooked his food with human waste (Ez. 4:9) and dug a hole in his own home and squeezed himself through it with his possessions on his back (Ez. 12). His name was Ezekiel. Maybe he was traumatized by the captivity or the destruction of the symbol of all that was holy and stable to him, the temple. He died forever ago and lots of the stuff he said was going to happen never really did far as we can tell. I hear a lot of minister types quoting him 2500 years later as if you can read the newspaper and immediately see what Ezekiel was talking about. I guess if they lay siege to a rock, lay on their sides for a year or more and give up charcoal for human waste at cookouts, ... well ... ewwww. Time to find another church. I know most will say that God told him to do these things ...

but think about what you are saying. Would you say that about Andrea Yates who God told to drown her kids or Mijailo Mijailovic who killed the Swedish Foreign Minister, Anna Lindh, saying when asked who told him to do it, "I think it was Jesus. That he has chosen me"?

An Old Testament character, Moses, went up into the mountains a few times because the voice in his head that no one else could hear, called him up for a meeting. He said it was God, but when he came back down the mountain carrying, what he said were the rules from the voice in his head, he ordered the murder of 3000 more pretty nice people, men women and children for not patiently waiting for him. And these people had already had a pretty tough time getting out of Egypt doing what the voice in this guys head told him to do. He had friends killing friends and families. Bummer ... that was a heck of a lot of drama and walking for nothing. From what I understand, hardly anyone who fled Dodge City, Egypt believing the voices in this man's head ever made it to the Promise Land. I'm not sure the story really happened, which would be a relief. I just can't imagine this as a good way to begin their understanding of "Thou Shalt Not Kill." This same fellow, was pretty sure that the voice spoke to him from bushes in the desert too. Not a good sign in the world of mental health types.

Yet again, an Old Testament figure called Abraham, decides to take his only son, up the mountain and kill him as a sacrifice. Perhaps a weird way to say thanks for the son that he could never have before. But I'd think that was going a bit too far. Reminds me of cutting off the nose to spite the face. Anyway, the voice in his head said to and then decided it was only kidding. The child, who probably refused ever again to go on any "just a campout" with dad, was replaced by an animal conveniently stuck in a nearby bush.

What's the chance of that! I can't imagine Isaac ever quite trusted ol' dad again.

There was a guy who married a prostitute because the voice told him to. We had to drop the standard laws of marriage for this one, but it's ok if you are doing it for God. Man was his wife mad about that! The guy even began to think he was a reincarnated form of the guy before him who talked to the bush. Tons of people obeyed this guy for a time, but usually not for very long. Hosea I think.

The more I think about it, the more I have to admit that voices in the heads of people I never met, and no one at that time could hear themselves, have played a really big role in who gets the final say in religion. What if ... Nah.

Paul in the New Testament fell off a donkey when he heard a voice in his head about giving Jesus a hard time in his old job. He even saw a flash of light in his head, brighter than the sun and it was already noon

when this happened! That's pretty darn bright! When people in the Bible light up, it's ALWAYS brighter than the sun. You'd think more people would notice. The others either heard the voice but did not see the light, or saw the light but not the voice, stood up, or all fell down depending on the story 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 nowhere 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.]

249.

645 Consider C. A. Tripp and his argument that Lincoln was gay. His book, *The Intimate World of Abraham Lincoln* begins with the fact that Lincoln during his late 20's and early 30's shared a bed with a young man named Joshua Speed. As President, Lincoln may also have shared his bed with a captain of his guard in Washington. ... As I dug into the story, I learned about the two times, at ages 26 and 32, when Lincoln broke down so severely that he came near suicide; about his profound gloom in his middle years and his deliberate work to cope with it; and

finally, about how his depression both plagued him and fueled his great work as President.

[*The True Lincoln*, Joshua Wolf Shenk, "Time Magazine," July 4, 2005, pp. 42-43.]

248.

536 Different from the dancer's first admission to Bellevue was his seeming absence of fear. Instead of the earlier dread that something awful might happen, that he might be put to death or die of a heart attack, this time he deliberately sought danger and assaulted others as well as himself with unbridled fury. Similarly absent this time was any inhibition of homosexuality. Nijinsky tried openly to seduce his male attendant, kissed his hands and feet, and said to him, 'You are my wife.' So insistent was he in trying to remove the attendant's wedding ring that the latter finally had to take his ring off and hide it. Nijinsky also chased one of the male doctors and tried to grab his wedding ring. When the doctor resisted, Nijinsky 'hit him and then wept.' He seemed more confused than ever before. The staff observed him 'talking to himself, taking off his shirt and kneeling in front of his attendant with folded hands, eyes screwed-up, gnashing his teeth, ejaculating loud screams and spitting at the attendant.' While in the bathtub, Nijinsky 'made every possible sort of movement with his body.' suggesting the religious ecstasies of saintly Russian catatonics, or an attempt at orgasm. Occasionally, he pointed to his navel, saying, 'This is a woman or an idea.' He may have been trying to express an attitude in regard to Romola's pregnancy, much as he did in 1913, while expecting their first child, or he may have wanted to give birth himself, perhaps to a new idea. He kept talking nonsense, 'emitting words that did not hang together: planet, detective, airplane, medicine, art.' (Ibid., p. 256)

[*Vaslav Nijinsky, A Leap into Madness*, Peter Ostwald, Carol Publishing Group, New York, 1991, p. 189.]

247.

523 Most schizophrenics have a homosexual bent or conflict. This was fully confirmed by the histories and psychological tests of our two groups of patients: 27 of the 30 in each group revealed homosexual tendencies. But there was a sharp contrast in expression of the tendency. In the 27 Irish patients the homosexuality was latent but repressed, whereas 20 of the 27 Italians had become overt homosexuals. The underlying factors in both cases are clear. The Italians had rejected a male role out of hostility to their overbearing fathers and elder brothers. Italian men, no

less than Irish men, take pride in masculinity; indeed, they are, if anything, more masculine in behavior. But they are also readier to act on sexual impulses, and when they lose their sense of sexual identification in schizophrenic illness, they do not shrink from overt homosexual behavior. Irish men, on the other hand, flee from their identity as males through fear of the mother rather than hostility to the father. All of our Irish schizophrenic patients were either pallidly asexual or latently homosexual. Most of them avoided females. Their homosexuality was repressed because sexuality in general is inhibited in the Irish culture. But it emerged in their fantasies. Indeed, some misidentified themselves as women: one patient had the delusion that the front of his body was covered by an 'apron which bled periodically.'

[*Schizophrenia and Culture*, Marvin K. Opler (publication not recorded), August 1957, p. 120.]

246.

402 Now Cauchon, as an advocate experienced in dealing with the law, knew that, according to the rules of the Inquisition courts, none but those who, having recanted their heresy, had relapsed, could be condemned to suffer death by burning. And having succeeded in making the wearing of man's clothes (it is certain, from the evidence given by Jean Massieu, that the wearing of such clothes was expressly mentioned in the cédule) the symbol of Joan's failure to submit to the Church, he might be fairly sure that she would, without much delay, show herself to have relapsed by retaining her male attire. Events were soon to prove him right. (Ibid., p. 218)

... Sunday, May 27th, Cauchon learned that Joan had resumed male attire. On the following day he went to the prison, accompanied by the vice-Inquisitor and several assessors. The following is from the official record:

'The Monday following, 28 of the month of May, on the day following Holy Trinity, we, judges aforesaid, went to the place of Joan's prison to see her state and disposition. Were present the lords and Masters Nicolas de Venderes, Thomas de Courcelles, Brother Isambart de la Pierre, Guillaume Haiton, Jacques Camus, Nicolas Bertin, Julien Floquet and John Gray.'

'Joan was dressed in a man's clothes, to wit tunic, hood and gippon (a short robe worn by men) and other man's clothes, attire which on our order she had formerly left off and had taken women's clothes: therefore did we question her to know when and for what cause she had again put on man's attire.'

Joan: I not long since resumed man's attire and left off woman's attire.

Question: Why have you assumed this male attire and who made you take it?

Joan: I have taken it of my own will. I have taken it because it is more licit and fitting to have man's clothes since I am with men than to have woman's clothes. I have resumed it because what had been promised me has not been observed, to wit that I should go to mass and should receive the Body of Christ and should be taken out of irons.

Pierre Cauchon: Have you not made abjuration and promised especially not to resume man's clothes?

Joan: I would rather die than remain in irons; but if it be permitted me to go to mass and I be taken out of irons and that I be put in a pleasant (*gracieuse*) prison, and that I have women, I will be good and will do what the Church wishes. (The item 'have women' is down in the French Minute but not in the official text of the proceedings.)

Cauchon: Since that Thursday, have you heard the voices of Saints Catherine and Margaret?

Joan: Yes.

Cauchon: What did they tell you?

Joan: God has sent to me by Saints Catherine and Margaret great pity for the mighty betrayal to which I consented in making abjuration and revocation to save my life, and that I was damning myself to save my life.

(Here the clerk has noted in the margin, *responsio mortifera*, mortal (fatal) answer.)

[*Joan of Arc, by Herself and Her Witnesses*, Regine Pernoud, Stein and Day, New York, 1969, p. 220.]

245.

461 Though simple and hebephrenic schizophrenic reactions become visible during early and middle adolescence, the characteristic reaction is that of an acute catatonic episode. Catatonic reactions are by far the most frequent schizophrenic disorganizations seen during this period and, side by side with the acute conversion reactions, constitute the bulk of emergency psychiatric difficulties during adolescence. Catatonic episodes can develop in a matter of hours and express themselves in great motor inhibition or overactivity, highly overactive and paranoid thought and speech patterns, totally inhibiting panic or desperate grandiosity. Fears centering around homosexuality, sexual inadequacy, or sexual guilt, together with a remarkable concern with philosophic and religious issues of a grandiose nature, almost universally accompany such reactions. Characteristically, catatonic patients have the ambivalent wish to change themselves or feel that they have been transformed into another sex. They wish to change the world immediately, to purify it and bring news

to everyone else that has been given them in a revelation. Quite often such wishes are put into action in totally inappropriate and aggressive ways that are disturbing to the people in the patients' environments.

[Sydney L. Werkman, *American Handbook of Psychiatry*, Vol. II, edited by Gerald Caplan, Basic Books, Inc., New York, 2nd ed., 1974, p. 230.]

244.

468 G. V. Hamilton also observed homosexual relations between male monkeys. He reports the occurrence of anal intercourse and so far as one can tell, the details are similar to those listed by Kempf. Hamilton describes a homosexual friendship between an adult and an immature male macaque which was accompanied by frequent sodomy, mutual embracing, and social protection of the young animal by his full-grown partner. When the pair was separated the adult male mated readily with available females; and when the smaller male was reintroduced into the enclosure, the homosexual partnership was resumed, although heterosexual coitus on the part of the grown animal was not appreciably reduced.

Carpenter reports the occurrence of homosexual mounting by free-living male macaques, but Kempf and Hamilton are the only writers who have observed complete anal intercourse between males.

[*Patterns of Sexual Behavior*, Clellan S. Ford, PhD, and Frank A. Beach, PhD, Harper & Brothers, Publishers, and Paul B. Hoeber, Inc. Medical Books, 1951, p. 135.]

243.

472 According to Zuckerman, homosexual behavior frequently occurs in the baboon family group. All the members may be involved. The responses include mutual grooming, genital examination, and sexual mounting. Adult males of this species living in the native state sometimes present sexually to one another and mounting may follow.

Bachelor baboons who have restricted opportunities for contact with females sometimes strike up homosexual friendships, and for a time a masculine pair remains constantly together. Immature males often join full-grown bachelors and engage in sexual activity. Pre-pubertal and adolescent males show a wide range of sex responses. They display the feminine sexual presentation, masturbate, and mount one another. They

also mount and are mounted by adult members of their own sex. And they engage in manual, oral, and olfactory genital examination with other males of their own age.

[*Patterns of Sexual Behavior*, Clellan S. Ford, PhD and Frank A. Beach, PhD, Harper & Brothers, Publishers, and Paul B. Hoeber, Inc. Medical Books, 1951, pp. 135.]

242.

Narayan Aryal
Psychiatrist working in the UK

dear Michael, May God bless you. Here I can feel , smell , hear see and taste your depth of knowledge, kindness and humility. i have used all my 5 senses to learn from your writing but i have no other sense , even no common sense to understand your thoughtfulness. I'm learning.

241.

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

[*Interpretation of Schizophrenia*, Silvano Arieti, M.D., Basic Books, Inc., New York, 2nd ed., 1974, p. 638.]

240.

241 All through his childhood he had been very fond of playing parts in front of the mirror. Now in front of the mirror he continued to play parts, but in this one special instance he allowed himself to become absorbed into the part he played (to be spontaneous). This he felt was his undoing. The parts he played in front of the mirror were always women's parts. He dressed himself up in his mother's clothes, which had been kept. He rehearsed female parts from the great tragedies. But then he found he could not stop playing the part of a woman. He caught himself compulsively walking like a woman, talking like a woman, even seeing and thinking as a woman might see and think. This was his present position,

and this was his explanation for his fantastic get-up. For, he said, he found that he was driven to dress up and act in his present manner as the only way to arrest the womanish part that threatened to engulf not only his actions but even his 'own' self as well, and to rob him of his much cherished control and mastery of his being. Why he was driven into playing this role, which he hated and which he knew everyone laughed at, he could not understand. But this 'schizophrenic' role was the only refuge he knew from being entirely engulfed by the woman who was inside him, and always seemed to be coming out of him.

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

239.

475 I am indebted to Dr. Will Elgin, of the Sheppard and Enoch Pratt Hospital, for another repeated observation which, because it is characteristic, needs reporting. For many years Dr. Elgin, in the process of admitting patients, observed the enactment of a scene which assumed diagnostic significance. His office arrangement permitted relatives a choice of three seats, one opposite his desk, one at the end of it quite near him, and one several feet away. He observed that when the mother and father of the patient appeared together to arrange admission, there occurred something of significance. If mother sat in one of the two chairs at his desk, and father sat off in a corner, it usually followed that mother took over the discussion, did the talking, made the arrangements, and even read the fine print on the contract. Father, meanwhile, looked unhappy and was silent save for an occasional abortive effort to modify certain of the mother's statements. When this was the course of the admission interview, he came to know that the odds were that the patient would be schizophrenic. There is an interesting addendum. In a later interview father, appearing alone, was often very aggressive in his criticism and his demands and accusations. However, it could often be demonstrated that his belligerence was that of a very unwilling agent of his wife.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., Ibid., p. 106.]

238.

459 If we summarize our impressions of the attitudes of these mothers toward their own parents, we may say that as a group they reported that they loved their fathers or felt that they had some love from them. But, on the

whole, the fathers were weak, sometimes brutal, absent, and in one way or another quite inadequate and unreliable. Frequently also there was some feeling that the fathers were either somewhat abnormal heterosexually or were regarded as possibly homosexual. On the other hand, these mothers of schizophrenics nearly uniformly report their respect for their mothers. Almost without exception, they give the impression that they are saying not only that they respect their particular mothers but that through their mothers they have come to idealize motherhood – they believe in the divinity of maternity. This is not an uncommon idea in our culture, but one feels that these women are more desperately devoted to it than are the run of people. The maternal grandmothers of the patients are usually reported to have ruled their homes either directly or, more commonly, through tears and suffering. Mothers of the patients have learned this technique from these grandmothers and with very few exceptions dominate, in one way or another, the family situation, including the husband. Usually they employ the hurt techniques to make others feel guilty; much more rarely they are arbitrarily and angrily in charge. As for the relation to the children, these mothers, in addition to reporting them as model children, also most frequently remark that as little children the patients worshipped their mothers; they frequently comment that they still do.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D. (Ibid., pp. 112-113).]

237.

From: J. Michael Mahoney

To: Isaac [name deleted]

Sent: Saturday, July 26, 2014 6:49 PM

Subject: Re: Dr. Mahoney

Dear Isaac, Your best bet would be to find yourself a good "Freudian" psychoanalyst somewhere?

So glad you like my book and recommend it to others. Many thanks for that!!
Very best wishes, Mike

www.Schizophrenia-TheBeardedLadyDisease.com

From: Isaac [name deleted]
To: SigmundFreud@comcast.net
Sent: Saturday, July 26, 2014 5:28 PM
Subject: re: Dr. Mahoney

Dr. Mahoney,

You are a genius.

I love your book, and I always get other's to read it.

I have been wondering if you had any psychiatrists which you could recommend who are aware of the bisexual conflict.

I spoke to several of them, but most of them are women, who mainly deny all, if not most, of Freud's theories.

Primal Therapy may be a start, but Dr. [Name deleted] can be too much of an egotistical maniac.

I really look forward to hearing from you

Best regards,

Isaac

236.

Many thanks for you. You have been and will continue to be my great teacher. Thanks for everything that has taught me. All my respect and gratitude.
Psychologist, Laura F.

[An unedited communication from a fellow-LinkedIn member.]

235.

477 Another patient was a schizophrenic adolescent who had received intensive shock therapy at another institution during the course of which he suddenly developed a high-pitched voice. The psychiatrist was uncertain whether he was trying to mimic a girl or a child. When the patient was told that it seemed as if he wanted to be a child, he replied, 'I don't want to be any older. I want to play children's games.' When asked if he saw no fun in being older, he answered, 'Yes, but that has to do with sex. Sex is ugly. Sex has a lot to do with growing up. I don't want to

commit myself to sex. The real trouble started when I dyed my hair when my mother wasn't there. I began putting on women's clothes ...' and so on.

[*Homosexuality, A Psychoanalytical Study of Male Homosexuals*, Irvin Bieber et al., Vintage Books, Random House, New York, 1962, p. 212.]

234.

Dear Dr Mahoney

I was flattered to read that you are "delighted to be connected" with me. It reminded me of a joke: an elephant and a mouse were walking in the desert. At a certain point the mouse looks back and says: dear friend you may look back to see how much dust we make.

I hope that it will not be exaggerated to say that I am one of your countless followers, while you hear my name for the first time, and have no profound works on schizophrenia.

Thanks again

Nir

On 12/30/12 5:43 AM, J. Michael Mahoney wrote:

Delighted to be connected with you on LinkedIn, Dr. Nir Essar, and all best wishes!!

Mike Mahoney

On December 30, 2012 2:31 AM, Dr Nir Essar wrote:

I'd like to add you to my professional network on LinkedIn.

233.

104 ¹⁶There is an apocryphal story (told to me by Frederick G. Worden), of a ward set up for young, male, acute paranoid schizophrenics in which all the personnel were overt homosexuals: tender, overt homosexuality was

encouraged among the patients and staff. The story is that the cure rate was high.

[*Splitting (A Case of Female Masculinity)*, Robert J. Stoller, M.D., Dell Publishing Co., Inc., New York, 1973, p. 372.]

232.

280 Such a differentiation permits a speculative reconstruction of the schizophrenic process which would run as follows. For a variety of reasons – for example, hostility, harshness – the child in the earliest period of life loses confidence in its identity, its worth as a human being of its given sex. Obviously ordinary traumas such as neglect are not sufficient: the hostility or over-demandingness must treat the child like an object with no intrinsic worth of its own. Perhaps the parents unconsciously hate the child's sex or maybe the child senses that to be so despised he must be the wrong sex. Whatever the specific causes may be, one aspect of the general self-disconfirmation the child experiences is to lose (or never gain) confidence in his gender role identity, sometimes feeling like a member of the opposite sex or more often just alien from his own. This lack of gender security tends to influence style of approach to life, especially in the critical adolescent years when the sex roles begin to diverge markedly. Sex-role alienation is manifested primarily in passivity and defective instrumentality among males but is most apparent in the expressive functions among females, taking the form of hostile belligerence and emotional insensitivity when hospitalized. (It remains an open question whether the assertive quality of the behavior observed in female schizophrenics is a secondary by-product of expressive disruption or represents a fundamental divergence from the classical developmental picture of inhibition and social withdrawal in preschizophrenics.) But at the same time, schizophrenics of both sexes are perceived and treated usually by all at home and at school as members of their correct biological sex groups so that they develop more or less normal interests and opinions characteristic of their sex. What is crucial in schizophrenia is a serious disturbance at the primary or identity stage; conflicts at the secondary level of style of approach to life may lead to neuroses and at the tertiary level of interests to social maladjustments. But at any level, sex-role integration appears to be a crucial factor in adjustment.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 238.]

231.

The key to really understanding why Elliot Roger, 22, ran amok in Isla Vista, California on May 23, 2014, embarking on his psychotic, savage killing-spree, can be found "... in the manifesto he [wrote and] sent shortly before stabbing to death three people in his apartment, including his two roommates, who he described as 'repulsive' ".

["The New York Times," Adam Nagourney, May 26, 2014, Front Page.]

Having never lived away from home before, and thus something of a sheltered and protected "mama's boy", the sudden and intimate daily contact with two male roommates -- who were naturally sometimes going about unclothed in their apartment -- must have triggered in him a surge of long-denied and repressed homosexual feelings. So actually, rather than finding his roommates "repulsive", he really found them sexually exciting and alluring. His use of the word "repulsive" is what is called in psycho-analysis a "reaction-formation", unconsciously utilized to mask its exact opposite feeling -- "repulsive" instead of "sexually exciting / alluring".

And by killing his two roommates he was destroying the objects of his homosexual temptation. Shortly thereafter, now in a frenzied, paranoid schizophrenic "homosexual panic" state, he commenced his bloody and suicidal final lethal rampage.

230.

Isla Vista, California (May 23, 2014): Here is another all-too-familiar account of a paranoid schizophrenic young man (22) -- in the deadly grip of a "bearded lady" disease homosexual panic attack -- running amok, and in this particular case killing six and wounding 13 before finally suiciding. (In a video rant made prior to his psychotic, paranoia-induced lethal rampage, he had cited hatred of women for rejecting him as the principal motivating factor behind his planned attack.)

229.

281 During his stay in that hospital, he did not show improvement. He was transferred to the Sheppard and Enoch Pratt Hospital on January 27, last. After discussing his life up to the time of his brother's enlistment, in our initial interview, he was asked if he had missed his brother. He replied: 'Oh ... He had his friends and went around with girls, too. I had friends, but ... I could not keep up ... They were a little ahead of me ... Well,

socially and ... monetary reasons, too.' Here he referred to a doctor with whom he had had some interviews, saying thereafter 'I slept with my brother 'till the war *** that homosexual feeling H – [the doctor] spoke of. I'd tell him ... anything, and ... it seemed I got worse and worse. All our actions and talks were tensions between us, you see. It was on the morning of the eclipse ... I was relating it to myself ... and the morning it came, I was wild, I thought I was dying or something. *** I was supposed to be in hell, I guess ... and they had a language there; I'd hear things ... I couldn't smoke a cigarette or drink water *** The whole thing was like going through a dream ... I was two persons; one night, a man and a woman; and the next, two men. *** Called all sorts of damnable things – dog, cock-sucker ... everything that I had ever heard.' Later in the discussion, he volunteered 'Never had intercourse with a woman; never seen a naked woman: have fooled around when I was on the road'; the latter had occasioned two incidents of ejaculatio praecox some short time before his acute episode. He shied at any discussion of the homosexual goal, saying amiably but with tension, 'Don't talk to me about those things, I will get all mixed up again ... I think I know what ails me ... my feelings have got swung around.' Inquiry as to what he meant increased his discomfort.

[*Schizophrenia as a Human Process*, Harry Stack Sullivan, M. D., W. W. Norton & Company, Inc., New York, 1962, p. 75.]

228.

From: " [deleted] "
To: jmmahoney001@gmail.com
Sent: Wednesday, May 21, 2014 7:38 AM
Subject: Comments on Schizophrenia

I read your book because my younger brother had been diagnosed as such and in spite of medication was never on an even keel and was always ingesting OTC drugs that would help with his anxiety.

I called him and asked him about your theory. He immediately replied that had he not found God, he'd have been a "flaming faggot". He said he recalled the exact moment in the 5th grade when our Mother beat his manhood out of him.

He'd been married, had a child which he said happened because he'd had intercourse with the help of some drug and not again perhaps. It was after this that he descended into his mental illness, deeply. He'd spend an hour or two trying to decide if he should put sugar into his coffee or not.

He was a graduate of the University of [deleted] and taught for a brief time.

He died of a heart attack and sepsis about 6 years ago, not long after the conversation noted above. Our Mother was the only girl, the middle child, in a family of 5. Her Father was a Fire Chief in [deleted] who was by all accounts a tough, unflinching person. He threatened his children with a rifle when they were not quiet enough at bedtime.

She did marry our Father, a very soft spoken and loving person who never sided with his sons.

I do believe that your book has many worthwhile points to be made. I just hosted the marriage of my youngest daughter to her female partner. Your book was instrumental in helping me happily support her in this.

I wonder if there is any documentation which points to a reduction in schizophrenia as a result of the rising acceptance of homosexuality in our society.

Thank you for your work.

[Note: Deletions have been made in certain places in the above letter, obviously for privacy reasons. And as for an answer to the writer's final, exceptionally astute question: If there is any such "documentation" I am unaware of it at the present time. But it must be a certainty that the so-called "Gay revolution" has become the greatest boon to mental health which has ever occurred, for now people do not have to go mad, or berserk, as a result of repressing or disavowing these heretofore psychologically and culturally "forbidden" sexual feelings. And hurrah for that. -- jmm.]

227.

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

[Note: This quotation is from the father of a schizophrenic patient who was talking with the patient's psychiatrist. Although the sex of the patient was not specified, in actuality parents who are as conflicted about their own gender identity as these two seem to have been would have an equally profoundly deleterious psychological effect on children of either sex. -- jmm.]

226.

NOTE: This letter is unedited, and certain names and dates, etc., have been deleted for privacy reasons. (jmm)

Dear J. Michael Mahoney,

Last week i discovered your book about schizophrenia. My name is [Deleted]. My younger sister [Deleted] suffers from schizophrenia. She was diagnosed in 1998 and lives in an asylum, ever since. Last year she wrote a book about her experiences: [Deleted]

She tried to kill herself many many times. We, my dear brother, mother, and me still expect/fear she will die from taking life herself...We experience that this disease is one big road of suffering for her, year after year. She gets more and more isolated in her head.

Really i hope you are not agitated because of this message and i hope you'll accept my invitation to [Deleted]. Wishing you all the best! Thanks for writing and investigating about schizophrenia!

Yours sincerely,
[Deleted]

225.

526 ... They both reported finding Bretnall dead when they entered the house; she was disemboweled and her eyes were gouged out.

[Name deleted] was found next to the mutilated Bretnall stabbing herself in the neck while reportedly saying, 'I am the devil. I was making love to her. I killed her.'

... Those who knew [Name deleted] said that for months before the slaying she had been tormented by psychological demons, threatening to hurt or kill or commit suicide. She had been in and out of the mental health crisis unit at Marin General Hospital. In one instance, she wound up there after slashing her hands and legs with a razor knife at Northgate Mall in San Rafael.

["Slaying Stirs 911 Probe," Alex Neil, *Marin Independent Journal*, Nov. 27, 1990, p. A9.]

224.

- 524 Frazier, an auto mechanic who appeared in the courtroom one day with the left side of his head, beard and eyebrows shaved, pleaded not guilty by reason of insanity.

["Woman Painfully Recalls Family's Brutal Murder," Dawn Garcia (staff writer), *San Francisco Chronicle*, October 20, 1990.]

223.

- 540 Altogether, 22 percent had had contact with the police for bizarre or inappropriate behavior as part of their first episode of schizophrenia, including such events as the strangulation of a pet canary, cutting off the heads of the flowers in the family garden, and a male graduate student walking through a quiet suburb in lady's underpants embracing each exposed garbage can.

[*Schizophrenia Genesis (The Origins of Madness)*, Irving I. Gottesman, W. H. Freeman and Company, New York, 1991, p. 192.]

222.

- 630 Being born a woman is my awful tragedy. From the moment I was conceived I was doomed to sprout breasts and ovaries rather than penis and scrotum, to have my whole circle of action, thought and feeling rigidly circumscribed.

[*The Unabridged Journals of Sylvia Plath, 1950-1962*, (Transcribed from the original manuscript at Smith College, edited by Karen V. Kukil), Anchor Books, New York.]

221.

- 623 Phil Morowski, an acquaintance, said that when McVeigh [Timothy J., the Oklahoma City bomber who killed 168 people in the Federal Building there] returned from the Gulf War, he complained that the Army had implanted a computer chip in his buttocks apparently to keep track of him.

[Lee Hancock and David Jackson, *Dallas Morning News*, (reprinted in the *Marin Independent Journal*, Marin County, California, April 23, 1995, p. 1.)]

220.

616 At 17, he joined the marines to get away from his mother, but he was unable ever to shake the sense of perpetual grievance with which she had imbued him, or his anger at a world that stubbornly refused to grant him the recognition she had taught him should be his.

Not surprisingly, the military did not suit him. Cold, sarcastic, withdrawn, he was taunted as 'Ozzie Rabbit' and 'Mrs. Oswald' by his fellow marines, and was court-martialed and found guilty twice, first for shooting himself in the arm with a .22 pistol he was unauthorized to carry and again for pouring a drink over the head of a sergeant who had dared assign him to K.P. duty. He subsequently suffered an apparent breakdown, weeping and firing shots into the night while on guard duty. After that he was called 'bugs.'

[*Case Closed - Lee Harvey Oswald and the Assassination of John F. Kennedy*, Gerald Posner, Doubleday, New York, 1994 (*The New York Times Book Review*, date of review and name of reviewer not noted).]

219.

MASTURBATION IS THE PRIMAL ADDICTION (Sigmund Freud), -- And if unconditionally repressed, the one from which all other addictions stem (J. M. Mahoney).

218.

Another case of a person, this time a very young man (16) suffering from paranoid schizophrenia and in the grip of a severe homosexual panic, who suddenly runs amok and begins savagely attacking 21 of his schoolmates with two knives, until he is finally subdued.

The name "schizophrenia" was created by Professor Dr. Eugen Bleuler to denote the mental condition formerly known as "dementia praecox" (precocious dementia), this original name emphasizing the fact that the illness often starts during the afflicted person's pubertal years. (In the present case, as has been noted, the young man suffering from paranoid schizophrenia is sixteen-years-old -- and thus in full pubertal "bloom".)

Any severe bisexual conflict / gender confusion at this early stage of life can have devastating and lasting mental health consequences.

[J. Michael Mahoney, April 14, 2014.]

217.

Army Specialist Ivan A. Lopez, who had been under psychiatric care at Fort Hood, succumbed to a severe "homosexual panic" attack caused by his long-standing, powerful, and repressed bisexual conflict and gender confusion. This is invariably the precipitating factor in all such cases where men suddenly go berserk -- for no obvious and rational reasons -- lashing out in a psychotic and merciless lethal fury, with no prior warning, targeting some, or all, of those around them -- and then generally suiciding at the end of their deadly rampage. This murderous "breaking bad" phenomenon occurs with a sickening regularity and will continue to do so until its root cause -- severe bisexual conflict and gender confusion -- is widely acknowledged and properly dealt with. (See also the [HOMOSEXUAL PANIC / AMOK](#) links on my website.)

[J. Michael Mahoney, April 7, 2014.]

216.

The recently-deceased leader of the Westboro Baptist Church, Mr. Fred Phelps, was suffering from paranoid schizophrenia, and it was this disease which caused him to have such a pathological hatred of homosexuals, or "fags", as he so derisively and hatefully called them. In actuality, what he really hated and feared was his very own deeply-repressed homosexual nature, and thus he "projected" these forbidden and terrifying feelings connected with it, in a typically paranoid schizophrenic pattern, out onto the world around him. He was really a severely ill man, deserving of some pity, though he showed none at all for those others he attacked in his hate-filled, psychotic ravings against the entire LGBT community.

[J. Michael Mahoney, April 4, 2014.]

215.

Schizophrenia, the "bearded lady" disease, has struck again at Ft. Hood, Texas, leaving -- as it did before and will probably do again sometime -- death and destruction in its wake. Another soldier, suffering from a severe paranoid schizophrenic mental illness, "loses it" and runs amok. (See the link [AMOK](#) on this website.) And similar tragedies also occur all-too-frequently in civilian life too, and will continue to occur there -- ad infinitum -- until society starts paying much more serious attention to all the many unstable paranoid schizophrenic personalities in its midst.

[J. Michael Mahoney, April 4, 2014.]

214.

Mais, dans des cas pareils, c'est toujours la chose génitale, toujours! toujours! toujours!

[Jean-Martin Charcot, French "neuro-pathologist" (1825-97), commenting on the invariable sexual etiology of the hysterical symptoms afflicting the patients he treated, both male and female, at his famed clinic in Paris. (He was one of Sigmund Freud's early mentors.)]

213.

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

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

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

unable in the chronic mute state of the illness to bear a strong sexual transference to me and acted it out. In the acute state it became apparent why her sexual impulses and fantasies were so unbearable: they were accompanied by overwhelmingly strong murderous sadistic fantasies.

[*Psychotic States (A Psychoanalytical Approach)*, Herbert A. Rosenfeld, International Universities Press, New York, 1966, p. 165.]

212.

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

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

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

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

211.

102 Moreover, she did not develop the complicated delusions we are used to seeing in schizophrenia, delusions that Schreber exemplifies. Instead, she would explode into a panic state, with confusion, terror, a buzzing, noisy hallucinosis (rather than clear-cut spoken language), poorly formed visual hallucinations such as blood pouring off the walls or black holes appearing in the streets, and an overpowering drive to kill herself. Except

for the possibility that she might kill herself, the prognosis of her psychotic episodes was much better than in those of the typical schizophrenic reacting against her homosexuality.

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

[*Splitting (A Case of Female Masculinity)*, Robert J. Stoller, M.D., Dell Publishing Co., Inc., New York, 1973, p. 290.]

210.

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

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

G: I don't think so.

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

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

[*Splitting (A Case of Female Masculinity)*, Robert J. Stoller, M.D., Dell Publishing Co., Inc., New York, 1973, p. 299.]

209.

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

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

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

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

G: No.

S: What's the matter?

G: Nothing.

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

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

[*Splitting (A Case of Female Masculinity)*, Robert J. Stoller, M.D., Dell Publishing Co., Inc., New York, 1973, p. 15.]

208.

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

'An âne is a donkey, isn't it?'

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

['Let's see what an inverted V brings up.'] 'My nose is sort of in the

shape of a V. I had a pin that was V-shaped – well, I didn't have it. I didn't have any jewelry. It was Ruth's (Ruth: her younger sister) ... *âne* – I don't know whether it's masculine or feminine. It doesn't have to be either; it's l-apostrophe.'

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

This confusion about her own sexuality she repeatedly projected onto her environment. She once spoke of a 'statue of a woman in Rock Creek Park,' imitating with upraised arms the posture of the statue, and went on to say that she liked it very much because of its 'masculine grace.' I replied in surprise, 'It's masculine grace?' She nodded and went on speaking. Also, she described on several occasions, during the first two years of the therapy, an incident when, prior to her hospitalization, she had visited, uninvited, the home of a young man with whom she was having an autistic love affair. Each time she spoke of this, it was evident that she was confused as to whether the person who met her at the door was male or female. She was not sure whether this was the young man himself, or his sister who lived there with him and their father. In one of her accounts of this, she at first said she knew the person was a girl, but she kept referring to the person as 'he,' saying at one point she 'was 60 percent sure' the person was a boy. She described, however, the person as having 'bright red lipstick and lots of powder, and blond hair swept up in back.' This person's name, the patient found upon inquiring, was Janet – very similar to the patient's own name, Nanette; and the patient herself had blond hair. The patient went on to say, giggling tensely, 'He looked like a fashionable sketch,' and then added, 'The other day Dr. _____ [a doctor at the lodge with whom she had, for a long time, an autistic love affair] looked like a fashionable sketch.' This last hinted at her confusion concerning the sex of Dr. _____, a confusion which similarly emerged on various other occasions. All this kind of material from her is suggestive that her confusion about the sexuality of figures in her environment is related to her confusion about her own sexuality.

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

... I shall not attempt to provide here any detailed material to show further how terrified this young woman was concerning the subjective

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

In one hour with her I experienced what appears to have been a kind of participation in her own intensely anxiety-laden confusion as to her sexuality. She had come into the hour vividly lipsticked and face-powdered and with a very sexy coiffure, and was lying on the couch with her head propped up and her feet crossed – a posture which impressed me as masculine. I suddenly got a strong conviction that she was a man dressed up as a woman. I kept trying to dismiss the idea as patently absurd, because I knew that the nurses had helped her to change menstrual pads and had given her baths; so I knew it utterly irrational to think that under these circumstances she could have remained on a female ward for many months. But the idea persisted during the remainder of that session, and was accompanied by an eerie feeling which was most uncomfortable. Within the ensuing week, she produced sufficient verbal evidence (some of which I have given above) of her own confusion as to her sexual identity, so as to suggest to me that, as I mentioned in one of my notes during that week, ... my feeling about Nanette as a transvestite probably was not entirely 'imaginary,' i.e. self-produced – probably reflected Nanette's doubt as to her own sex, a doubt reflected in her posture, her mannerisms, and so forth.

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

[*The Non-Human Environment (In Normal Development and in Schizophrenia)*, Harold F. Searles, M.D., International Universities Press, Inc., New York, 1960, p. 229-232.]

207.

079 One of the most widely mentioned transference problems is that of dealing with homosexual impulses which may threaten the therapeutic relationship when working with paranoid schizophrenics. Techniques for

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

[*Man Against Himself*, Karl A. Menninger, M.D., Harcourt, Brace & World, Inc., New York, 1938, p. 54.]

206.

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

In this case, the various elements determining the vivid martyrdom-asceticism picture are clearly visible. The erotic element was explicit; it

was of a confused nature involving heterosexual facades for the denial of homosexual urges.

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

205.

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

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

204.

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

experience, and when applied not to the moderate degree found in the background of the neurotic person but invested with all the weight of actual biological attributes, have much to do with the person's unconscious refusal to relinquish, in adolescence and young adulthood, his or her fantasied infantile omnipotence in exchange for a sexual identity of – in these just described terms – a 'man' or a 'woman.'

[*Collected Papers on Schizophrenia and Related Subjects*, Harold F. Searles, M.D., International Universities Press, New York, 1965, p. 437.]

203.

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

[*Psychopathology*, Edward J. Kempf, M.D., C.V. Mosby Co., St. Louis, Missouri, 1920, p. 690.]

202.

009 According to Redlich (1952) " Most of the ... psychological propositions about schizophrenia ... may be traced back to ... Freud's ingenious discussion of the Schreber case ". Zilboorg (1941) says that " Freud's views on schizophrenia ... were based ... on ... the Schreber case ... Later clinical studies corroborated Freud's views that certain aspects of unconscious homosexuality are the determining factor in the development of schizophrenia ". Fenichel (1945) gives a long list of confirmatory publications.

[*Memoirs of My Nervous Illness*, by Dr. jur. Daniel Paul Schreber -- Translated, Edited, with Introduction, Notes and Discussion by Drs. Ida Macalpine and Richard A. Hunter -- Wm. Dawson & Sons Ltd., London, 1955, p. 11.]

201.

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

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

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

[*Collected Papers on Schizophrenia and Related Subjects*, Harold F. Searles, M.D., International Universities Press, New York, 1965, p. 369.]

200.

011 For all students of psychiatry, Schreber, its most famous patient, offers unique insight into the mind of a schizophrenic, his thinking, language, behavior, delusions and hallucinations, and into the inner development,

course and outcome of the illness ... Indeed the memoirs may be called the best text on psychiatry written for psychiatrists by a patient.

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

[*Memoirs of My Nervous Illness*, Daniel Paul Schreber, translated by Drs. Ida Macalpine and Richard A. Hunter, Wm. Dawson & Sons, Ltd., London, 1955, p. 25.]

199.

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

[*Chronic Schizophrenia*, Freeman, Cameron, McGhie, preface by Anna Freud, International Universities Press, New York, 1958, p. 54.]

198.

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

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

[*Chronic Schizophrenia*, Freeman, Cameron, McGhie, preface by Anna Freud, International Universities Press, New York, 1958, p. 67.]

197.

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

During the first interviews with me, he allowed silences of no more than a second or two. He kept up an almost incessant stream of conversation, consisting in a melange of references to books he had read, interspersed with comments reflecting self-misidentification, such as, 'Of course I'm Cortez ... I died in 1920 as Tolstoy ... I was Esther Williams in [name of a motion picture]'... He apparently considered himself to be, from one moment to another, a limitless number of prominent persons, present and past, including Alexander the Great, Pericles, General Lee, Lincoln, Goethe, Senator Vandenberg, various movie actors and actresses, and so on, and made references to various supernatural powers which he possessed.

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

196.

279 The maladaptiveness of the male schizophrenic withdrawal is even more obvious and has been often noted in the literature. For example, Farina, Garnezy, and Barry (1963) report the same differential in

marriage rates among male and female schizophrenics noted above and comment that to marry in our culture a man must usually approach, court, and propose to a woman as well as provide a home and financial support for her. Such actions require an assertiveness that male schizophrenics typically lack. However, a woman may marry even though she is sex-role alienated simply because less is required of her. All she has to do is 'go along.' The authors also point out that this explains why among divorced and separated schizophrenics more men than women recovered. The men presumably had to be better sex-adjusted to get married in the first place than the women.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 238.]

195.

278 The specificity of the evidence for schizophrenic sex-role alienation suggests the results are not trivial. If it had been found that schizophrenics, whether male or female, simply fail to give normal sex-typed responses, one need only infer that here, as elsewhere, schizophrenics are disorganized. Perhaps they just do not attend to the tests but respond more or less randomly. Such an hypothesis is rendered unlikely by the fact that the schizophrenics give normally sex-typed responses to some tests and not others, and to some items on particular tests and not others.

For instance, schizophrenic females generally care less than normals about all parts of the body, showing no differential for male and female parts, while male schizophrenics are more sensitive than normal males about female parts. This also demonstrates that sex-role alienation is not simply a matter of one sex reacting always *exactly* like the opposite sex. That is, the schizophrenic females are not relatively *more* sensitive about their male than female parts, as the normal males are. It is sex-role *alienation*, not reversal. Alienation often means reacting like normals of the opposite sex because that is the major or only alternative, but such is not always the case.

The results taken together suggest that the components of sex-role identity can be arranged in a hierarchy of importance to normal adjustment. At the most basic primary level, at the center of personality structure, lies something that might be labeled *gender identity*, an unconscious schema representing pride, confidence, and security in one's membership in the male or female sex. Strictly speaking it has little to do with sex-typed *actions* or roles (which exist on the secondary level of the hierarchy) but with the fundamental experience of one's self as male or

female. At this level the schizophrenics show the most disturbance: they make opposite-sex choices in the Role Playing Test, and they do not experience their own bodies the way normal men and women do. The Figure Preference Test results also suggest the same kind of disturbance in self-orientation, but they are harder to interpret and obviously need replication either with the original free response test or with figure choices more definitely representing various male and female body parts. Among the female schizophrenics, 82% either make three or more opposite-sex choices in the Role Playing Test or are insensitive to their bodies (accepting 14 or more of 20 parts) in a very unfeminine way. This contrasts with only 28% of all the normal females who showed one or the other of these deviations. Among the male schizophrenics, 95% show either the same degree of disturbance on the Role Playing Test or are especially sensitive to their female parts, in a non-masculine way (accepts 6 or less out of 8), as contrasted with 35% of the normal males showing one or the other of these gender-alien signs. The instruments were not designed to maximize discrimination of schizophrenics from normals, but even two such simple signs yield very large differences, suggesting that the fundamental problem exists for schizophrenics at this level.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 236-237.]

194.

275 Normal males clearly show less concern with their bodies than normal females. Nearly three-fourths of the males express satisfaction with about three-fourths of the parts listed, as contrasted with less than one-fifth of the females ($\chi^2 = 10.10$, $p < .01$). Note that both groups of normal women show the same pattern, with the housewives being, if anything, even more concerned about their bodies than the working women. Among schizophrenics there is a decided reversal, females are less concerned, males more so, and the interaction chi-square is highly significant. The result is all the more impressive because it replicates a Sex X Diagnosis interaction found in a similar experiment by Holzberg and Plummer (1964). The reversal shows up markedly for female body parts. Among normals, females care more about them and males less, but among schizophrenics, males care more than females. These parts have to do essentially with the appearance of the body – its presenting aspects (face, lips, hips, etc.). It is as if female schizophrenics have become insensitive to their appearance (like normal males), and male schizophrenics have become more sensitive to how they look (like normal

females).

Normal males clearly show less concern with their bodies than normal females. Nearly three-fourths of the males express satisfaction with about three-fourths of the parts listed, as contrasted with less than one-fifth of the females ($\chi^2 = 10.10$, $p < .01$). Note that both groups of normal women show the same pattern, with the housewives being, if anything, even more concerned about their bodies than the working women. Among schizophrenics there is a decided reversal, females are less concerned, males more so, and the interaction chi-square is highly significant. The result is all the more impressive because it replicates a Sex X Diagnosis interaction found in a similar experiment by Holzberg and Plummer (1964). The reversal shows up markedly for female body parts. Among normals, females care more about them and males less, but among schizophrenics, males care more than females. These parts have to do essentially with the appearance of the body – it's presenting aspects (face, lips, hips, etc.). It is as if female schizophrenics have become insensitive to their appearance (like normal males), and male schizophrenics have become more sensitive to how they look (like normal females).

For the male body parts, the interaction is not significant. The female schizophrenics continue to be more satisfied than their normal counterparts, but both groups of males are equally satisfied. However, there is another interesting and significant reversal among the males. Normal males care more about their male (or strength) body parts than their female (or appearance) parts, but the trend is reversed for the male schizophrenics (interaction $\chi^2 = 4.33$, $p < .05$). The same reversal does not appear for the females.

To summarize these findings: schizophrenic males have replaced the normal male concern for masculine body parts with a greater concern for their appearance, like normal females. Schizophrenic females simply show less concern for all parts of their bodies, whether masculine or feminine. By itself, such indifference might be attributable to long hospitalization, but this explanation would not account for the differential results for the schizophrenic males. It seems plausible to conclude that some part of the schizophrenic woman's unconscious self-image is insensitive and more masculine, whereas some part of the schizophrenic man's self-image is sensitive and more feminine. Whether this difference predates their entry to mental hospitals is a question for further research.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 234.]

522 Another case will bring out more of the motives. A thirty-year-old naval officer, married, was brought to the hospital with a history of having mistreated himself and of having contemplated suicide. He was quiet, neat, mildly depressed.

The history was that his father had been very religious but very difficult to get along with and had deserted the family while the patient was yet small. The mother had been obliged to work very hard to support them. The boy himself had to go to work at an early age but in spite of this obtained a fair education intermittently. He had joined the navy and worked himself up to petty-officer rank. A year before admission he noted that he worried about his work and asked his friends if they noticed that he was not doing so well. He became increasingly depressed.

Then he began to notice strange noises, thought he heard his shipmates talking about him and accusing him of perverted practices (i.e., of being homosexual). (Individuals with such fears and hallucinations rarely are homosexual overtly, but react with terror to the thought that they might be – just as 'normal' persons do, but in greater degree.) Finally he went to the bathroom and with a safety razor amputated his penis.

When questioned about it the patient said he has been confused and hadn't known what he was doing. He seemed however, to show little concern or regret. Later he jumped overboard but climbed back aboard the ship on the anchor chain. He admitted, however, that the thought of drowning had always fascinated him.

The examination showed that he still suffered from auditory hallucinations with voices telling him to do odd things and commenting on what he did. Concerning the charge of homosexuality he was quite perplexed because he had never indulged in it but began his heterosexual life very early. Except for the mutilation his physical condition was excellent and his intelligence above average.

Later the patient announced that he was 'ready for the supreme sacrifice' (suicide) and wrote a note saying, 'I am a pervert and will pay the penalty.' He became increasingly restless and disturbed and exhibited impulses to fight with patients and attendants.

... There is, however, another element which we must not lose sight of. A man who feels guilty about his sex organs because of conscious or unconscious homosexual impulses, accomplishes two purposes when he cuts off his genitals. He punishes himself, but at the same time he converts himself by this deprivation into a passive, penisless individual, anatomically comparable with the female. By this anatomical identification, he comes closer to the homosexuality about which he feels guilty than he was before the act. He feels guilty about his homosexual

wishes and by castrating himself appears to atone for and relinquish them, but in reality only changes himself so as to be incapable of the active role and even more disposed to the passive role.³⁵

[Menninger, K. A., M.D., *Man Against Himself*, New York. Harcourt, Brace & World, Inc., 1938, pp. 236-237]

192.

251 As a preliminary exercise in understanding the possibilities in such a situation, a case reported from the literature on mental illness may be considered.

It is that of a man who has been hospitalized for a long time because of some rather weird ideas. He thinks that certain persecutors, by exerting extraordinary influence upon him, are causing him to be tormented with sexual sensations and feelings which he finds, or professes to find, revolting. The 'influences' by which this is achieved are invisible, and act over long distances. Of main interest here is the kind of experience that could lead to such a disorder, and the kind of person to whom it could happen.

Important, first of all, is a particular build of personality. The man is described, at the outset, as exaggerated in his self-esteem, confident to the point of arrogance. In the midst of his exalted pretensions and a feeling of contemptuous superiority towards others, he now discovers within himself, not only that he is timid and inadequate in the region of sexual behavior, but that he has a natural disposition toward effeminacy.

In a society such as ours, in which 'real manhood' is so closely linked with sex virility and masculine courage, such a discovery might well be catastrophic, especially to a person who tends strongly toward vanity. It may easily be believed that the conflict was completely unbearable. Here, where the most exalted ego was confronted with the most degrading and shameful defect, is something approaching the ultimate degree of human internal crisis. The effect of directly facing the facts would be like an explosion in a locked room.

That such a person should begin to feel himself regarded as an object of contempt is understandable enough; likewise that the onset of his disorder should show the familiar mistaken interpretation of remarks in which he finds the accusation that he is queer and lacking in masculinity.

In the next phase the idea develops that he has become the object of a plot in which certain evil persons (through motives which need not be detailed) are causing him, or forcing him, to experience the emotions, thoughts and desires of a woman. The extraordinary means by which these influences are exerted, he believes, involve not only supernatural

forces, but also electrical action, in which the nerves of his skin are likened to 'tiny radio antennae capable of receiving sensations.'

While the delusional system here includes some rather strange notions, to be later considered, its meaning is clear enough. Through the belief that others are working these criminal effects upon him, he is able to enjoy otherwise forbidden and shameful erotic sensations and emotions with the excuse that he is a passive and helpless victim. Feminine feelings, homosexual desires, the impulse to masturbate, all now become tolerable since full responsibility can be charged to the persecutors. The delusions are thus, in effect, a denial of ownership. The patient has 'pointed the finger' elsewhere. He has made the paranoid shift.

[*This is Mental Illness (How it Feels and What it Means)*, Vernon W. Grant, PhD, Beacon Press, Boston, 1966, pp. 92-94.]

191.

473 The cross-cultural and cross-species comparisons presented in this chapter combine to suggest that a biological tendency for inversion of sexual behavior is inherent in most if not all mammals including the human species. At the same time we have seen that homosexual behavior is never the predominant type of sexual activity for adults in any society or in any animal species.

... The basic mammalian capacity for sexual inversion tends to be obscured in societies like our own which forbid such behavior and classify it as unnatural. Among these peoples social forces that impinge upon the developing personality from earliest childhood tend to inhibit and discourage homosexual arousal and behavior, and to condition the individual exclusively to heterosexual stimuli. Even in societies which severely restrict homosexual tendencies, however, some individuals do exhibit homosexual behavior. In our own society, for example, homosexual behavior is more common than the cultural ideals and rules seem to indicate.

[*Patterns of Sexual Behavior*, Clellan S. Ford, PhD and Frank A. Beach, PhD, Harper & Brothers, Publishers, and Paul B. Hoeber, Inc. Medical Books, 1951, pp. 143.]

190.

467 Among the Siwans of Africa, for example, all men and boys engage in anal intercourse. They adopt the feminine role only in strictly sexual situations and males are singled out as peculiar if they do not indulge in

these homosexual activities.⁴ Prominent Siwan men lend their sons to each other, and they talk about their masculine love affairs as openly as they discuss their love of women. Both married and unmarried males are expected to have both homosexual and heterosexual affairs. Among many of the aborigines of Australia this type of coitus is a recognized custom between unmarried men and uninitiated boys. Strehlow writes of the Aranda as follows: ... 'Pederasty is a recognized custom. ... Commonly a man, who is fully initiated but not yet married, takes a boy ten or twelve years old, who lives with him as a wife for several years, until the older man marries. The boy is neither circumcised nor subincised, though he may have ceased to be regarded as a boy and is considered a young man. The boy must belong to the proper marriage class from which the man might take a wife.' (Strehlow, 1915, p. 98)

Keraki bachelors of New Guinea universally practice sodomy, and in the course of his puberty rites each boy is initiated into anal intercourse by the older males. After his first year of playing the passive role he spends the rest of his bachelorhood sodomizing the newly initiated. This practice is believed by the natives to be necessary for the growing boy. They are convinced that boys can become pregnant as a result of sodomy, and a lime-eating ceremony is performed periodically to prevent such conception. Though fully sanctioned by the males, these initiatory practices are supposed to be kept secret from the women. The Kiwai have a similar custom; sodomy is practiced in connection with initiation to make young men strong.

[*Patterns of Sexual Behavior*, Clellan S. Ford, PhD and Frank A. Beach, PhD, Harper & Brothers, Publishers, and Paul B. Hoeber, Inc. Medical Books, 1951, pp. 131-132.]

189.

It is interesting to note that normal, opposite-sex sexual desires have always, since the early days of Christianity, had names with disapproving connotations attached to them. For example, there are the "Sex [six] L's", as I refer to them: 1. Lascivious. 2. Lewd. 3. Lecherous. 4. Licentious. 5. Lustful. 6. Lubricious. (And we can also throw in "Wanton" and "Dissolute" as two extra non-Sex L's!)

SO, if not heterosexual, then what?

[J. Michael Mahoney, Feb. 27, 2014.]

188.

370 At home things really began to deteriorate. I seemed to be tired all the time and I'd sleep for hours without being refreshed by the rest. I became indifferent to Laurie and my sexual appetite vanished; on those rare occasions when we did have intercourse, neither of us was satisfied. I began to doubt my masculinity. There must be something wrong with a man who can't satisfy the woman he loves. Maybe I'm a homosexual. That thought terrified me. On the streets I began to fancy that other men were looking at me. I began to see homosexuals everywhere, and all of them were laughing at me. (A terrible kind of desexualization, a loss of masculine identity, seems often to accompany schizophrenia when it develops in men, and perhaps this accounts for their morbid anxiety over homosexuality.)

[*In Search of Sanity, The Journal of a Schizophrenic*, Gregory Stefan, University Books, Inc., New Hyde Park, New York, 1965, p. 19.]

187.

377 As the evening wore on, Tony behaved more and more peculiarly. Despite Bernadette's enthusiasm for the House of Plenty sexuality course, Tony had said next to nothing on the subject, preferring to sit and apparently listen, brooding. But as the conversation turned to more general subjects, he got up and began to prowls the room, almost in parody of a jungle animal. Nobody took much notice; we all assumed that he had been smoking some kind of powerful dope before he got there and was enjoying an interior trip he couldn't share. At one point he went over to Steve, and several times stroked his hair – but it was less a caress than a slap. Later he stalked me, like a cat, and looked in my eyes and said, 'I like you. You know, don't you? You know.'

I really didn't know, but it's always nice to be told I do, and I nodded at him and he nodded sagely back, and turned away to stalk somebody else. When Tony and Bernadette left, David said, 'Gee, Tony was really strange tonight. Wonder what he's been smoking.' And that's all that was said about it.

But later in the week I talked to David on the phone and he said things had been very bad with Tony and Bernadette. Apparently the sexuality rap at the House of Plenty had caused Tony to flip utterly. He was manic, as if stoned twenty-four hours a day, never sleeping, always grooving and freaking in this peculiar animalistic way. Little as she cared to, Bernadette took Tony to a straight psychiatrist who said he was schizoid, was in a profound homosexual panic, and ought to be sedated at

once. Bernadette would have none of that. She got in touch with Julian Silverman, the Esalen-based shrink who runs the only Laing-oriented Blowout Center in the country, in a wing of Agnews State Hospital near San Jose; Silverman agreed to accept Tony as a voluntary patient. Tony was rarely lucid during discussions leading to his arrival at Agnews, but he was able to agree to admittance and sign the right papers.

When I next saw Bernadette she was exhausted from dealing with Tony, sleeplessly, for four days, disturbed at what their families would conclude from all this, desperately eager that Tony be able to go through his psychosis quickly and come out, healed, on the other side. And she was fiercely angry with the House of Plenty, even if it had been a rap session only. Obviously, all this auto-erotic, plastic bottle stuff had got to Tony in secret places he didn't know about himself; his response had frightened him into the aforementioned homosexual panic. The House of Plenty people had asked Bernadette to bring Tony back to Oakland. They had seen this response occasionally in the past; perhaps they could help. But Bernadette was having none of that either: 'The bastards should have warned us that the rap was dangerous! It's all their fault.'

It wasn't, of course, but Bernadette was very tired and distressed, and at that moment I was not about to disagree with her.

The fault, if you want to call it that, was with the House of Plenty for assuming that everybody attending their basic sexuality seminar was sexually mature. The assumption would have seemed especially justified in Tony's case, on the evidence of his very considerable experience with Esalen and with group encounters of all kinds. But it seemed to us as laymen that the straight shrink's categorization of Tony's state as 'homosexual panic' was correct. The suggestion of sticking a plastic bottle up his ass may have triggered in Tony long suppressed homosexual fantasies. And to have these suggestions delivered – much as Bernadette transmitted them to us – in wholesome, straightforward circumstances, set Tony on a cosmic giggle that we also thought was funny, but threatened with him to last a lifetime.

[*The Bearded Lady, Going On The Commune Trip and Beyond*, Richard Atcheson, The John Day Company, New York, 1971, p. 194.]

186.

375 Sullivan's letter to Dorothy Blitzen shows his acceptance of his own lot in life, making it possible for him to deal gracefully with the marital problems of his friends. But earlier – in particular near the end of his years at Sheppard – he had a tragic awareness of his own situation. He had clear evidence from his patients – young males showing acute

schizophrenic-like panic – that fear of so-called aberrant sexual cravings in the transition to adolescence was often a prelude to schizophrenic panic; and that early and skilled care within a therapeutic milieu could effect a social recovery, with the patient acquiring an ability to handle sexual needs without interfering drastically with his self-esteem. By then, Sullivan was in the fourth decade of life, and he felt that his pattern of life was already determined; thus his discovery could help others more than it could effect any change in himself. In 1929, he reports on his conclusion from the Sheppard experience: 'In brief, if the general population were to pass through schizophrenic illnesses on their road to adulthood, then it would be the writer's duty, on the basis of his investigation, to urge that sexual experience be provided for all youths in the homosexual phase of personality genesis in order that they might not become hopelessly lost in the welter of dream – thinking and cosmic phantasy making up the mental illness.' His data and certain considerations which he spells out in the same article 'lend pragmatically sufficient justification for the doctrine of a 'normal' homosexual phase in the evolution at least of male personality.' 6

Thus almost two decades before the first Kinsey report, in 1948, on the sexual behavior of the human male, Sullivan had arrived from his own data at one of the major findings of that report. He had located the lack of experience with a 'normal homosexual phase' in his own growing-up years, and hypothesized that this lack had occasioned his own encounter with schizophrenic episodes. Throughout the rest of his life, he had frequent encounters with that painful experience, as late as 1947, he confided in a woman colleague that he had had severe schizophrenic episodes early in life and that he still had them. 7 He told her that he liked to live alone and spend time away from people so that few people would realize that he had such episodes; in particular he was afraid that he would be put into an institution and that someone would 'tamper with his brain.'

[*Psychiatrist of America, The Life of Harry Stack Sullivan*, Helen Swick Perry, The Belknap Press of Harvard University Press, Cambridge, MA, and London, 1982, p. 337.]

185.

351 She let me just rot in the hospital that first time, she's a fuckin' whore, that's what I told her, that always gets to her. So she put me in the hospital again. She called her boyfriend over and he beat me up because I had disrespect for my mother. You son of a bitch, you try to put me in the hospital, I'll kill you. I tried to call my therapist but he punched me to the floor each time. They tied me down and put me in a straight jacket.

At the hospital – questions! 'What's the matter?' the psychiatrist wants to know. 'Wars stink. Prostitution stinks. You stink.' 'I think we're gonna have to keep you,' he says. 'No foolin'! This time I had a beautiful woman doctor from Central America, and she really helped me get out ...

They gave a lot of psychological tests and, you know, I came out masculine. What does that mean? Like on one test they ask: do you want to be married and happy or rich and single? 'Oh, shit! Rich and single,' I said.

[*Women and Madness*, Phyllis Chesler, PhD, Doubleday & Company, Inc., Garden City, New York, 1972, p. 232.]

184.

269 Cheek's (1964) study demonstrated sex-role alienation in schizophrenics in the most theoretically relevant way. She used the Bales' (1950) Interaction Process Analysis coding system for small group behavior in observing discussions that normals and schizophrenics of both sexes had with their parents. Schizophrenic women were more active and schizophrenic men less active than their normal counter-parts. Female schizophrenics exceeded all three other groups in the *instrumental* conversational categories (giving opinion and explaining – clarification) which are normally male specialties. While she questions whether this may be due to a selection factor in hospitalization which allows overactive males and underactive females to stay in society, the finding adds to the impression that schizophrenic men and women are alienated from their normal sex roles.

Kagan and Moss (1962) report findings that suggest the etiology of this shift. They found that male children (age 0-3) to whom mothers were hostile tended to grow up to be withdrawn, non-achievement-oriented, and socially anxious (showing the schizoid, non-assertive type of adjustment in males). In contrast, female children to whom mothers were hostile tended to grow up into active, competitive, assertive women (showing an atypical pattern with some components of a schizoid type of adjustment in females). It is conceivable that maternal hostility created sex-identity problems in the children which were solved by opting in part for the opposite sex approach to life.

["Sex-Role Alienation in Schizophrenia," David C. McClelland and Norman F. Watt, *Journal of Abnormal Psychology*, Vol. 73, No. 3, 1968, p. 227.]

183.

- 488 The history of castrant sects goes back to very early times. It reached its height in rites connected with the worship of the great mother goddess in ancient Syria during which young celebrants, duly fortified by drugs and roused to religious frenzy stepped forth to the altar and in the presence of all cut off their organs and flung them at the foot of the idol.

[*Sex and the Supernatural*, Benjamin Walker, Harper & Row Publishers, New York, Evanston, IL, San Francisco, CA, and London, 1970, p. 84.]

182.

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

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

[*Psychopathology*, Edward J. Kempf, M.D., C.V. Mosby Co., St. Louis, Missouri, 1920, p. 502.]

181.

- 266 Psychoanalytic observations of schizophrenics subjected to insulin shock therapy provide another opportunity for an understanding of the role of latent homosexuality in the origin of paranoid schizophrenia. In particular, these observations illustrate the important role played by the homosexual disappointment and the homosexual panic. The cathartic discharge provoked by the insulin coma creates a release of repressed libidinal impulses. The ambivalent homosexual attitude becomes split into its two components, with the positive one invested ideally in the transference reaction and thus accessible to analytic interpretations and working through.

Psychoanalytic investigations have demonstrated the affinity between homosexuality and the schizophrenic break. In certain complex cases of latent homosexuality, the counter-cathexis, built by the ego in order to

maintain the dissociation of the psychotic core from the rest of the ego, is so precarious that the psychotic invasion occurs, as it were, spontaneously and periodically.

[*Homosexuality and Psychosis in Perversions, Psychodynamics and Therapy*, Gustav Bychowski, M.D., edited by Sandor Lorand, M.D., Random House, Inc., New York, 1956, p. 105.]

180.

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

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

179.

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

already adequately emphasized the critical role of gender identity confusion in schizophrenia.

[*Schizophrenia and the Family*, Theodore Lidz, M.D., Stephen Fleck, M.D., and Alice R. Cornelison, M.S.S., International Universities Press, Inc., New York, 1965, p. 427.]

178.

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

Although the various complications that arise from such deficiencies in parents' adherence to sex-linked roles deserve more discussion, we should note that if a mother is consciously or unconsciously rivalrous with men and denigrating of her husband, a son can readily learn that masculinity will evoke rebuff from her, and fear of engulfment or castration by the mother can outweigh fears of retaliatory castration by the father. The schizophrenic patients' faulty sexual identity, including homosexual

tendencies and concerns, are related to the parents' confused gender roles and the resultant imbalances in the family's dynamic structure.

[*Schizophrenia and the Family*, Theodore Lidz, M.D., Stephen Fleck, M.D., and Alice R. Cornelison, M.S.S., International Universities Press, Inc., New York, 1965, pp. 370-71.]

177.

465 I have often marveled about the frequency with which psychotic episodes in Latin-Americans begin with a homosexual panic, until I understood that the word *maricon* (homosexual) is the most derogatory term, used constantly in Spanish-America. Contempt and self-contempt has no parallel or equally meaningful word in Spanish.

[Johannes M. Meth, M.D., *American Handbook of Psychiatry*, Vol. III, Basic Books, Inc., NY, p. 729.]

176.

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

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

175.

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

As we saw above, she said she had the Tree of Life inside her. The apples of this tree were her breasts. She had ten nipples (her fingers). She had 'all the bones of a brigade of the Highland Light Infantry.' She

had everything she could think of. Anything she wanted, she had and she had not, immediately, at the one time. Reality did not cast its shadow or its light over any wish or fear. Every wish met with instantaneous phantom fulfillment and every dread likewise instantaneously came to pass in a phantom way. Thus she could be anyone, anywhere, any time. 'I'm Rita Hayworth, I'm Joan Blondell, I'm a royal queen. My royal name is Julianne.' 'She's self-sufficient,' she told me. 'She's the self-possessed.' But this self-possession was double-edged. It had also its dark side. She was a girl 'possessed' by the phantom of her own being. Herself had no freedom, autonomy, or power in the real world. Since she was anyone she cared to mention, she was no one. 'I'm thousands. I'm an in divide you all. I'm a no un' (i.e. a nun: a noun: no one single person). Being a nun had very many meanings. One of them was contrasted with being a bride. She usually regarded me as her brother and called herself my bride or the bride of 'leally lovely lifey life.' Of course since life and me were sometimes identical for her, she was terrified of Life, or me. Life (me) would mash her to pulp, burn her heart with a red-hot iron, cut off her legs, hands, tongue, breasts. Life was conceived in the most violent and fiercely destructive terms imaginable. It was not some quality about me, or something I had (e.g. a phallus = a red-hot iron). It was what I was. I was life. Notwithstanding having the Tree of Life inside her, she generally felt that she was the Destroyer of Life. It was understandable, therefore, that she was terrified that life would destroy her. Life was usually depicted by a male or phallic symbol, but what she seemed to wish for was not simply to be a male herself but to have a heavy armamentarium of the sexual equipment of both sexes, all the bones of a brigade of the Highland Light Infantry and ten nipples, etc.

She was born under a black sun.

She's the accidental sun.

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

She always insisted that her mother had never wanted her, and had crushed her out in some monstrous way rather than give birth to her normally. Her mother had 'wanted and not wanted' a son. She was 'an accidental sun,' i.e. an accidental son whom her mother out of hate had

turned into a girl. The rays of the black sun scorched and shrivelled her. Under the black sun she existed as a dead thing.

[R. D. Laing, M.D., *The Divided Self*, Penguin Books, Baltimore, Md, 1965, p. 203 - 205.]

174.

295 I had been seeing this man, a typical transvestite, for about a year. He would not consider himself a patient but rather a research subject, though I was aware that his occasional visits were motivated by more than his willingness to assist in the research. As different from most transvestites, he had a clear though mild paranoid quality, which put him into closer contact with some of his psychodynamics than is seen in the typical transvestite. Sometime before his first visit, he had gotten from some reading the idea that transvestism and homosexuality were connected. To determine if this was true for himself, over a period of several months he talked with homosexuals, visited 'gay' bars, and read increasingly about homosexuality. (I take this to be evidence of homosexual desires, still forbidden but nonetheless moving toward conscious gratification.) Along with this interest, he coerced his wife into sexual games in which homosexual qualities were increasingly manifest. This was accompanied by a crescendo of anxiety, irritability, suspiciousness, depressive fits, and hyperactivity, culminating in a paranoid psychosis precipitated by his having his wife, dressed like a prostitute, attach to herself an artificial penis he had made, with which she then performed anal intercourse upon him. Following this dreadful, and finally quite conscious, gratification of his homosexual desires, he became suicidal and homicidal. As we talked throughout the several hours of this emergency, he vividly expressed his opinion, derived possibly in part from his readings, but mainly from his own psychotic thoughts, that his transvestism had been an attempt to keep himself from sensing his homosexual desires. As he absorbed what he was saying, he became calmer. He also stopped his transvestism. Since that moment, a year ago, he has not practiced it again.

A psychodynamic remission. He now has insight, the product of his psychosis and the cause of his remission. Where formerly a potential psychosis was held in check by the complex character structure we have called transvestism, the psychosis is now contained by insight ... But is that the answer? Is there proof this is so? Would a recurrence of the psychosis prove the theory wrong?

The patient now says that he no longer has any desire to dress. He has given away the clothes, make-up, wigs, transvestite magazines and books, and the clothes catalogues. When he sees a woman wearing

articles of clothes the sight of which (clothes) would formerly have excited him, he feels no lust (nor disgust either). His wife corroborates this, although, since she cannot climb into his mind and know all he thinks, she still fears it may start up again. (To what extent do her fears that he may again indulge press him toward doing just that?)

[Robert J. Stoller, M.D., *Sex and Gender*, Jason Aronson, New York, 1968, 1974, p. 244.]

173.

462 Perhaps the most frequent and highly charged dilemma encountered among psychotics is between gender identities, i.e., whether to become or remain a man or woman.

A woman patient's childhood had been marked by total rejection by her parents, who openly preferred her brother. As a result, she struggled throughout her life among conflicting unconscious drives to possess her brother, to kill him, to supplant him in her father's love by becoming a big blond boy like her brother; yet, she never totally abandoned all feminine goals or identifications. She struggled over whether to grow older or younger, whether to be boy or girl, or both. With each birthday, this struggle became sharper, and she became more depressed.

She was still able to function when she unconsciously sought a solution to her unresolved conflict through a surrogate relationship, namely, through marriage to a man who had been her brother's best friend. In addition, her new husband's father was a close friend of her own father; and prior to the marriage, he had always shown the patient far more affection than had her own father. But immediately after the marriage, the new father-figure turned away from her. With this repetition of her childhood pain and loss, she became bewildered and unhappy. Her husband's complete recovery from a dangerous illness came soon afterwards, and turned out to be a psychological catastrophe for her, by reactivating her buried death-wishes toward her brother and her need to replace him.

Thereupon, from having been freely active, she became anxiety-ridden and severely agoraphobic, so that she could hardly bring herself to move more than a few blocks from her home. With the passing years, and further deterioration of the marriage, she superimposed on this terror an equally violent claustrophobia. At this point, she was trapped between two terrors, so that she sometimes stood on the threshold of her home for hours, equally terrified to go in or go out, to be among people or to be alone, to move or to remain motionless. Here, then, was a juxtaposition of irreconcilable drives and irreconcilable defenses. This brought on the

imminent threat of full-blown psychotic disorganization, which, fortunately, led her into intensive treatment just in time to save her.

[Lawrence S. Kubie, M.D., *The American Handbook of Psychiatry*, Vol. III, edited by Gerald Caplan, Basic Books, Inc., New York, 2nd Edition, 1974, p. 14.]

172.

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

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

171.

460 It would seem that the schizophrenic patient is often of the third generation of abnormal persons of whom we can gain some information. The preceding two generations of mothers appear to have been obsessive, schizoid women who did not adjust well to men. There is some evidence that they were, in a sense, immature and that within the obsessive character structure could be found hysterical difficulties. It is to be noted, also, that there are two preceding generations of men who are not masters, or equals, in their own marriages and homes, or psychosexually very successful, and who are often described as immature, alcoholic, and passive, or 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. It might be expected, or at least we would not be surprised to

find, that the child of such ancestry would have difficulties centering around the problems of active aggressiveness and passive submissiveness. If the child is unstable in its balance of activity and passivity, the likelihood is that, under the guidance of the sort of mother who gets herself called 'schizophrenogenic,' the passive behavior will emerge as the overt character of the child, whereas the active behavior will be noted only in the form of negativism, of stubbornness, of retentiveness, and so forth.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., University of Chicago Press, Chicago, pp.112-113.]

170.

067 During his professional career this young man went out with his colleagues and, because he did not want them to think him queer, occasionally had intercourse with a party girl. After a few years, the firm for which he worked decided to raise two of its employees to junior partnership. The patient was perhaps the brightest of the five candidates, but he was not chosen. He complained about this and was told that he did not have the personality for executive work. He could stay on as a worker doing technical detail. In the next few months he became aware that strange things went on in the office. One day six men came out of the boss's office carrying a coffin. The patient looked into it and saw the boss smoking a cigar. Several men, including those who had been promoted, began to sneer at him and to call him 'queer.' They drank together, and he saw one of them kiss another on the stairway in broad daylight. The coffin appeared again and again. The patient appealed to his sister, who recognized his condition. In his anxious tension and near-panic he made some effort to embrace her. She was not certain whether he was trying to seduce her or to kill her. On the way to the hospital the patient spent a night with his uncle, sleeping in the same bed with him. He slept very deeply, as if drugged. In the morning he saw a spot of blood on the outside of the seat of his pajamas. It meant to him that his uncle had had anal relations with him.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., University of Chicago Press, Chicago, 1955, p. 168.]

169.

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

[*Interpretation of Schizophrenia*, Silvano Arieti, M.D., Basic Books, Inc., New York, 2nd Edition, 1974, p. 92.]

168.

475 I am indebted to Dr. Will Elgin, of the Sheppard and Enoch Pratt Hospital, for another repeated observation which, because it is characteristic, needs reporting. For many years Dr. Elgin, in the process of admitting patients, observed the enactment of a scene which assumed diagnostic significance. His office arrangement permitted relatives a choice of three seats, one opposite his desk, one at the end of it quite near him, and one several feet away. He observed that when the mother and father of the patient appeared together to arrange admission, there occurred something of significance. If mother sat in one of the two chairs at his desk, and father sat off in a corner, it usually followed that mother took over the discussion, did the talking, made the arrangements, and even read the fine print on the contract. Father, meanwhile, looked unhappy and was silent save for an occasional abortive effort to modify certain of the mother's statements. When this was the course of the admission interview, he came to know that the odds were that the patient would be schizophrenic. There is an interesting addendum. In a later interview

father, appearing alone, was often very aggressive in his criticism and his demands and accusations. However, it could often be demonstrated that this belligerence was that of a very unwilling agent of his wife.

[*Psychotherapeutic Intervention in Schizophrenia*, Lewis B. Hill, M.D., Ibid., p. 106.]

167.

287 *Kvarnes*: Unless you are really doing it in some way you can make use of. Anybody can find fault with his own sexuality and particularly if he has low self-esteem. There's another dimension to that. I'm not sure Sullivan ever spent enough time developing it, but certainly one of his core ideas was the huge problem in the schizophrenic of gender identity and the terminology and the concepts weren't developed very well at that point. It is a problem with all kinds of people but particularly with schizophrenics because they've got it backwards much of the time and the homosexual framework for that is not adequate. It's just simply a scary kind of business where you act out something, but deeper down there is an identification on the part of the male schizophrenic with the female person and that is what they have such an enormous problem dealing with. Then when they get to puberty they may come apart trying to deal with pubescent sexuality, partly because they now have to assume a masculine role and masculine identity that they are not prepared for. And either he mentioned that in this seminar or I read about it someplace else, but it is something we might keep in mind, particularly with this patient, because he's got a father who is a success but not a very capable model for a kid; he's got a mother he's much closer to but she's crazy. So here's this guy trying to mold himself with these two unusable models. I think that may get somewhat clearer as we go on. As I reflect on it, it certainly seems to be what the problem was for the guy, although I didn't know it at the time, didn't see it that clearly.

[*A Harry Stack Sullivan Case Seminar, Treatment of a Young Male Schizophrenic*, Robert G. Kvarnes, M.D., Editor, Gloria H. Parloff, Assistant Editor, W. W. Norton & Company, Inc., New York, 1976, p. 90.]

166.

285 The third form of limited inquiry is one which I have undertaken in the case of some promising patients already suffering incipient schizophrenia or related disorders. The integration of the intimacy situation between patient and physician often cannot proceed in these cases without

mediation because of their strong homosexual cravings which may become intolerable leading to panic, occasionally ending in suicide. The principle is to give them protection by way of the three-group, instead of working with the patient alone. The physician distributes his functions between himself and a clinical assistant, striving thereby to effect a distribution of emotional objectivation such that he can always have a positive balance at his disposal to carry the patient forward. The end achieved is a partial socialization of the subject-personality so that he can live for a while comfortably in a suitable special group. Thereafter, a more thorough investigation may be undertaken.¹⁸

[*Personal Psychopathology (Early Formulations)*, Harry Stack Sullivan, M.D., W. W. Norton & Company, Inc., New York, 1972, p. 353.]

165.

404 In Paris itself the University did not fail to make known, with great ceremony, the outcome of the trial in which it had played a predominant role. The *Journal d'un Bourgeois de Paris*, written by a university man and therefore conveying university feeling exactly, has a long account of how '... on the day of Saint-Martin-le-Bouillant (July 4th) a general procession was made to Saint-Martin-des-Champs and a brother of the Order of Saint Dominic, who was an Inquisitor and a Master of Theology, preached a sermon. In this he included a version of Joan the Maid's whole life; she had claimed to be the daughter of very poor folk; she had adopted man's attire when she was only fourteen and her father and mother would willingly have killed her then had they been able to do it without wounding their own conscience; and that was why she left them, accompanied by the hellish Enemy. Thereafter her life was one of fire and blood and the murder of Christians until she was burned at the stake.'

The Journal records, before this, and in all the detail which the writer had been able to obtain, a life and trial of Joan in much the same spirit, adding an account of her execution which no doubt conveys more or less what was known in Paris and echoes the version put about by the university: 'When she saw that her punishment was certain she cried for mercy and orally abjured. Her clothes were taken from her and she was attired as a woman, but no sooner did she find herself in this attire than she fell again into error and asked for her man's clothes. She was therefore soon condemned to death by all the judges, and bound to a stake on the scaffold of plaster (cement) on which the fire was built. She perished soon, and her dress was all burned away, then the fire was drawn a little back that the people should not doubt. The people saw her stark naked with all the secrets which a woman can and should have.

When this sight had lasted long enough, the executioner replaced great fire under that poor carrion which was soon charred and the bones reduced to ashes. Many people said there and elsewhere that she was a martyr and that she had sacrificed herself for her true prince. Others said that this was not so and that he who had so long protected her had done her ill. Thus spake the people, but whether she had done well or ill, she was burned that day.'

[*Joan of Arc, by Herself and Her Witnesses*, Regine Pernoud, Stein & Day, NY, 1969, p. 238.]

164.

- 497 743 – In regard to the management of patients we found in St. Eliz. Hospital that confused males who are fearful of their inability to control their cravings to submit themselves to homosexual seductions are partly relieved by being attended or supervised by a female. The more maternal she is in her personal attributes the more successful her influence. The narcissistic or homosexual type of female nurse is of little value in such cases. The patient apparently does not feel confidence in her presence because he cannot trust her sympathy. ... Similarly, the female patient who is in a panic because of fear of homosexual assault will attack (defensive) female physicians and nurses when they approach her, but will show signs of relief when attended by a male physician.

[*Psychopathology*, Edward J. Kempf, M.D., p. 743.]

163.

- 350 *Doris*: Were you sheltered?
 Shirley: No! Come on, girl. Well, number one, I was very confused and frightened about where I was coming from, actually.
 Doris: What do you mean by 'coming from'?
 Shirley: Well, I thought I was one of the sickest persons in the world. You know, I dreaded even thinking about the term 'lesbian' and I used to cope with the situation by telling myself that I was normal, you understand? And the only thing that would take my normality away would be for me to have an actual gay experience. And I also used to tell myself that you're not gay if you never do it. So I didn't, 'cause I didn't want nothing to tread on my sanity. So I pretended to like boys and dresses and parties and all that bullshit.
 Doris: So you were just fooling yourself?
 Shirley: No, no, I wasn't fooling myself, I was trying to live with

myself, and I went out with fellas and I let them fuck me. ...

Doris: Well, if you didn't want to be a girl why?

Shirley: That's what I'm saying. The more they did it, the worse I got, and the more I pretended to act normal, the crazier I got. And I mean I was going out of my mind. When my mother died I just stopped pretending to be something that I wasn't because it ain't done much straightness in the world and it put my mind at ease, you better believe it, and I regained my sanity which was slowly seeping away from me, from trying to be ungay and I am definitely gay.

[*Women and Madness*, Phyllis Chesler, Ph.D, Doubleday & Company, Garden City, NY, 1974, p. 201.]

162.

349 *Lois:* One female therapist got scared when I became 'gay.' 'I can't treat homosexuals. There's nothing you can do with them.' She made it sound like terminal cancer ... One male therapist kept insisting I wasn't gay, but he told me it's something I'll outgrow ... He told me I'd end up alone and bitter in the gay scene, and that didn't appeal to me. It still doesn't ... Another woman therapist said, 'But men are so marvelous to sleep with! Lesbianism isn't necessary, it's absurd!'

In a sense, being psychiatrically hospitalized helped me. I'd hit bottom. Now I could be a lesbian, that's not as bad as a crazy ...

[*Women and Madness*, Phyllis Chesler, Ph.D., Doubleday & Company, Inc., Garden City, NY, 1972, p. 193.]

161.

347 I spoke to twenty-four women who had been psychiatrically hospitalized at some time between 1950 and 1970. Twelve women clearly reported exhibiting opposite-sex traits such as anger, cursing, aggressiveness, sexual love of women, increased sexuality in general, and a refusal to perform domestic and emotional compassionate services. Four of these women also experienced 'visions.'

[*Women and Madness*, Phyllis Chesler, PhD, Doubleday & Company, Inc., Garden City, New York, 1972, p. 164.]

160.

'Schreber's basic bisexuality had developed into a true manifest ambisexuality, male and female potentials being equally matched. Thus he developed fantasies of self-impregnation while he was acting the part of the woman having intercourse with himself.'⁶

This penetrating reanalysis of Schreber's material reminds us of elements described in some former detailed observations of schizophrenia, in particular the classic publications of Nunberg.⁷

The role of ambisexuality, with its far-reaching consequences in the clinical picture of advanced schizophrenia, has been evident for a long time. From a clinical point of view, one should bear in mind that Schreber not only went through periods of deep paranoid aggression and extensive elaboration but also long periods of catatonia. We know especially, from detailed observations of catatonic attacks and catatonic stupor, that phantasies of self-procreation frequently play an important part.

It is also generally recognized that confusion about one's own sexual identity is a frequent and important part of schizophrenic symptomology. It may occur at a relatively early stage of the illness and, at times, may be detected by psychological testing prior to becoming manifest clinically. In my opinion, this symptom reflects a significant change in the patient's ego and may be described as a struggle of the feminine and masculine identification or, in other words, generally speaking, of the paternal versus the maternal introject.

[*Homosexuality and Psychosis in Perversions, Psychodynamics and Therapy*, Gustav Bychowski, M.D., edited by Sandor Lorand, M.D., Random House, Inc., New York, 1956, p. 98.]

159.

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 homo-erotic and autoerotic procedures, on the other.

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

158.

264 In all three cases, the mother's relationship to the daughter who became schizophrenic contained an erotic quality, including sensuous physical intimacies. None of the mothers had been able to provide good nurturant care to the patient as a child but, at the same time, did not establish clear boundaries between herself and the child. The vacillations between disinterested aloofness and inappropriate physical intimacies that continued into adolescence or even adult life perplexed these patients. The mothers confused their daughters' needs with their own, transferred their anxieties to their daughters, and seemed to need the daughter's dependence upon them. Still, they gained little pleasure or gratification from a daughter but related by being concerned – and conveyed concerns that undermined the daughter's self-esteem and autonomy.

Studies have indicated that the homosexual concerns and tendencies of schizophrenic patients, as well as their incestuous strivings and fears, reflect the incestuous or homosexual proclivities of a parent and, concomitantly, the failure of parents to maintain their own gender-linked roles and the essential boundaries between the two generations in the nuclear family (3). The child's development becomes confused when identification with the parent of the same sex does not promote formation of a proper gender identity that is fundamental to the achievement of a stable and coherent ego identity. The de-erotization of the child-parent relationship is one of the cardinal functions of the family.

["Homosexual Tendencies in Mothers of Schizophrenic Women," Ruth Wilmanns Lidz, M.D. and Theodore Lidz, M.D., *The Journal of Nervous and Mental Diseases*, Vol. 149, No. 2, Williams and Wilkins Co., p. 232.]

157.

096 During the period of multiple therapy, in one session he gazed at the other therapist and myself and began talking, 'They take the upper halves of the bodies of two men and attach them to the lower halves of the bodies of two women', convincing both the other therapist and myself, independently, that this was how he was perceiving us – not as really human beings but as the strange kind of, as it were, manufactured

combinations which he had described. This fit in with his own manner of walking, which was a grotesque, disharmonious combination of exaggeratedly feminine hip-swinging and mincing gait, plus a carriage of his arms, chest, and shoulders which caused one of my colleagues, seeing him for the first time emerging from my office, to take me aside and ask in astonishment, 'What was that?' I replied, in some amusement, 'What did it look like?' He replied, 'It looked like somebody trying to walk like a gorilla.' (Ibid., p. 361)

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

[Please refer to Quotation 096 in "Schizophrenia: The Bearded Lady Disease", by J. Michael Mahoney, on this website.]

156.

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

[*Lisa and David*, Theodore Isaac Rubin. (Ibid., p. 128), and Quotation 058 in "Schizophrenia: The Bearded Lady Disease", by J. Michael Mahoney.]

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

The period of his second hospitalization lasted from November 1883, when he was admitted to the Leipzig clinic, until his discharge at his own request (following his successful lawsuit against his tutelage) from the State Asylum Sonnenstein in Pirna (near Dresden) on 20 December 1902. The extant medical bulletins describe his initial condition as follows:

At first more hypochondriacal complaints, that he suffers from a "softening of the brain, will soon die," etc., at the same time mixed with delusions of persecution, that "he has now been made happily insane." Also hallucinations now and then, which gave him quite a fright ... He thinks he is dead and has begun to rot, that he is no longer in a condition "fit for burial"; that he is "plague-stricken," probably as a result of olfactory hallucinations; that his penis was twisted off by means of a "nerve probe"; he thinks he is a woman, but also often claims he must repulse energetically, "the homosexual love of certain persons." All of these things tormented him greatly so that he wished for death; he tried to drown himself in the bathtub and for many weeks demanded daily "the glass of cyanide destined for him." The auditory and visual hallucinations sometimes became so strong that he spent hours at a time in a chair or in bed completely inaccessible, squinting his eyes. The delusions of his senses apparently were of ever-changing content, referring in the more recent period of his stay at the Leipzig clinic to his belief that he was being tortured to death in a ghastly manner. He then lost himself more and more in a mystic-religious dimension, maintaining that God spoke openly to him, that vampires and devils make game of him. He said he wanted to convert to the Roman Catholic Church in order to avoid being persecuted. He then saw apparitions, heard sacred music and, finally, apparently thought he was in another world. At least he considered everything around him to be spirits, taking his environment to be a world of illusions ... At that time [Dr.] Flechsig considered him dangerous to himself and to others.

[*Memoirs of My Nervous Illness*, by Dr. jur. Daniel Paul Schreber, Translated and edited by Drs. Ida Macalpine and Richard A. Hunter, with a new introduction by Samuel M. Weber. Harvard University Press / Cambridge, Massachusetts / London, England 1988, p. xxi.]

"If I had a gun I would blow your fucking head off."

The above threat was communicated over the phone to this writer by a 39-year-old woman suffering from paranoid schizophrenia, and whom he had known since she was a teenager. At this time she was in a half-way house for mentally ill and drug-addicted patients.

The most shocking thing about this violent threat was that it was the first time she had ever displayed any open hostility towards him in all the years they had known each other, and thus it had come totally "out of the blue", with no prior warning or any follow-up. Before there was any chance to thoroughly discuss this threat with her, she had succumbed -- several weeks later -- from a drug overdose. It was never determined for certain if it was a suicide or an accidental overdose.

She, of course, as is always the case in such tragedies, had a very severe "bearded lady" conflict and the direct cause of her schizophrenia -- with its resultant added symptoms of drug and alcohol addiction.

Once when she was younger and had come to his office for a visit, she was wearing masculine-looking pants and a man's jacket with prominent shoulder padding, and when he went to give her a welcoming hug she had turned completely sideways, so that it was like hugging the sharp edge of a knife. He knew then that eventually she would either have to "come out" as a lesbian or else sink into schizophrenia, if she continued to repress her powerful, opposite-sex tendencies and feelings.

Unfortunately she chose this latter course, being extremely intolerant of accepting any conscious awareness of her predominantly homosexual, opposite-sex nature. Or, as Sigmund Freud would have explained it, she had a very severe, puritanical, intolerant and punishing super-ego -- or conscience.

On one occasion she had remarked to him that someone with whom she was in a bitter dispute, "had" her "by the cojones" -- the Spanish word for "testicles". When he pointed out this obvious "Freudian slip" to her, she was silent.

Her strongest emotional connections were always with other "girlfriends". She did marry, but the marriage ended several years later in a contentious divorce.

She had a mother who, in this particular case, lacked normal maternal instincts, and who had once taunted her when she had threatened to commit suicide, with the words "You wouldn't have the guts to do it."

She had a brother who was homosexual and also a drug addict, and who had often switched gender roles with her in their play together when they were children.

Although she had never known her biological father, she was fortunate enough in her later life to have a very supportive stepfather. But by then it was too late to repair the long-term emotional damage life had thrust upon her.

This is a very sad story, as are all the stories wherein schizophrenia, the "bearded lady" disease, has claimed another innocent victim -- or victims.

153.

Great to hear from you again, [Deleted]. I am very sorry to learn about your brother's psychological troubles. The best thing for him to do is find a good psychologist or psycho-analyst (Freudian-trained, if possible) he is comfortable with and then just start talking about what is on his mind (or in his unconscious). This is known as the "talking cure" and can be a very long and difficult process, but it is the only way for him to gain the needed insight about his "bearded lady" bisexual conflict and gender confusion, to effect a "cure".

You could also suggest that he look at my website or read my book on schizophrenia.

Please keep in touch and let me know how things are going.

Very best, Mike

----- Original Message -----

From: [Deleted]

To: [J. Michael Mahoney](#)

Sent: Saturday, August 24, 2013 3:35

Subject: schizophrenia

Thank you Mike. I've been reading as you suggested and looking at the information on your website. Schizophrenia is a fascinating subject and the evidence put forward in your research has been quite a revelation to me. I have a brother who was diagnosed as schizophrenic many years ago. He is now [deleted] years old. Everything you've said fits with what I know about his bisexual conflict and repression. You also say that psychotherapy is the only

effective treatment for schizophrenia. Now I'm wondering if you can give me any information about where I could seek help for my brother. He is currently living in [Deleted] but is going to be relocated nearer family living in [Deleted]. I would be grateful for any advice you can give me.

Best Regards, [Deleted]

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.]

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.]

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.***

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.]

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, *Personal Psychopathology / Early Formulations*, 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.)]

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 masturbation conflict –

often immediate precursors of grave psychosis – and of the various homo-erotic and auto-erotic procedures, on the other.

[Harry Stack Sullivan, M.D., *Schizophrenia as a Human Process*, W. W. Norton & Company, Inc., New York, 1962, p. 326.]

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.)]

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.]

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 in 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 serious , greivous , sins , in the past , but that she felt I had been over punished fo 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 , calmy , 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 ncontinent . 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 , excercises , 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 excercises 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 bison's 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)]*

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.]

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).]

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]

140.

And YES I have been on your BeardedLady site many times already. I like it. Thank you!

[Signe Baumane, 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>]

139.

One Response to Thoughts on Ancient Hunters

A competent doctor finally examined the two hemhorroids. 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."]

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.)]

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 disturbing

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.]

136.

A.

95

Number of diagnoses in the 1952 DSM-I, the first edition of psychiatry's manual for diagnosing mental illnesses

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.]

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.]

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 paranoically 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.]

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 go to the hospital it just pours out of me, people get freaked out and the next thing you know I am shackled to a bed, right arm pulled down hard against the bed to a point where my circulation is cut off, left hand left loose with about 2 inches of wiggle room, left leg strapped 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 make 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 several times and it is when I start talking about things like the theory of gravity 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 Renaissance 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 earth's axis is tilted". I think I do. Its commonsense 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 here, Jesus 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

references? All this stuff is on Discovery Channel and History Channel, 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 light 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.]

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/schizoid 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]

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."]

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.]

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 trial was the 7th . On the 7th I plea bargained 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 Tounge 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 sublationist . 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.]

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 conversations 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

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.]

Contrarian Psychiatrist Loren Mosher, 70

By Adam Bernstein

Washington Post Staff Writer

Washingtonpost.com

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.

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.]

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.]

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]

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]

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.]

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.]

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.]

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.]

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*

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, in this book, which you can also 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

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 , sublute , sublux , 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 , receiving , oral , anal - everything 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 think that covers it , for now.

B.

[Death of \[Name deleted\]](#)

As you may recall (lol) , I was apartheid 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.]

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 concer , 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 were 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 makep on . 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 exhonored 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 aparthied - 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."]

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.]

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.]

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.]

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 well-known 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 self-identification 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.]

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" is 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.]

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.]

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 homocidal 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 iside 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

conscious 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 asshole . 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 compliant with rehab and should 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].

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.]

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.]

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.]

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*, 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.]

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*, 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.]

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.]

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.]

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.]

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 Analogue 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.]

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," 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 adolescence, 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.]

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

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

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 cydon baths - once with my girlfruiend , 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.]

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," Mark McDonald, *The New York Times*, October 28, 2010, p. A8.]

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*, 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.]

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 estrogen 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.]*

90.

STYLE CREDO My style is completely schizophrenic. I can be feminine, sexy, over the top, masculine, androgynous. I see fashion as a way to play with your personality, to flirt with a part of yourself. It's like when you go on a date with someone. You're excited, you dress up, and you look phenomenal. When you get dressed, you should always be dating someone -- even if it's just yourself.

[Anna Dello Russo, fashion director at large for Vogue Japan, (PULSE, Karin Nelson, *The New York Times*, Sunday, September 19, 2010)]

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.)]

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? I have big emotional scars and I feel that I will ruin any relationship or friendship. // Today my mother addressed me "daddy" it is the way she speaks to my father. My parents give me every day an emotional shock. I have had too many that I can handle. // I don't have imagined transgressions. Today on the rail of the balcony I found that part of the rail is painted white. It is fresh paint. I didn't see it before. I can assure you that I remember well what rail looks like on my balcony. I open window almost every day. I don't have paranoid schizophrenia. I would be happy if you were willing to change that. (I had paranoia before but not now) What do you need to hear from me to believe me? I don't want to deal with these things anymore. I lose my energy and time on this. I would be happy to be with you and have a peace of mind. // My parents scratched a piece of wall which I painted in my hall. I can't handle with this anymore. I am drained. They do these nasty things to make me feel bad. They destroy my work. Please take me to you and help me. Can you do that? // My mother finds it funny when I feel irritated by her behavior. She was behaving in a crazy way in the kitchen today making persistent noise while preparing things, later she bullied me with a question to which I shouldn't have answered. She is totally destructive on me being at the same time ingratiating. I feel depressed because of her. I don't know a week when I am not depressed because of my mother. At night I heard a bang in the house which woke me up and in the morning I heard several bangs against the metal roof outside. I just can't live like that. // I was working in the garden. It is a mess. My parents don't care what it looks like. They throw there a pile of

tiles which my father removes from the balcony. They do things which irritate me. My mother behaves in a crazy way. She abused me emotionally today. I will get a heart attack if I don't move out of the house.

[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.]

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.]

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

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.]

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*, 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.]

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.*]

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.]

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*, Bruno Bettelheim, Alfred A. Knopf, New York, 1979, p. 159.]

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.)

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.]

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 psycho-motor 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*, 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.]

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, involutional melancholia, paranoia paraphrenia,

obsessional neurosis, anxiety hysteria, tension state, transvestitism, 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.]

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.

We 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]

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*.]

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]

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.

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

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.]

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.]

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.]

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.]

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.]

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 tratment 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.]

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.]

66.

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

Subject: Recent Catrastrophic Events

The Lamotrigine incedent :

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 it 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 purchased a nice computer at [deleted] earlier 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 lamotrigine 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 linkd 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.]

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]

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.]

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.]

62.

Heydumbassyouthadacrushoneveryteacheringradeschooldidn'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.]

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 bookmark 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.]

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.]

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>

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. [.....]

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>

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. [...]

55.

Schizophrenics have unresolved gayness.

[a personal communication]

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

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

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

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

<http://network.nature.com/groups/herbivore/forum/topics>

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]

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]

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

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

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]

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]

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]

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]

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

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.]

40.

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]

39.

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]

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.

[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.]

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.]

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

[A Fellow Advocate for the Mentally Ill Rights & Education for the Public on this Issue.]

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]

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]

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 expatiant 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) expatiant 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.

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

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

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

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

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 doint 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.

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.)

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]

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 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]

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]

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]

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]

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]

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.

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]

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]

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]

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?

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 brainwashed 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]

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]

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]

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]

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]

10.

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

[Source: Amazon.com]

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]

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]

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]

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]

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]

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]

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]

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]

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*]