still sane

Persimmon Blackbridge and Sheila Gilhooly

Photography by Kiku Hawkes

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Press Gang Publishers

dedicated to crazy dykes

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—Sheila and Persimmon

Preface

In the fall of 1984, *Still Sane*, a sculpture series by Persimmon Blackbridge and Sheila Gilhooly, was shown at the Women in Focus Gallery in Vancouver. The response to the show, which documents in images and narratives the three years Sheila spent in psychiatric institutions for being a lesbian, was overwhelmingly positive. For many of us, it was also profoundly emotional. The comments book was filled with the personal histories of ex-psychiatric inmates and women who work within the mental illness system, many of whom were seeing their experiences represented for the first time. Women had stories to share of their own incarceration or that of a mother, sister, friend or lover.

Still Sane is not an easy show to take in. Many of the images are painful and disturbing, dealing as they do with drugging, shock treatment, sexual abuse, homophobia and other aspects of incarceration. Concerned specifically with the violence done to us as women and as lesbians by the mental illness system, the show also makes it clear that this system is only one of many in our society which deny our most fundamental realities.

Nonetheless, the overriding theme of *Still Sane* is one of defiance and survival: we *can* maintain our choices, even in the face of literally mind-numbing oppression. This is a crucial message for us to communicate to one another. Any time we experience violence, whether as incest survivors, battered women, prisoners or psychiatric inmates, we are taught to believe it is our own fault and to be ashamed and silent. Speaking out about our experiences is terrifying but necessary, and smashing through the lies that isolate us from one another is exhilarating.

As the culmination of a three-year collaboration between Sheila and Persimmon, *Still Sane* also raises important questions about the nature of art: who gets to make it? who does it speak to? what is "appropriate" as subject matter? to whom is an artist accountable? *Still Sane* takes its place within a feminist culture that makes no apology for claiming that the raw details of our ordinary lives *can* be the basis for the best kind of art: provocative, reassuring, beautiful, enraging.

When the idea of publishing *Still Sane* as a book arose, our original plan was simply to reproduce the work in photographs. But the continuing impact of the show convinced us that readers should have access to the discussions which *Still Sane* had inspired among those who saw it. The four articles we have included represent several different points of view, but all reflect a lesbian perspective and a conviction that political action is a necessary response to our oppression.

In the first article, Sheila and Persimmon talk about their struggle to put the show together and their method of collaboration. Nym Hughes, an author of *Stepping Out of Line*, looks at psychiatry's role as an agent of social control, specifically addressing the need for lesbians to organize. Writer Nora D. Randall examines the present-day dynamics that occur when women encounter psychiatric institutions, finding that little has changed since the time of Sheila's incarceration. The final article, by mad activist Dee dee NiHera, covers the mad movement in North America and internationally, discussing how mad politics differ from those of feminism. The book ends with a short resource section.

In the time-honoured feminist tradition, the making of this book has also been a collaborative accomplishment. Six of us worked together to shape every aspect: research, editorial content, design and production. We have grappled with the issues raised by the show and with our feelings about them. At times frustrated, exhausted and angry, we have also remained excited and absolutely convinced of the importance of bringing *Still Sane* to a larger audience.

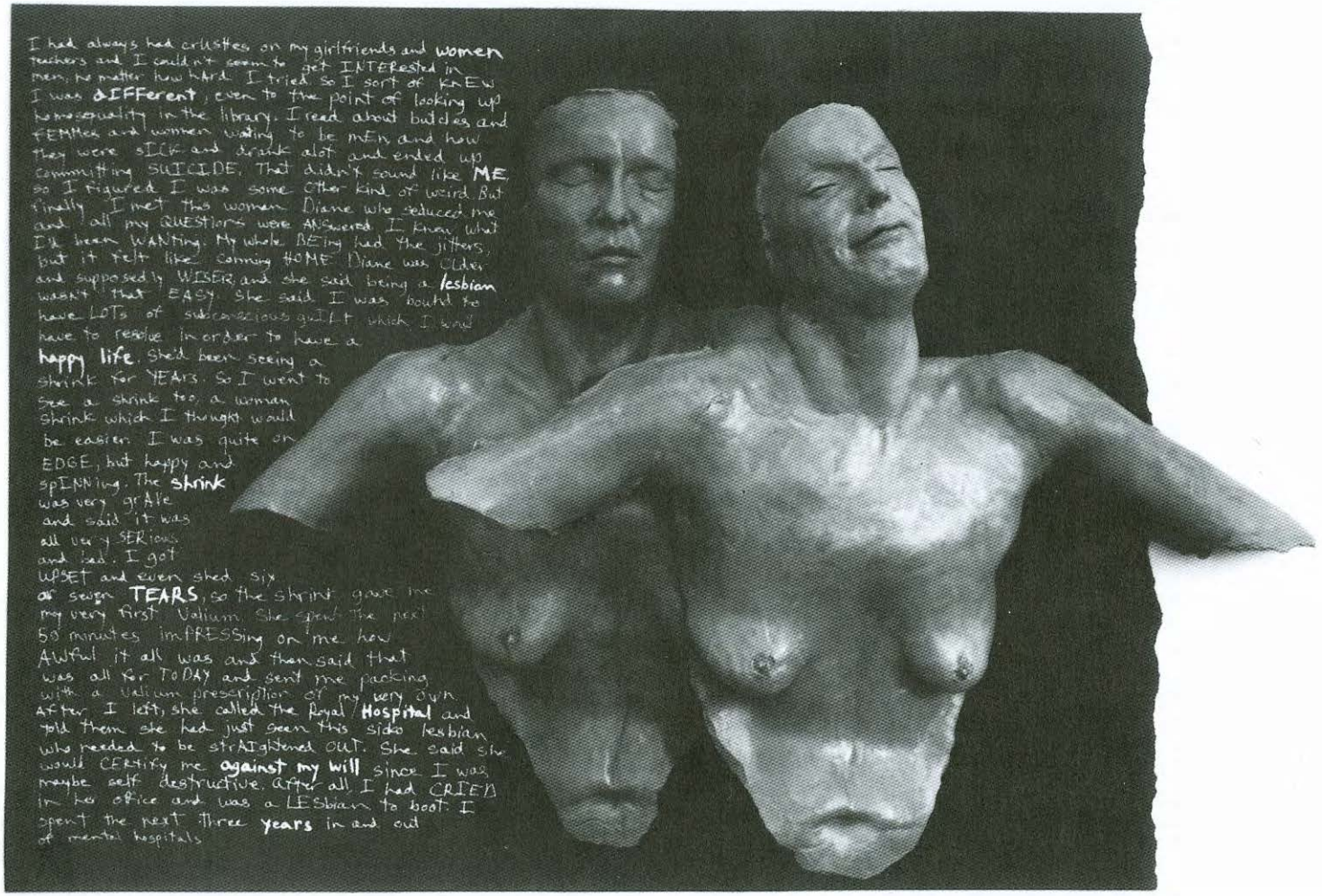
—*The Still Sane Book Collective:* Persimmon Blackbridge, Dorothy Elias, Sheila Gilhooly, Barbara Kuhne, Nancy Pollak, Barbara Pulling

still sane

I had always had crushes on my girl friends and women teachers and I couldn't seem to get interested in men, no matter how hard I tried. So I sort of knew I was different, even to the point of looking up homosexuality in the library. I read about butches and femmes and women wanting to be men, and how they were sick and drank and ended up committing suicide. That didn't sound like me, so I figured I was some other kind of weird.

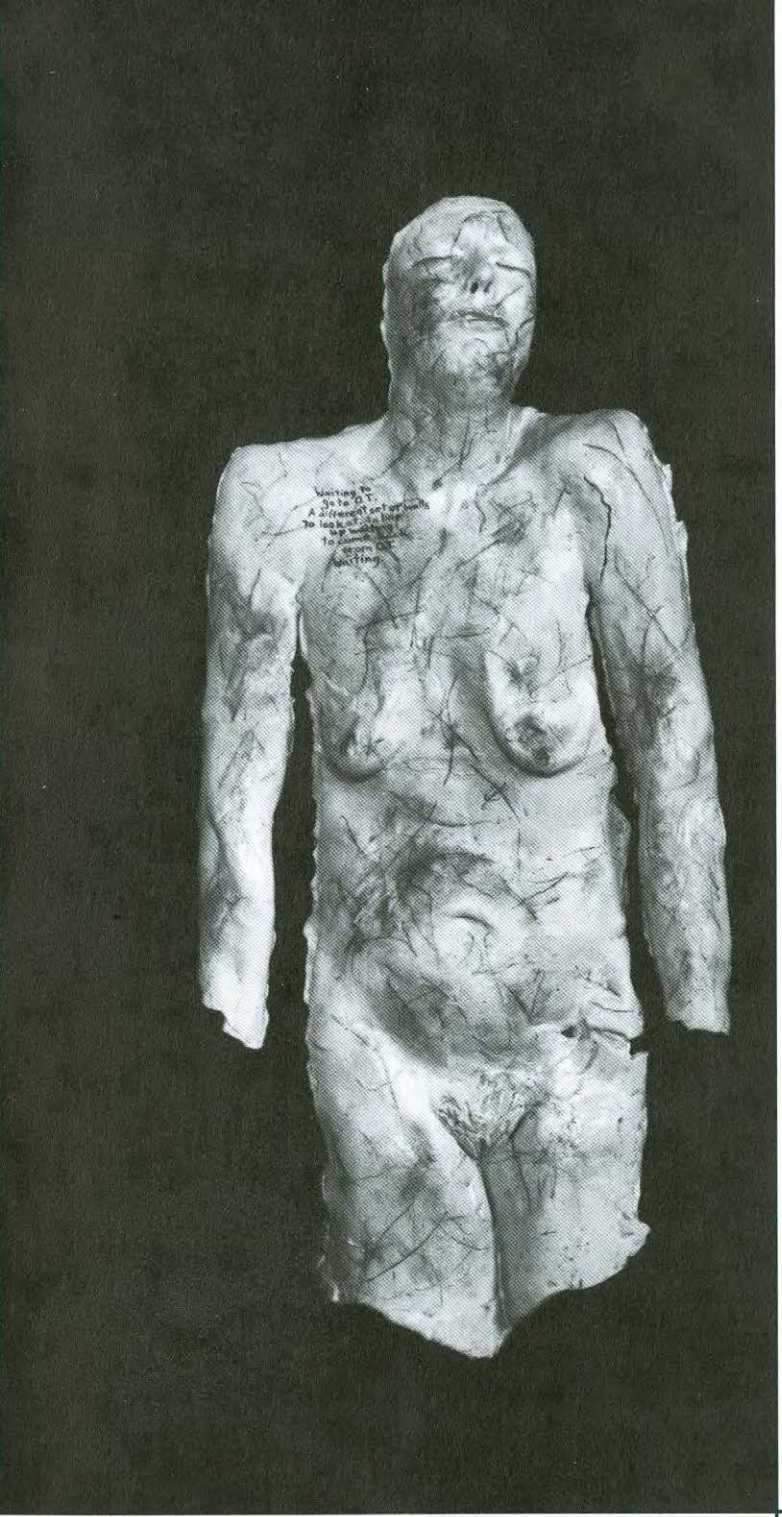
But finally this woman Diane seduced me, and all my questions were answered. I knew what I'd been wanting. My whole being had the jitters but it felt like coming home. Diane was older and supposedly wiser and she said being a lesbian wasn't that easy. She said I was bound to have lots of subconscious guilt which I would have to resolve in order to have a happy life. She'd been seeing a shrink for years. So I went to see a shrink too, a woman shrink, which I thought would be easier.

I was quite on edge but happy and spinning. The shrink was very grave and said it was serious and bad. I got a bit upset and even shed six or seven tears, so the shrink gave me my first Valium. After I left, she phoned the Royal Hospital. She said she had this sicko lesbian who should be hospitalized for awhile. She said she could certify me against my will since maybe I was self-destructive. After all, I had cried in her office and I was a lesbian to boot. I spent the next three years in and out of mental hospitals.


I had always had crushes on my girlfriends and **women** teachers and I couldn't seem to get INTERested in men, no matter how hard I tried. So I sort of knEw I was **dIFFerent**, even to the point of looking up homosexuality in the library. I read about butches and FEMMes and women waiting to be mEn and how they were sICK and drank alot and ended up committing SUICIDE. That didn't sound like **ME** so I figured I was some Other kind of weird. But finally I met this woman Diane who seduced me and all my QUESTIONS were ANSwered. I knew what I'd been WANTing. My whole BEIng had the jitters, but it felt like coming HOME. Diane was Older and supposedly WISER and she said being a **lesbian** wasn't that EASY. She said I was bound to have LOTs of subconscious guILT which I would have to resolve in order to have a **happy life**. She'd been seeing a shrink for YEARS. So I went to see a shrink too, a woman shrink which I thought would be easier. I was quite on EDGE, but happy and spINNing. The **shrink** was very grAVe and said it was all very SERious and sad. I got UPSET and even shed six or seven **TEARS**, so the shrink gave me my very first Valium. She spent the next 50 minutes imPRESSing on me how AWful it all was and then said that was all for TODAY and sent me packing with a Valium prescription of my very own. After I left, she called the Royal **Hospital** and told them she had just seen this sicko lesbian who needed to be strAIghtened OUT. She said she would CERTify me **against my will** since I was maybe self destructive. After all, I had CRIED in her office and was a LESbian to boot. I spent the next three **years** in and out of mental hospitals

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

Pills sometimes but more often as a liquid so they could make sure I really swallowed it. And whenever I did something that was too out of line they'd throw me down and give me a shot that put me out for the rest of the day.



Always lined up waiting for something. Waiting for meds. Waiting for tobacco rations.

Waiting for meals, the high point of our day. Canned peas and massive doses of instant mashed potatoes in the cafeteria line-up.

Lining up and waiting. Waiting to be searched when the silverware count comes up short. Sorry girls, we miscounted. The male attendants frisked us first and then recounted.

Waiting to go to O.T. A different set of walls to look at, to line up, waiting to come back from O.T. Waiting.


DO NOT
TOUCH

My friend Rose Ann on the psych ward, her mother came every Sunday, so this one Sunday when she didn't show up, Rose Ann was worried. The staff wouldn't let her phone 'cause she needed her shrink's permission for phone calls and her shrink wasn't there on Sundays. So she was sitting on her bed crying. And I had my arm around her, comforting her. She was my friend. But then the nurse came in and saw us and started yelling about how she was afraid that this was where our friendship would lead and did Rose Ann know I was a lesbian and how could I take advantage of her.

It wasn't like that. And Rose Ann knew it too. But she couldn't be friends with me after that without being in bad trouble with the staff. It was hard enough just getting by. None of us could afford to make it worse. Even for a friend.

Known throughout the nuthouse for breaking windows and escaping across roofs.

I had to take chlorpromazine for over two years and I hated it. I felt like my body was full of wet cement. The last year, they started upping my dosage, and I was very confused and had blurred vision and stuff started happening like I would forget where my room was and go into someone else's room and that got all the other patients down on me.

This one time I was changing my clothes, but it was this guy's room and he came in and made this big sexual thing. I told my shrink I thought it was because my meds were too strong and I was disoriented but my shrink said it was because I wanted to get fucked by this guy. He said complaining about my meds was paranoid behaviour and he upped my dosage.

I started having hallucinations, like thinking people had come to take me home and I'd stumble around trying to get ready and the nurses would yell at me. Then one time I stuck my head through a window 'cause I didn't realize it would break, but it did. They came running in with the needle and rolled me into bed with glass all through my hair and clothes.

When I woke I had little nicks and scratches all over and they said maybe that would teach me to behave. I believed that this stuff was all happening because I was crazy and bad. I mean, that's what they told me. That's what they told all of us. They would never admit their drugs had any side effects. They said it was all our own craziness and if we complained we were twice as nuts. You'd think they had never read the C.P.S. You'd think they were trying to drive us crazy.

Chlorpromazine
(aka Thorazine, Largactil)
Adverse effects: oversedation; impaired psychomotor function; paradoxical effects, such as agitation, excitement, insomnia, bizarre dreams, aggravation of psychotic symptoms and toxic confusional states.
—*Compendium of Pharmaceuticals and Specialties*

For the twelve-month period ending March 1978, over 9.25 million prescriptions had been written in Canada for psychotropic [mood modifying] *drugs. This is just less than one prescription for every two Canadians.*

—***The Real Pushers: A Critical Analysis of the Canadian Drug Industry*** Joel Lexchin, New Star Books, 1984, p. 155

Consistently the poor are drugged with major tranquilizers at a rate more than double that of the general population and, in some areas, at a rate nearly four times that of the other citizens.

—***Mind Control*** Peter Schrag, Dell Publishing Co., 1978, p. 48

The major tranquilizers were developed in the setting of the state mental hospital, and were initially used, without apology, for the control or pacification of the inmates. Only later did the claim of "treating illnesses" develop.

—***Psychiatric Drugs: Hazards to the Brain*** Peter Roger Breggin, Springer Publishing Co., 1983, p. 6

A 1981 survey found that many patients were given drugs even when they did exercise their right to refuse, contravening current Ontario laws. Of a total of 206 admissions to 40 different hospitals, 195 ended up receiving medication. In 70% of the cases, respondents were told nothing of the harmful effects of the drugs.

—Report on 1981 survey sponsored by the Canadian Mental Health Association and eight patients' rights groups

More recently studies have indicated that a large percentage of major tranquilizer patients develop drug-induced psychoses that are more severe than their original psychiatric problems (Chouinard and Jones, 1980). The authors of these studies believe that the new psychotic symptoms are due to irreversible brain damage from the drugs.

—"Permanent Mental Deterioration from Major Tranquilizer Therapy" by Peter Breggin ***Madness Network News*** Vol. 7, No. 6, p. 8

It is common psychiatric practice to prescribe dosages much higher than the accepted "safe" maximum dose. A case in point is that of Lynette Miller, a 17-year-old Black woman who died in 1976 after receiving massive dosages of phenothiazines (a subcategory of neuroleptics). Her mother was recently awarded up to $7.8 million in a wrongful death suit; a doctor testified that Lynette had been receiving about four times the maximum recommended dose of drugs, and that in his opinion her death was caused by the combination of electroshock treatment and phenothiazines.

—"Psychiatry as a Tool of Repression" by Jenny Miller ***Science for the People*** March/April, 1983, p. 30

Eventually I began to believe I really was crazy.


EvENtually I began to belIEve I really WAs crAzy


shock treatment
anything
pain
headach

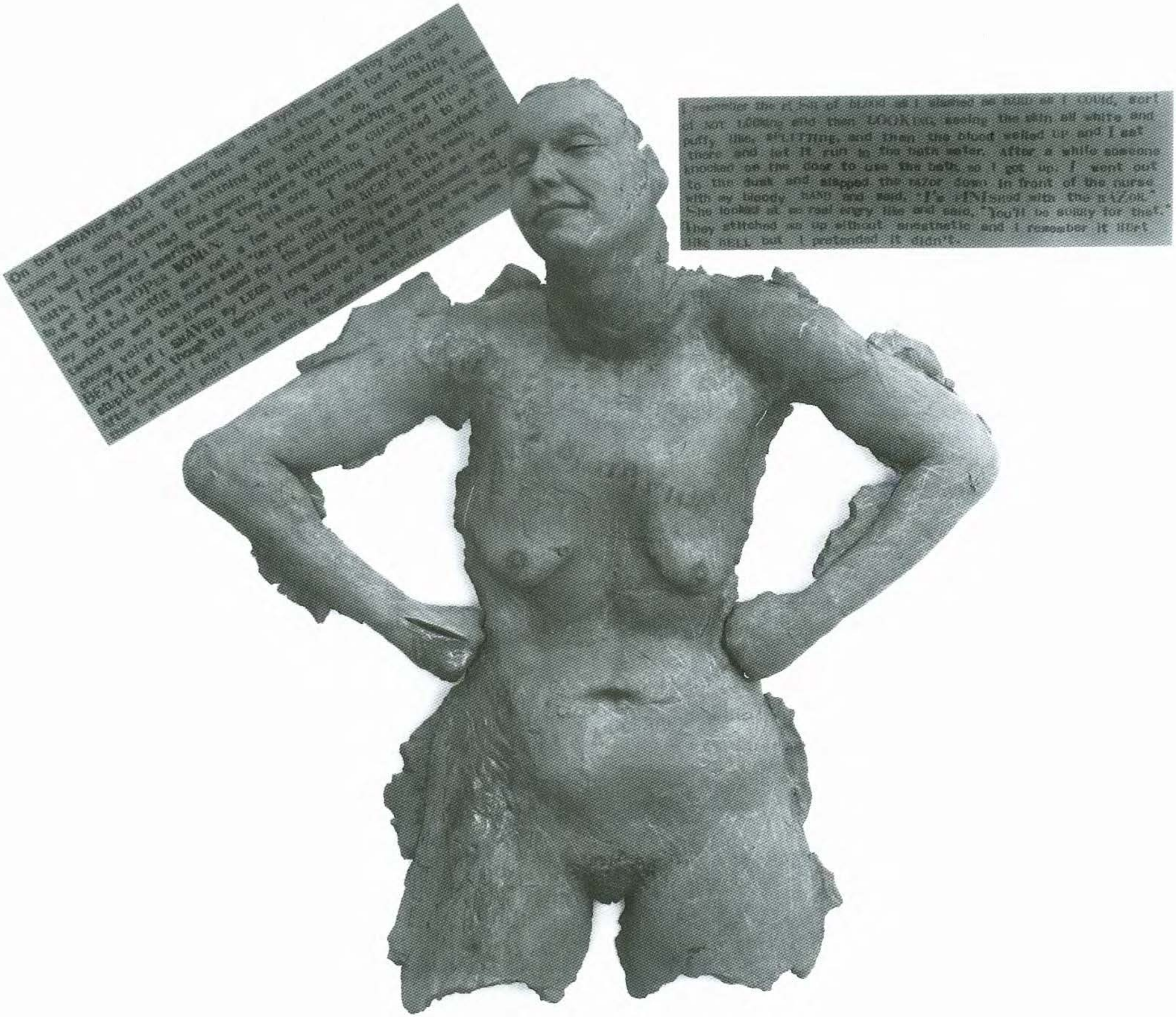
The first time I did it I cried. I remember I was on Valium then and never cried, but there I was slashing and crying and bleeding and I guess that's why I did it.

I did it once after I had shock treatment and my head hurt but they wouldn't give me anything for it. They said I couldn't have a headache from shock, but the blood kept pounding away in my head trying to get out, so I let it out.

On the behaviour mod ward they had this system where they gave us tokens for doing what they wanted, and took them away for being bad. You had to pay tokens for anything you wanted to do, even taking a bath. I remember I had this green plaid skirt and matching sweater I used to get tokens for wearing 'cause they were trying to change me into their idea of a proper woman.

So this one morning I decided to put on my exalted outfit and net a few tokens. I appeared at breakfast all tarted up and this nurse said, "Oh! You look very nice!" in this really phony voice she always used for the patients. Then she told me I'd look better if I shaved my legs. I remember feeling all embarrassed and stupid even though I'd decided long before that shaved legs were silly. After breakfast I signed out the razor and went off to the bath. I think at that point I was planning to shave my fucking legs.

I remember the rush of blood as I slashed as hard as I could, sort of not looking and then looking, seeing the skin all white and puffy-like, splitting, and then blood welled up and I sat there and let it run in the bath. After a while someone knocked on the door to use the bath so I got up. I went to the desk and slapped the razor down in front of the nurse with my bloody hand and said, "I'm finished with the razor." She looked at me real angry-like and said, "You'll be sorry for that." They stitched me up without anesthetic and I remember it hurt like hell but I pretended it didn't.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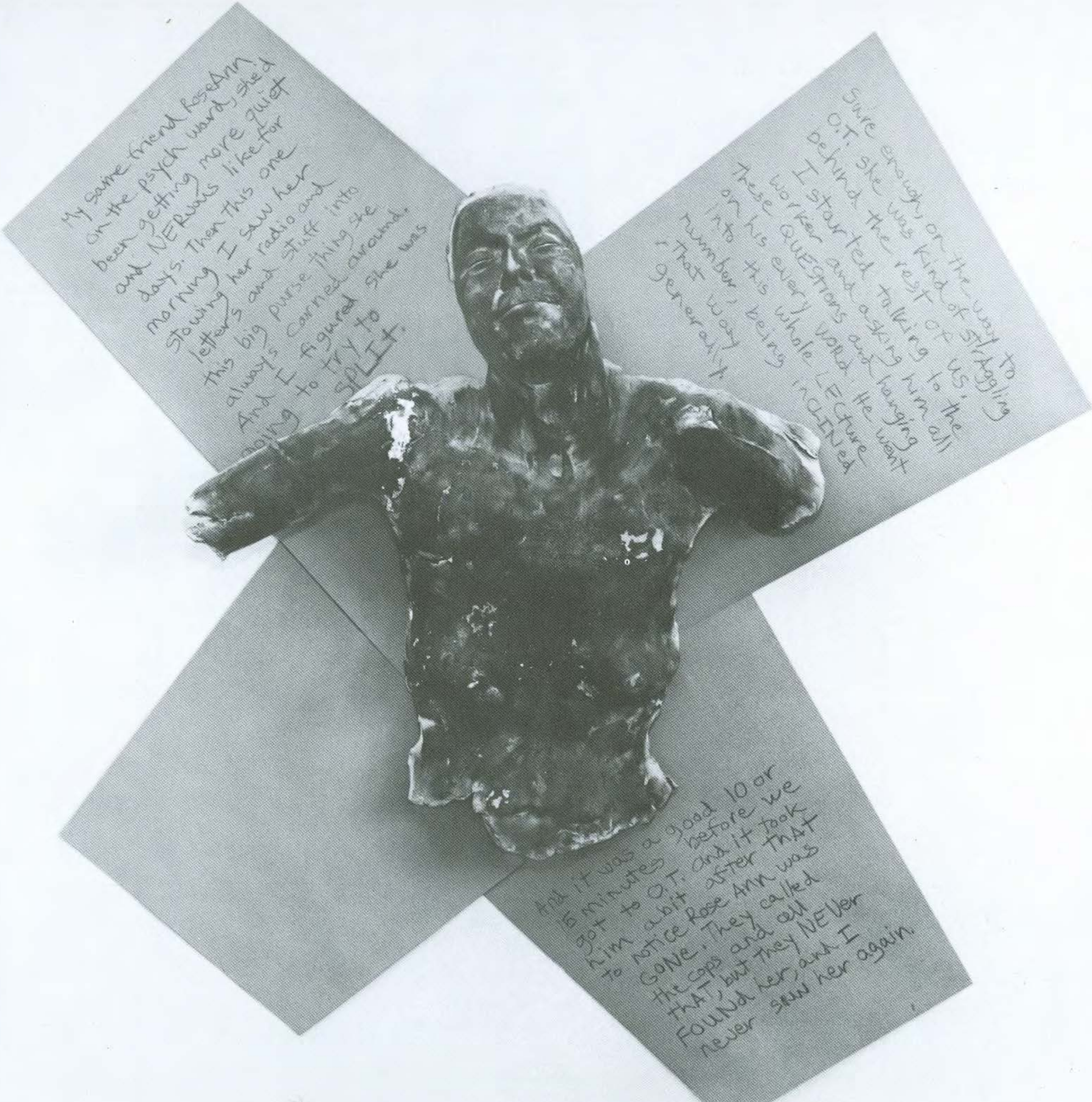
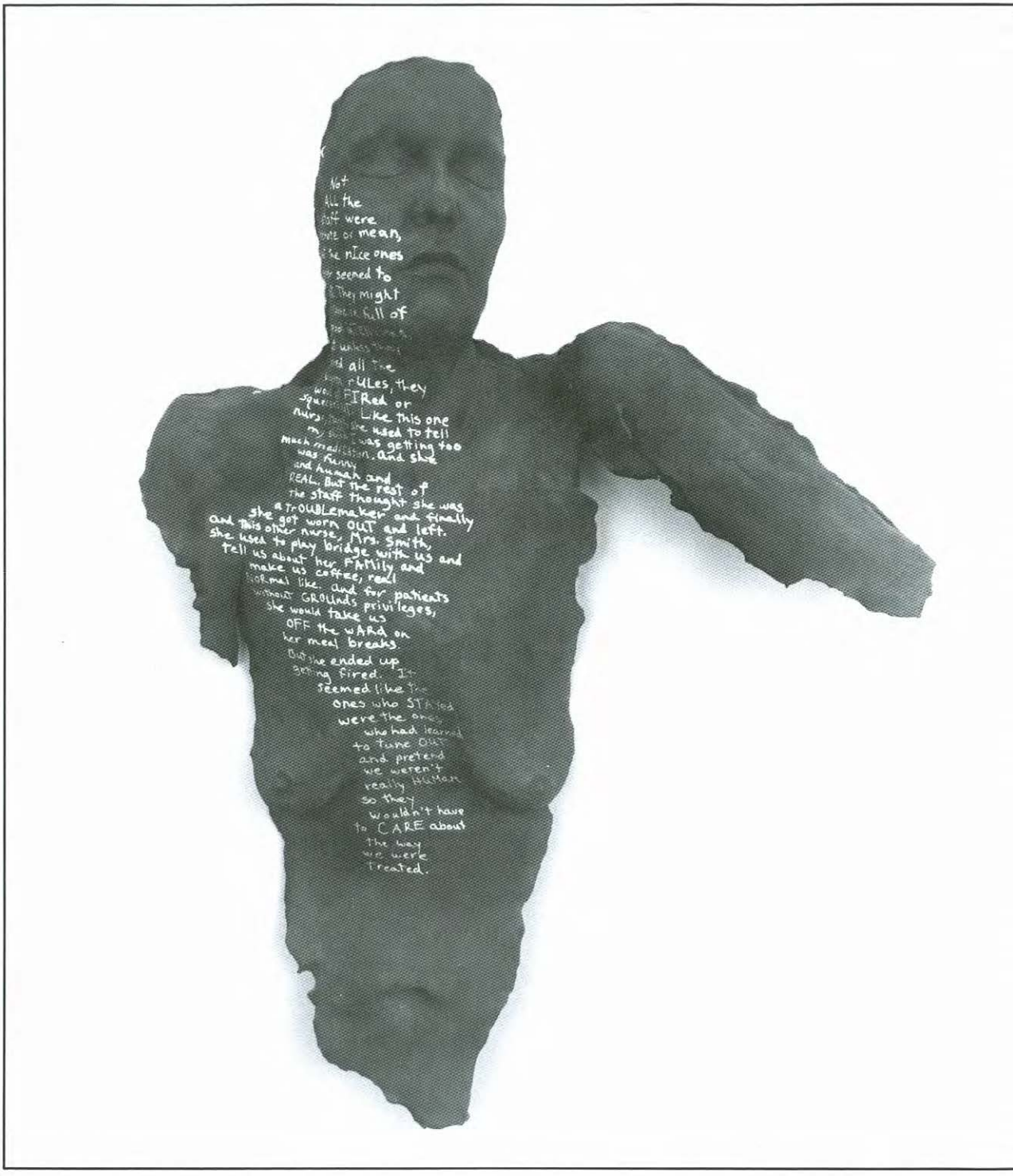
My same friend Rose Ann on the psych ward had been getting more quiet and nervous-like for days. Then this one morning I saw her stowing her radio and letters and stuff into this large purse thing she always carried around, and I figured she was going to try to split.

Sure enough, on the way to the O.T. she was kind of straggling behind the rest of us. I started talking to the worker and asking him all these questions and hanging on his every word. He went into this whole lecture number, being inclined that way generally, and it was a good ten or fifteen minutes before we got to O.T. and it took him a bit after that to finally notice Rose Ann was gone. They called the cops and all that, but they never found her and I never saw her again.


My sane friend RoseAnn, on the psych ward, she'd been getting more quiet and NERVous like for days. Then this one morning I saw her stowing her radio and letters and stuff into this big purse thing she always carried around. And I figured she was going to TRY to SPLIT.
Sure enough on the way to O.T. she was kind of straggling behind the rest of us. I started talking to the worker and asking him all these QUESTIONS and hanging on his every word. He went into this whole LECture number, being inclined that way generally.
And it was a good 10 or 15 minutes before we got to O.T. and it took him a bit after that to notice Rose Ann was GONE. They called the cops and all THAT, but they NEVer FOUNd her, and I never saw her again.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And this other nurse, Mrs. Smith,
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Not all the staff were remote or mean, but the nice ones never seemed to last. They might come in full of good intentions, but unless they obeyed all the unspoken rules, they would get fired or squeezed out. Like this one nurse, Maggie, she used to tell my shrink I was getting too much medication. And she was funny and human and real. But the rest of the staff thought she was a troublemaker and finally she got worn out and left.

And this other nurse, Mrs. Smith, she used to play bridge with us and tell us about her family and make us coffee, real normal-like. And for patients without grounds privileges, she would take us off the ward on her meal breaks. But she ended up getting fired. It seemed like the ones who stayed were the ones who had learned to tune out and pretend we weren't really human so they wouldn't have to care about the way we were treated.

In July 1982, the Special Report of the Ombudsman on Ward 812 of the Edmonton Hospital led to the firing of nine staff members and suspension of four. The alleged staff abuses included these acts: ". . . slapping patients' faces and heads, kicking or kneeing patients in the groin, throwing coffee or water in the faces of patients, kicking a patient and then dragging him across the floor, twisting the arms of the patients, throwing patients to the floor, slamming a table into a patient's stomach, stepping on a patient's head . . . " and more.

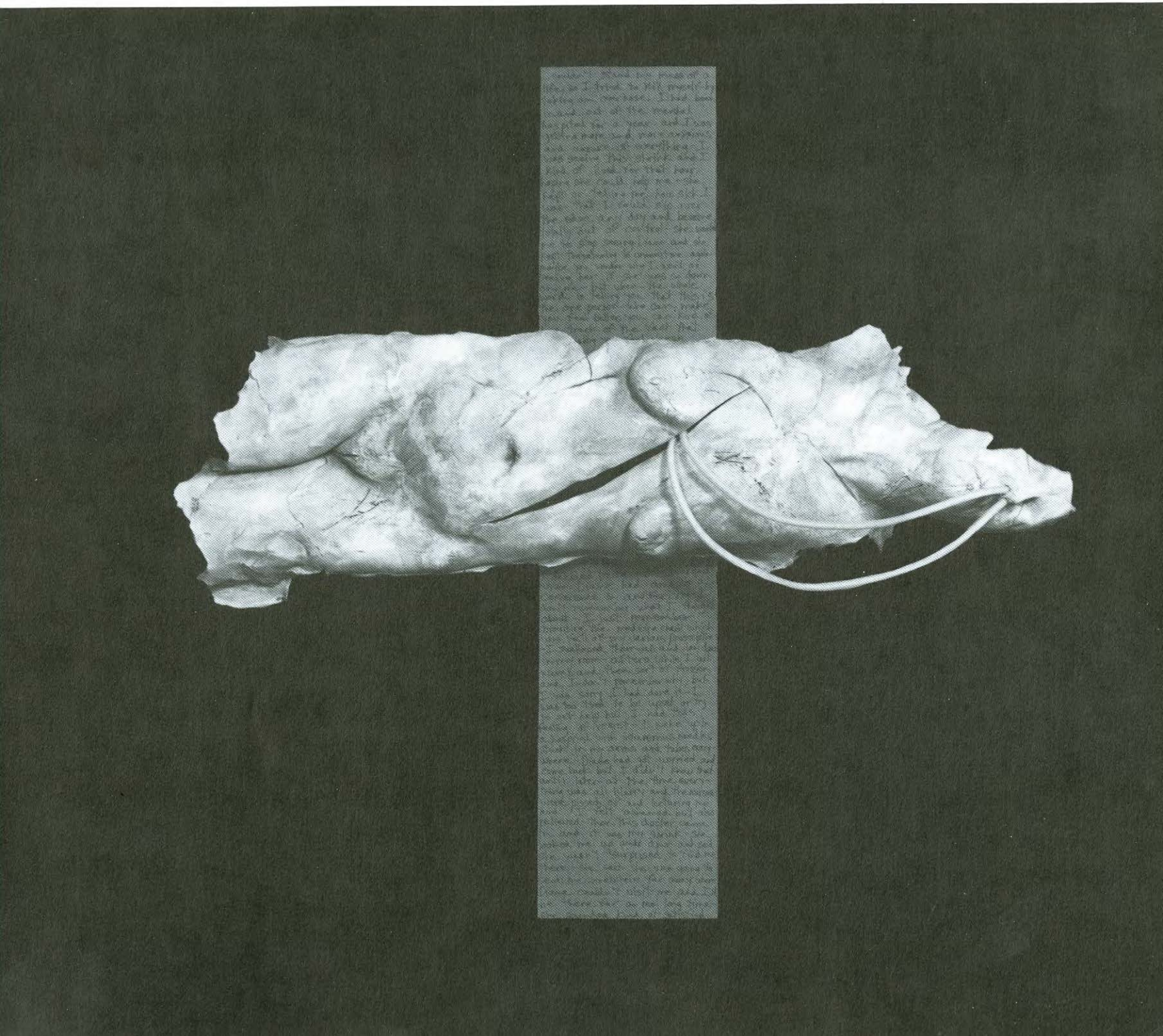
At the Providence Hospital in Oakland, California in 1975, several of the staff involved in giving shock treatments decided they could no longer do such things to other people, so they hid the headsets for the shock machine. This stopped all shock treatments for several days until new headsets were delivered. The disenchanted staff then stole the shock machine and dumped it off the Golden Gate Bridge in the middle of the night.

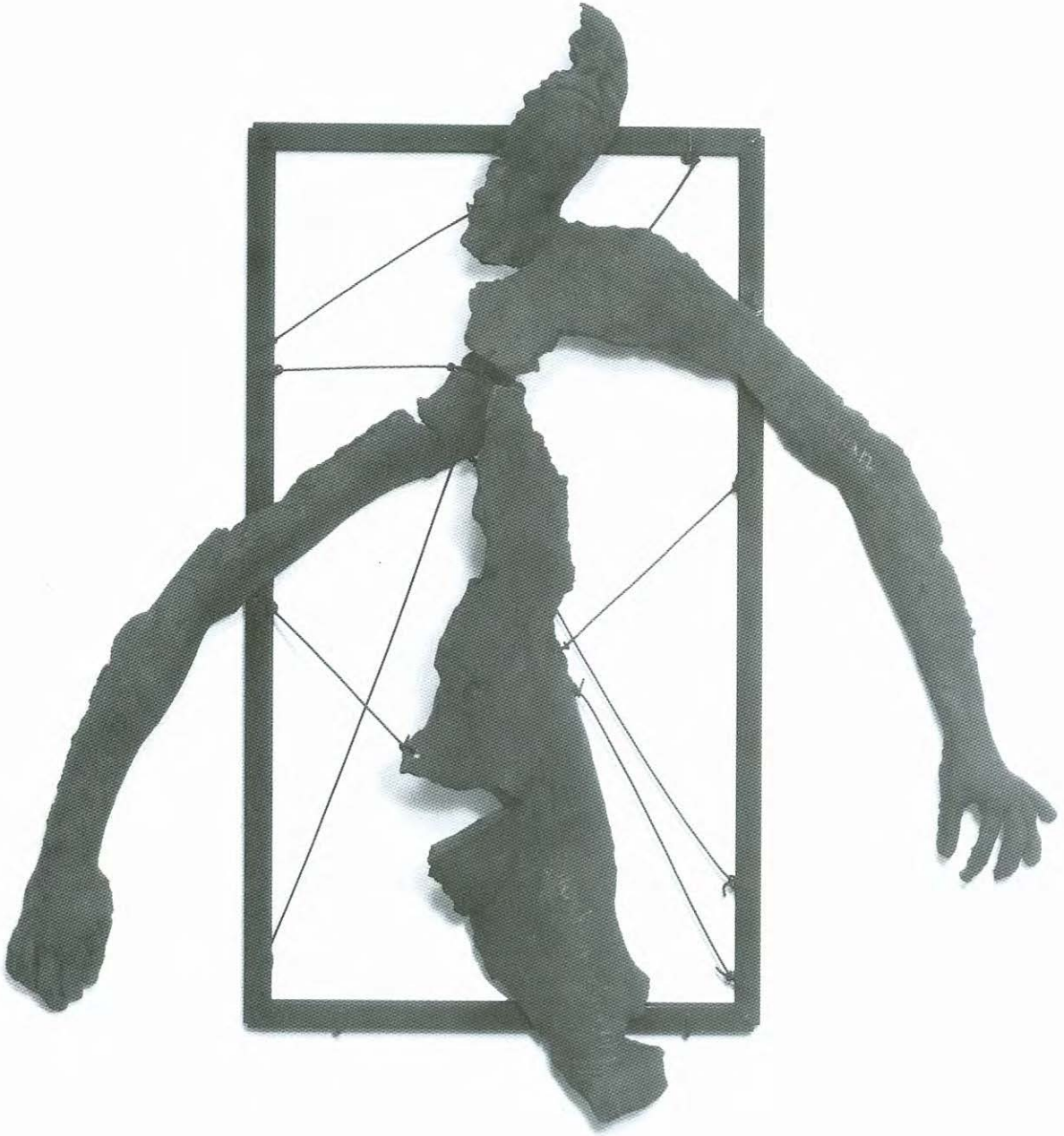
I couldn't stand my mess of a life, so I tried to kill myself by taking an overdose—I had been in and out of the mental hospital for a year and I was getting more and more anxious and unsure of everything—I was seeing this shrink at the time and I kind of lived for that hour, hoping she could help me. She kept on telling me how sick I was—that I could slip over the edge one day and become totally out of control—she wanted me to stop seeing Diane and she kept threatening to commit me again—maybe you wonder why I went on seeing her if she was so down on me—but when the whole world is telling you that this is the one person who can make you feel better, you kind of lose track of the fact that she's making you feel worse.

I decided to do it one weekend when Diane had gone to a conference in another city—I don't remember what I thought about—I just remember browsing through the medicine chest, which was full of my various prescriptions—I swallowed them all and lay down in my room—after a while I got numb and then sort of frozen and I don't remember why, but I was sorry I had done it—I was too tired to be upset or try to get help, but I had this feeling of regret.

I woke up in a hospital with intravenous needles stuck in my arm and tubes everywhere—Diane had gotten worried and come back but I didn't know that until later—at the time everything was all blurry and the nurses were pissed off and lecturing me and I felt ashamed but also relieved.

Then the doctor came in and it was my shrink—she looked me up and down and said she wasn't surprised to find me there—she said I was going somewhere far away where Diane couldn't visit me and I'd be there a long time—she sounded kind of satisfied.





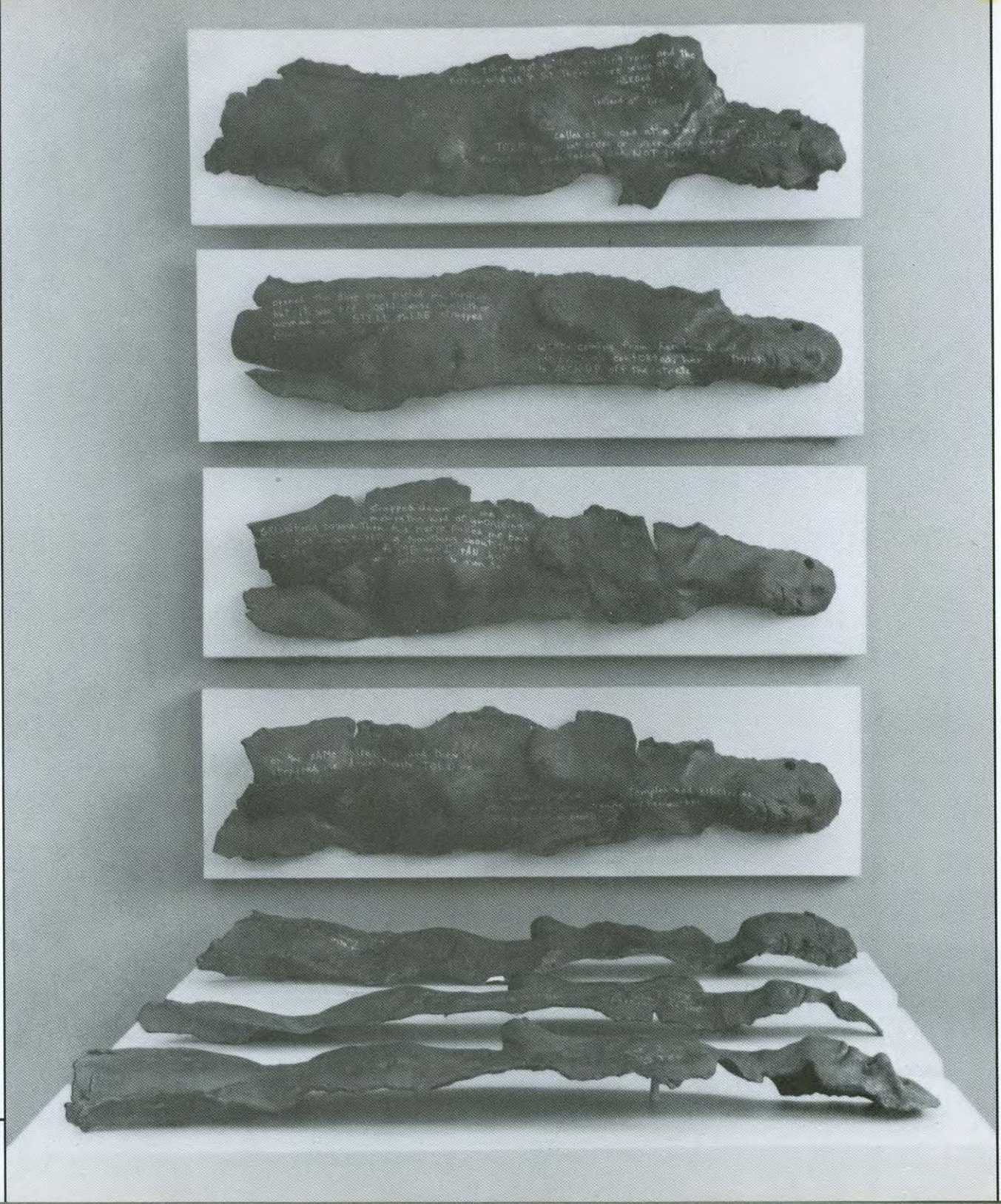
I told my shrink I didn't want to be cured of being a lesbian. He said that just proved how sick I was. He said I needed shock treatment.

. . . till we got to this waiting room, and the nurse told us to sit. There were seven of us there getting shock instead of breakfast. They called us in one at a time. They never told you what order or when you were next to go so everyone was tense and not looking at each other.

. . . opened the door and pushed me through but it was too soon 'cause the other woman was still there strapped down on a stretcher.

. . . wires coming from her head and her face all contorted her body trying to arch up off the stretcher. She was making this sort of groaning, grunting sound. Then the nurse pulled me back and I was yelling something about they couldn't do that to me and I ran but of course there was nowhere to run to.

. . . on the stretcher and they strapped me down. Nobody told me anything. They put this gritty, gummy stuff on my temples and electrodes attached with a band around my head. Then they gave me a needle. I could feel the pentathol going up my arm and then they slipped a rubber disk in my mouth and then nothing.

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. . . didn't know where I was. I had this incredible headache and all this gritty stuff on my face and I wondered what awful thing had happened.

. . . could focus my eyes and saw I was on a stretcher. There was this whole row of stretchers with people groaning as they came to and I guess I was groaning too.

19 shock treatments and I still didn't want to be cured of being a lesbian.

After shock treatments my memory was kind of wrecked, even for following conversations or remembering what I'd had for breakfast. My shrink said it had nothing to do with shock—it was 'cause I didn't want to remember and stuff like that. When I got out of Birchwood it was really hard. At first I was all casual and would say, "Oh how's Aunt Agnes these days?" And it would turn out she'd been dead for six months. It got so no one ever called me 'cause they thought I was too weird. I didn't even have it together to be pissed off. I just felt scared. I didn't know if I'd ever get better.

Mostly everyone thought I was kind of dumb and slow, but really my mind was racing, trying to piece stuff together and avoid pitfalls. The whole point seemed to be to pass for normal, but sometimes I'd wonder what was the good of fooling anyone. Finally I found a job as a shipping clerk at a warehouse. It was simple really, just filling out a few different forms and filing them in different places, but I got confused. Everyone was patient for the first week and smiled and said I'd get the hang of it.

But after the second week I got called in to the manager. He couldn't understand why I couldn't do it right. He gave me another week, but I did even worse 'cause I was so frantic trying to remember stuff. So they fired me. After a year my memory gradually improved, though I still have blank spots. A long time later, I found out that memory loss is a common after-effect of shock treatment.

Mild headaches and temporary amnesia are not electro-convulsive treatment's (ECT's) only documented side effects. There is a growing body of literature by and about people who have been electroshocked verifying that ECT may and frequently does cause not only severe headaches and permanent amnesia, but also irreversible brain damage, disorientation, debilitation, lost sense of self, apathy, and reduced ability to concentrate and learn.

—***Shock Packet*** Distributed by the Network Against Psychiatric Assault (NAPA)

Government statistics on electroshock are extremely difficult to obtain, since neither the federal or provincial governments have published these statistics in the last five years. For 1982 it is estimated that at least 70,000 shock treatments were administered to roughly 8,000 people in Canada. A disproportionately greater number of women are shocked, and also a disproportionately large number of elderly people.

—"Electroshock: A Cruel and Unusual Punishment" by Bonnie Burstow and Don Weitz ***Phoenix Rising*** Vol. 4, Nos. 3 and 4

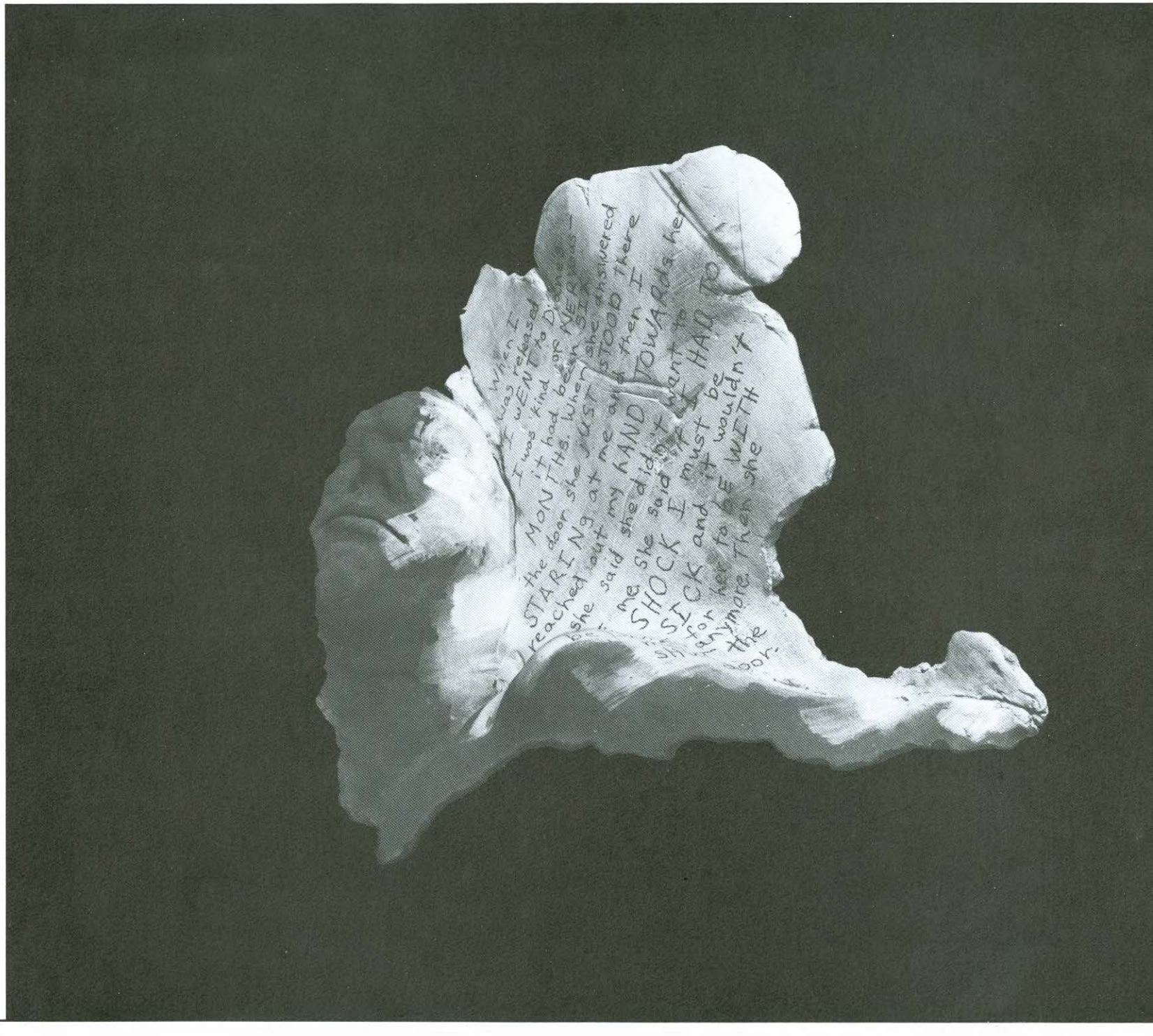
A former psych nurse, now active in the Coalition to Stop Electroshock, testified before the Berkeley Human Relations and Welfare Commission Hearings that part of her job was to tell patients that shock did not cause permanent memory loss, even though she knew from her own observations that this was not the case. She has also stated that despite the requirements of "informed consent" her superiors told her to persuade patients to consent to electroshock. "I was good at getting patients to sign because the older women trusted me more than the male psychiatrists," she said.

—*The Oakland Tribune* April 18, 1982

A former nurse at Oakland's Gladman Memorial Hospital writes: Among those I prepared for ECT were: patients labeled "schizophrenic" and "manic depressive"; a hypoglycemic; a battered woman; a Portuguese-speaking woman who knew not a word of English and could communicate with no one in the hospital; a woman in depression because of the murder of her only son; a 86-year-old terminal cancer patient; many maladjusted adolescents and many senile geriatrics.

—"Some of Us Called it Murder" by Susanne Christom ***Madness Network News*** Vol. 7, No. 2, p. 10

When I was released I went to Diane's. I was kind of nervous—it had been six months. When she answered the door she just stood there staring at me and then I reached out my hand towards her and she said she didn't want to see me. She said if I had to have shock treatment I must be really sick and it wouldn't be safe for her to be with me anymore. Then she shut the door.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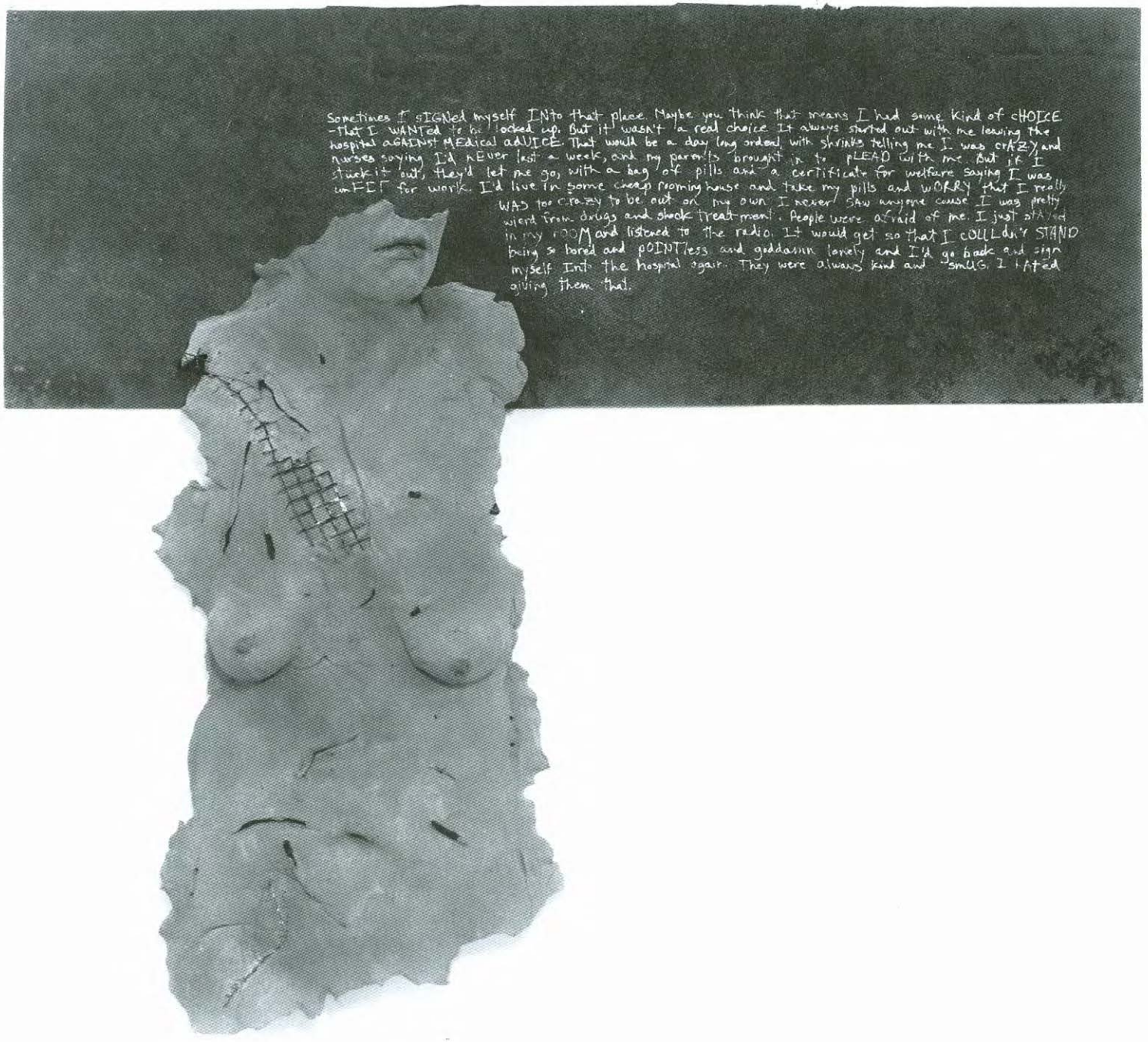
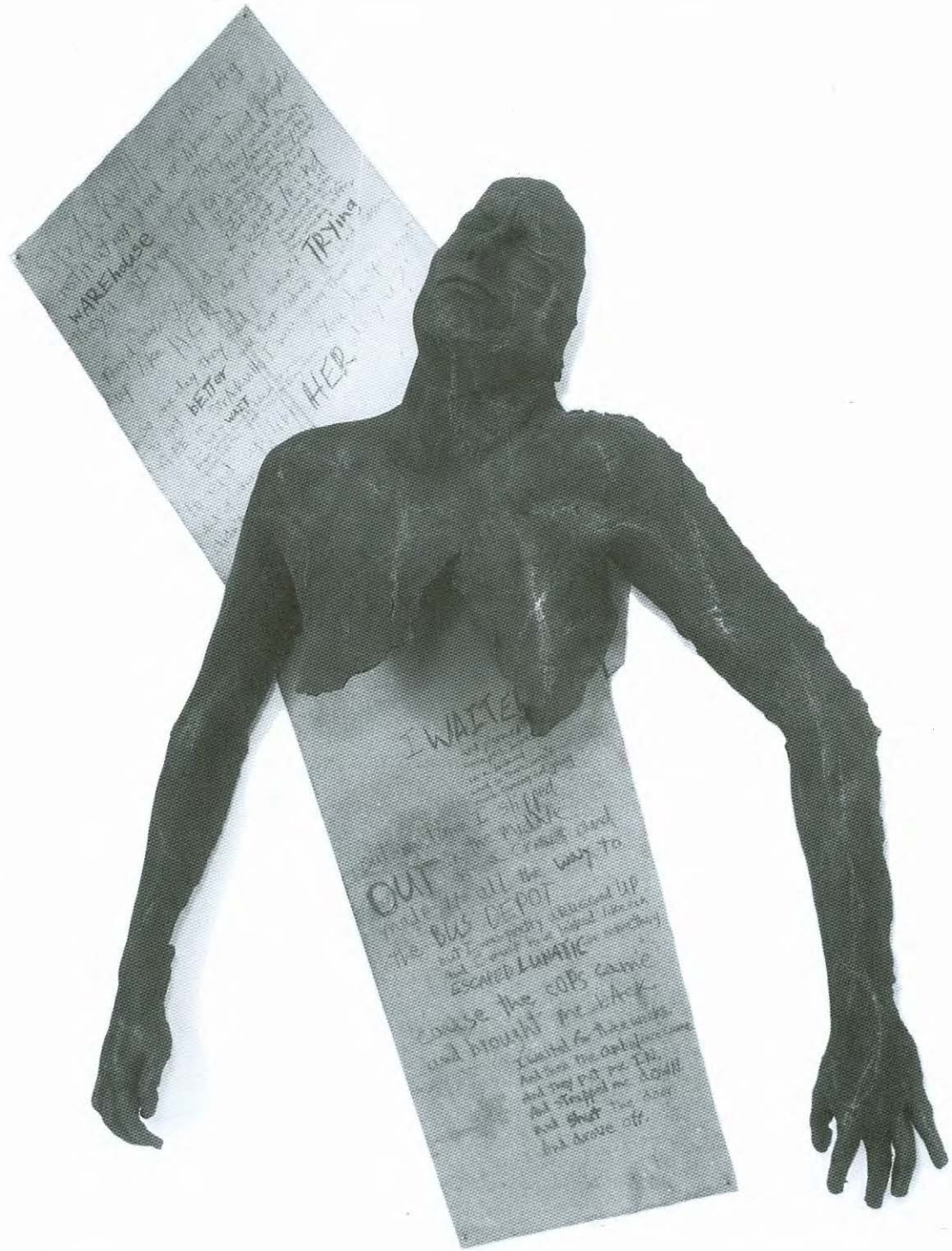

Sometimes I sIGNed myself INto that place. Maybe you think that means I had some kind of cHOICE -That I WANTed to be locked up. But it wasn't a real choice. It always started out with me leaving the hospital aGAINst MEdical adVICE. That would be a day long ordeal, with shrinks telling me I was crAZY and nurses saying I'd nEver last a week, and my parents brought in to pLEAD with me. But if I stuck it out, they'd let me go, with a bag of pills and a certificate for welfare saying I was unFIT for work. I'd live in some cheap rooming house and take my pills and WORRY that I really WAS too crazy to be out on my own. I never SAw anyone cause I was pretty weird from drugs and shock treatment. People were afraid of me. I just stAYed in my rOOM and listened to the radio. It would get so that I COULDn't STAND being so bored and pOINTless and goddamn lonely and I'd go back and sign myself Into the hospital again. They were always kind and smUG. I hAted giving them that.

Sometimes I signed myself into that place. Maybe you think that means I had some kind of choice, that I wanted to be locked up, but it wasn't a real choice. It always started with me leaving the hospital against medical advice. That would be a long ordeal with shrinks telling me I was crazy and nurses saying that I'd never last a week and my parents brought in to plead with me. But if I stuck it out they let me go, with a bag of pills and a certificate for welfare saying I was unfit for work. I'd live in some cheap rooming house and take my pills and worry that I really was too crazy to be out on my own.

I never saw anyone 'cause I was pretty weird from drugs and shock treatment. People were nervous of me. I just sat in my room and listened to the radio. It would get so that I couldn't stand being so bored and pointless and goddamn lonely and I'd go back and sign myself into the hospital again. They were always kind and smug. I hated giving them that.

Strackville was this big institution, kind of like a warehouse where they stored people they'd given up on. They used to threaten us with it at the Royal Hospital, especially when anyone did get sent there. They'd say, "You don't want to end up like *her,* do you?" and we'd all be scared into submission for a few weeks after. So one day they said I wasn't trying to get better and that when a bed came free in Strackville I was going there. But I had to wait. People would hardly talk to me 'cause all the staff were telling them: you don't want to end up like *her,* do you? And of course they didn't, who would?

I waited and planned escapes. I was in a locked ward at the time so there wasn't much coming or going. But one time, I slipped out in the middle of a crisis and made it all the way to the bus depot. But I was pretty drugged up and I must have looked like an escaped lunatic or something 'cause the cops came and brought me back. I waited for three weeks. And then the ambulance came. And they put me in. And they shut the door. And drove away.


WAREHOUSE
TRYing
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OUT
the BUS DEPOT
the way to
SCARED LUNATIC
make the cops come
and haunt

Over a million people [in the U.S.] *are now living in mental institutions—mostly working people, poor people, third-world people, women. . . The mental institutions contain the victims of capitalist society, but under the medical model, the victims are blamed for their own suffering. They are labeled mentally ill, people with character disorders. Their misery is covered up by a society that refuses to admit that it itself is the major cause of emotional distress, not the "ego deficits" of the people who suffer.*

—***Voices from the Asylum*** ed. by Michael Glenn, Harper & Row, 1974, pp. vii-viii

Frequently, when poor women complain to their doctors about any kind of unpleasant feelings, they get prescriptions for tranquilizers. . . many of the poor in our country are women and a growing percentage are older women.

—***Women and Mental Health: New Directions for Change*** ed. by Carol T. Mowbray et al, Harrington Park Press, 1985, p.143

In a formal analysis of four commonly read and widely distributed medical journals it was found that advertisements for psychoactive drugs commonly portray the patient as being female, whereas advertisements for non-psychoactive drugs (cold medicines, diabetes medicines, etc.) portray the patient as being male. . . Another finding was that the medical problems of women were often shown to be of irritation to others. One rather vivid example has a picture of a family gathered around a table, focusing on the woman. The caption beneath the ad says, "Treat one, six people benefit."

—"The Case For or Against Diagnostic and Therapeutic Sexism" by Ruth B. Hoppe ***Women and Mental Health: New Directions for Change,*** ibid., p. 131

Invariably, black and minority clients also tend to get the more serious diagnosis, a pattern which corresponds to a generation of professional folklore that the poor and the black are crazier—in degree and in number—than the rest of the population.

—***Mind Control*** Peter Schrag, Dell Publishing Co., 1978, p. 49

Roughly two-thirds of the minor tranquilizers are consumed by women, among whom the heaviest users are unemployed housewives in the lowest strata of the economy.

—***Mind Control*** ibid., p. 138

More than 70% of the estimated 100,000 Americans who undergo ECT every year are women. This is a clear example of how male-dominated psychiatry oppresses women in particular. Women are ECT's primary victims because the passive state it produces is seen as desirable for women who refuse or fail to live up to their culturally-defined roles. Nor is brain damage considered a handicap for women being reconditioned as housewives. As ECT critic Dr. Peter Breggin has stated, "More women are given ECT because they are judged to have less need of their brains."

—***Shock Packet*** Distributed by Network Against Psychiatric Assault (NAPA)

Most practising physicians learned sexist, judgmental and paternalistic dogma from the textbooks used in medical schools. A 1981 text still lists homosexuality in the category of abnormalities of the sex drive, such as exhibitionism and child molesters.

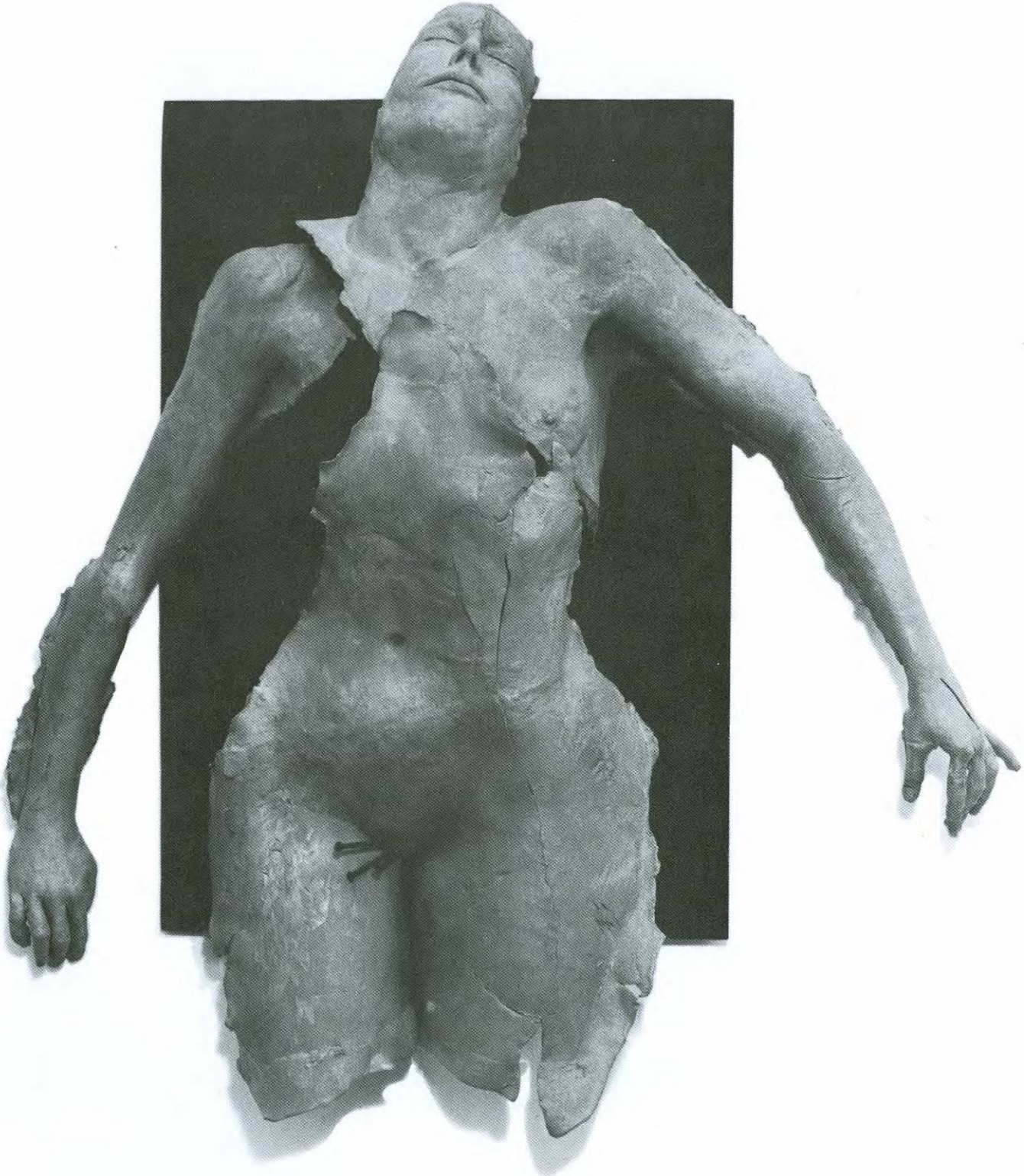
—"The Politics of Women and Medical Care" ***The New Our Bodies, Ourselves*** ed. by The Boston Women's Health Book Collective, Simon and Shuster, 1984, p. 569

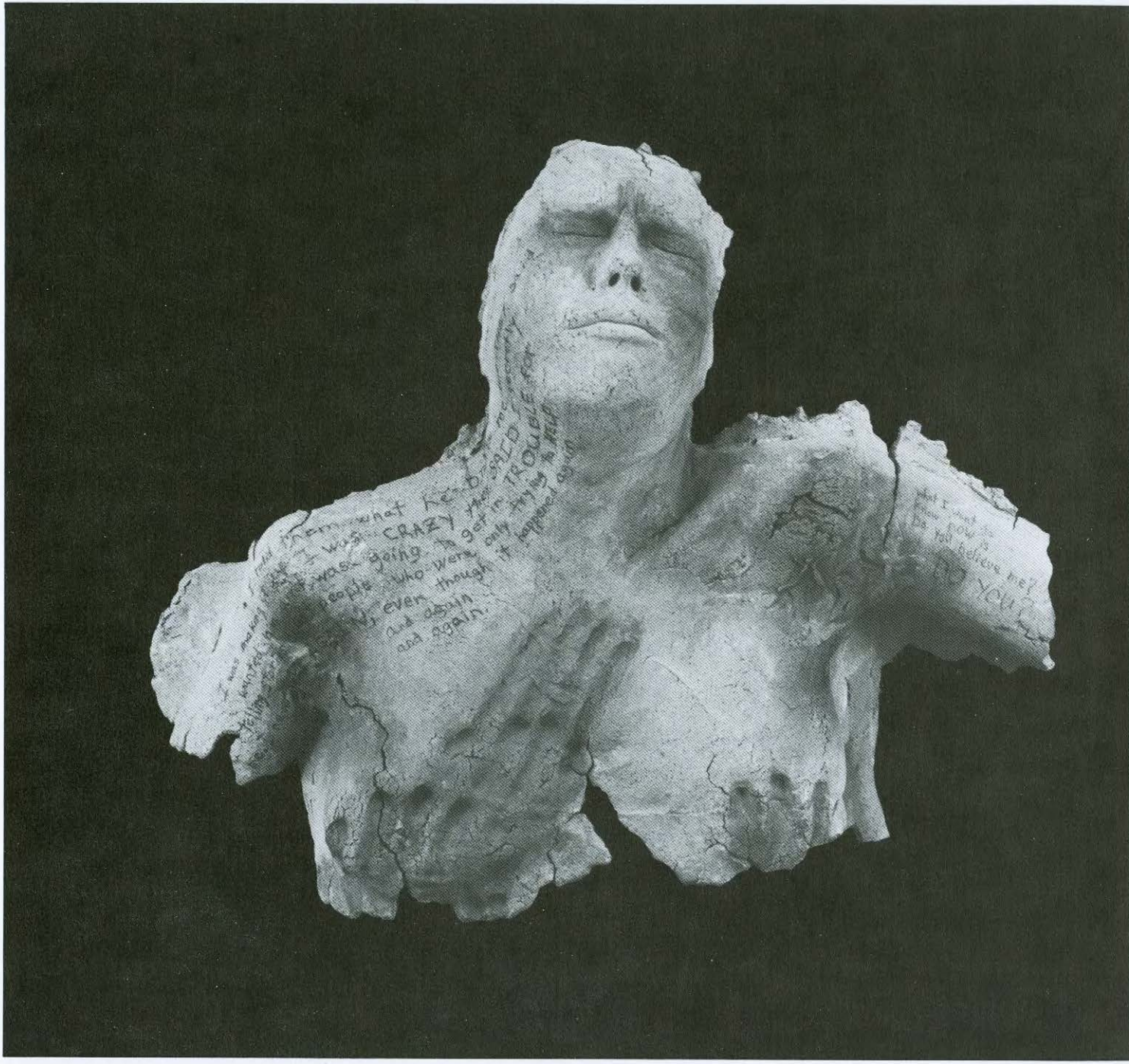
We must explode the myth that emotional turmoil indicates the presence of illness. We must reject the myth that only doctors and other mental health workers can treat this illness; that is incorrect and constitutes a monopoly, helping only the treaters, not the treated.

—***Too Much Anger, Too Many Tears*** Janet and Paul Gotkin, Quadrangle Books, 1975, p. 389

Either my first or second night there/disoriented with sleeping pills on top of my other meds and not really knowing where I am/waking up/this bright light in my eyes/my covers off and my nightgown all pulled up and when I reach down for the blankets, this hand stops me. And I remember I was scared. I was always scared in that place.

Then this man's voice saying get up, and I'm hustled into the office/the other attendant goes out and shuts the door. The first one is asking me questions—how come I liked girls and what did we do—and all the while his hands are up my nightgown, between my legs, pinching my breasts/and I'm really scared but I say, *stop it/leave me alone/let me go.* And he says he can do anything he wants and no one will ever know.




CRAZY
TROUBLE
people who were
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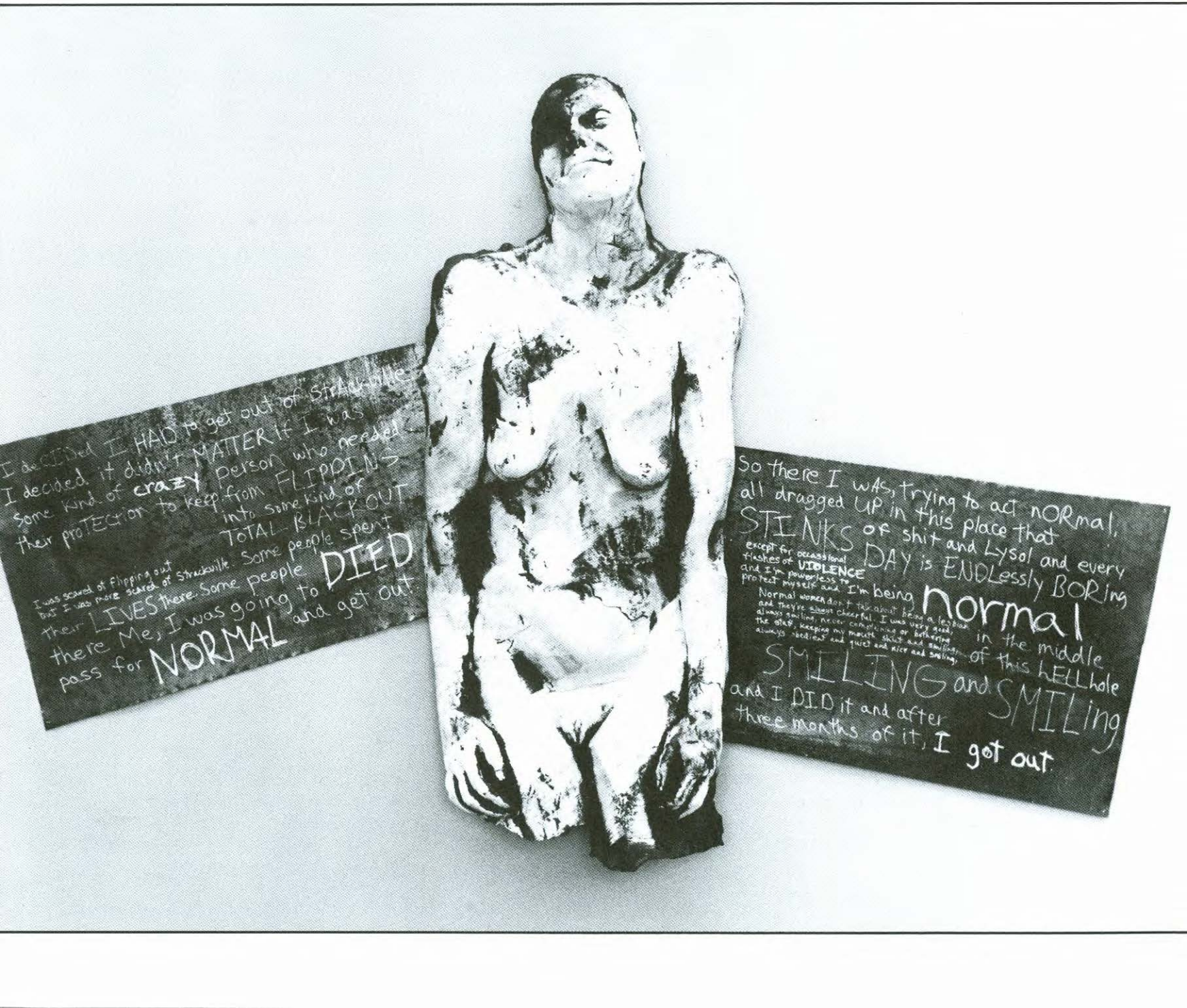
and again.

I told them what he did to me but they said I was making it up, I was crazy, that I secretly wanted him and I was going to get in bad trouble for telling stories about people who were only trying to help me. I never told again even though it happened again. And again. And again.

What I want to know now is—do you believe me? Do you?

I decided I had to get out of Strackville. I decided it didn't matter if I was some kind of crazy person who needed their protection to keep from flipping into a total blackout. I was scared of flipping out but I was more scared of Strackville. Some people spent their lives there. Some people died there. Me, I was going to pass for normal and get out.

So there I was, trying to pass for normal, all drugged up in this place that stinks of shit and lysol and every day is endlessly boring except for the occasional flashes of violence and I'm powerless to protect myself and I'm normal. Normal women don't talk about being a lesbian and they're always cheerful. I was always good and smiling, never complaining or bothering the staff, keeping my mouth shut and smiling, always obedient and quiet and nice and smiling, in the middle of this hellhole, smiling and smiling. And I did it. After three months I got out.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in the middle
of this HELLhole
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and I DID it and after
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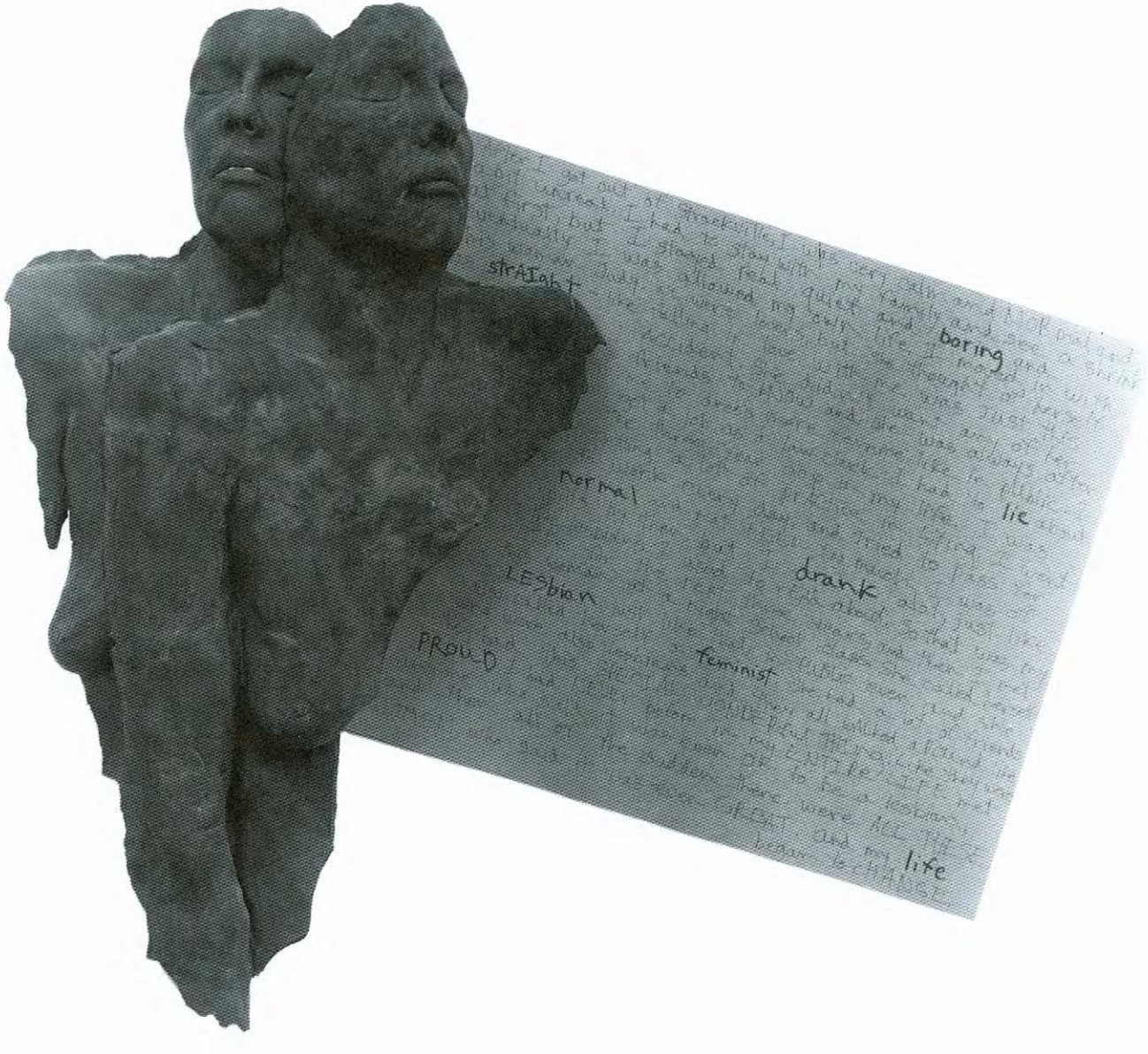
After I got out of Strackville, I was very calm and normal and a bit unreal. I had to stay with my family and see a shrink at first but I stayed real quiet and boring and eventually was allowed my own life. I moved in with this woman Judy. We were lovers, but she thought of herself as a straight—like falling in love with me was just this accident. She didn't want any of her friends to know and she was always after me to dress more femme-like in public.

I got a job as a law clerk. I had to lie to them about the three year gap in my life. I was getting lots of practice in lying. I went to work every day, and tried to pass for normal and not feel too much. I was off tranquilizers by then, but I drank a lot, just like the lesbians I used to read about.

So that was my life for the next three years, and then I met this woman at a sociology of deviance class. She called herself a lesbian just like that, in *public* even, and she also called herself a feminist. She had a lot of friends who were also lesbians and they all walked around like they had this Special Wonderful Thing. Like they were proud. I had never before in my *entire life* met anyone who said it was even OK to be a lesbian, and then all of a sudden there were all these women who said it was even *great*. And my life began to change.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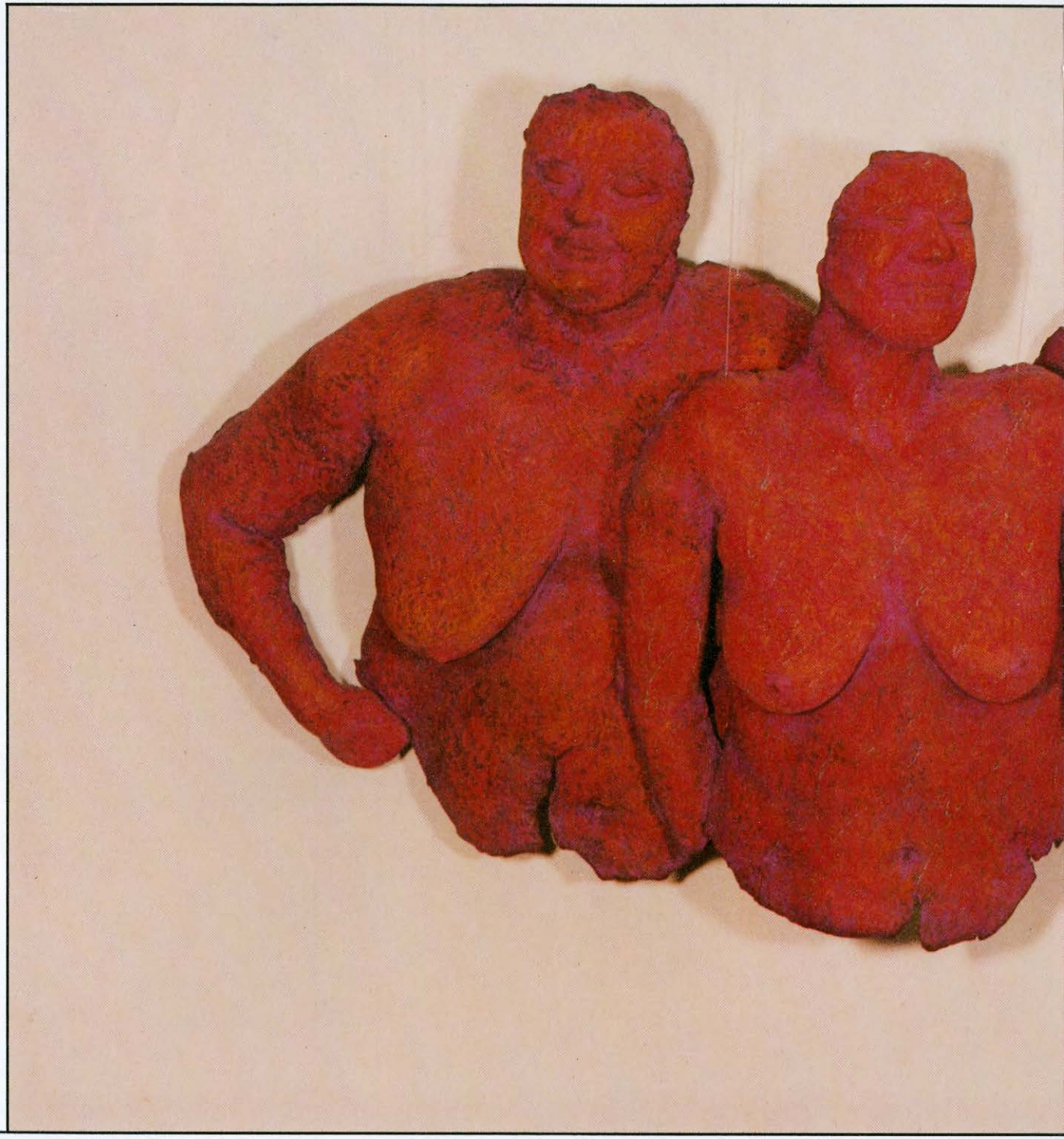
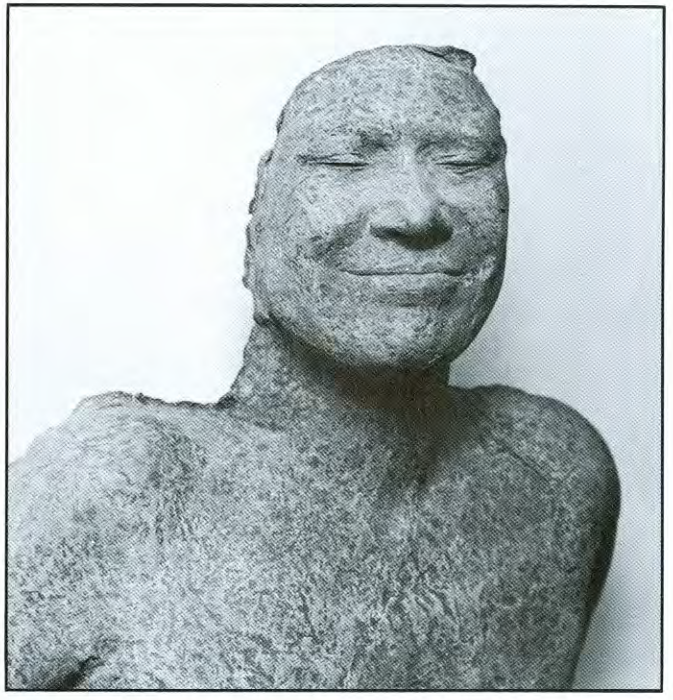




Nora To me, being raised a girl was like discovering all the wonderful colours in the world only to be told that my life was going to be in black and white. I was furious. But it seemed to work fine for all the men, and all those strong, intelligent women seemed to go along with it. So it should be good enough for me. I was out of line. Cute, but needing a firm hand. I was also asexual. I didn't think, dream, or feel anything about boys. I kept thinking, "When the time comes I'll feel it."

I never did. First I was lonely—nobody in the world felt like me. When I was twelve I thought I might be crazy. In high school I was a failure. I was an A student, editor of the paper, president of the student council, but I gained lots of weight, I hated wearing anything but jeans and I had no interest in boys. "You have a really pretty face, if you would just lose some weight, boys would be interested in you." What the hell was I supposed to do with that! I left home a furious, lonely, asexual, crazy, fat failure. But I did leave.

Six years later I found a women's community so outrageous, energetic, outward-moving and proud, it set off sympathetic vibrations deep within me and my energy came bounding forth, including my lesbianism. Ah, women! My whole life rocked on its axis. It was like the sun coming out. I hadn't failed, I had survived. I hadn't been an asexual lump—all those crushes on women—I'd been just as juiced up as any other kid in my class. I not only had a sexual present and future to look forward to, I had a sexual past. I'm a real person, a dyke. The self-hatred didn't miraculously disappear, but now I see it like dresses, imposed from the outside. I don't wear dresses anymore.

Judy It never occurred to me not to get married. There were lots of jokes about unmarried women. My mother always said things like, "I don't know who's going to marry you—you can't even make your own bed." I didn't finish high school. I didn't think much about the future. I got married six weeks after I met him. It was perfect. He had a good job, education, money in the family. I liked him. I'd get everyone off my back about finding a husband and just go on with my life.

But after we wed he started acting like a husband, wanting to go everywhere with me. I couldn't get away from him and I couldn't complain, 'cause that's what husbands are supposed to be like. I got pregnant and then I had to prove I could be a "good" mother. Two children, another pregnancy and a house in Agincourt later, I had a nervous breakdown. I saw a psychiatrist who tried to help me be happy in the situation I was in. But when I started talking to other women I realised it was my situation that was causing me to be crazy. It was then that the physical abuse from my husband started.

I finally left with the two youngest children. He kept thinking I'd go back. Then he kidnapped the kids. By now my relationships with women were strong and I felt good about myself. But in order to get the kids back, I had to live my life the way the courts and lawyers expected. I again felt like I was a "bad" mother. I had to stay away from the women who loved me. For months I had little contact with

the people who kept me sane. Five days in court and the judge decided I could have my kids with me.

That was several years ago and I feel very removed from it most of the time, like I'm telling someone else's story. But it's mine and I still know that I got my strength from women. I still do. It's hard being a good mother. Everyone needs people who remind them they're okay. I hardly had anyone tell me that before and I hardly ever told anyone that either. I do now.

Kate I became a lesbian out of a well-reasoned concern for my own mental health. I had left my husband of seven years. After ten or fifteen months of being single I noticed a peculiar state of affairs. I had many warm and close relationships with women—I laughed, worked, talked and played with them. And I knew a few men that I flirted or went to bed with. I had, in effect, emotional relations with women and sexual relations with men.

Now I knew that I really should get my emotional and sexual energies fixed on the same person. So I did what many of us do—I looked for a man to have an emotional relationship with. But I didn't find one. (That's why I left my husband.) They were fine to go to bed with. But they didn't understand my jokes, or care about me the way my women friends did. So, being a rational person, I decided to try getting my sexual and emotional attachments fixed on a woman. It worked.

Persimmon After growing up a wild tomboy, I hit puberty and somehow absorbed the notion that my purpose in life was to make some man happy. I wasn't very good at it. I couldn't seem to stand by my man. I always felt like I wanted something more from him and I would end up leaving him for someone else who didn't have what I wanted and I'd leave him. Etc. Shrinks told me this was very immature of me and that I didn't know how to really love. It worried me a lot.

Finally I met the boy of my dreams and settled into being a hippie housewife. After a year I started having falling down, screaming, kicking, hysterical fits a couple of times a day over trivial matters. I thought I was going crazy, and DreamBoy and all our friends agreed. Bring on the shrinks. The only one who disagreed was my sister who was some kind of weird bra-burning women's libber. She said I wasn't crazy, I was oppressed. I said she was crazy. I had everything a woman could ever want. Didn't I? It took me ten long, boring, incredibly painful months of being 'crazy' to start to understand what she meant. Then I kicked out DreamBoy, stopped seeing my shrink, and had a miraculous recovery, just like that.

And I started to make sculpture. Nowadays my life is filled with wild, exciting women's libbers. I still have hard times sometimes, but I keep getting better at not freaking out about being freaked out.

Sheila When I first made love with a woman, besides the joy of my first pleasant sexual experience came a joy of, "This is me!" Unfortunately, the rest of the world wasn't so happy about me being a lesbian, and I spent the next three years in mental hospitals getting all the joy knocked out of me. After that I had another three years skulking in the closet. Then finally I met other lesbians who not only thought they were as good as anyone else, they were so proud they seemed better, if anything.

When I eventually told them about my deep dark past as a mental patient, they didn't think I was crazy or it was my fault or anything. I began to see my strength in surviving and feel proud that I hadn't ever given up on myself and been 'cured' even by such a formidable institution. I saw how psychiatry is used to keep women in line and to punish us for stepping out of line and it wasn't just me being crazy. I now like myself and my life.


still
sane

still sane

Coming Out Crazy

Persimmon Blackbridge and Sheila Gilhooly

Persimmon

The idea to do *Still Sane* began back in 1981. I had just finished a sculpture series called *Circus,* which was all action and colour and fun—sculptures of women riding on leopards and jumping through hoops of fire and that kind of thing. So then I thought, "Okay, I've had my fun, now it's time to do some serious political artwork." I started in and made some really bad sculptures. This went on for several months and I was getting kind of frantic. All these insidious thoughts kept creeping into my head, like maybe it's true that all political art is lousy art and it's shallow and flimsy and propaganda—which are ideas that are amazingly common even in today's (post) modern world.

So I went around tearing my hair and generally making myself obnoxious till a friend of mine took me in hand. She reminded me of all the terrific political art there is in the world which didn't disappear just because I did a couple of months of lousy work. She said my problem was that I was working from this grim sense of duty that was all up in my head, rather than an outflowing of passion from my head and my guts and my eyes and my hands. That calmed me down somewhat.

Around that time I did a slide show at an art school of "Everything I've Ever Done in My Entire Life." I was telling stories like the one about stealing hypodermic needles from this clinic where I worked as a cleaning lady because I wanted them for some anti-psychiatry sculptures, and on like that. And then I showed these sculptures I had done about friends of mine who are still locked up and I could hardly talk about them. It wasn't that the pieces were better art or more political. They just shook me, and I thought, "That's what I need."

Later I figured out that the work I had been doing was too generalized. I would take my specific experience as a cleaning lady, struggling week after week to make this one particular floor all shiny for this one particular snotty boss, and I'd do a piece about Every Working Woman and Every Snotty Boss which lost all the sweat, frustration and humour of our real working lives. It's not that art that generalizes our experiences is never any good; it's just so much harder to get that feeling of immediacy and truth to come across.

So I decided I'd try sticking to one person's story and telling it in a way that would let the audience see the wider situation. As a first go at it, I asked Sheila if she felt like doing a couple of pieces with me about the times when she was locked up. Neither of us knew what we were in for.

Sheila

Art has always bored and intimidated me—and artists too. Art didn't seem to be about me or for me and, as for artists, I didn't understand either their work or their explanations of it. Art seemed like something only a few could get and I wasn't one of those few. So I was bored by it all and felt inadequate and stupid about my boredom. Persimmon is an artist whose work I really liked and admired long before meeting her because it was about big and strong women who could be me. With her unartistic-like sharing of who can be an artist, she had started demystifying art and artists for me before we worked on *Still Sane.*

At first I didn't have any opinions about the sculptures—everything looked okay to me. Bit by bit, Persimmon would push me into it by offering two choices about some detail. I was writing the words for the pieces and started remembering more and more; the feelings attached to those experiences were suddenly vivid after ten years. As this happened, I started to have some feeling for what felt right in the artwork.

I wrote the words as a kind of cross between journal entries and letters to Persimmon. She would then edit them down to something manageable. I didn't take a lot of responsibility for getting them to final form because I was a cleaner, not a writer. We would then argue the edited version until we agreed. We talked a lot about my experiences and her experiences and about the pieces. We went to junkyards and scrounged metal and glass and wire mesh. All this was an involvement in art that interested and included me.

About ten months into *Still Sane* Persimmon hurt her back and had to lie flat for a whole month. Besides the hassle of having a sore back, it really bugged her that no work was getting done. So I was her hands and back and learned how to throw and roll clay and also how to paint the pieces. She lay on a piece of foam in her studio and directed me from there. It was exciting and wonderful and frustrating as all hell, since the translation of her ideas through my inexperienced and very nervous hands was often a struggle.

One day our most complicated piece to date (*Shock #2,* with seven different figures) had an accident. The top sculpture fell when the nylon fish line broke. We figured out later that we had cleaned paint off the line with turpentine and it had eaten away slowly. So this piece broke herself and two others. I learned how to glue them back together, fill their cracks and match their colour and texture with the rest. By the end of doing *Still Sane* I had lots of opinions and ideas about how things could be done.

The first plaster mold we made, Sheila almost fainted in the middle of it. We had spent about an hour, her and me and a mirror, trying to work out a pose that looked and felt all tense and held-in and ground-down. When we finally got it, it looked just right, but we neglected to think about how it would feel to maintain that rigid tension without moving for forty-five minutes. We covered her with vaseline (to

Persimmon

From the Comments Book at the Still Sane *exhibit:*

I love you for this because I've been there too. Thank you.

I have a woman friend who was a psych nurse and her job upset her so much she had to quit and was on antidepressants for months. She's a good person, she wanted to help people. I wish all psychiatrists and hospital administrators and nurses and and and everyone *could be made to go through this show and* listen.

I will have to come back because I didn't (couldn't) get through the whole exhibit this first time. . . I checked myself into Royal Columbian psych ward. I had been told I couldn't take care of myself all my life and I was tired of my parents taking care of me, so I decided to let someone else do it. The price I paid wasn't in years or shock treatments, but it kept me weak and vulnerable for years. It is a strong temptation to say I will never be vulnerable again. My life is better, but I'm still so scared.

Incredible sharing/touching of inner places. My mother never made it out of the place.

Very strong, riveting. The movement is fantastic. I thought I was hallucinating again. Execution is brilliant, colours right on.

keep the plaster from sticking) and she cranked herself into this pose and I started putting plaster-soaked gauze (like they use to splint broken arms) all over her, and it was wet and cold and drippy. As the plaster started to set, it got hot and prickly. I was almost to her shoulders when she started swaying a little bit and then she turned green and her knees collapsed and we managed to pull the mold off just before she hit the floor.

We salvaged that mold and finished it when she recovered, but the second pose we did was even worse. It was more actively agonized-looking. We achieved realistic effects by having her lie with her back arched up over a bunch of pillows—a position that quickly became so painful that it was easy for her to keep a convincing facial expression. But the worst part was that Sheila had this brilliant notion that we could save money by using straight plaster instead of the plaster/ gauze bandages. We couldn't find casting plaster in lots over five pounds (and we were looking for fifty pounds) so finally we got industrial plaster of Paris.

There she was, all contorted with straws up her nose and I was pouring the plaster over her, and it was grey instead of white and the texture wasn't what I was used to but, oh well, plaster is plaster, right? As it hardened it got really hot, burning hot, and Sheila (who was covered face to thighs with plaster) somehow conveyed to me that she had to get out. Plaster molds tend to stick a bit, which is why you use vaseline. You have to delicately pry at the mold while the person inside wiggles loose. But this one was really stuck and it wasn't letting go.

I was getting panicky, but since I wasn't the one covered with thirty pounds of solid, unmoving (and hot) plaster, I acted super calm. "It's okay, Sheila, just wiggle a little more, we'll have it right off." Sheila recognized by my cool, confident tone of voice that I didn't have the slightest idea what I was doing. Finally we managed to crack the mold into pieces which we pulled off along with goodly portions of hair. After that we stuck to the bandages.

All the pieces in *Still Sane* (except *Coming Out: Together*, where some friends make a guest appearance) were made from three basic plaster molds. We stuck to three partly because each one cost about fifty dollars, which was a lot of money for us to come up with, and partly because it was really tough on Sheila to do them. Also I liked the challenge of taking a really limited format and seeing how far I could push it.

The actual figures were made by rolling out slabs of clay and pressing them into the mold. When the clay started to stiffen up, I'd flip the mold over, carefully loosen the clay out of the mold and then start fiddling with the piece—tearing off parts from the other molds, slashing new texture into it or smoothing it out, changing the angle of the head or the expression of the face.

But of course before I did any of that, Sheila and I would have to figure out what the piece was about. We'd start by choosing a topic to work on for a while—like shock treatment. We both kept putting off working on shock treatment; it was maybe the scariest one for me to work on. My uncle got pretty fried from shock. It still scares me. It's still going on.

We spent days talking, reading, crying, laughing. The most important part for me was talking about brain damage. Sheila wondering what she was like before shock treatment, who she would have become if they had let her alone. . . me wondering who I would have become if they had let me alone—not forced me to learn to talk, read, tie my shoes, try to be (never quite making it) normal. "Minimal Brain Damage" is one of the labels for kids like me. Or learning disabled. To Sheila I could say for the first time this secret rebellious thought: maybe we have something good and valuable to offer just as we are. Maybe we shouldn't be normalized. Yes, I know, I know, we have to conform or society will rip us to shreds. . . but maybe we've got something we could be proud of. Sheila didn't think that was too outrageous.

While we were discussing various topics, we'd always be looking for the key issues we wanted to get across with each piece and dreaming up sculptural images that convey the experience. I remember we were walking to a cleaning job and Sheila was talking about the rows of

stretchers in the room where they put her after shock—that's how we came up with the row of figures in *Shock #2*. I don't remember whose idea it was. A lot of the time we'd throw ideas back and forth, each new image sparking another new image until it was impossible to say who thought of what.

All the figures in *Shock #2* are from our first mold (the fainting mold). My studio was pretty small so I couldn't really lay things out and see what I was doing till all the figures were fired. I had to keep the inter-relationships all going in my head as I made each one. Of course when they were all fired, one of them just wasn't right and had to be redone and the rest of them needed a little judicious remodelling with a hammer here and there. I just made it up as I went along, which is how the work stayed interesting for three years.

Painting them was also very improvisational. On *Shock #2* I used oil paints. I gave them an undercoat of yellow with purple shadows, and then I painted grey over that. It looked pretty boring so then I got the idea of rubbing graphite into them to give them a metallic shine. I didn't know at the time that you can buy powdered graphite, so Sheila and I spent a lot of time grinding up the leads from my mechanical pencil. When the sculptures were all silvery you could still see the yellow and purple as these faint undertones.

Sheila built the white bases for them. When we put it all together, it looked almost right. We'd often get to this point of 'almost right'. We scratched our heads and kicked around ideas until Sheila suggested electrodes on their temples. She said she *knew* there was a plumbing part—or maybe an electrical part—that looked just like an electrode, only it was made of rubber. So off she went from hardware store to hardware store trying to explain what this thing was, although she didn't know what it was used for. She was right, it did exist and she eventually found it. That's how it went, working together.

I too have been in locked wards. I too am no longer paralyzed with fear, doubt, insecurity. I too am a strong, proud dyke woman.

Painful. Makes me feel more crazy and also less crazy as I remember when I was sexually abused, and also when I got sent to a shrink for saying I loved a woman!

Thank you for having the courage to talk about your own 'mental illness'. As an incest survivor, I have had many breakdowns and I know your experience. So many people are locked up. I think it is really important to talk about it and expose to everyone how awful everything is in psychiatry and mental hospitals. Thanks again. (I thought the sculpture was beautiful.)

Thank you. I cried—I cried all the way through. Cried for the pain, for my own emotional instability (not mental instability). Cried for my mother who is not still sane—who is dead. Thank you for the message that my mom could never get: that women are not crazy, that insanity is really sanity.

Sheila

My biggest fear in going public with the show was that I would be treated like a mental patient. Not that I would be locked up again exactly, though in my dreams even that seemed easily possible. I felt isolated and unique in a most unpleasant way in a community that had allowed me to belong, to like myself and to be strong and never to need another psychiatrist or think that I wanted one. I was worried that when people saw the figures/story they would respond with fear at the worst, or with an isolating sympathy at best. My mental hospital experiences were not a totally secret thing. I had told lots of women over the years, in varying degrees of detail, but never till I'd known them for a while. Knowing a thing like that affects people's perception of how okay you are. If you use a normal/pathological model to look at most people you can confirm your worst suspicions of weirdness. I didn't know any other ex-mental patients at all, let alone any that belonged to the same world as me—or so I thought.

At the opening of the show lots of women told me they'd been there too, or their mothers or sisters had. Some of them I didn't know and some I did—women I'd known for years without knowing that. There we all were swapping stories and sometimes we were angry and sometimes sad but we all knew we had something to flaunt. When you flaunt something nobody can use it against you.

Each personal story made me feel safer and each strong survivor made me prouder. They also reassured me that what I remembered had really happened even though the chronology is still garbled at times and some parts are blank. Being drugged or shocked blurs much of the order, but I heard my experiences told back to me and then I felt sure.

For years I have had a political appreciation that I am a survivor for getting out of there, not a failure for getting locked up in the first place. In writing about my experience I found out how ashamed and scared I was of many of the details. Many things I still blamed myself for: signing myself in, not realizing sooner that I had to get out, submitting to many abuses—all these seemed in a special category of my fault. I thought other women would think so too. I covered the gaps shock had caused in my memory because I didn't want to seem stupid, and I lied about my scars so I wouldn't seem too crazy.

Writing the words originally as a one-to-one to Persimmon was safe for me. By the time the show went public I had recognized a lot of my choices for what they were: not sell-outs on my part but examples of how trapped and punished and self-hating psychiatrists can make you feel. Hearing other women's stories and feeling their admiration rather than fear, empathy rather than sympathy, has made me feel defiant and strong.

Before the opening I met Dee dee NiHera, a wild and wonderful activist from San Francisco, who connected me to women in the mad movement. Besides making me proud to be a survivor, I became so much more informed and politicized around psychiatric oppression. For years I had managed without particularly identifying myself as a mental patient, and had internalized many oppressions. Just like when I became a feminist, I now started to notice how oppressive the assumption of normality can be and how narrow the limits of acceptable behaviour are. I felt suspicious—like I had to re-evaluate all my ideas and my friends' ideas in light of this new anger. I came to realize that I had chosen my friends with sound instincts even though I was uncritical and ill-informed. Luckily I didn't have to get new friends—my old friends supported me in my new consciousness-raising and, where necessary, did their own. If I had it to do over with what I know now, I'd call the show *Still Mad* and be proud of that.

Persimmon

For the first year of *Still Sane* Sheila and I were right in there together. Our experiences with the mental illness system were really different but it was a big issue in both our lives. She would tell me things that happened to her and I would tell her things that happened to me and we'd figure out together that it wasn't our fault, and we'd get mad on

each other's behalf and work our asses off making the pieces.

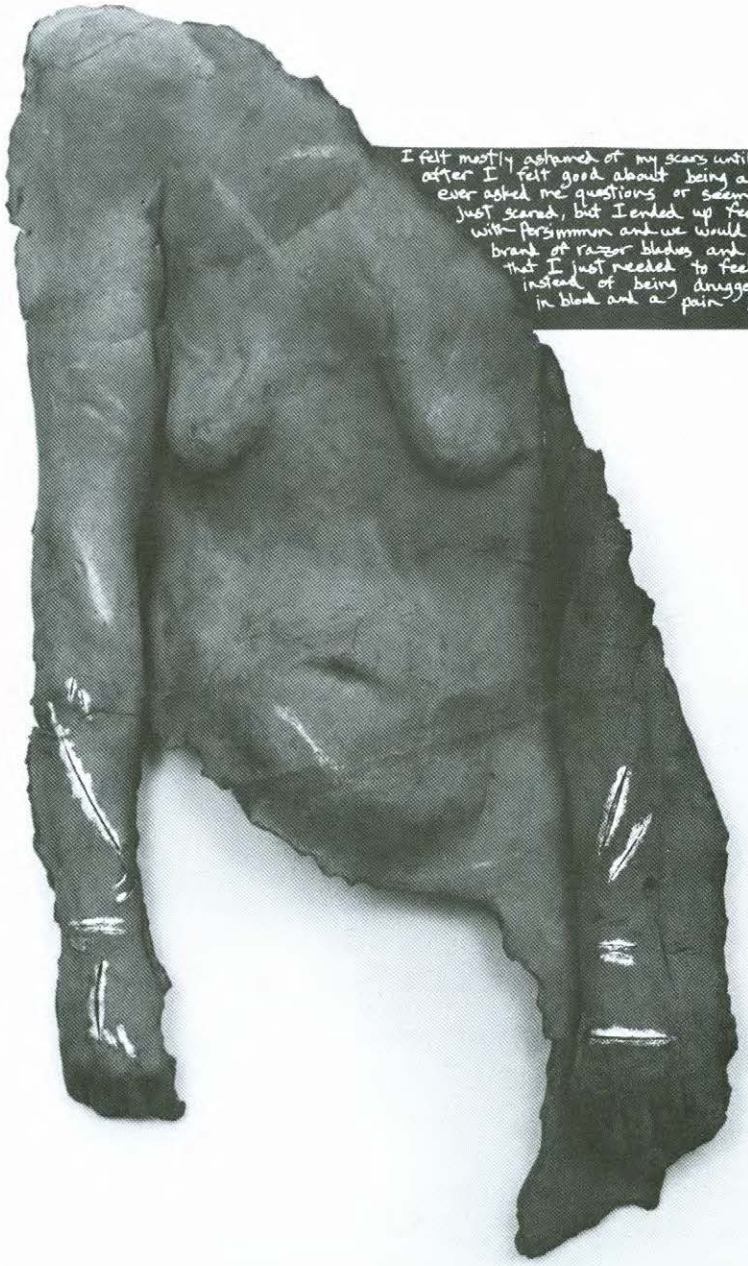
But as the project grew and showing it became more of a graspable reality, the fact that her experiences were going to be up on the wall, while mine remained private, made this difference between us. I hated it. We already felt isolated in the world and being isolated from each other on top of it was the pits. All our strong connections didn't go away, but there was this rift and it was real. Critics wrote about my "powerful" artwork and her "disintegrating" personality, and that was supposed to be a positive review. So we'd rant and rave about how stupid it all was and try to support each other in our different roles, but it was rough.

Whenever I did any kind of public talk or interview about the show, I'd make myself talk about 'flipping out' and cutting up my arms and growing up weird, just so Sheila wouldn't be out there totally on her own. I'd get all shaky and think, "They're going to think I'm really crazy—even in the lesbian feminist community they don't like you to get *too* wild," or "They'll think I'm really weird and self-indulgent to talk about this dumb stuff in public", or "It's all in the past anyway—I haven't cut myself in a year and a half"—which was a watered-down version of what Sheila felt *all the time* back then.

I still have those feelings, even now, forcing myself to write about personal stuff in this article. Sheila has moved through a lot of it. Partly she just wore those feelings down by being so bold and open throughout the show. But the big thing was meeting ex-inmate activists who had a sense of community and outrageous pride. She's no longer isolated in the world. Watching Sheila I start to get this image of just how uppity us crazy dykes can get. It gives me something to work towards.

I've felt mostly ashamed of my scars till just recently. Covered them up and lied about them. Even after I realized there was nothing wrong with me, I felt like it had all happened to someone else. I kept my distance. And other people encouraged that. Of the people I did tell, nobody ever asked me questions or seemed to want to know more about it or anything. I guess they were just scared but I ended up feeling isolated and weird. Then I started this project with Persimmon and we would compare scars and make jokes about our favourite brands of razor blades, and it was different.

I'm no longer ashamed. Now I know that I just needed to feel something, to know I was alive. I think if they had let me scream instead of drugging me into numbness, I would have had no need to scream in blood and a pain I could name. Sometimes we have to do things like that to survive.



I felt mostly ashamed of my scars until just recently. Covered them up and lied about them. Even after I felt good about being a dyke I kept quiet. Of the people I did tell, nobody ever asked me questions or seemed to want to know more about it. I guess they were just scared, but I ended up feeling weird and isolated. Then I started this project with Persimmon and we would compare our scars and make jokes about our favorite brand of razor blades and it was different. I'm no longer ashamed. Now I know that I just needed to feel something, to know I was alive. If I could have screamed instead of being drugged into numbness I would have had no need to scream in blood and pain I could name. Sometimes we need to do things like that to survive.

Because She Was a Lesbian

Nym Hughes

When people ask me what my *Still Sane* button means I always say, "*Still Sane* is an art show about a woman who was locked up for three years in mental hospitals for being a lesbian." That usually stops the conversation right there, but sometimes people persevere. I've had several conversations about art and political art, a couple of conversations about psychiatric abuse and one conversation about the silencing of women's voices. I have had no conversations about lesbianism.

I find that silence interesting. It's important to talk about the fact that Sheila was tortured because she was a lesbian. Sheila's story is not an isolated incident or a misfortune or something which doesn't happen any more. Any lesbian who makes contact with psychiatric professionals—at any age, in any way—is just plain lucky if she isn't abused.

This is no mistake. It is one of the clearer examples of psychiatry's role as a mechanism of social control. Psychiatry's job is twofold: it provides theories about human nature which help justify the massive inequalities in opportunity, status and wealth in our society, and it 'takes care' of people who aren't behaving as they should.

Only a small percentage of people have what they need to live secure, interesting, healthy lives. The majority of us don't have enough power or sufficient resources to create lasting measures of happiness or control in our lives and communities. Things stack up differently depending on who you are, but some generalities can be made.

If you are a working person much of your life will be spent at hard routine work with only two weeks off a year and never quite enough money. That's if you can find work. Otherwise you and your children will try to survive on inadequate welfare. Psychiatric theories totally obscure these material realities of people's lives. Any unhappiness, outbursts of anger or inability to cope competently with everyday life are seen as personal problems, personal failings, the results of some psychological imbalance rather than as rational responses to difficult life situations.

If you are a person of colour you are likely to be denied access to education and decent jobs, to be subjected to racial hatred and poverty, and you're more likely to be incarcerated in jail and die at an earlier age than a white person. For the past several centuries, an ongoing parade of white psychological, medical and sociological theorists have devoted their so-called scientific expertise to rationalizing and justifying racism. From brain circumferences to I.Q. tests, data has been manipulated and falsified in order to popularize theories that serve the interests of white supremacy.

If you are a person with a physical or mental disability you will probably be unemployed and certainly poor, deprived of basic community services like housing and transportation, and often institutionalized. In the early part of this century there was an influential school of scientific thought which claimed that poverty, illiteracy and crime were caused by the indiscriminate breeding of "subnormals". The solution was to remove disabled people from families and communities and herd them into huge residential facilities which often lacked heating systems because, said the experts, "imbeciles" couldn't feel heat or cold. Or pain. The ideology of the eugenicists has only begun to be challenged in the past twenty years. Our society still clearly reflects a belief that people with disabilities don't need the same quality of life as others.

If you are a woman you are likely to work for 60% of men's wages in addition to doing unpaid housework and childrearing. You'll probably experience some form of male sexual violence in your life and your old age will be spent in extreme poverty. Psychiatric theories,

especially those based on Freudian thought, claim that women are naturally intuitive, submissive and self-sacrificing. Healthy normal women can only achieve fulfillment through birthing children and nurturing others. These theories rationalize sexism as natural and inevitable, and brand women who rebel against this limiting role as maladjusted and sick.

If you are a woman who is a lesbian despite having been told all your life how weird and disgusting it is, you get punished. Lesbians are punished by social isolation, by losing our children, by being beaten, by losing our jobs, by ridicule and harassment. We are punished not because anyone really thinks it will stop us from being lesbians, but to set an example to other women. Psychiatric abuse is one of the most common forms of punishment we experience.

Psychiatry sets lesbians and gay men up for abuse by claiming that heterosexuality is the only healthy, natural way for human beings to be. This belief is known as heterosexism. Lesbianism/homosexuality are seen as deviations from normal development, immature phases and mental illness. Women are supposed to be heterosexual so that they will be sexually available to men and do all that housekeeping and childcare for free. If there were too many dykes it would seriously inconvenience men, the nuclear family and traditional sex-linked divisions of labour. Who knows what chaos would ensue if lots of women became lesbians? So it's necessary to have a whole set of social controls designed to keep women passive, and lesbianism taboo.

Lesbians are not the only targets of psychiatric control and abuse. Psychiatry serves the interests of the ruling class—white, male capitalists and their families—and is just one of many forces of social control. Schools, churches, governments, the courts and the media are all tirelessly feeding us ideas and structuring our behaviour. One of the most powerful ideas we are taught is the lie that this *is* a fair and equal society. Poverty and depression come from just not trying enough. Anyone who works hard can make it. But if we are confused or angry or unhappy or causing problems or seeing the world in a different way, there are plenty of people to help us. Enter the social workers and therapists and counsellors and psychiatrists. They will help us adjust to reality, teach us how to function in our socially allotted role and make us just fine again.

For lesbians the experience of psychiatric treatment exists along a continuum from denial of our perceptions and realities to being locked up. There's my own story of going to a shrink when I was nineteen and being told that I was severely neurotic, hated my mother and needed years of intensive psychotherapy.

Or the literally hundreds of stories I've heard lesbians tell of going to therapists to sort out their feelings for women and being told that it was perfectly okay to *feel* attractions, you didn't have to do anything about it, let's work on your relationship with your husband. Or my friend who went to a day-therapy program because she couldn't do anything but lie on her couch and cry. She told the group she was happy being a lesbian. But since she also said she wanted to have children, they insisted she faced a major contradiction—she *couldn't* be a lesbian and want children. When she refused to see the contradiction they called her uncooperative and kicked her out.

Or the woman I talked with who, although attracted to women, couldn't/wouldn't leave her marriage. She finally found a bisexual women's group run by a reputable 'feminist' therapist. After several sessions, the women were offered the option of voluntarily participating in a behaviour modification program which would "eliminate their attractions to women by showing them positive images of men and negative images of women."

Or the workshop I attended where three of the twelve lesbians present had been forcibly incarcerated in mental hospitals as teenagers when their parents found out they were lesbians. Or the phone call I got last week from the psych unit of the hospital in my rural community asking if I knew of any resources for a seventeen-year-old girl who thought she was a lesbian.

Young girls who are attracted to other girls usually

have no one to talk to, no role models and no accurate, positive information about lesbianism. If they talk to their parents or high school counsellors or doctors, they will either be told they are going through a phase and need to wait for the right man or they will be sent to psychiatrists to work out their 'sexual identity crisis.' If they are lucky, they won't get institutionalized, but it's really unlikely that they'll get support to see lesbianism as a valid way to be. Women of any age who begin to think that their feelings of love and attraction for other women might *mean* something have virtually no chance of finding a caring professional person with whom to talk.

One of our biggest problems as lesbians is our invisibility. Although we are a substantial percentage of the female population, most of us live our public lives passing as heterosexual. We don't tell people we're gay, not because we're ashamed, but because being out (having other people know you are a lesbian) means dealing with those people's fear and hatred of homosexuality—homophobia, for short. That can range from emotionally strenuous to dangerous, especially if the homophobe is your boss or your landlord or the judge in your custody case—or your therapist.

All lesbians, even those of us who haven't had actual personal experiences with psychiatric abuse, are affected by the existence of this danger. I don't know a single lesbian who isn't in some way afraid of being locked up. Too many of us carry fear about feeling crazy or being in emotional pain or flipping out. This individually-experienced fear is one of the most effective blocks to our collective visibility and political activism as lesbians.

So what can we do? We can fight homophobia in ourselves and others. Straight people can stop assuming that heterosexuality is the only right way to be and support gay people's struggles for legal protection against discrimination. Lesbians can organize and become more visible. Hiding may seem safer but it doesn't necessarily protect us and certainly doesn't do anything to change the homophobia of our society.

More importantly, if we're invisible other lesbians can't find us. It is often when a lesbian is alone and confused and thinking she must be crazy to feel this way about women that she goes to a shrink. And we know what happens to her then. We need to be there instead. We can be talking in high schools and running well-publicized drop-ins and support groups and bookstores and making sure there is lesbian-positive material in libraries. We have to do everything we can think of to be accessible and visible and easily found. And we have to build lesbian communities where there is respect for our differences, where there is warmth and connection and love—and a safe place to go in crisis.

And all of us need to stop believing the lies they feed us. We can explore feminist and socialist writings for critiques of the status quo and for visions of societies where all power relationships are transformed. We can start fighting *now* against the injustice and cruelty we see every day. We need to stop being afraid of strong emotions and differences and craziness in ourselves and our friends. All of this is part of making a world where there truly is justice and fairness for all the different kinds of people we are, a world where what was done to Sheila will never happen again.

Still Happening

Nora D. Randall

When *Still Sane* opened in September 1984, one of the women who saw the show was a lesbian out on a day pass from Riverview Hospital, the provincial loony bin. She lied about where she was going because she knew she wouldn't get a pass to see the show. She told me her story. It gives a glimpse of what it is like for lesbians in mental hospitals today.

Sumi had been diagnosed as manic depressive and put on lithium.[1] In the spring of 1984 she started to get high. She was told to take Haldol with the lithium to bring her down. Believing that psychiatric drugs are harmful she didn't want to take Haldol. Throughout the summer she continued to get high. She went without eating or sleeping and was hanging out on the streets. By the end of August she agreed to go into hospital at the University of British Columbia in order to stabilize her lithium level.

Her doctor, a general practitioner, couldn't get her a bed there for two weeks. However, if she just went to emergency at Vancouver General Hospital she could be transferred to U.B.C. in two short days. Standard psychiatric admitting procedure at V.G.H. includes drugs. Sumi's doctor made a deal with the hospital that Sumi would be given a minimum dose as long as she remained quiet.

Both Sumi and her lover Les were scared, but they were also desperate and there was nowhere else to go. Sumi packed her things and Les drove her to the hospital. Sumi signed herself in at the emergency admitting desk and an orderly came and took them to the psych ward. Sumi handed over her admitting slip and she and Les were told to sit and wait.

A doctor and an attendant, both men, came and asked Sumi to follow them. Les was told to stay put. Although frightened, Sumi went. A woman came and started to ask Les questions. Then Sumi started screaming, "Les, help me."

Les saw her coming out of a room, but two orderlies pulled her back. Les ran toward the room. A nurse shouted, "She can't go in there."

Someone appeared and escorted Les back to the waiting room.

"You can't see her right now," they said. "She's very agitated and we have to give her a shot to calm her down."

"Why can't I go to her?" Les asked. She was told that she would have to wait until Sumi was calm.

A woman doctor appeared.

"Please stay here," she said. "I'm going to talk to May. [May is the name on Sumi's birth certificate. Sumi is the name she gave herself.] Then I'll come and talk to you."

"Are you giving her drugs?" Les asked. "You promised you wouldn't give her any drugs, that was a condition."

"We're only giving her two milligrams of Haldol—a very light dose so she'll sleep tonight—because if she isn't quiet she'll have to be given more drugs so as not to upset the other patients."

"You promised and you lied," said Les. "I'll just take her home. You can give her a prescription for Haldol and she can take it at home and wait the two weeks to go to U.B.C."

"She's too agitated," said the doctor. "She's psychotic. She'll be better off here. I'll explain to her that it's just for two days, then if she's quiet she can go to U.B.C."

The doctor went and explained to Sumi that if she wasn't quiet they would up her dosage and she wouldn't be allowed to go to U.B.C. since that hospital didn't take agitated patients. Then the doctor returned and told Les how neat Sumi was and how rare it is for manics to bring themselves in when they're getting high.

"So you're her lover," the doctor said.

Les didn't answer.

"Well, she was calling you 'baby'. If you're that close to her, when you go in tell her to keep calm."

Then Sumi started screaming and calling Les again. Les

couldn't tell what was going on and she got really upset.

"What are you doing to her?" she yelled at the psychiatrist.

"Why are you so hostile?" said the doctor.

Why indeed. This admission procedure is fairly typical, repeated hundreds of times each day. Besides being typical, the procedure is dishonest, manipulative and damaging. It reveals the assumptions that psychiatric institutions make about the people who come to them for help: 1) Whatever a person is going through is a sign of disease and serves no useful function in that person's life or the life of her community; 2) A person who needs help is not capable of knowing what she needs; and 3) A person who comes for help, no matter what she says, wants the staff to take control.

These assumptions isolate inmates and prevent them from participating in the social production of reality in much the same way that Freud's incest theory blocked women. Freud decided that girls must fantasize about having sex with their fathers because that many men couldn't possibly be screwing their daughters. After all, it was the daughters who were evidently 'sick', not the fathers; therefore the problem must come from inside the daughters and not actually be part of the real world. Freud, and others since, made the big 'mistake' of discounting the reality of what women were saying, and that mistake became not only part of psychiatric practice but a cornerstone of cultural beliefs about women.

Many people approach psychiatric institutions for help when their reality becomes so painful that they cannot hold on to it by themselves. When their experience is labelled as pathological and then interrupted by drugs and shock treatments, it is almost guaranteed that the painful reality will be banished from the world of social relationships and end up wandering around inside the person as "there must be something really wrong with me to think like this."

People go to hospitals for help because they are terrified. They feel themselves losing control and they can't cope. What they want is for someone to help them take control of their lives again. Instead, that control is yanked away from them and they aren't *allowed* to cope.

The dynamic is established right then and there. Any attempt an inmate makes to take control of her life is interpreted as resistance to treatment and a symptom of her disease. The more she fights for control the more control is imposed. This dynamic helps explain why many people, soon after admittance, go from 'bad to worse'. Staff are taught that inmates really want them to take over, so each attempt a person makes to assert herself is met with increased drugging, transfers from open to closed wards, and then isolation.

Hospitals are designed to stop whatever a person is going through. Drugs are used to stop a person from feeling what she feels, thinking what she thinks, seeing what she sees. Whatever private anguish drove the person to seek help in the first place is relegated to the world of myth and fantasy since all an inmate's time and energy are spent in a power struggle she cannot hope to win. In order to get out, she must learn to comply with an elaborate set of rules which control her behaviour, thereby demonstrating her return to normalcy and proving the effectiveness of the treatment.

No wonder psychiatric inmates' self-esteem is shattered. The institution teaches them they cannot rely on themselves, that they are diseased, manipulative and unsound, and that the power to heal lies outside themselves. Some go knowing that hospitals are dishonest and dangerous, but they have nowhere else to go. When the very thing they feared most happens, they hate themselves because they knew better. Or they decide that they didn't really feel the way they felt they did and the hospital knows them better than they know themselves. They become dependent forever on the institution to interpret their experience for them. This amounts to lobotomy by institutional pressure. Look, no surgery!

By shifting the focus from the individual's pain to behaviour control, the psychiatric profession insures that sexuality will become an issue. Sexuality is a source of power and energy for all of us. When we are engaged in a struggle for control of our lives it is a natural ally. Lesbians

have already defied one institution— heterosexuality— in order to claim our health and power, so the fight with the mental hospital is a logical extension.

Mental illness workers have largely the same beliefs about homosexuality as the rest of the population. While the official statement of the American Psychiatric Association in 1973 not only took homosexuality off the list of psychiatric disorders but called for civil rights for homosexuals and the repeal of all anti-homosexual laws, private opinions of member doctors have been slower to change. In 1984 a professor lecturing at the U.B.C. School of Medicine was still referring to homosexuals as "sodomites and perverts."

Mental illness workers are in the business of behaviour control, and attitudes such as these play a large part in what they choose to condone and to condemn in an inmate. They are under no obligation to examine their attitudes and they are mostly unaccountable for their decisions. They are certainly not accountable to the inmates.

Sumi—deprived of her lover, her crayons (which had been promised) and forcibly drugged—had not managed to stay quiet. Instead of U.B.C. she was sent to Riverview Hospital. When she couldn't manage to stay quiet there she was moved from an open ward to a locked ward.

Les came every day and they spent a lot of time together. The other inmates knew they were lovers and encouraged them. They were treated a bit like folk heroes. Sumi was warned that she was spending too much time being physically close to Les, but she didn't tell Les this. Les describes what happened:

The bathroom has one of those doors that closes with a bar. It's a big metal door and really old. Every time the door closes it hits the metal frame and goes bang, bang. In order for anybody to see us they have to come through that door. The door closes—bang, bang. They walk past the toilets, down the little hallway and then in, which gives us plenty of time to stop kissing because we'd know when someone's coming.

The only place in the whole hospital where we could really be alone and talk to each other or hold each other was in that bathroom. We were in there quite a bit. One day we were there, talking and giggling. After about ten minutes I bent over and kissed Sumi's breasts and a nurse went, "Aha!"

She was standing there with her legs spread apart and her arms crossed, braced against the wall. I don't know how long she had been there but she had been very quiet. The door hadn't closed—bang, bang. We hadn't heard her walking past the toilets and around the corner. We hadn't seen her. She just appeared the second it happened. I think she was looking for trouble and she knew where to find it. Looking to get us in trouble.

"You're going *now,*" she said and marched out. The door closed—bang, bang. Sumi just freaked out.

"Oh my god, oh what's going to happen now," she said. "They're going to give me a needle and throw me in the side room."

By the time we got into the hallway there were orderlies, the men, three of them. One took me by the arm and started hauling me toward the door. He told me I was sick, that I was taking advantage of a patient who was mentally ill or emotionally disturbed.

"She's my lover," I said. "We went to a private place. We weren't making out in front of all the patients, we went to a place where we thought we could be alone."

He continued squeezing my arm and telling me off. The other guys were hanging on to Sumi behind me and I was really upset. The guy on my arm said that what I did was really sick and perverted and he would see to it that I wouldn't be allowed on the ward again. I was really concerned about Sumi and asked, "Are you going to give her a needle for this? Are you going to put her in the side room or what?"

"If you were really concerned about her you wouldn't have been doing what you were doing," he said.

I was just about fainting and puking from the pain in my arm. At the door Sumi came over to hold me and I reached out to comfort her. The other guy grabbed my arm, twisted it behind my back and pushed me out the door.

I got off the elevator and was going down the hall when I heard this woman who I thought was pretty nice saying, "Oh really! You're kidding! Jeez, I don't believe it. Les? Okay. Alright."

I walked by and glared at her and she smiled and put the phone down and walked away. God knows what they told her, but she was having a really good time with it. When I got home, I had bruises dug right into my arm, five of them.

The next day Sumi's mom went to visit. On the top of Sumi's page for visitors was a big note: "Do not allow Les in." Big letters. Her mom questioned them, "My god, why don't you let Les in? That's her main support."

They said they didn't know. The next day I called the doctor.

"Why won't you let me back into the hospital, why am I barred?" I asked.

"Because you were having sex with Sumi in the bathroom."

"We weren't having sex," I said. "Would you bar me if I were her husband?"

"Yes, of course," he said. "We can't have patients getting upset because they're sexually frustrated and they've been that way for a long time and their chances of having a lover are very slim. It doesn't matter if you're married or not. There's no sex on the ward. That's the rule."

So much for folk heroes.

"We're being punished," I said. "I'm going to seek legal advice. I can understand if a patient doesn't want to see somebody but Sumi does want to see me. It's not her, it's you that's keeping me out."

"Good luck. Go for it," he said. So I went to a lawyer who specializes in mental patients' rights.

"She's going home soon and if you fight it you might just be making things more difficult for her," the lawyer said. "So my advice to you is that you just let it go."

That was my legal advice. I thought it was pretty good. I believed it. Then they used our separation. Sumi kept asking when she could see me. They told her to behave herself and get back into the open ward and *then* maybe Les would be allowed back in. It was kind of a bribe or threat.

The second time I got through to the doctor he said, "Why would you even want to show your face after being escorted out?"

"I'm not ashamed of being a lesbian," I said.

No lesbian could go through an experience like this and believe that the people who have control over her life are acting in her best interest or have any understanding or respect for her sexuality. In this particular case the sense of injustice was heightened by the fact that a few days prior to this incident Sumi had discovered a male inmate in the women's bathroom about to rape a female inmate. Sumi started yelling and kicked him in the balls. He started yelling. The attendants came and dragged Sumi away to isolation and gave her an injection. When she got out, she saw the man watching t.v. with the guys and laughing. The staff had not thought it necessary to come down hard on a male inmate in the process of raping a woman. The doctor can stand sanctimoniously behind his statement that there is no sex allowed on the ward, because the rule *was* adhered to. It is in the daily enforcing of 'just' rules that a great deal of injustice is done.

The problem with mental hospitals today is the same as it was when homosexuality was officially a disorder. The psychiatric description of a person's experience in terms of disease, chemical imbalance and symptoms which need to be controlled militate against a return to health. People who are really, really lucky manage to work their way out of hospital and, after a time of healing, start back at square one putting their experience together for themselves. They will have learned one thing from their hospitalization: it doesn't help. It wasn't designed to.

The many people who are less lucky spend years in institutions or on drugs or going back and forth between the two, totally caught up in the psychiatric dynamic. Others learn to be quiet. They learn how to act 'normal'. Whatever their private anguish, they learn not to tell. They figure out how not to get punished, but they have

sacrificed all hope of understanding their experience.

Before any of these injustices can be addressed there has to be a fundamental shift in our description of mental illness. For this to occur two major trends have to be reversed. Firstly, we must recognize the reality of people's crises and allow them to participate in their own healing and the social description of their reality. This means shifting the focus back to the person and learning to listen with respect to what she has to say about her experience.

I used to work at a halfway house for people just getting out of psychiatric hospitals. One day I went to work to find that a new resident, whom I'd never met, had arrived that morning, gone down to her appointment at the Ministry of Human Resources and taken an overdose of pills in the waiting room. She had been taken to the hospital and had her stomach pumped. The hospital called to say that they were sending her back in a taxi because they thought she had "only" done it because she didn't want to leave the hospital. Her doctor called to say that he thought she'd try again because she wanted to get back into the hospital.

When she arrived I waited for an opening and then I asked her, "Why did you do it?" She started to cry and she said, "Because nobody would believe how bad I feel."

"I believe you!" I said. "Here you are having to move into a whole new house and live with nine other people and the only thing you know about them is they've all been nuts. Not only that, you have to contend with a whole new staff—people who'll have a lot of power in your life and you don't know if they'll like you or what they'll expect of you. If I were you I'd be terrified."

She looked at me and stopped crying. I didn't learn about patient management in a psychiatric training program. But I have had the simple and terrifying human experience of having to deal with new situations and new people when I didn't feel strong in myself.

Secondly, we must challenge the right of medical business to define and control mental illness. It is not the fault of people who look to hospitals for solutions that hospitals don't provide any. It is not the fault of critics of the mental illness business that we have not provided adequate alternatives. Medical business is consuming most of the resources this society has for the development of knowledge and the care of people in distress. We need to form the political will to direct our resources away from medicalization and into shared human understanding.

[1] "Manic depressive" is the term psychiatrists use to describe extreme mood changes from depression to elation (highs). Psychopharmacologists—psychiatrists who approach emotional disorders with drugs to alter or correct abnormal/faulty body chemistry—treat manic depressives with a mineral salt called lithium carbonate. Since the 'therapeutic' dose is very close to a lethal dose, people on lithium must be closely monitored.

Lithium does not take effect immediately and so is often used with other psychiatric drugs such as haloperidol (trade name Haldol). "After a report. . . was read at the 1973 World Neurological Congress attributing 'severe neurotoxicity and irreversible brain damage' to the combination of haloperidol and lithium, another group of doctors 'deliberately gave three patients lithium and haloperidol to test the . . . hypothesis.' All three developed similar symptoms."—"Lithium Carbonate, Haloperidol and Irreversible Brain Damage" *Journal of the American Medical Association* Vol. 230, No. 9 (1974):1283:87

Still Mad

Dee dee NiHera

When I first sat in Sheila's living room thumbing through the 3x5 glossies of *Still Sane*, I felt like these two artist/cleaners and I had been friends for years instead of hours. The photos made me glad to the point of tears—glad that another madwoman was coming out. I knew this presentation had taken patience, hard work and courage to bring to life. For it's not a whimper or a whisper, but a loud proclamation of, "This is who I am, this is what I've survived and I'm proud!" Though I've been involved in mad culture for some time, I've never seen anything like *Still Sane*. I felt a bit more proud and courageous just meeting these two women. To see the sculptures was more than an honour—it was a gift.

I too passed three years of my life experiencing psychiatric cages, seclusion, occupational therapy, heavy doses of poisonous drugs and powerlessness. I wasn't labelled a dyke by my oppressors; I got tagged 'psychotic'. When psychiatry's iron jaws finally opened, I crawled out a master in the skills of self-hate and invalidation. I learned shame and I learned silence. My white-coated teachers taught me that society had no desire to hear my words or see my scars. My two available choices were to attempt survival as an isolated outcast while hiding the nightmare effect of psychiatry on my life, or to hand in my final resignation. This self-death seemed like the only alternative to the ignorant and brutal 'mental illness' industry, to my pain and despair, to this hell called life.

I've never felt sane in my life and don't plan on it in the future. I now believe that those in power define 'reality' and 'sanity' to suit themselves. Psychiatry is used to enforce these narrow definitions and keep us in line. My expanded visions, which psychiatry terms hallucinations, have visited me for years. Usually they are more comforting and helpful than what passes for reality.

Psychiatry, in its ignorance, considers all visions as symptomatic of emotional disease. For this reason, professionals had a desperate need to rip these visions from me. In their attempt to accomplish this goal, they nearly destroyed what little joy, anger and love I had left. Locks, deadening chemicals, restraints and isolation do nothing to encourage a sense of independence. It was months after my final release before I could imagine options beside suicide. When I finally could, it was due to finding a safe home, feeling love, having enough money to buy food and transportation and connecting with politically mad people, especially mad dykes.

It was the mad movement which encouraged me to develop a political consciousness about therapy and psychiatric assault. It is this community which supports me and initially helped me to develop pride as a mad woman and a survivor of medical violence. My mad peers never make me feel strange or embarrassed about my life in a psychiatric cage. They want to hear about my version of reality and my past experience with mental illness workers. With madwomen I don't need to wear long sleeves to hide my scars or close my mouth to hide my pain.

Exchanging stories with other survivors over the past ten years has taught me how little psychiatry has changed since my incarceration. Women are still being crushed with drugs, electroshock, psychosurgery and the various assaults common to institutional life. We former psychiatric inmates and our supporters must quit pretending that lesbians and madwomen are being treated with kindness and understanding behind locked doors and barred windows. We need to speak up, talk back, analyze, organize and fight against this socially accepted violence. We must stop rationalizing that such torture is necessary for anyone.

The mad movement exists to stop the torture which is built into the mental illness system. Our priorities are to stop all forced treatment; to expose and ban electroshock and psychotherapy as unhelpful, unproven and brain-damaging procedures; to inform each other of the damaging effects of psychiatric drugs and to share infor-

mation about alternatives to these chemicals; to create peer-controlled safe houses and drop-in centres; and to demedicalize social behaviour.

Medicalizing our behaviour—referring to us as diseases rather than as individuals—dehumanizes mad people. When a medical doctor linguistically changes a woman to a 'schizophrenic' (literally a split mind), this dismantles her social network, damages her self-esteem and allows anything considered treatment to be forcibly inflicted on her. Perceiving homosexuality as a medical disorder with specific causes and cures creates similar problems. Medically incarcerated visionaries and lesbians suffer especially from this kind of labelling.

Madwomen are angry at being labelled and defined by professional mental illness workers in particular and by society in general. We recognize the existence of multiple realities, ecstasy, pain and confusion. But organizing these aspects of living into some disease category alienates us from so-called normals in an unhelpful way. It makes our sisters afraid of us. Those not yet labelled censor their words and actions for fear of fitting into one of the hundreds of diagnostic categories. I think that as the farce of these diagnoses is exposed, as we share our unspeakable fears with each other, we will worry less about going crazy and realize that most of us have already arrived.

Medicalizing behaviour does more than threaten self-esteem and create false fears. It obscures the political nature of psychiatry. That psychiatry is an institution of social control is evident in the writings of psychiatrists and the testimony of survivors. (See for example Jenny Miller's article "Psychiatry As a Tool of Repression" in the March/April 1983 issue of *Science for the People*.) Controlling the behaviour and activity of the masses is the goal of those in power. How difficult do you think it is to experiment on human beings on a closed ward and call it treatment? (Lenny Lapon gives numerous examples of this kind of experimentation in his book *Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States*, published in 1984 by the Psychiatric Genocide Research Institute.)

Those interested in working to end forced psychiatric treatment must cease giving credence to diagnoses. From there we can begin to look at the issue of informed consent and learn how involuntary treatment happens. I'm convinced that freedom of choice can't exist in a psychiatric institution. How can it when, if your 'choices' don't coincide with those of the staff, you can *lose* all 'choices'? The way the system is organized puts those who disagree with treatment plans in a powerless position. They are threatening to both the mental illness business and to capitalism.

Care is big business, a commodity to be bought and sold. Those who pay professionals—I refer to these people as 'payers', a term I find more accurate than 'clients' or 'patients'—are the industry's raw material. The economic survival of mental illness professionals depends on perpetuating this industry in some form. Part of this perpetuation is giving payers and prospective payers the impression that university credentials are connected with knowledge, experience and helpfulness, and that therapy is something more than paid conversation. They would like us to believe that they alone deserve to control the market on chatting-for-hire. I believe that these professionals lie not only to those paying them but to themselves and to each other. They censor studies challenging their expertise and invalidating their accepted treatments, and they refuse to seriously consider criticism from those paying their wages.

Payers are further lied to about forced treatment, drugs, shock, locks, restraints and conversation-for-hire or therapy. Doctors trick society into believing that psychiatric assault is ancient history or that folks are so sick only brain damage, poisons and seclusion can cure them. Payers and their friends and families participate in this con game by not knowing about problems inherent in all professional conversation-for-hire and by being kept ignorant of alternatives.

Therapy is an expensive and formal relationship be-

tween payers and payees. The most obvious problem is the inequality between participants. All therapists are backed by a powerful mental illness bureaucracy. Whether or not they choose to filter difficult payers through institutions has more to do with the professional's particular beliefs and geographic location than with an individual payer's state of being. Most involuntary psychiatric inmates began their inmate careers with voluntary status. They trusted a professional to help them sort out survival problems. Instead they were handed more problems to cope with.

I am not one of the madwomen who finds working with mental illness professionals towards social change either useful or empowering. This includes feminist therapists. I think our priorities and analyses differ too greatly. Creating a non-sexist mental illness business will merely change the sex of my oppressors. When women shock doctors feel oppressed by their male counterparts, my solidarity is not with them but with their victims.

Similarly, attempts to eliminate heterosexism among mental illness workers cannot be effective while the psychiatric system remains in force. Although homosexuality was deleted from the American Psychiatric Association's formal list of mental disorders in 1973, nothing has changed. The majority of the world's psychiatrists still consider this life orientation an aberration. Out lesbians simply receive a different label when entering the institutions, and the damage continues. Even if all mental illness workers informed themselves about homosexuality, violence against mad people would continue. Sexism, heterosexism, saneism, racism and classism are all facets of psychiatric oppression, but removing only one of these 'isms' leaves the system's structure intact.

I advocate survivors leaving the professionals and creating peer alternatives rather than participating with professionals in reforming their system of support for us. I have worked with feminist professionals in creating an alternative safe house only to see it become a mini-professionalized institution which escorted 'difficult' women to locked wards. I have experienced being considered an 'inferior' when attempting to smash the current system with feminist shrinks. I have been named 'sicko' and 'schizo' by feminists who disagreed with my opinions, and I have found myself incarcerated by feminists with degrees, indoctrinated in patriarchal ignorance. These are not isolated incidents. I'm not the only madwoman treated this way by feminists and by society at large.

Before meeting Sheila and Persimmon I felt no support from feminists for my mad politics. U.S. feminists have failed to take a stand on forced treatment and electroshock. Furthermore, since feminist therapy in the urban U.S. has reached the position of dogma and is now beyond community criticism, violence against madwomen and other feminists is either silenced or considered the payer's own fault. Professional women are constantly in demand by feminist groups to tell madwomen's stories and to write about and analyze our experiences. We are angry at this silencing and at these women making a living from our pain and our abuse.

While U.S. feminists publish their ideas on 'how to choose a therapist', radical madwomen share alternatives to this unequal relationship. While these feminists regret locking their sisters away in psychiatric cages, madwomen support each other in their homes, sometimes with great difficulty. While madwomen step out of line and are tortured with psychiatric electrocution and chemical and physical assaults, in feminist circles debates continue about whether these problems are personal or political and whether electroshock and drugging are indeed torture or just legitimate treatment. Feminists believe that those most affected by psychiatric abuses are women, people of colour, poor people, old people, lesbians and gay men. Mad people realize that psychiatric violence most damages *anyone* who directly receives locked lodgings, drugs, shock, brain surgery and labels of psychopathology. As a group, survivors of psychiatry must deal with daily oppression from non-mad political activists, the mass media, the general public and mental illness workers.

Those professionals who encourage psychiatric vio-

lence, who need our pain to survive economically, are no more our comrades and liberators in this struggle than men are women's saviours in the struggle for women's liberation. The most complete understanding of our situation as mad people will come not from outsiders, but from ourselves.

As mad people, we believe that cages are not safe or helpful places. Not for society, or for the suicidal, the unhappy, the freaked-out; not for lesbians or housewives or visionaries. Alternatives do exist. They include private homes, peer-organized and -controlled group homes, safe houses, drop-in centres, hotlines and mutual support networks. Becoming politically conscious is the first step in conceptualizing and creating innovative alternatives to the brutal mental illness business.

I know of about eighty groups fighting to stop mental illness workers from hurting people. Some organize speakers' bureaus to educate anyone who will listen, some organize demonstrations, others initiate lawsuits. Some set up collective living spaces, others are legal advocates sharing legal rights and compiling the names of sympathetic lawyers. Some publish newspapers and still others offer 24-hour mutual support. Each year survivors hold conferences to discuss strategies and share research and experience.

Policies and interests vary from province to province and from country to country. In 1982, sixteen people calling themselves PILL (Psychiatric Inmates' Liberation Lobby) sat down in the lobby of the Sheraton Hotel in Toronto where the American Psychiatric Association happened to be meeting for their annual get-together. PILL's action caused distress, irritability and feelings of persecution among the shrinks; to alleviate shrink distress, all members of PILL were escorted by the police to the local jail. A few years earlier in the same city, ex-inmates displayed their bad manners during a conference for psychosurgeons. While Dr. Jose Delgado, whose work is funded by the U.S. Navy, spoke on the merits of surgically obliterating healthy human brain tissue to alter human behaviour, mad agitators tossed pies full of cow brains on stage. This action ended his speech for the day. Toronto's mad movement also publishes *Phoenix Rising* and operates a drop-in centre and second-hand store.

In 1982 in Berkeley, California, mad people and supporters successfully organized a campaign against electroshock by placing an initiative on the ballot. It read: "It is hereby recognized and declared that all persons within the City of Berkeley, including all persons involuntarily confined, have a fundamental right against interference with their thought processes and states of mind through the use of electric shock treatment. The administration of electric shock treatment to any person within the city of Berkeley is hereby prohibited." (*The Berkeley Voter's Handbook*, November 1982)

On November 2nd of that year, voters overwhelmingly approved the ban of electroshock. Penalties for violators included up to six months in jail and a $500 fine. The ban went into effect on December 4, 1982. Organized psychiatry was not used to such blatant interference with its power to do what it pleases to anyone. Its money bought an injunction against the shock stoppage on January 13, 1983. The case is still in the courts and people, two-thirds of whom are women, are again receiving electrically-induced brain damage in Berkeley. That the power outage lasted even a month gave hope to madwomen that the public is not as gullible as psychiatry wants us to be.

PROMPT (Promotion for the Rights of Mental Patients), a small group of radical survivors in London, England, raised £200 for public relations work. They offered the money to any psychiatrist willing to undergo a series of shock treatments. Unlike psychiatric inmates, the doctors would have to give informed consent, since these activists listed all the effects of shock in their ad. So far, no psychiatrist is £200 richer due to the work of PROMPT.

In West Germany, the SSK (Socialist Self-Help Cologne) just celebrated its eleventh year. Members of this non-hierarchical group are from various institutions of incarceration; there is no place for professionals or

volunteers in their organization. Knowing that adequate housing is essential to independent living, SSK owns several houses and does not depend on funding from the state. While the collective fights against established psychiatry and incarceration, they also fix up old furniture, run a moving business, fish, paint and do interior decorating and other jobs to keep themselves independent of the mental illness industry. The organization has survived infiltration from government agents who deliberately tried to break them apart, and a libel suit from a local snakepit (psychiatric institution).

In Holland, the women's ex-inmate group call themselves De Helse Hex (Hell's Witches). The largest organized group of ex-inmates, both women and men, is the Clientenbond. Not all Dutch ex-inmates agree with the Clientenbond's reformist position, but this group is very successful in organizing large numbers of mad people to fight against psychiatric violence.

Mad culture is here to stay. As we organize and encourage each other to come out we all feel stronger. This encouragement comes from conversations over the phone or over coffee, through poetry, graphic art, books, demonstrations, writing and now sculpture. *Still Sane* gives each of us pride while teaching the importance of political protest. I see mad culture giving us all the courage and pride to scream, *"No more!"* Sometimes we just need to do that to survive.

Resources

Canadian resources are listed first.

Lesbian and Feminist Resources

Books

Stepping Out of Line: A Workbook on Lesbianism and Feminism Nym Hughes, Yvonne Johnson and Yvette Perreault (Vancouver: Press Gang Publishers, 1984) The first section of this book is a script for a workshop on lesbianism and feminism; the second half outlines strategies for change, often drawing on compelling personal stories to illustrate the realities of lesbians' lives. The book cuts through lies, myths and silences to make crucial connections between lesbianism and feminism.

Still Ain't Satisfied: Canadian Feminism Today ed. by Maureen FitzGerald et al (Toronto: The Women's Press, 1982) An important anthology surveying contemporary issues in the Canadian women's movement, including lesbianism.

Lesbian Health Matters! Mary O'Donnell et al (Available from the Santa Cruz Women's Health Collective, 250 Locust St., Santa Cruz, CA 95060) Written from a lesbian feminist perspective, this resource book covers many aspects of lesbian life, including gynecological health, alternative fertilization, menopause, alcoholism, therapy, self-image and the effects on our total health of living in an oppressive society. Highly recommended.

The New Our Bodies, Ourselves: A Book for and by Women Boston Women's Health Collective (New York: Simon and Schuster, 1984) Second edition, completely revised and expanded. Still the most comprehensive resource on women's physical and emotional health, the new edition of this essential book includes chapters on "Health and Healing: Alternatives to Medical Care", "Alcohol, Mood-Altering Drugs and Smoking", "Environmental and Occupational Health" and "Loving Women: Lesbian Life and Relationships."

Our Right to Love: A Lesbian Resource Book ed. by Ginny Vida (Englewood Cliffs, New Jersey: Prentice-Hall, 1978) An extensive collection of articles and personal stories surveying lesbian life: relationships, identity, sexuality, health, culture and political activism.

This Bridge Called My Back: Writings by Radical Women of Color ed. by Cherrie Moraga and Gloria Anzaldúa (Watertown: Persephone Press, 1981) A passionate and powerful collection that documents the analytical and lived links between racism, sexism, heterosexism and classism, and looks at the racism and elitism of our communities.

Periodicals

Broadside P.O. Box 294, Station P, Toronto, Ont. M5S 1P3 A monthly feminist review.

Herizons 200-478 River Ave., Winnipeg, Man. R3L 0C8 A monthly women's newsmagazine with feature articles, reviews, and reports on women's activities across the country.

Kinesis c/o Vancouver Status of Women, 400a 5th Ave. W., Vancouver, B.C. V5Y 1Y8 "News about women that's not in the dailies." This paper reports on women's struggles and achievements across B.C. and Canada, and internationally.

Common Lives, Lesbian Lives P.O. Box 1553, Iowa City, IA 52244 A quarterly committed to reflecting the diversity of lesbian experience by publishing lesbians of colour, Jewish lesbians, old and young lesbians, physically challenged lesbians, poor and working-class lesbians, and others whose voices have not been heard.

Lesbian Connection: For, By and About Lesbians Ambitious Amazons, Helen Diner Memorial Women's Center, P.O. Box 811, East Lansing, MI 48823 Published about six times a year, this newsletter contains lots of information submitted by its readers about their lesbian communities and events. Includes lists of "Contact Dykes" in rural and urban areas.

Off Our Backs 1848 Columbia Road N.W., Room 212, Washington, D.C. 20009 A monthly women's newsjournal which provides comprehensive coverage of feminist activism in a wide variety of areas. Includes local, U.S. and international news, with regular reporting on lesbian issues.

Sinister Wisdom P.O. Box 660, Amherst, MA 01004 Poetry, graphics, stories, book reviews and theoretical writings meant to make women visible "from a perspective that does not accept the structures of enforced heterosexuality."

Contact Groups

To find lesbian and feminist groups in your area, begin by checking in the telephone book under "Lesbian", "Gay" and "Women." Also look under the name of the town or city: the Vancouver Gay Community Centre, for example, is listed under "Vancouver." Call the crisis line where you live to ask about lesbian and women's groups. Read feminist and gay periodicals for news about events and resources; these can be bought at feminist, gay and progressive bookstores or you can subscribe and have them delivered to your home. And keep your eyes peeled in the community where you live: as the slogan says, "Lesbians are everywhere."

Anti-Psychiatry and Mad Movement Resources

Books

The Anti-Psychiatry Bibliography and Resource Guide K. Portland Frank (Vancouver: Press Gang Publishers, 1979) Second edition, revised and expanded. Contains more than 1000 annotations on books, periodicals and audio-visual materials, including an entire section on Psychiatry and Women, with sub-sections on Lesbians, Self-Help and Self-Defense. The most comprehensive bibliography of its kind, illustrated with powerful woodcuts by the author.

The Real Pushers: A Critical Analysis of the Canadian Drug Industry Joel Lexchin (Vancouver: New Star Books, 1984) An extensively documented account of the multinational drug industry's close relations with the medical profession in Canada. Includes discussion of the drug industry's widespread effect on medical research and education, on physician prescribing patterns and on the medicalization of social problems, with specific reference to psychotropic (mood-altering) drugs.

Decarceration: Community Treatment and the Deviant: A Radical View Andrew T. Scull (Englewood Cliffs, New Jersey: Prentice-Hall, 1976) Scull gives a brief account of the historic reasons for incarceration, and argues that psychiatric drugs are successful neither in helping those for whom they are prescribed nor in moving psychiatric inmates out into the community.

Dr. Caligari's Psychiatric Drugs Dr. Caligari (Available from the Network Against Psychiatric Assault, 2054 University Ave., Room 406 Berkeley, CA 94704) Dr. Caligari is the pen name of a Berkeley psychiatrist whose practice does not involve the use of shock treatment, drugs or institutionalization. Written in plain English, the book is aimed at those on psychiatric drugs and their friends, and gives information on terminology, complications and withdrawal. The only book of its kind.

Electroshock: Its Brain-Disabling Effects Peter Roger Breggin (New York: Springer Publishing Co., 1979) Breggin, a medical doctor, analyzes and refutes studies supporting the use of psychiatric drugs and electroshock, proving that ECT achieves its effects precisely by producing brain damage and mental dysfunction.

The History of Shock Treatment ed. by Leonard Roy Frank (Available from the author at 2300 Webster St., San Francisco, CA 94115) This condemnation of shock treatment (ECT) is an anthology of over 250 chronologically-arranged excerpts and articles presenting conflicting views of the treatment, running from the 1930s to the present.

Mind Control Peter Schrag (New York: Dell Publishing Co., 1978) Currently out of print. A comprehensive examination of drugging and shock treatment as methods of social control which spells out the connections between the ideology of control and the medical profession. A good consciousness-raiser.

On Our Own Judi Chamberlin (New York: McGraw-Hill, 1978) The author draws on her own experience to criticize the practices of the existing mental illness system, arguing the need for patient-controlled alternatives.

Psychiatric Drugs: Hazards to the Brain Peter Roger Breggin (New York: Springer, 1983) Breggin presents substantial evidence that major tranquilizers, anti-depressants and lithium produce irreversible brain damage. Examining the legal, ethical and political implications of current uses of psychiatric drugs and discussing the issues of informed consent and involuntary treatment, he makes a case for the abolition of all involuntary psychiatric treatment.

Schizophrenia: Medical Diagnosis or Moral Verdict? Theodore R. Sarbin and James C. Mancuso (New York: Pergamon Press, 1980) Beginning with an historical analysis of the origins of "schizophrenia" as a metaphoric term, the authors examine hundreds of studies of so-called schizophrenics, rejecting the idea that it is a known or knowable entity and exposing the values that lie behind this type of diagnosis.

Too Much Anger, Too Many Tears Janet and Paul Gotkin (New York: Quadrangle Books, 1975) Currently out of print. Written by two founders of the Mental Patients Resistance organization, this book is a condemnation of the mental health care system, as well as a story of personal experience.

Thanks to Dee dee NiHera for her help in compiling this section.

Periodicals

Phoenix Rising 1860A Queen St. E., Toronto, Ont. M4L 1H1 "The Voice of the Psychiatrized", *Phoenix Rising* is a quarterly magazine published by a group of present and former psychiatric inmates. Outspokenly critical of institutional psychiatry, it advocates inmates' rights and a wide range of alternatives to traditional psychiatric practices.

Madness Network News P.O. Box 684, San Francisco, CA 94101 A quarterly journal of the psychiatric inmates' liberation movement, *MNN* covers national and international mad issues and is an excellent source of information on ex-inmate political activity. Also reviews books, films and periodicals of interest. An essential publication.

Contact Groups

The following is a short list of mad movement groups in Canada and the U.S. Write to these groups for information about ex-inmate/anti-psychiatry groups in your area, and check each issue of *Madness Network News* for up-to-date listings of movement groups in the U.S., Canada and internationally. Current lists are also available from *Phoenix Rising*, at the address listed above.

Auto-psy (Autonomie-Psychiatrises) 419 rue St-Jean #1, Québec, P.Q. G1R 1P3 Auto-psy is a francophone group fighting against psychiatric oppression and working for the defense of psychiatric inmates' rights. It is composed of former inmates and sympathizers and has been in existence since 1980.

On Our Own Ontario Patients' Self-Help Association, 1860A Queen St. E., Toronto, Ont. M4L 1H1 Started by ex-inmates in 1977. Operates an office, a drop-in centre, a store (The Mad Market) and publishes *The Mad Grapevine* newslettter and *Phoenix Rising*, now in its fifth year of publication. A central resource for other groups in Canada.

Vancouver Mental Patients' Association 2146 Yew Street, Vancouver, B.C. V6K 3G7 The Vancouver MPA began in 1971 and has grown into a large government-funded project which owns and operates two apartment buildings, five residential houses, the 14-suite Phoenix Project, and a drop-in centre. Activities range from social and recreational programs to patient advocacy to production of literature and videos which promote MPA's philosophy.

Mad Womyn's Liberation Front 2054 University Ave., Suite 405, Berkeley, CA 94704 Has existed in a variety of forms since the mid-70s, sponsoring ongoing support groups, events and political actions.

Mental Patients' Liberation Front P.O. Box 514, Cambridge, MA 02238 MPLF was founded in 1971 and has been in continuous existence since. It will soon begin operating a seven-day-a-week advocacy and drop-in centre.

Network Against Psychiatric Assault 2054 University Ave., Suite 405, Berkeley, CA 94704 In existence since the mid-70's, NAPA is a non-profit organization dedicated to the abolition of all forms of psychiatric "treatment" and institutionalization. Its members include former psychiatric inmates and other people concerned with the power of psychiatry as a means of oppression, exploitation and social control.

Portland Coalition for the Psychiatrically Labelled P.O. Box 4138, Station A, Portland, ME 04101 Formed in 1980 by a group of ex-psychiatric patients. They support one another in structured groups and informal discussions, work as advocates for psychiatric inmates and outpatients, protest psychiatric oppression and publish a newsletter, *The Advocate*.

Political Art Resources

Books

Art and Sexual Politics ed. by Thomas Hess and Elizabeth Baker (New York: MacMillan Publishing Co., 1973) This collection

of essays presents feminist attitudes towards art and art history. It includes Linda Nochlin's classic "Why Have There Been No Great Women Artists?"

Feminism and Art History: Questioning the Litany Norma Broude and Mary D. Garrard. (New York: Harper and Row, 1982) This collection of essays reconsiders the assumptions of art history from a feminist point of view. Its aim is to work towards a new methodology, a new system of looking at art.

Get the Message: A Decade of Art for Social Change Lucy Lippard (New York: Dutton, 1984) For anyone interested in contemporary New York political art, this is an excellent collection of essays and reviews by left/feminist art critic Lucy Lippard. It documents the development of art groups and individual artists, actions and theories. Includes lots of pictures.

The Indignant Eye: The Artist as Social Critic in Prints and Drawings from the Fifteenth Century to Picasso Ralph E. Shikes (Boston: Beacon Press, 1976) This book focuses on 150 artists who have used their work as a means of social and political commentary. Covers European art from the 16th century and American and Mexican art from the last 100 years. Few women artists are included but the book is worth reading because so little material is available on the topic of art as social protest.

The Obstacle Race: The Fortunes of Women Painters and Their Work Germaine Greer (New York: Farrar Straus Giroux, 1979) The structure of this book is interesting, describing first the obstacles women artists had to overcome—such as "family" or "dimension"—and then the settings in which they worked, such as "cloister" or "Renaissance". Many artists are included but the descriptions are somewhat superficial.

Old Mistresses: Women, Art and Ideology Rozsika Parker and Griselda Pollock (London: Routledge and Kegan Paul, 1981) This book builds on previous research on women artists. Its aim is to question the premises and ideology of art history, and whether women want recognition in this field.

Social Radicalism and the Arts Donald D. Egbert (New York: Alfred A. Knopf, 1970) Currently out of print. An explanation of various left-wing political factions and their relation to the art world. Includes Europe, U.S.A. and Mexico and covers the period from the French Revolution to 1968. Somewhat superficial because of its extensiveness, but clearly written and valuable as a reference.

Ways of Seeing John Berger (London: BBC and Penguin Books, 1972) A presentation of the idea that how we see or create visual images is affected by what we know or believe. Includes some good material analyzing the pornographic content of traditional Western European art.

Women Artists: 1550-1950 Linda Nochlin (New York: Alfred A. Knopf, 1976) Currently out of print. The catalogue of a large exhibit of four centuries of Western women artists, held at the Los Angeles County Museum of Art. The paintings are analyzed and put in a social/historical context. This book is impressive because of its scope and the thoroughness of the research.

Women Artists: Recognition and Reappraisal from the Early Middle Ages to the Twentieth Century Karen Petersen and J.J. Wilson (New York: Harper and Row, 1976) Written by feminists rather than art historians, this book presents a general historical overview of women artists working in the western tradition, but also includes a section on women artists in China. Intended for the ordinary (feminist) reader rather than the scholar, it is one of the earliest surveys of women artists to question the whole structure of traditional art history.

Thanks to Elizabeth Shefrin for her help in compiling this section.

Periodicals

Fuse: The Cultural Newsmagazine 489 College St., Toronto, Ont. M6G 1A5 Published bimonthly, this journal covers a wide range of Canadian and international progressive art and culture, with good coverage of women's art and issues.

Incite: A Visual Art Magazine 489 College St., Toronto, Ont. M6G 1A5 This bimonthly magazine covers some of the same territory as *Fuse*, with the emphasis on reproducing actual artwork more than theory. The format allows artists to speak for themselves rather than being processed by the art bureaucracy.

Cultural Correspondence 505 West End Ave., 15C, New York, NY 10024 This group publishes a wide variety of material. Their *Directory of Arts Activism* is an excellent networking

tool, listing and describing in detail political art groups across the U.S.

Heresies 225 Lafayette St., New York, NY 10012 A big thick quarterly on feminist art and culture. Each issue focuses on a specific theme. Always interesting, readable and varied.

Left Curve P.O. Box 472, Civic Centre Station, Oakland, CA 94604 Published irregularly, this magazine focuses on working class culture and aesthetics. Articles vary from highly theoretical to quite practical.

Descriptions of Sculptures

the shrink clay, oil paint, paper with silver ink 142cm x 81cm

drugs clay, latex paint, graphite pencil, plastic net 61cm x 112cm

waiting clay, scorched autobody enamel and sawdust, graphite pencil, oil paint 193cm x 112cm

Rose Ann clay, oil paint, latex paint 56cm x 96cm

flight clay, oil paint, graphite pencil, coloured pencils, feathers 66cm x 76cm

chlorpromazine clay, metal mesh, paper with typing 56cm x 76cm

crazy clay, oil paint, oil pastels, paper with silver ink 61cm x 89cm

slashing clay, oil paint, scorched latex paint, glaze, spring steel, graphite pencil 63cm x 96cm

unladylike behaviour clay, oil and acrylic paints, coloured and graphite pencils, hand-stamped lettering on paper 91cm x 96cm

Rose Ann escapes clay, scorched oil paint 91cm x 91cm

this one nurse clay, oil paint, silver ink 51cm x 89cm

suicide clay, oil paint, rubber tubing, paper with silver ink 96cm x 107cm

shock #1 clay, oil paint, graphite pencil, aluminum bars, steel wire 91cm x 96cm

shock #2 clay, oil paint, powdered graphite, silver ink, wooden bases with enamel paint 107cm x 208cm x 117 cm

19 shocks clay, scorched oil paint, polyfilla, coloured pencil 81 cm x 76 cm

aftershock clay, scorched oil paint, melted glass, sheet metal with graphite pencil 43cm x 89cm

Diane clay, latex paint, graphite pencil 35cm x 46cm

signing myself in clay, scorched oil paint and sawdust, nails, metal mesh, sheet metal with silver ink 76cm x 96cm

going to Strackville clay, chinese ink, graphite stick, sheet metal with graphite pencil 102cm x 107cm

the attendant clay, oil paint, nails, wood with latex paint 91cm x 96cm

the nurse clay, oil paint, graphite pencil 63cm x 46cm

getting out clay, scorched oil paint, latex paint, sheet metal with silver ink 127cm x 96cm

in the closet clay, scorched oil paint 76cm x 71cm

together clay, oil paint, oil pastels 203cm x 71cm

Still Sane clay, oil paint, gold enamel 91cm x 96cm

scars clay, oil paint, gold enamel, paper with silver ink 51cm x 71cm

Contributors' Notes

Persimmon Blackbridge comes from a family where going crazy was a time-honoured tradition, like being a lawyer or joining the army in other families. She grew up in the United States and moved to Vancouver as a teenager. Art and politics have been interconnected for her since she became an artist and a feminist—simultaneously and for the same reasons—in 1971. She continues to live in Vancouver with several hardy, survivor-type house plants. She secretly wants to be both famous and politically correct, which, if you think about it, is pretty crazy.

Sheila Gilhooly: My first coming out was as a lesbian, my second as a feminist. In doing *Still Sane* I have come out again, this time as a mad woman. The most important outcome of *Still Sane* has been finding other mad dykes; together we have flaunted being scarred, 'forgetful' and generally not normal.

Kiku Hawkes has worked as a photographer for a broad spectrum of organizations and teaching institutes since 1977. Her work has been shown in galleries across Canada.

Dee dee NiHera is a mad dyke searching for shelter in San Francisco. Her work has appeared in *Madness Network News, Phoenix Rising, Big Mama Rag, Off Our Backs, Science for the People* and *The Lesbian Inciter.* Her unpublished book on poetry, medicine and science is available at San Francisco State University library. To support her writing she paints houses, sews clothes, hauls garbage, washes dishes, facilitates workshops on medical violence against women and teaches holistic healing.

Nym Hughes is a white, working-class lesbian and feminist activist. Co-author of *Stepping Out of Line,* she lives in rural British Columbia and teaches people with developmental disabilities. She avoids despair through gardening.

Nora D. Randall is a versatile lesbian feminist writer whose work ranges from CBC television's "Beachcombers" to radio, film and print, including "A Mother is Missing" in *Solidarity Times.* When she is not out changing the world, figuring out the vagaries of the monetary system or Acting Up with the feminist theatre collective, she is labouring over a hot typewriter in her East Vancouver home.

Press Gang is a feminist organization consisting of a publishing collective and printing collective. Our books and posters are available through bookstores or they may be ordered directly. Write for our free catalogue from: Press Gang Publishers, 603 Powell St., Vancouver, B.C. V6A 1H2 Canada

Stepping Out of Line: A Workbook on Lesbianism and Feminism, by Nym Hughes, Yvonne Johnson and Yvette Perreault. *$12.95 paper.*

Daughters of Copper Woman, by Anne Cameron. Stories of the spiritual and social power of the native women of Vancouver Island. *$7.95 paper.*

Falling From Grace, by Elly Van de Walle. Poems about the experience of breast cancer and mastectomy. *$5.95 paper.*

An Account to Settle: The Story of the United Bank Workers (SORWUC), by Jackie Ainsworth et al. In which bank workers organize a union in the banks. *$3.25 paper.*

The Anti-Psychiatry Bibliography and Resource Guide, by K. Portland Frank. Examines the oppression of people by the psychiatric establishment. *$4.50 paper, $12.50 cloth.*

Jody Said, by Beth Jankola. A collection of poems. *$2.95 paper.*

Women's Labour History in British Columbia: A Bibliography 1930-48, by Sara Diamond. *$5.00 paper.*

For Children:

The Day the Fairies Went on Strike, by Linda Briskin and Maureen FitzGerald, illus. by Barbara Eidlitz. *$4.95 paper.*

Still Sane Video

Still Sane is available as a 60-minute ¾'' colour videotape produced by Brenda Ingratta and Lidia Patriasz in association with Women in Focus. The video documents all twenty-six sculptures and has a voice-over of Sheila reading the words. Persimmon and Sheila are interviewed about the process of creating the art exhibit and their reactions to public response to the show. Available for rental or purchase from: Women in Focus, 204-456 W. Broadway, Vancouver, B.C. V5Y 1R3

Persimmon Blackbridge and Sheila Gilhooly

A series of twenty-seven sculptures and narratives by feminist artist Persimmon Blackbridge in collaboration with Sheila Gilhooly, *Still Sane* is one woman's story of defiance and survival. It documents Sheila's three-year struggle against a psychiatric system that regards lesbianism as a sickness to be cured by incarceration, shock treatment and drugs. In challenging traditional definitions of mental health, *Still Sane* makes an eloquent statement about our right to self-determination as women and as lesbians.

"*Still Sane* takes its place within a feminist culture that makes no apology for claiming that the raw details of our ordinary lives can be the basis for the best kind of art: provocative, reassuring, beautiful, enraging."
—The Preface

Photo/Dorothy Elias

"Thank god this happened! This is a wonderful show, a wonderful text. That it is said at last is magnificent—a cry heard finally. From all of us who have ever been there—thank you."
—Kate Millett

"*Still Sane* is a powerful and disturbing work which will be hard to ignore. Every psychiatrist should have a copy."
—Margaret Atwood

"*Still Sane* is very moving. I hope it will reach a wide audience and that more and more artists will make symbols that clearly communicate the truth of invisible lives."
—Judy Chicago

"This book has the potential to touch on the lives of many women. It belongs in every feminist's library and all Women's Studies courses. I hope *Still Sane* will help change the course of psychiatry forever."
—Cathie Dunsford

"...original in method, conception and execution, uniting the political and artistic in a brilliant and moving statement of the historic themes of women's oppression, struggle and liberation."
—Dorothy Smith

"...a celebration of woman as victor, of sexuality as a source of joy, of lesbianism as an affirmative choice."
—Varda Burstyn

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