

# STILL SANE

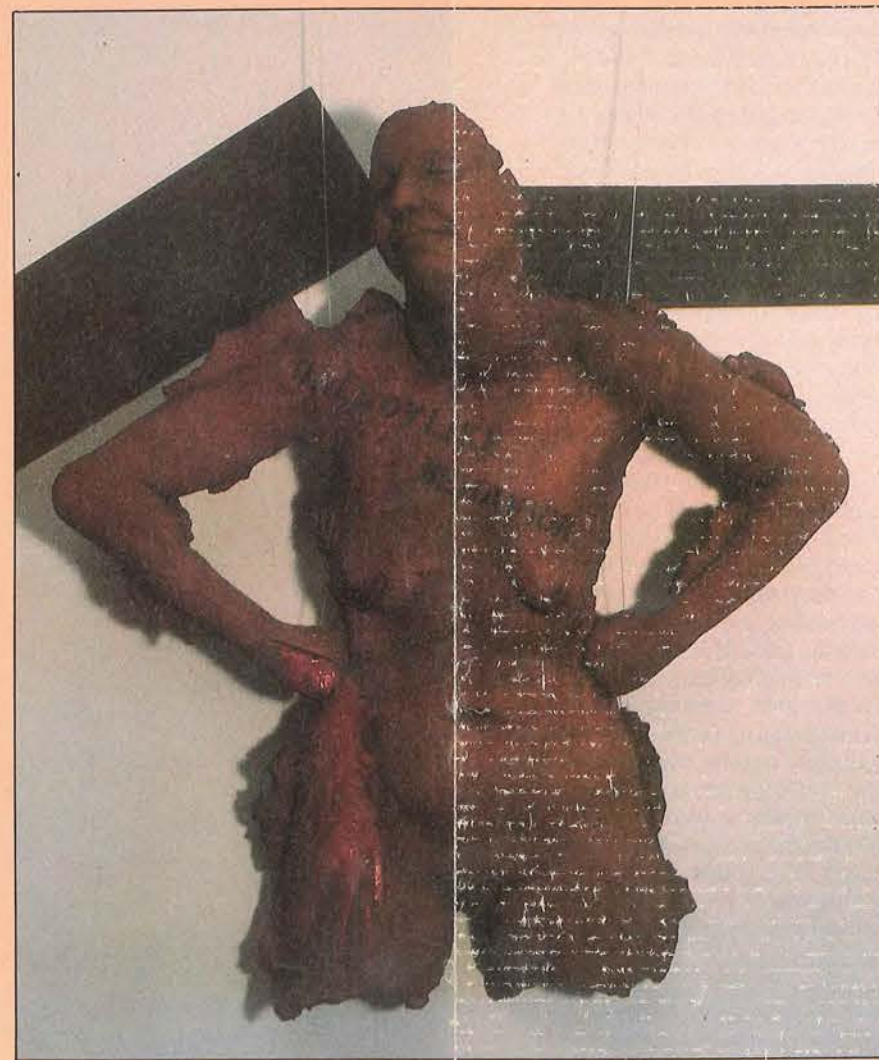
**"Of the 60 million Valium prescriptions written in 1975, two thirds were for women...among them a disproportionate number were working class..."**  
Mind Control (US)

**S**till Sane is a hard show. It is hard to look at, hard to think about and hard to write about. In twenty-seven pieces of sculpture Persimmon Blackbridge and Sheila Gilhooly tell the story of the three years Sheila spent in mental hospitals for being a lesbian. Each of the pieces consists of one or more clay figures taken from three basic body casts of Sheila's body. There are thirty-seven figures taken from these three basic casts and each of them looks different. This diversity is achieved by using different parts of the casts, sometimes only head and upper chest, sometimes only arms or parts of torsos. Also since each piece had to be cut up to be fired in the kiln, the ways they are reassembled has contributed many different planes and

angles to the figures. Colour and texture are created by the use of paint, auto body enamel, melted glass, wire mesh, plastic netting, sheet metal, spring steel, ground carborundum and nails.

The pieces are so powerful and so shocking that they raised many defenses in me as I looked at them. It was in working my way through these defenses that I found the show to be richly rewarding. Some of the questions I threw in the face of the pieces and some of the answers they led me to are in this article for people who may not be able to see and question this show for themselves.

The first thing that's hard about this show is that it smashes the illusion that only crazy people end up in crazy bins.



Hospital: unladylike behaviour. Photo: Marsha Arbour

Nora D. Randall

**"Consistently the poor are drugged with major tranquilizers at a rate more than double that of the general population."**  
Health Application Systems and Medi-Cal Data (US)

We walk around in comfort born of the illusion that we control what happens to us by our actions. That myth is shattered. Sheila was not crazy when she went to see the psychiatrist. She was 19 years old, and involved with her first woman lover. She was excited about it, and knew it was what she wanted. Her lover told her that homosexuals went to see psychiatrists either to be cured or to help them deal with any problems of guilt they might experience by going against their heterosexual socialisation. So Sheila went off to the student health service and confidently announced to the shrink that she would like help adjusting to being gay. She happened to see a shrink who classified lesbianism as a psychotic illness. She put Sheila on

drugs and into the hospital. It was an accident. Sheila sometimes says that she wonders what would have happened if she had gone to the Tuesday and Thursday shrink and not the Monday and Wednesday one. She knows another woman who went to a psychiatrist in the same year, at the same age with the same "problem" and was told not to worry and so she didn't.

It was an act of random institutional violence. Once caught, lesbians are subjected to "therapeutic programs" aimed at destroying their sexuality. There are some protections against this happening now but only for women who realise that they need protection from institutions. For women who go to institutions for help, their fate is a matter of luck.

That a casual choice can plunge a woman into years of suffering and victimisation is both diminishing and liberating. One of the hardest things to deal with for those of use who have been victims is "How could such a terrible thing happen to me. I must have done something to cause it." But really terrible things do just happen to people. If we can face our terrible vulnerability we can give up our guilt. Sometimes guilt can be a protection against our vulnerability. This show has none of it. Sheila is vulnerable. Period.

The second thing that's hard about this show is that it is the story of a young woman with a great deal of common sense who innocently seeks answers in the wrong place, and has her self-confidence shattered. This is not a story

about a woman who spent three weeks in a mental hospital on valium. This is the story of a woman who was in and out of mental hospitals for three years, on chlorpromazine\* for two, who received 19 shock treatments, who stuck her head through windows because she thought it would be kind of a neat trick, who slashed herself with razor blades, took every pill in her medicine cabinet and was finally shipped off to the provincial hospital for hopeless and long term cases. The story is horrifying. Once in its own right and doubly because it is so clearly not a "descent into madness" but a descent into the mental illness system.

In one of the early stories Sheila talks about her friend, Rose Ann.

*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 that I was a lesbian and how could I take advantage of her. It wasn't like that. And Rose Ann knew it too.*

This particular piece is the one for me where it is clearest that a normal

woman is being taught to be crazy. That accusing voice in our head saying, "How stupid to have acted naturally. There is something wrong with my nature. I do not know how to act."

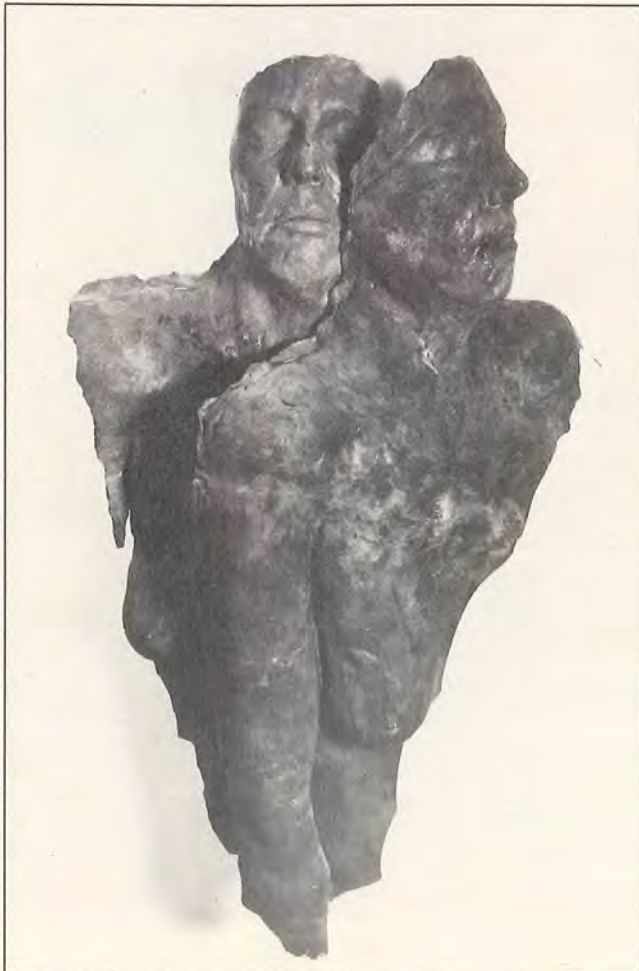
Undermining Sheila's confidence in her ability to choose right action was only the first turn of the screw, however. With drugs it was possible to remove her from knowledge of what she was doing.

*I had to take chlorpromazine for over two years and I hated it. It 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 it 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. . .*

What is at stake here and has been since the beginning of this story is the question of who has the power to interpret reality. It is only within the context of the struggle for social control over the interpretation of our reality that the hardest part of the show can be understood. The pieces about slashing are shocking. The one entitled *Slashing* is the head, arms and torso of a woman painted with a blue oil base, with white latex covering. The piece has been blasted with a propane torch and string steel blades surrounded with red glaze are embedded in the arms. It and *Unladylike Behaviour*, a terra cotta coloured figure sporting a two inch razor slash from which red acrylic paint flows down the torso, are the two hardest pieces in the show. They challenge my faith. Surely only a crazy person would do this to themselves. But the pieces provide a rational answer to even this.

*The first time I did it I cried. I remember I was on Valium then and never cried, but*

**“Most studies indicate that at least half of those who take anti-depressants or antipsychotics suffer from one or more drug induced problems.”**  
Mind Control (US)



The Royal Hospital: Rose Ann  
Photo: Paula Levine

\*chlorpromazine: is a major tranquilizer and anti-psychotic drug used to control mental patients. It has many harmful side effects. In their publication, *Dr. Caligari's Psychiatric Drugs*, Network Against Psychiatric Assault quotes from Peter Sterling, Ph.D., "Psychiatry's Drug Addiction," *The New Republic*, December 8, 1979. "The blunting of conscious motivation, and the ability to solve problems under the influence of chlorpromazine (Thorazine) resembles nothing so much as the effects of frontal lobotomy."

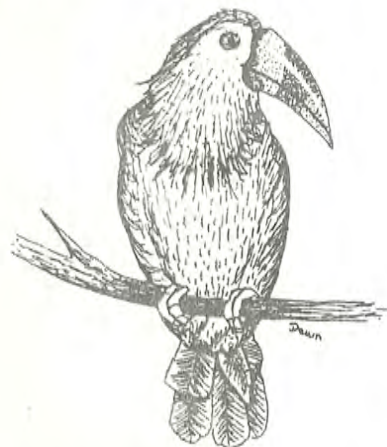
## CRITICAL NOTICES

### ARTS & CRAFTS

*still sane*, by Persimmon Blackbridge and Sheila Gilhooly, Press Gang Publishers, illustrated, 101 pages, \$12.95 paper (ISBN 0 88974 028 3).

By Dona Sturmanis

THIS COLLABORATION by Vancouver sculptor Persimmon Blackbridge, narrator Sheila Gilhooly, and other writers, is a power-packed exposé about the surprising political and social attitudes that still exist relative to feminism, lesbianism, and mental illness. Blackbridge's sculpture series, accompanied by experiential texts, chronicles a period of three years that Gilhooly spent in psychiatric institutions. Although focusing primarily on the injustice and ignorance the psychiatric care system demonstrates towards gay women, the underlying emotions of fear, anger, and outright defiance can easily apply to other similarly victimized groups. Images of drugging, sexual abuse, and shock treatments make for a disturbing, precise documentation of a nightmare survived and assimilated into the



victim's life not as a forfeit, but as a source of renewed strength.

*still sane* first appeared as a well-received sculpture series at Vancouver's Women in Focus Gallery in 1984, but this book is certainly not an art catalogue. It is a confusing, not confused, tribute to an art vigorously laden with social and political content, something

#### NOTE

Particularly positive critical notices are marked at the end with a star. ★

sadly lacking in Canadian art as a whole. In this sense, a thousand words can be said in an image. The response may not be as objective as if the themes were addressed separately in lengthy study books, but that is the whole point. The punch delivered here is meant to be an emotional one, and effective enough to get through to anyone who reads it. It should be mentioned that Kate Millett, Margaret Atwood, and Judy Chicago have already praised *still sane* lavishly. This book should inspire not only awareness of some vital social issues, but an effective new way of addressing them. □

### BELLES LETTRES

*Spider Blues: Essays on Michael Ondaatje*, edited by Sam Solecki, Véhicule Press, 369 pages, \$15.00 paper (ISBN 0 919890 66 0).

By Sparling Mills

THIS USEFUL anthology combines 25 essays by a variety of critics, an extensive bibliography, and two interviews of Ondaatje by Sam Solecki. In the 1975 interview, we meet an open, congenial young man; in the 1984 interview his manner has changed — he is more reticent, impatient, exact. After nine years he will not allow the interviewer to put words in his mouth.

The most important word Ondaatje utters in the second interview is "architecture." He is responding to Solecki's asking what he would like to discuss most in "media interviews." Ondaatje goes on to explain that he means "how one composes a book" — "structure," "design," "context," "Where the narrator stands." Solecki is very dense about all this, introducing into the conversation Ondaatje's frequent use of the word "magnets" in his work. Ondaatje, exasperated, corrects him: "You're talking about a thematic echo, a psychological echo; what I want is something more physical, something having to do with the placing of a scene in one place and not in another." The critics might be wise to explore more "architecture"; in their haste to nail Ondaatje down within a literary tradition, their comments are not as vibrant as his own.

At least Michael Ondaatje should be pleased with the "design" of this book. The cover is sensuous, with leaves, orchids, satin, and a furry black spider in its own margined square. The emphasizing colour of the whole book is teal blue. □

*Writers of Newfoundland and Labrador: Twentieth Century*, by Lisa deLeon, Jespersen Press, 380 pages, \$18.95 paper (ISBN 0 920502 58 X).

By Cathy Simpson

THIS HEFTY collection of — would you believe? — 37 Newfoundland writers, including poets, novelists, playwrights, folk raconteurs, and the unclassifiable J.R. Smallwood, could have been a useful reference for students of Newfoundland literature, history, and culture. Certainly the format is logical and pleasing: a chapter averaging 10 pages for each writer with a biography, synopses of selected works, an excerpt, commentary on the writer's *oeuvre*, a quote by or about the writer, and a selected bibliography. Obviously, deLeon has worked hard to amass a tremendous amount of raw information.

Unfortunately, she has grave difficulties in presenting it. Her biographies are clumsy assemblages of facts and trivia — who really cares if Jack Fitzgerald coaches minor softball? Her synopses and commentaries are naive and repetitious, studded with axioms parading as insights: "a character is often juxtaposed with another to lay the groundwork for the arising conflict." There is even occasional nonsense, as when she describes a character as returning to "the periphery of his ancestry," or notes the "ironies of life — bad weather, flat tires." All in all, the best reading here is in the excerpts, which are lamentably too short, often just a page or two.

It's a pity, really, because a pair of scissors and a blue pencil, ably weighed, could have so easily excised all this silliness and corrected the irritatingly abundant errors in spelling and sentence construction to boot. The result might have been a book of less bulk but greater worth. □

### FICTION

*A Family Madness*, by Thomas Keneally, Lester & Orpen Dennys, 336 pages, \$18.95 cloth (ISBN 0 88619 102 5).

By David Jordan

AN ARMENIAN murders a Turk outside a coffee bar in Sydney; an East European diplomat is shoved from a moving train; suicide-murder claims a family of five. Are these merely random acts of violence, or small parts of a larger pattern?

# BOOK REVIEWS

## Still Sane

by Persimmon Blackbridge and Sheila Gilhooly

Vancouver: Press Gang, 1985

reviewed by Gabrielle Nawratil



Persimmon Blackbridge and Sheila Gilhooly

What is it like to be a woman who suffers and survives psychiatric abuse because she is a lesbian? *Still Sane* is that story. Through her writings and through life-size sculptures by Vancouver artist Persimmon Blackbridge, Sheila Gilhooly tells about the three years she spent in institutions.

Originally an art show in 1984, *Still Sane* received an overwhelming community response. Press Gang has recently produced the work in book form. It uses Gilhooly's complete text and many of Blackbridge's sculptures, photographed by Kiku Hawkes. Also included are several articles which complete the book.

Women's stories of pain and survival in the hands of psychiatry have, I think, been heard before. As feminists we have critiqued medical violence against women, and some of our psychiatric experiences have formed an important part of that outcry. This book moves beyond what has come before, both in choosing a lesbian's story as the central focus, and in the mixed media it uses - which disturbs and enrages in a way words alone cannot.

Through Sheila's monologue, we hear her doctors' response to her refusal to give up her identity as a dyke. She is locked up, drugged, subjected to shock treatments and

treated with suspicion when she befriends another woman. Sheila's experiences in institutions did not take place in the Dark Ages, or the 1950s, but in the last decade.

The inhumanity of staff and doctors to psychiatric patients in general is drawn into sharp relief. But beyond that, we see the additional abuse and trauma a lesbian faces in that already-powerless situation. The raw and acute anguish can't be escaped, and we are not intended to be spared.

In the end Sheila is triumphant - she makes it out of the institution, but only by appearing to accept and condone an environment sure to drive sanity personified over the brink. "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."

The book is interspersed with statistics which make it clear that this is not just one woman's story. The kind of people who end up in psychiatric hospitals to be "cured" is documented, as are the effects of the drugs and the shock "treatment" administered there. Other lesbians' experiences with psychiatry are also included through both the comments from the exhibit, and some of the articles at the end of the book.

The power of *Still Sane* for me is that large sections echo so closely the experiences of women I have known: lesbians who have spent time in psychiatric "care" against their will, who, in desperate and vulnerable moments, trusted that they would receive help free of societal disdain for their sexual identity. I could not isolate this story as the exception. These abuses are all too true for too many others.

The impact of the sculpture which is *Still Sane* is haunting, and so eloquently speaks the torment and the ultimate triumph of Gilhooly's text. We are faced with much more than a story. We see an artist's strong

# BOOK REVIEWS

political statement: an affirmation of our choice to be lesbian. While what is painful is undeniably difficult to look at, it is also a call to political action against such atrocities.

To know that horrors such as those Sheila Gilhooly endured and survived exist is crucial for all of us. What emerges through her pain is a strong, visible and empowered lesbian identity. This is an important contribution to women's culture, and deserves to be recognized as our art. It is also a contribution to a saner world, so that, as Nym Hughes states in an article at the end of the book, "what happened to Sheila will never happen again."

bts

*Gabrielle Nawratil has worked on Breaking the Silence for the last two years doing layout and design.*

*Still Sane* is also available in video (60 min.) Distributed through Women in Focus, 204-546 W. Broadway, Vancouver, B.C., V5Y 1R3.

## Common Magic

by Bronwen Wallace

Ottawa: Oberon Press, 1985

reviewed by  
Tünde Nemeth

They say you can't judge a book by its cover. Usually, this is true. But *Common Magic* is an exception – an exceptional collection of verse by

Kingston poet Bronwen Wallace. The cover art is as simple and as profound as the poems within. Its lines are clean, spare and strong; it depicts an ordinary domestic scene with plenty of detail but no clutter. You, the viewer, stand or sit at one end of what seems to be a living room. The doorways between rooms of the house line up so that you can see bits of each room, just enough to tell what each room is for – part of a living room chair, part of a television; three chairs down one side of a dining room table, so you can imagine that there are three more plus two at the head and foot; part of a stove, cupboards, counter, table. Finally, the exception, the room at the very opposite end of the house: the doorway is slightly off-centre, door only partly open, details of the room hidden.

This sequence which the perspective makes you follow is the same as the sequence of the poems themselves. The collection invites you first into the living room, with poems that set out the general mental space, that define the poet's terms of reference. Gradually the poems become more intimate, more concerned with the inner life of human beings. It's hard to say exactly when it occurs, but somewhere in the first, say, six or seven poems, you suddenly realize that you've moved into the dining room, to the level of intimacy that you reach by sharing a meal. Then, a little later, the poems take on the intimacy of the kitchen table, the coffee and talk shared with really good friends. The final poems in the collection draw you further and further into that far, dim room where, you know without seeing, the edges of things are blurred and nothing can be explained, only survived.

Bronwen Wallace is a poet firmly

rooted in the real world, both inner and outer. Her painful consciousness of the cost of being a woman in this world constantly comes through in the poetry. Equally important is Wallace's sense of place, of geography. The two come together in "Place of Origin" (p. 11), where Wallace establishes the relationship between women and the land as being quite different from that between men and the land. "The men know land and weather, / who owns it and for how long"; women know about the lives of the generations that have lived there – marriages, divorces, batterings, number of children and how they turned out.

Wallace identifies herself with this women's way of seeing in the next poem, "Distance from Harrowsmith to Tamworth." Here, she tries to convey to her son – and at the same time, the reader – her own sense of belonging in her community, by telling him stories about his grandparents and great-grandparents, stories about how they are very much connected to a particular place.

The title poem struggles with people's isolation from each other, which seems to come from the necessity to lead an inner and an outer life simultaneously. The "common magic" is that "anything gets done/ at all": that the mechanic can concentrate on fixing the car, the letter carrier on delivering the mail; that thousands of day-to-day miracles can take place in spite of having to "move in your own seasons/ through the seasons of others."

In "Coming Through," Wallace explores friendship and the loss of friendship. The women in the poem break down the barriers and enter each other's lives intimately, although they also do lead their separate lives.

# Mad Librarian

Reviews by Sue Doell

## Still Sane

by Persimmon Blackbridge and Sheila Gilhooly; Press Gang, Vancouver, 1985.

I had sworn to myself that I was going to be "objective" when I read this book. I actually made it over half-way through it before I could no longer hold back my tears. I have spent the rest of the evening crying and hugging this book.

*Still Sane* is not for casual reading. It is life personified. It is a visual testimonial of the horrors of psychiatric incarceration. It is written as one woman's experience, but it is the story of every psychiatric inmate.

This book documents the art show *Still Sane*. It is a series of twenty-seven sculptures and narratives by Persimmon Blackbridge and Sheila Gilhooly. The sculptures describe Sheila's three year nightmare of psychiatric assault. Sheila was incarcerated because she is a lesbian. It is a book about lesbianism; it is a book far surpassing lesbianism. It is about strength, pride, survival and courage.

*Still Sane* is a hard-hitting indictment against psychiatry. Relevant information and excerpts are interspersed throughout the text. The last part of the book is an anthology of writings about the "mental illness" industry and the mad movement/anti-psychiatry movement. There is also a good list of resources.

I found very little to criticize about this book. The pictures of the sculptures and the accompanying narrative are so intensely powerful as to negate most criticism. But there are a few things that need to be mentioned. The very title of the book (and the art show) *Still Sane* is offensive. It expresses compliance with the whole concept of "sanity", "insanity", and ultimately, psychiatry. The title is in direct contradiction with the rest of the book. The word "crazy" also appears quite often. Objecting to these words is not meaningless semantics. Being labelled as "crazy" (and "incompetent", "mentally ill", etc.) has subjected countless people to electroshock, psychosurgery, brain-damaging drugs and a variety of other forms of psychiatric torture. "Crazy" is not one of those words we should try to re-claim (as opposed to "dyke" for example). Sheila and Persimmon acknowledge their isolation from other political (ex)inmates at the time this project began. I understand their use of this language in that context.

I think the analysis is also missing with the continual usage of the term "psychiatric abuse". Abuse implies a proper use. The Psychiatric (Ex)Inmates Liberation Movement maintains that the psychiatric system cannot be reformed, but must be abolished.

There is an occasional reference about psychiatry being a tool of social control under capitalism. While this is true, it must be pointed out that psychiatry serves the ruling powers of all political/economic systems. Psychiatry is, in and of itself, oppressive.

Most days I'm convinced I don't have a tear left inside me. Reading this book--living this book--proved that thought to be untrue. I do feel engulfed by anger, by sadness. I am haunted by memories even now. But most of my tears are not from pain. I am overwhelmed with the spirit of survival. And at the same time, I see *Still Sane* as being a loving tribute to all of those who have been murdered at the hands of psychiatry.

My tears are also out of hope. Maybe, just maybe, this book will be the one to finally get the attention of the progressive, womens', and lesbian/gay communities. I feel a glimmer of hope that this book is just too powerful to ignore. *Still Sane* graphically smashes the "healing" facade of psychiatry.



## The Machine That Oils Itself: A Critical Look at the Mental Health Establishment

by Robert C. Reinehr; Nelson-Hall, 1975.

*The Machine That Oils Itself* is a very entertaining book. It contains no case studies, and has no horror stories. It is simply about the lack of "scientific" basis for the "mental health" profession.

The author is a clinical psychologist. Lest you think he excludes clinical psychology from his criticism, hold on to your chairs! He takes an in-depth look at the entire spectrum of the Mental Health Machine.

This author writes in a simplified, direct style, always with an undercurrent of sarcasm. I loved it.

This book, unfortunately, is outdated. It was published in 1975. Most of his analysis is timeless. But there have been drastic changes since this was written. For example, he devotes a chapter to "Diagnosis". He dissects the DSM-II and exposes it for its lack of validity. How I would appreciate his critique of the DSM-III! Robert C. Reinehr, where are you??

This book does have major flaws. I trust (ex)inmates will recognize them immediately. He asserts the lies that psychiatric "hospitals" do provide good physical, medical care. He maintains that the "side effects" of psychiatric drugs do NOT cause "much of a problem"! He claims that these drugs are not addictive. (He says alcohol is not addictive too, which also discredits him.) Reinehr spreads false information about electroshock and psychosurgery. He does not know the reality of restraints and seclusion. He accepts behavior modification as a positive invention. His language describing "mental patients" is offensive and degrading.

He basically knows nothing about the standard psychiatric "treatments". I make no excuses for this. It is unforgivable. But enough has been documented about these "treatments" that I am confident that very few will be deceived by this false information.

What is new and refreshing is his critique of the "mental health" field. His focus is not on the "patients"; he is looking at the "professionals". A long, detailed and HONEST look at the "professionals". We need more books of this variety.

## The Reign of Error: Psychiatry, Authority and Law

by Lee Coleman; Beacon Press, Boston, 1984.

Lee Coleman, himself, offers us the best summary of *The Reign of Error*. In the conclusion he says that "mental health professionals should not feel slighted by this analysis". How true...

Coleman clearly presents his opposition to state psychiatry, and proposes that forced psychiatric practices be stopped. This book, in some ways, is a welcome contribution in the effort to abolish involuntary psychiatry. But this book also falls far short of being an acceptable analysis for the anti-psychiatry movement.

A major focus of this book, if not the primary reason for writing it, is an impassioned plea for the increase of "voluntary" psychiatry. Coleman states repeatedly that even MORE people would be willing to "get help" if involuntary practices were eliminated. This author, a practicing psychiatrist, refers to psychiatry as a "healing art". On several occasions he tells us that psychiatrists merely respond to the "enormous pressure" placed on them by society. He attempts to absolve psychiatrists of their responsibility for creating the psychiatric system. This author is not to be trusted.

He continually uses the medical model of "mental illness" to describe people and situations. The terms "treatment", "psychotic", "neurotic", "mentally disturbed", etc. appear through-out this book. On page 194, Coleman says "emotional disorders are not medical diseases". He uses the medical model (i.e., "disorders") while denouncing the medical model!!

Coleman agrees that psychiatric drugs are a mechanism of control. He speaks eloquently about the damaging "side effects" and permanent brain injury that result from these drugs. He then does an about-face and wants to keep psychiatric drugs available for those who would take them "voluntarily". I can't help but wonder if he would have advocated the "voluntary" use of leeches, of cold baths, of the icpick lobotomy--of all the psychiatric practices that were eventually discredited as harmful and life-threatening. Or perhaps we are supposed to believe that tardive dyskinesia is only the result of forced drugging, and does not happen if we take these drugs "voluntarily"? *Continued on page 25*



medical model term "mental patient."

People in our movement can be bought, and even turned into highly paid professionals working for what this movement is supposed to be against. I am not writing to denounce people, or to say that anyone should be permanently banished from this movement. I am trying to point out certain processes that have been going on in this movement that have led us to the current situation of our movement in the USA. Our local groups are weak. I agree with some of the things that Sally has written about in her recent article in Madness where she talks about how disorganized this movement is, and that we need the national exposure that a national group can provide. However, I have some big problems with forming a "national organization."

The second "national organization" is composed of some people who have little respect for real organization, and have never run a strong local organization. I am told they decided to reject government money, but if they don't take it they won't get very far because they have little following or money. I believe this "national organization" has people who are good spokespersons for our cause, but there won't be any real organization behind this small band of spokespersons. One of them told me they would decide things at a national convention where all members could come

and vote. I objected that only those with the money and time to travel the nation could vote.

I am in favor of building upon and strengthening the flimsy structure we already have: the local groups. We should work to make them stronger. I don't want us to waste our time in power struggles over who are the national leaders. We should form a coalition of the existing local groups to improve communications. Each group should pick one representative, and they could communicate by letter or phone. We could form an organizing kit to help others form new groups. It would be a coalition of groups and not individuals. We had a coalition of individuals once in the Bay Area called the Coalition Against Forced Treatment and it did not work because there was no structure. The meetings were leaderless talk marathons without even a beginning or an end.

My idea for this movement is that it should be open to everyone who is against psychiatry, and not just ex-inmates, or leftists or any other qualification. Many ex-inmates and leftists favor psychiatry. A national coalition against psychiatry could make our viewpoint projected nationally, strengthen the local groups, and not have the disadvantages of a national organization.

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Vol. 6, #5: Psychiatry, Tool of Fascism; New Coalition Challenges Shock "Treatment"; The Crime of Forced Treatment; The Elderly and Psychiatric Drugs; Women Against Psychiatric Assault; Institutions the Same Everywhere; In and Out of the Closet; Shock Dr. Roster

Vol. 6, #3: Ex-Patient Controlled Alternatives; Rally Against Benefits Cuts; European Court Rules on Patients Rights; Psychiatrick #1,2,3,&4; Warning to Prisoners

Vol. 6, #1: Shrinks, We Are Everywhere!--Four Accounts of the Berkeley Conference; Victory for the Haverford Four; Sterilization Abuse, Social Darwinism, and Psychiatric Control; Therapy as Oppression; Forced Drugging in the Womb, part 1; Crazy and Proud

Vol. 5, #6: Parents Groups as Advocates?; Court Rules on Forced Drugging; Electroshock Controversy at Stockton; Psychiatrists I Have Known; Berkeley Conf. Poster

Vol. 5, #5: Lithium, the Great Pretender; The Florida Conference; The Trial of Dan White; Out of the Cuckoo's Nest, Flying Around the Rose Garden; Computer Shrink

Vol. 5, #4: Ex-Inmate Organizers Arrested at Haverford State; Crazies and Crips Unite!; The "Patient" Movement in Holland; My Career as a Professional Mental Patient

Vol. 5, #3: Fighting Psychiatric Oppression in Europe; Keep Left for Change; Death in the State Hospitals; Psychosurgery Approved; Tardive Dyskinesia, part two

Vol. 5, #2: California Feminism, A Cultural Shock; The Tardive Dyskinesia Epidemic, part 1; Destroying Grace Peck; Reviews of "Shadowland" and "The Mind Manipulators"; Elizabeth Stone; Conditions at Atascadero; Anti-Elitism; Sozialtherapie Frankfurt; ECT Testimony

Vol. 5, #1: Thorazine Kills--The Boycott of SmithKline; The Spirit to Survive; Operant Conditioning in Vietnamese Hospital; Dangerous Psychiatrists Released From State Hospitals!!; Accounts of Philadelphia Conference

Vol. 4, #6: The Unmaking of a Dissident; Doctors Sue for Right to Shock; Class Action Suit Against Forced Drugging; Review of "On Our Own"; Anti-Depressants

Vol. 4, #5: The CIA and Human Experimentation; Dr. Rosen's Dungeon Therapy; National Day of Protest Against Psychosurgery; Nuremberg Code on Human Experimentation; Los Angeles Conference

Vol. 4, #4: Ex-Inmates Testify to the President's Commission on Mental Health; The Road to Health/ The Road to Revolution; Suicide Caused by State Hospital Conditions

Vol. 4, #3: WOMEN'S ISSUE. Letting the Spirit Flow; Saralinda's Journal; How to Withdraw from Psychiatric Drugs; Childbirth and Madness; A Tribute to Tullia; Growing Up in the Therapeutic State; Independent 14-year-old Female; When Dumb Mouths Speak

Vol. 4, #2: Psychiatry as Social Control; Feminism and the Mental Patients Movement; Why I Am in Project Release; Electro-Love Therapy; Experiences with ECT

Vol. 4, #1: Articles and Photos of NAPA's Sleep-In at Gov. Brown's Office; Boston Conference; Demands of the Mental Patients Movement; Review of "Eden Express"; Dr. Caligari on Prolixin; For Children Who Keep Banging

Vol. 3, #6: Women Look at Psychiatry (personal accounts and poetry); The Boston State 7 Suit Against Forced Drugging; Ruby Rogers' Story; Slave Labor in South Africa and California, Caligari on Valium; Robert Friedman is Dead; Going to Staff; Shocking the Shock Doctors

# still sane

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.

By ANNETTE HURTIG

*Still sane* sets the house on fire. It isn't pretty. It makes you angry. It's frightening because you know it's true because if you're a woman or a girl, you've experienced it, one way or another, more or less.

Published by Press Gang, *still sane* documents the process of creation and the pieces created for an exhibition of the same name, a collaborative combination of sculpture and text by Persimmon Blackbridge and Sheila Gilhooly. Presented in the fall of 1984 at Women In Focus Gallery, the work constructs a narrative. It describes Gilhooly's three-year "struggle against a psychiatric system that regards lesbianism as a sickness to be cured by incarceration, shock treatment and drugs." Needless to say, the psychiatric system is but one of a multitude of social controls meant to bind and define us. Eventually, we are provoked.

For those who did not experience the exhibition first hand, this book is the next best thing—indeed, a treasure. Despite the flatness of the page, the loss of dimensionality and colour, (most of the illustrations are black and white,) the book is dense, full of emotion, information and impact. It speaks clearly, graphically, poetically, passionately, incisively, undeniably. The imagery—female torsos bound, fragmented, tortured, ultimately triumphant and celebratory...still sane...still mad...still happening. Repetition, rhythm in the imagery. Urgency. The viewer's eye drawn to the face. The eye riveted on the page, on the face, on the scars, the pain unforgivable. Text and image somehow inextricable, one empowering the other. The text clear, concise, personal, passionate. Now public and political. A powerful, provocative work. Not pretty. Photographic illustrations of each sculpture faced by a typed reproduction of the text. Nothing

idealized. The bodies are real. The written words, some larger, emphatic, create a cadence and a counterbalance. A dialectic between image and idea.

Photographs and text interspersed with excerpts from medical, feminist, lesbian chronicles. Documentation. Scientific data. Statistics. Personal statements from Nym Hughes, Nora Randall and Dee dee NiHera expand upon and respond to the artists' work. And at the back, a list of resources: other books, periodicals, places, people.

This book frightens. It makes you angry. It is taking action, an acting out, out of anger. It is an indictment of institutions and attitudes pervasive in our daily lives. It defies those forces that would effect the most mundane chores of survival, like trying to be polite, well-mannered in the face of tyranny and torture. It is ultimately a celebration. It is not pretty; is necessary, courageous, important. *still sane* sets the house on fire.

*Still Sane: Press Gang, \$12.95*



Kilix Howlitz

So there I was, trying to pass for normal, all drugged up in this place that flashes of shit and lysol and every day is endlessly boring except for the occasional 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.

### Mad Again for Carol Ptolemy

hopelessly heterosexual  
a happy housewife  
a happy housewife  
house happy glowing  
wife a mess smiling

bruised and battered  
in the middle  
at the centre  
where it does not show  
only swells  
aches in cycles  
circles  
central

flames  
beneath the skin  
below surface smooth  
tumour bloat  
P.I.D. P.M.S.  
Endo immunological  
hormone irrational  
toxic shock  
manipulation irreversible  
therapies  
even out  
tone down  
tune up  
tighten  
heighten  
sensitivity stop the thought  
stop the noise  
stop the notion  
every woman abused  
one way  
or another  
go crazy daily  
monthly

exact pain  
punishment  
seek revenge  
positions of power  
intimate  
public  
prohibited  
female dominance is the current  
number one favourite  
T.V. image  
because  
women and girls  
need to know  
they can contain  
the anger  
can release the fury  
calmly carefully  
set the house  
on fire  
November 1985 Annette Hurig

## Celebration!

By GAYLE MAVOR

A rare musical celebration shook the Arts Club on Granville Island from Jan. 23-25. Thank you, producer/musician Robbie King and the 28 local performers who made *Celebration III* worth celebrating.

This concert was akin to a hometown, *Last Waltz*. Imagine 28 musicians, backed-up by an exceptional seven-member band, each taking their turn parading by, teasing with their talents (unfortunately only one song per artist) and you won't even be close to knowing the energy. For me, few experiences

parallel the ecstasy of being on the receiving end of exceptional musical talent. The coming together of musicians who've spent years practising, playing, rearranging, and perfecting is my instant route to an adrenalin rush, optimism, maybe even hope. It's no miracle that Live Aid was a success.

But I don't need music to have to make a point or to have to support a cause. I need merely, (as if it's an unworthy desire) to be entertained. I want to feel—good, but especially deeply, to escape through the perfection of a voice or the obvious enjoyment on the face of someone who's found their element through an instrument.

*Celebration III* reinforced my bias that there are musicians in Vancouver and

internationally who won't make videos, be idolized by the masses, or produce albums that achieve platinum status but who possess unequalled maturity of a personal style. The depths of their talents long ago bypassed mainstream standards. They achieve respect and deserve envy from that minority of listeners who appreciate the ability to: perfect a skill, develop a talent; ignite the relationship between entertainer and entertained.

I have the feeling their fans are the till-death-do-us-part type but the admiration is refined. *Celebration III* was put on by performers who know how to entertain their guts out. It was a music lover's nirvana.

Tune into CBC's *Arts National Friday Night Pop Concerts* on Feb. 28 if you

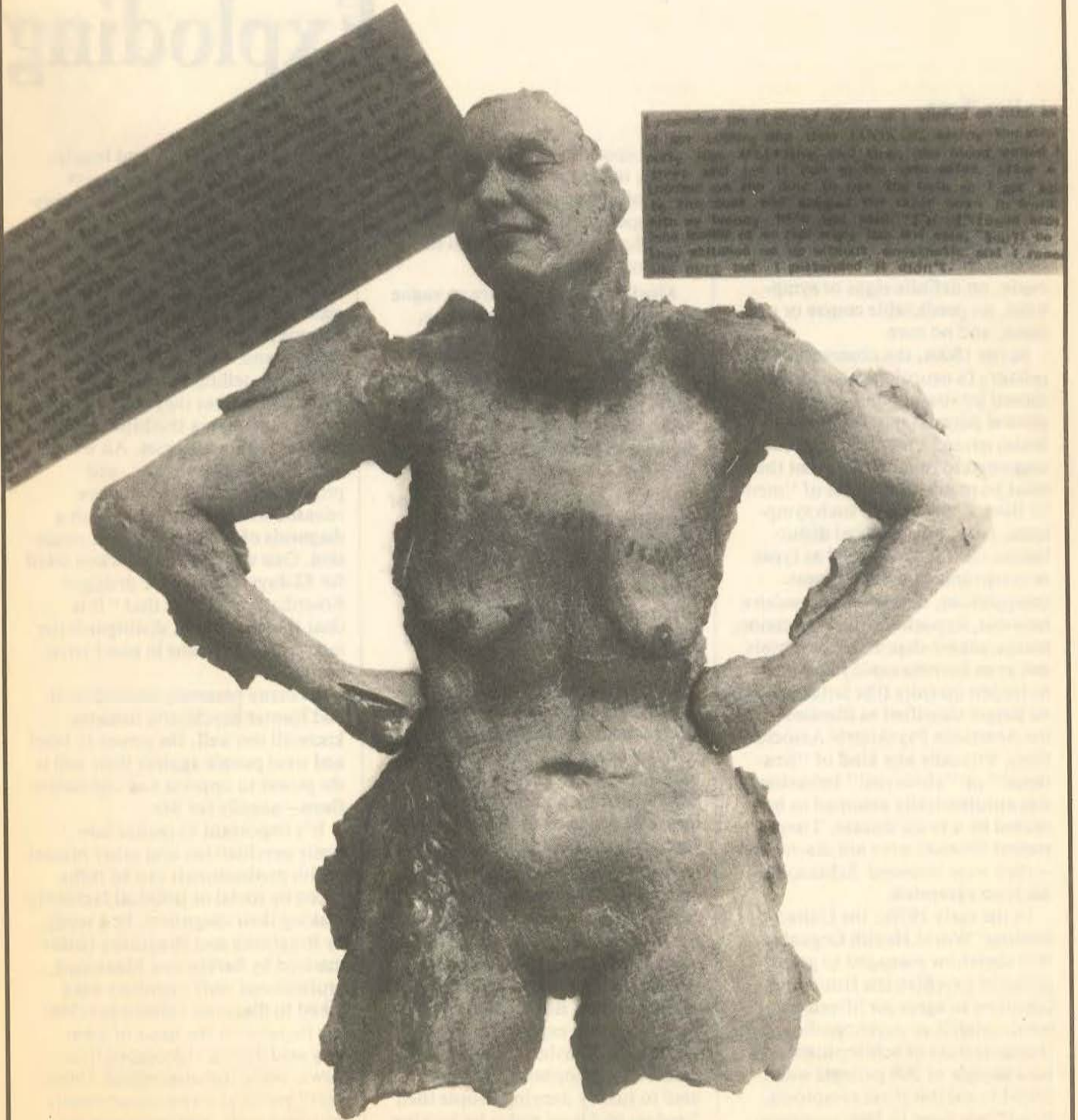
don't believe me. But don't expect to feel the same. You had to be there.

**The Performers:** Andor Kovacs, Jr., Dianne Berthelsdorf, Corlynn Hanney, Niels Petersen, Royal Johnson, John Phillip Wade, Jim Byrnes, Gall Bowen, Noel Spooner, Billy Gene, Jim McGillveray, Jamie Croil, Bim aka Roy Forbes, Rick Scott, Hans Staymer, The Colonel, Tom Lavin, Jane Moritfee, Edward Patterson, Connie Kaldor, Joseph Chappel.

**Back-up Band:** Robbie King, Graeme Coleman, Bill Sample, and Dave Pickell on keyboards, Kat Hendrikse on drums; Rene Worst on bass; and Harris Van Berkel on guitar.



# Phoenix Rising Retrospective



(Vol. 5 No.1; from *Still Sane*, by Persimmon Blackbridge and Sheila Gilhooly: Press Gang, 1985)

## Surviving institutional terrorism

**STILL SANE** by Persimmon Blackbridge and Sheila Gilhooly. With photography by Kiku Hawkes. Vancouver: Press Gang, 1985.

Reviewed by Joanne Doucette

This book speaks for itself, defying neat summaries and the tidy habits of reviewers. So why review?

Because books are expensive. No one wants to fork out hard earned cash for anything less than the best (unless, of course, they have lots of cash in which case they can give it to some worthy cause like *Rites*). So a review tells what the book is and if the book is worth reading in the opinion of an educated consumer, the not-unbiased reviewer. This book is worth buying, begging, borrowing (not from me you don't) or stealing.

But first, what is it?

This is the autobiography of Sheila Gilhooly who spent three years imprisoned and tortured in a psychiatric hospital on grounds of lesbianism. A young woman, just coming out, she was sent by a misguided lover to a shrink:

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.

The text, her own words, is readable, direct, honest. The sculpture, casts of Sheila's body, is powerful and evocative, but suffers from the usual problems inherent in transferring a work of art from one medium, to another, photography. It's a bit like watching Swan

Lake on a 12" black and white T.V.; it's beautiful, but just not the same.

The format is pleasant. The book is 8 1/2 by 9 inches, small enough to hold in the hand, but large enough for a visually pleasing presentation. I'd like to know if it's accessible to physically disabled women (large print editions, cassette, Cerlox binding?)

Personal herstory is placed in context with articles by: Sheila and Persimmon on the process of doing *Still Sane*; by Nym Hughes, on social control of lesbians; by Nora D. Randall, on the current situation of psychiatric abuse/use; and by Dee dee niHera, on the mad movement and its differences with feminism. A fine bibliography is included.

But you might say it sounds pretty grim, why would I read something that's going to depress me?

Well, most books have grim moments, but satisfactory, if not happy, endings. *Still Sane* has a happy ending that is also reality, and heroes, particularly Sheila. Gays and lesbians can add her to our rich panoply of heroes. Moreover, this story has good guys (lesbians), bad guys (shrinks), adventure, a quest (freedom and identity) and still a happy ending.

But isn't that just a wee bit simplistic? Maybe, but Jonathan Katz, in *Gay American History* (New York: Harper Colophon, 1976) calls the psychiatric treatment of gays and lesbians "a history of horrors" and "one of the more lethal forms of homosexual oppression."

A very present, living history. If you think or talk about it, I'm sure that you can name a dozen people who've been damaged this way. I know a woman labelled "schizophrenic" who just recently was locked up in solitary, against her will, without legal process, in an Ontario hospital. While she protested her rights, the staff laughed, taunting her through the door. "So who are you going to tell?" Others: a deaf woman locked up as a teenager, never tested for hearing loss, labelled "catatonic" till they tested her hearing, tried

to communicate and she committed suicide; a gay alcoholic who sought help only to be told that they had to deal with his "real" problem first, his sexuality; a safe cracker, a skilled, humorous bisexual man, who was so drugged on chlorpromazine when in the pen that he could barely walk, talk, or even get his fly undone to piss; a lesbian teenager put in a ward by her parents and insulin shocked to cure her.

Gay men and lesbians have a major interest in knowing what's going on in our world. Awareness has a very positive survival value, apart from the understanding it gives of ourselves and other gays and lesbians. *Still Sane* is a major contributor to that awareness and the quality of our lives, for psychiatry is a major method of social control, protecting strong vested interests:

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. . . 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.

While lip service is paid to diversity, individuality and human rights and freedoms, lest the minorities riot in the street and maybe even toss the current crop of politicians out of office, "sin" has been replaced by "sickness", "punishment" replaced with "rehabilitation" and, thanks to the efforts of the Lesbian and Gay Caucus of the American Psychiatric Association, the official categorization of homosexuality as a "severe psychotic disorder" replaced with a new illness, "sexual orientation disturbance."

Old prisons, like the Don Jail, looked a lot like the one in Orillia. New "detention centres" have landscaping, shrubs and no bars (plexiglass windows), but then so do new "mental health facilities."

Treatment, similarly, and punishment (a.k.a. torture) look and feel pretty much the

same to the "inmate" or "patient" who usually comes from the same groups, women, the poor, blacks, native Canadians, immigrants, unemployed, and disabled. Gay men have been castrated, lesbians clitoridectomized. Now it is done with drugs and called "progress".

The saddest thing to me is how many of us have believed the "gas lighting" and accepted that we were bad or crazy whether the current term was "clitoromania" or "psychoneurotic reactive depression attendant upon sexual orientation disturbance."

Psychiatry is political. It's no surprise that a "Twinkies" defence could get Harvey Milk's ex-cop killer found not guilty and out on the street relatively quickly while fourteen year old mentally handicapped boys spend ten years in maximum security for purse snatching. (True, I kid you not!) To quote Margaret Atwood, "*Still Sane* is a powerful and disturbing work which will be hard to ignore. Every psychiatrist should have a copy."

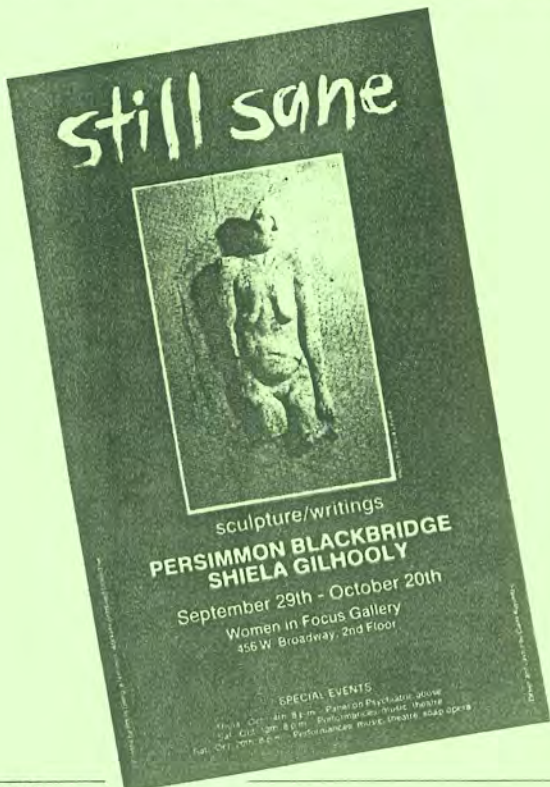
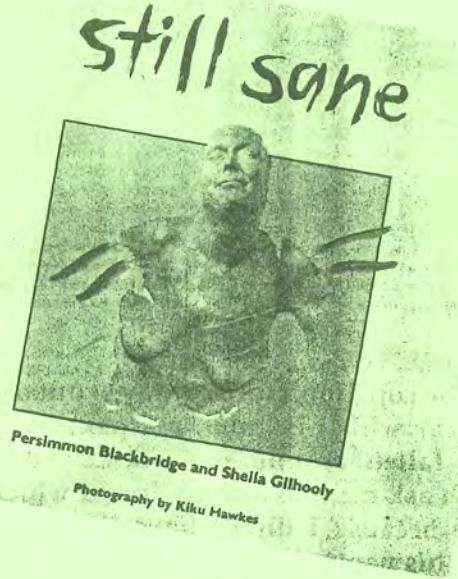
Feminist therapists should read this book if only because the very definition of feminist therapy is questioned. Feminist therapy, like "feminist rape" may be a contradiction in terms.

Workers in the system, doctors, nurses, social workers, aides, etc. may be offended, but also may find their perceptions and hopes validated through the resistance of others, such as the staff who tossed the electroshock machine off the Golden Gate Bridge!

This book is most valuable because it highlights the use of medicine for social control, the continuum of jail to hospital, the shift from jailer/police man to psychiatrist therapist. The names may have been changed, but the game is still the same and we are "the enemy" even though they no longer cut off our genitals for "confirmed masturbation." (Katz, 137).

And finally, Sheila Gilhooly is "out", still sane, with the support of lesbians, feminists, the mad movement, friends, and her own luck, guts and ingenuity. Read the book!

BOOKS



Persimmon

## Book Reviews: "I read about it in COMMON LIVES . . .

*Daughters of a Coral Dawn*, by Katherine V. Forrest, Naiad Press, Inc., P.O. Box 10543, Tallahassee, FL 32302, 226 pages, 1984, \$7.95.

This is fantasy/science-fiction about a special race of women who escape patriarchal earth to settle/colonize a planet of their own. As expected, they do it perfectly. That's the problem—this book is predictable and bland. The "utopia" Katherine Forrest imagines is dull. It consists of thin, able-bodied women in "neutral" tones. The few references to varied colors and sizes are contrived and shallow. This book reminded me of when I returned from my first Michigan Women's Music Festival: I naively thought that everything had been perfect. Then I started listening to the voices of black women, asian women, fat women, chicana women, disabled women . . . This book is definitely lesbian, but I don't recommend it—we can do much, much better than this.

// *Still Sane*, by Persimmon Blackbridge and Sheila Gilhooly. Photography by Kiku Hawkes, Press Gang Publishers, 603 Powell St., Vancouver B.C. V6A 1H2 Canada, 101 pages, 1985, \$12.95.

*Still Sane* is a tremendous book!! Through pictures and text it re-presents an art exhibit by two crazy dykes: sculptor Persimmon Blackbridge and writer Sheila Gilhooly. Through 27 lifesized sculptures integrated with autobiographical writings we hear Gilhooly's story of three years in psychiatric institutions. She was committed because she was a lesbian. The book also includes artists' statements and short articles about the abuses & oppressions of the psychiatric system. This is a powerful book, it makes you wiser. It changes you. It teaches you. It shows the incredible power of art. It is beautifully crafted. The photos are clear and well produced. Read this book.

—Tess //

important to present the works of women of color in the world of lesbian/feminist literati. As a Black lesbian, I have noticed a strange dichotomy between the inner city Black lesbian and the middle class Black lesbian. We share a common distaste and rage for the daily evidence of racism, and yet our different backgrounds make our joint efforts a double-edged reality. Just as our lives as Black Americans trying to make it according to certain rules of behavior in and outside of the Black community, leaves us making alternative choices for surviving—whether that be together or apart.

## still sane

by **Persimmon Blackbridge**

and **Sheila Gilhooly**

Photography by **Kiku Hawkes**

A collaborative work of sculpture and text, **Still Sane** is both a strong indictment against the psychiatric system and a lesbian's struggle to survive institutional violence.

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

*"... 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

ISBN 0-88974-028-3 \$12.95 pb

Order through your bookstore or directly from Press Gang, including \$2 postage.

**Press Gang Publishers**  
603 Powell St., Vancouver, B.C.  
Canada V6A 1H2

# Note Book By Lisa Moore

**I**T SEEMS LIKE a contradiction in terms that *Still Sane*, a book about homophobia, incarceration and psychiatric abuse, should be exhilarating.

With all the books (published by Press Gang, \$12.95) presents us with some stunning facts: we learn, for instance, that electroshock treatment is still being inflicted on mental patients, despite the well-publicized discovery in the early '60s that its victims suffered more from the treatment than from the ailment it was supposed to cure. Significantly, neither federal nor provincial governments still publish statistics about electroshock. 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."

We learn that many mental patients become dependent on drugs that seriously and permanently damage their ability to look after themselves — drugs that their physicians continue to prescribe for them and that hospital staff continue to shoot into their arms or watch them swallow, often against the patient's own wishes. 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 per cent of the cases, respondents were told nothing of the harmful effects of the drugs."

We learn further that the subjective judgment of the psychiatric establishment can define even the most positive factor in someone's life as an illness, a reason to lock someone up: "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."

But the exhilaration one feels after reading *Still Sane* comes from the authors' assertion that "we can maintain our choices, even in the face of literally mind-numbing oppression. Speaking out about our experiences is terrifying but necessary, and smashing through the lies that isolate us from one another is exhilarating."

The book consists of several interwoven elements. It is based on a series of sculptures by Vancouver artists Sheila Gilhooly and Persimmon Blackbridge, documenting Gilhooly's three years of incarceration in B.C. psychiatric hospitals "for being a lesbian." Photographs of Blackbridge's life-sized clay figures, all cast from molds taken of Gilhooly's body and adorned with her words, make the book's visual impact as important as the facts it presents.

The images are often shattering, for the soft, impressionable clay is slashed, stuck through with wires and nails, burned and fragmented to express the terrifying fate of the lesbian mental patient. In addition, quotations from periodicals, government reports, and books on the mental health system are interspersed with the photographs and Gilhooly's text, placing her experience in the context of world-wide psychiatric



Sculpture from *Still Sane*, by Blackbridge and Gilhooly: 'I feel like a survivor, not a victim'

abuse.

The final section of the book includes four articles examining different aspects of incarceration and homophobia, and a detailed bibliography and resource list. These different ways of seeing the problem coalesce into a work of enormous impact.

Persimmon Blackbridge was in Kingston recently to screen a videotape about the show at Red Emma's, the Wellington Street women's club. She emphasized that although the show documents Gilhooly's specific experience, the goal of making it into art is to underline its universality. "It's not just about one woman's unique and unfortunate experience," she said, "but what it was like for a lot of people then and still is for a lot of people now."

In one of the final articles, *Still Happening*, writer Nora D. Randall tells the story of a Vancouver lesbian's contact with the psychiatric profession in 1984, the year that *Still Sane* opened. After seeking help at a hospital to counteract the effects of medication her doctor had prescribed for her, a young woman named Sumi was given more drugs that rendered her helpless. She was separated from her lover and ignored when she requested an explanation.

She had asked to be allowed to leave when she realized that she was to be given more drugs, but this request too was denied. Randall calls this experience typical, and cites it as an example of "the assumptions psychiatric institutions make about the people who come to them for help... [that] a person who

needs help is not capable of knowing what she needs; and a person who comes for help, no matter what she says, wants the staff to take control."

Since psychiatry exists to fit people into a subjectively defined norm, anything the doctor perceives as aberrant can be "diagnosed" as illness. The patient's perceptions are seen as definitively flawed, including (in Sumi's case) her perception of her lover as the most supportive person in her life. Sumi's lover was barred from the psychiatric ward as a menace to her mental health, against her own wishes and the advice of her mother.

Says Randall, "While the official statement of the American Psychiatric Association in 1973 took homosexuality off the list of psychiatric disorders... private opinions of member doctors have been slower to change. In 1984 a professor lecturing at the UBC School of Medicine was still referring to homosexuals as 'sodomites and perverts.'"

This continuing victimization keeps Blackbridge away from her sculpting studio and on the road with *Still Sane* in book and video form. Part of her message concerns the validity of different ways of coping with stress, and the right of people to choose their own way.

"If someone's having a really hard time and sits down and smokes a pack of cigarettes — incredibly self-destructive behavior that inflicts real tissue damage on her lungs — no one is going to lock her up. But if someone takes a razor and slashes her arm or leg for very similar reasons — not enough to kill themselves, but enough to get a shock of adrenalin and make that inner feeling into a social reality — that person is in real danger of being locked up. People act out their hopelessness in different ways, some by staying in university for 12 years, some by staying in a relationship that's killing them."

The video, like the book, is a work of art in its own right as well as an important source of information. The film medium is used with dizzying effectiveness. For instance, the section dealing with Gilhooly's 19 shock treatments centres around a series of frayed, fragmented human figures, while all we hear is an agonized silence punctuated by the sound of singing wires. But Blackbridge points out in the film that the show "is not a series of atrocities designed to freak everybody out. A lot of the pieces are really optimistic and feisty."

One such is the book's final image, entitled *Still Sane*. In it, the woman's body that we have previously seen crushed, mutilated and anguished is now whole and triumphant, her hands defiantly planted on her hips, her head tilted at a confident angle and a genuine smile lighting her face. The strength and integrity of the clay form as well as the bright tones with which it is painted underline this aspect of the show. As Gilhooly says in the film, "I feel like a survivor, not a victim." □

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Charlotte Dorn



from "Bay Windows - New England's Largest Gay Lesbian Newspaper" Aug 28 - Sept 3/1988. Vol 4, No. 35.

Winter, for Ayott, is rich as well. "Her Winterscape" shows us the sea wall, a lashed boat, the ocean riven of its summer blue--yet there's color still in the dry grasses, in the house fronts that line the street. Contrast is evident too in her rooftops from Beacon Street," where the sharp geometric designs formed by the lines of the roofs, sharp and square, find themselves softened beneath and beyond by the grace of the trees.

Ayott's work is not unlike that of Van Gogh's, in its bold brush strokes and vivid use of color, yet her paintings are entirely without the sense of menace that seems endemic to that master painter's world. These places are placid, much-loved, ones you'd like to walk right into and stay in while.

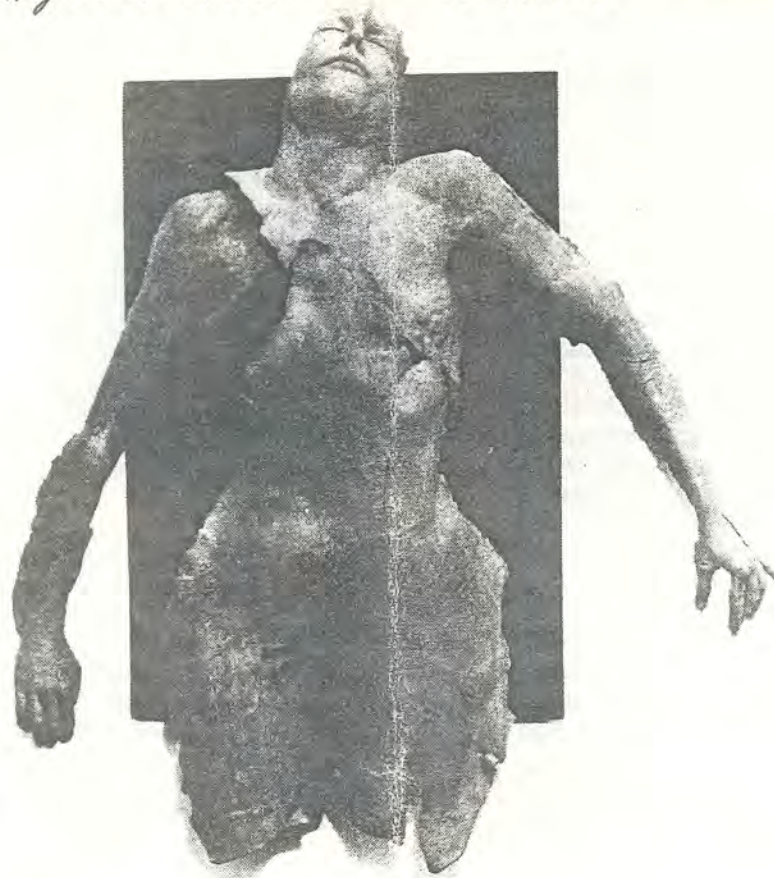
--Patricia A. Roth

## Lesbians in Thrall

Still Sane, by Persimmon Blackbridge and Sheila Gilhooly. Press Gang Publishers, \$12.95.

*Still Sane* is a series of sculptures and poetry put together like a ritualistic dance to help two women, Persimmon Blackbridge and Sheila Gilhooly, recover from their years in and out of mental hospitals and insanity. The book is a catharsis, for both the artist and the reader, a journey full of darkness and pitfalls. And though Blackbridge and Gilhooly's road is much rockier than mine has been, they speak with a familiarity that calls up a personal response. No intellectual analysis to hide behind here: *Still Sane* embraces life in all its rawness.

As a person with a history of clinical insanity in both friends and family, the insides of mental hospitals--regardless of how good or expensive they may be--disgust me. My heart cracked and raged as I read through the 27 passages of *Still*



"The torsos scream with pain and defy a system that is determined to cure them of lesbianism..." Sculpture by Persimmon Blackbridge in collaboration with Sheila Gilhooly. From *Still Sane*.

and healing. There is shock treatment (just a step away from the electric chair), medication and over-medication, abuse, the judgments of doctors, and rapes by night watchmen. The brain scrambles for steady ground even as one reads. I have heard these stories too many times to not believe them.

The sculptures veritably speak: words are lashed, tattooed, etched into the frail plaster sculptures. Nails are hammered into the cunt, needles are shoved into tiny veins, the heart is stitched with chicken wire, more wires sew a delicate figure onto a frame in which she just doesn't fit. The torsos scream with pain and defy a system that is determined to cure them of lesbianism. Then they hang limp, over-dosed

"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."

And I remember screaming at a good friend, M, realizing only after she signed herself in how little I really knew her, but screaming as if our ties had not been broken, "Stay out of shock, stay off the pills, get out of line!" I would plead with her, rage at her, approach with love and concern. But within days of her intake the shock and pills and lines had become a reality for her. Night after night I'd hear her say, "Yeah, Marty. Sure. Gotta go. There's a line for the telephone." And after she'd hung up, I'd hear her shuffling away in her slippers.

She wasn't this crazy before she went in, but she was before they were through with her. With endless voices coming from all directions, with "crazy" embossed on every lip, with the bottomless fear of lesbianism coming from all directions in the name of help, crazy must have become a way of being.

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

It is no surprise that the plaster of paris sculptures are delicate, that they look like grey blobs of wet cement thinly disguising a human being. At their edges they are often thin, ripped or cracked. Even in those rare pieces when the ancient amazon would rise to the surface, when the plaster would look like marble instead of paper or cement, even then the pieces were chipped, whole hunks of shoulder bitten off. Imagine, not only surviving the experience of electro-shock, but also staying in a posture of defiance for 45 minutes while the plaster dries. The straws which bring air to the nose are the only contact with the outside world. The back is arched to accommodate the warrior rising. The face is defiant, but it is not long out of despair: the tears are still wet on the cheek. The plaster gets hot and prickly.

In the appendix of *Still Sane* the artists include an essay entitled "Coming Out Crazy" about the years of recovery and the

...ss of putting the sculpture show  
together. It started with Sheila doing the  
words and Persimmon doing the casts for  
the sculptures, and together they would  
process the painting and design. But Per-  
simmon hurt her back and had to lie flat,  
leaving Sheila to do the casting, with Per-  
simmon giving step by step instructions  
in the mechanical process from her bed.

☛ We spent days talking, reading,  
crying, laughing. The most  
important part for me  
[Persimmon] was talking  
about brain damage. Sheila won-  
dering what she was like before  
shock treatment, who she would  
have been if they let her alone... me  
wondering who I would have been if  
they had left me alone--not forced 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... this secret  
rebellious thought: maybe we have  
something good and valuable to offer  
just as we are. Maybe we shouldn't  
be normalized. ♡

--"Coming Out Crazy"

And I think of L, who, 15 years later,  
is still recovering from the damage that  
comes with electro-shock. I think of V,  
who took a bottle of sleeping pills and  
was so surprised to wake up a week later  
with such a bump on her head; of T, who  
revolved in and out of alcohol programs at  
his family's requests; of my great aunt  
who died with only a teddy bear and a  
nightgown to her name; of S, who just  
gave it up, stopped taking her medicine for  
diabetes and died. *Still Sane* is a story of  
survivors, and what a relief it is.

I recommend reading this book in a  
single sitting, the way Poe says to read a  
short story, to take it in a single bite, to  
experience the passage without inter-  
ruption. Nibble through the wisdom that



Michael Wilde

comes in the appendices, the slow process  
of making the visual the emotional life.  
Like *Psyche*, these women travel through  
the dark passages of the inner mind and  
return again to the light. They found a  
strong and healthy lesbian community in  
which to heal and they come out of the  
book victorious, healthy and not very  
normal. These are two mighty warriors  
who have come to our community.

--Marty Kingsbury

## Odd Bodies

Michael Wilde at the Gallery,  
the Piano Factory, 791 Tremont  
St., Boston, through Sept. 7.

Time was when competent draftsman-  
ship was a prerequisite for being a pro-  
fessional artist. It didn't matter whether  
you wanted to be a representational painter  
or an abstract one: drawing, like perspec-

ive, was one of the fundamentals to be  
mastered. Unfortunately, many of today's  
artists are denying themselves the chance  
to develop fully in the name of a trend  
called neo-expressionism. Of course, dis-  
tortion of reality is a prominent charac-  
teristic of expressionist art, but even the  
original expressionists--Kokoschka, Beck-  
mann, Schiele--knew how to draw from  
life before they began their experiments.

Michael Wilde illustrates my point  
well. The pastel works in his current show  
are trying hard to be realistic renderings of  
people but he has no sense of anatomical  
structure. Body parts relate poorly, if at  
all, to each other. Massive heads are set  
upon puny shoulders. In the portrait *Cor-  
porate Head*, notice how the man's arms  
are scrunched up and made smaller than the  
rest of the body, not to suit any expressive  
ends but simply because Wilde didn't  
know how to work them into the picture.  
If you could pluck this guy out of the  
drawing and into the physical world, he  
would be hideously deformed. Virtually all  
Wilde's attempts at the human form suffer  
from this lack of skill in one way or  
another.

The artist does better when he lets his  
feel for design and patterning come  
through. This is most evident in the  
works he refers to as "paper collages,"  
although they are not collages so much as  
they are cut-and-paste exercises. In a very  
large untitled work, discordant patterns are  
thrown together in a manic hodgepodge  
that would probably work nicely as an  
abstract composition. Wilde's loyalty to  
the realistic human figure, however, gets  
the best of him again. He tries to depict  
wrinkles in a face by cutting out a few  
squiggly pieces of paper and pasting them  
where the wrinkles would be. As a result,  
these paper pieces have the look of graphic  
illustration. There is every reason to ex-  
pect Wilde will improve, but as long as  
the basics remain ungrasped, the palate  
remains unsatisfied.

--Daniel Scott

film

## Straight Men

Men, a film by Doris Dörrie, at the  
Nickelodeon.

What makes straight men tick? Or are  
men? Doris Dörrie asked that and came up  
with *Men (Männer)*, a light-hearted look  
at two very different men who love the same  
woman and come to know each other  
even to blend personalities, as a result.  
The twist is that the lover, Stephan,  
doesn't realize his new roommate  
Paula's husband.

Julius, though a philanderer himself,  
has had a major pout and quit the conjugal  
hearth after finding a hickey he didn't make  
on Paula's neck on the morning of the  
twelfth anniversary. Spying on the lover,  
he follows the scruffy Stephan, a Kinski  
lookalike, and ends up living with him as  
"Daniel" for six weeks while the affair  
going on (largely offscreen). Onscreen, the  
two men are alone together a great deal of  
the time. Julius wants to study Stephan  
and later to manipulate him, all the while  
swamped in his own befuddlement.

But Stephan is his double and his  
opposite, an easy-going, spontaneous ro-  
mantic with a similarly trim body, a man  
in touch with his own emotions, not  
obsessed by them. He is a giver, Julius  
a taker. Stephan even accepts the violence  
of Julius, who not only scalds Stephan's  
hands on purpose but later accidentally  
injures himself, so splintered is his ego.  
It is obvious that Stephan has released  
something in Paula, for she is a gleeful  
anarchic goddess in a brief scene with both  
men. Julius is in a gorilla mask through-  
out the scene, not speaking but grunting.  
Paula fails to recognize Stephan's eccentric  
roommate, and so he is as hidden from

an interview with  
**Persimmon Blackbridge**



by  
**Kim Bailey**

Illustration: Virginia Howard

**S**till Sane is a series of twenty-seven sculptures and narratives by artists Persimmon Blackbridge and Sheila Gilhooly, documenting the three years Sheila spent in psychiatric institutions for being a lesbian. The show, which is recorded on video and in a book of the same name, is a powerful indictment of a mental illness system that treats lesbianism as a disease to be cured with drugs, shock treatment and incarceration. *Still Sane's* overriding theme is one of defiance and survival.

Design: Annick Anyot

I had the good fortune to speak with Persimmon Blackbridge when she was in Ottawa for a talk on *Still Sane*, sponsored by Women's Health Interaction and Women's Place. Persimmon was gracious and warm. We talked for two hours about her life, art, and politics and how the three are interwoven. We discussed the impact *Still Sane* has had on her life and the other lives it has touched. We also discussed alternatives to the current mental health system and the role of feminism in the survival of female ex-psychiatric inmates.

**BTS:** *Could you talk about the process of making Still Sane, and how you personally got interested in the topic?*

**Persimmon:** The process, it's hard talking about things that you've talked about so much. But psychiatry has been an issue for me all my life. My father was locked up, my uncle was locked up, my grandmother was locked up. I started seeing my first shrink when I was twelve because I hated school, which is, you know, pretty neurotic. I mean, hating school, what a terrible thing! At one point I had a school shrink and



downtown social worker. So I was part of that system from when I was very young. I went through a time when I was twenty when I felt like I was totally out of control and so did everyone else around me. This was really hard, it was the worst time in my life.

How I came out of that time was when I decided that I had to have something that was my own. I started doing sculpture and I also became a feminist at that time. So art, feminism and flipping out were all interwoven for me.

I've done a lot of different kinds of things but there's always this underlying politic about it. Some pieces are overtly political, like the piece I did about Palestinians to raise money for them, or just a piece of a woman

dancing. The underlying politics in that piece was in the way I shaped her body, the feeling of it - the feeling of strength, celebration and a sense of power and self. I've also done stuff about psychiatry before. I did a show with a print maker, Portland Frank, who is an ex-psychiatric inmate. She did a bunch of prints and I did a bunch of sculptures on different anti-psychiatry issues. So, it wasn't a real departure to do *Still Sane*.

I'd also done collaborative work before. But never on the kind of scale that we did with *Still Sane*. It's exciting to work together with another artist because when one of us started to flag, the other one would be in with a new rush of energy and we would develop ideas by bouncing off of each other until you couldn't tell whose it was anymore. It's amazing how fertile working like this is.

**BTS:** *In what ways is your life different after Still Sane?*

**Persimmon:** In terms of externals, I'm more famous than I used to be. I've been all over the country. Become a sculptor and see the country!

The big things that have happened have to do with developing my analysis of the psychiatric system. Our analysis really changed in the process of doing it, which is not always reflected in the book and the video.

I think *Still Sane* really reflects the analysis we had when we started out because that was the overview we used to structure it. It's not like we disagree with it now, but our ideas are more complex. The analysis was your standard feminist, leftist analysis which says, psychiatry is a tool of social control. You've got to look at the overview of society and then you can understand that it's used to control people and it's used to further oppression and keep people in line. Which is true, but there's this unspoken corollary that goes along with it that says, *therefore* if you're not oppressed you shouldn't go crazy. That, if we were in a world where no one was oppressed, we'd all be nice and normal. No one would act weird and there wouldn't be people hearing voices or people crying all the time. There is that unspoken attitude that if we lived in a perfect world, we would all be NORMAL.

Where our analysis has grown is seeing that there's an incredible variety of ways of being that human beings can have. The society that we are fighting for is not a society where we can all be normal, it's a society where rules like abnormal and normal are not placed on people.

The example I always use has to do with hallucinations. In some societies, people who have hallucinations are considered an important, valuable part of society. Some people have wonderful visions, but sometimes people have visions that are really frightening. In a society where that's given social value, they're told they are creative, courageous, important people. They are given resources - like other people who've been there before, and who can help them navigate those frightening places. They are told that what they bring back from these frightening places is of value to the rest of society. They are given courage and a social structure that's not telling them that they are too weird, it's too awful, they can't survive. They are told they can survive.

Instead of saying, if we weren't oppressed we wouldn't see things, saying we no longer wish to be oppressed for seeing things. We want there to be room for people who perceive reality on different levels. All you have to do is read a physics book to know that what we call reality is just a social construct.

**BTS:** *Still Sane is very critical of the current mental health system. What do you see as some of the alternatives to this system?*

**Persimmon:** That's a good question to follow all that talk about hallucinations because when I start talking about societies where we're allowed to have our visions, it starts sounding like wifty idealism out there somewhere in the year 3000. But, in fact, I'm talking about stuff that people are doing for each other right now.

When we were working on *Still Sane*, we met an ex-inmate activist who worked with the Network Against Psychiatric Abuse, Dee Dee Ni Hera. We had a lot of talks with her about "going crazy." She gave me a different perspective - not the perspective that I'm going to be cured by politics, or that I have a chemical imbalance and that it's of no use and value and that's a tragic thing. But, rather, now I'm working on being more graceful with it - being able to move in and out of that state with more grace and less fear. Having someone who can talk to me about and can tell me from her own experience that she's not looking to get cured, she's looking to live her life to the fullest. I've met people who will talk about hallucinations as if it's one of the more interesting or more unusual aspects of their lives.

In Ontario, it's great to be asked about alternatives. In Toronto, there is a big ex-patient support group called On Our Own. They have a drop-in centre, they put out a magazine called *Phoenix Rising*, and they run a second-hand store called the Mad Market. There's a women's ex-inmate support group that some of the people at On Our Own have formed. There's also the Coalition to Ban Electric Shock. They've been doing research, public education and court cases. One way to find out what's going on in your area is to write to *Phoenix Rising* because it's a national clearing house for information

So every day, we're all figuring out our own alternatives to running through the streets screaming. Although running through the streets screaming might be a really good alternative on its own. Fighting to make a world that we can bear to live in is a really good alternative to getting locked up.

**BTS:** *Do lesbians relate to your work in a special way?*

**Persimmon:** I think as lesbians, we are starved for images of ourselves because we don't see ourselves reflected in society. It's really important for us to see true images of ourselves, to hear our real voices, our varied voices. It's also really important for the rest of society to hear those voices too because we've got important things to say, they need to hear us.

**BTS:** *Could you elaborate on the role of feminism for the survival of women ex-inmates?*

**Persimmon:** I think that for many women who have been through the psychiatric system, feminism has been an incredible source of strength. It has helped us to see how many of the things that we thought were our fault, our sickness, our problem, are instead exactly where we are most strong and are the things we should cherish about ourselves and other women.

Feminism has also rejected women, though. It has rejected women who can't or won't dress right, talk right or read the right books or act in the right ways. We are loosening up but we've had some fairly tight rules about how we're allowed to be as a feminist. That's been particularly hard for a lot of ex-inmates who have already gone through the exact same thing from the mainstream of society. We only offer them support if they fit in

Another problem for ex-inmates is feminists who get really defensive when therapy is criticized. There are feminist therapists who have committed people to mental hospitals. I realize there are feminists who have never and would never do this kind of thing. But they are still in a relationship of power with their clients and they're still open to so many abuses of that power, both subtle and blatant.

It's important that feminist therapists listen to criticism from the other side. It's important they lend their support to the struggle of ex-inmates as supporters and not leaders. They should let the movement be led by the people who are oppressed by it and not by the professionals.

**BTS:** *How can individual women and women in the helping professions provide help and support for women ex-inmates?*

**Persimmon:** The first thing that jumps to mind is to send money to On Our Own and to the Coalition to Ban Shock Treatment. Let ex-inmate self-help groups use your office space on off-hours, and make sure that you're gone and you let them do it on their own.

Put people in touch with each other. Above all, act with honesty and treat people with respect. We must recognize that we all have different ways of coping in order to live in this world and that your ways are more socially acceptable than somebody else's way, but it doesn't mean that they are any better. Those are my words of wisdom.

*Kim Bailey is a social worker, with a particular interest in women and health. She has written for BTS before.*

# STILL SANE

SARA DIAMOND

**SARA DIAMOND:** What does your project, *Still Sane*, consist of?  
**PERSIMMON BLACKBRIDGE:** It will be twenty-seven life-size body casts or fragments from body casts done in clay, with writing on the bodies or on sheets of paper, metal or wood, coming out from behind the bodies. It deals with the three years that Sheila Gilhooly spent in and out of mental hospitals for being a lesbian. Generally, Sheila did the writing and I did the sculpture, but we overlapped, working together and sharing ideas. It's a documentary; it goes in chronological order, but doesn't have a continuous flow; it jumps through different episodes.

It starts with when she first came out as a lesbian and was committed by a hysterical shrink a week later. The pieces talk about the things that happened in the hospital; about side-effects of drugs that she was given; about the ways that inmates are turned against each other and alliances between patients are broken and good-intentioned staff people end up compromising their ideals or getting fired. There's pieces about the endless, tedious boredom of hanging around this institution waiting for something to happen; about shock treatment, and about the way mental patients are treated when they get out.

There's all these grim, painful pieces, but there are also ones that show her resistance and her fighting back. One piece says on it, "Known throughout the nuthouse for breaking windows and escaping across roofs" and another, "Nineteen shock treatments and I still don't want to be cured of being a lesbian."

**SARA:** So, rather than seeing the pieces and becoming depressed and feeling that this woman is being destroyed, you see the work and become angry and profoundly touched by her capacity to keep her inner core

Persimmon Blackbridge is a Vancouver artist working primarily in clay. For the past two and a half years she and Sheila Gilhooly have collaborated on a sculptural and written record of the years which Sheila spent in a psychiatric hospital. Some of these works have been exhibited in the "Woman to Woman" show (Women in Focus Gallery), Little Sisters Bookstore, the World Conference of Churches conference, the "Sexuality and Seeing Show" (Unit Pitt Gallery) and as part of A.K.A. Gallery in Saskatoon, as part of the Women, Art and Politics conference. The entire, twenty-seven piece series will be shown at Women in Focus in Vancouver, opening September 28 and running to the twentieth of October.

intact, despite all of the humiliations and pressures.

**PERSIMMON:** We feel that the series is a really positive statement. Although it has all this horrifying stuff in it, it talks about the fact that we can have the strength to resist. Sheila had the strength to resist, even though she was isolated and controlled by these institutions, she kept her own spirit inside of her.

Everybody in this culture censors themselves; we really censor the way that we can be in the world; we censor our life and spontaneity as well as our resistance to oppression because there's this threat of: they'll call you crazy and they'll lock you up, or you'll get thrown in prison; something awful is going to happen to you if you don't act normal.

There's one study done of married women who were locked up for being schizophrenic and their rate of hospitalization after being released. The one thing that all the women who ended up re-hospitalized had in common was that they didn't do their housework. All the others had many of the same symptoms: they didn't brush their hair, and they cried a lot, but that didn't get them re-hospitalized. The one thing was not doing housework!

**SARA:** What techniques do you use

to extend your analysis of psychiatric institutions beyond Sheila's immediate experience?

**PERSIMMON:** Sprinkled here and there between the pieces we're going to have clay slabs that will have different situations written on them like, twice as many women as men receive shock treatment, and stuff like that. Also, quotes from studies: there are a lot of studies that show that poor people, old people, people of colour, women and gay people are hospitalized more often, are sent to worse places, are diagnosed more seriously and are kept in for longer. It really runs along lines of class, race, age, sex and sexual preference. It's not removed from how people are treated by society in general. Psychiatry is not an objective science. People going through this show and reading this very personal story will also read these statistics which places it within the whole context.

The other thing about the political and the personal has to do with how I came to do it. I was going through all this struggle about art and politics. I had worked for two years on a sculpture series called *Circus*. It was really bright and had clay women riding lions and eating fire and jumping through flaming hoops. It was really, really fun

and gave people this wonderful, laughing sense of the strength and power of women, but at the same time it wasn't heavy, political work. So I thought, "Okay, now I've had fun for two years, I'm going to do some heavy political art work. For the next months I made a whole lot of crappy sculptures. I kept thinking, "What is this? Why can't I do anything that's real?" The only work that I was doing that was good was about being frustrated as an artist, but the pieces I did about heavy political issues were rotten. I started getting all this stuff in my head like, "Is it true that political art always ends up as bad art and it's propaganda...," you know that line. I was struggling with that stuff and at the same time knowing that there was a lot of political artwork in the world that was really good and moving, and that in fact I had done work that I felt good about.

Then I went to Halifax as a guest lecturer and I had to gather up all my slides, and do this presentation of "This is my life". As I was showing slides, I came to one section, which was some work I did in 1978 about women in mental hospitals. They were little sculptures that had a lot of little things happening that were generalized women in generalized hospitals. As part of that whole series I did two wall plaques that are about these two friends of mine who are still locked up. On each of them was a drawing of my friends and then some words about what their situation was. When I showed those slides and read the words I was practically in tears, in the middle of this art lecture.

Those two pieces weren't really better than the other ones, but they still had this emotional impact for me. On the way back home on the airplane I was considering all these things. I thought, "Well, a lot of the problems with what I was doing was that it was coming only from my head, from this idea that I should be doing this political art work." It wasn't out of a great emotional upsurge, and it wasn't out of a more tactile, flash of an image, it was just all out of my head. I think that art, in order to work, has to be working on all levels at once. It has to be coming from some sort of visual excitement and emotional commitment and some intellectual understanding at the same

StrAckville was this big institution kind of like a WAREHOUSE where they stored people they'd gIven up on. They used to bE there us with it at the Royal Hospital, especially when anyone DID get out there. They'd say, "you don't want to end up like HER do you?" and you'd all be scared into submission for a few days 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. So I had to WAIT. People would hardly tALK to me, cause all the staff was 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 and 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, because the cOPs came and brought me bACK. I waited for three weeks. And then the ambulance came. And they put me IN. And strapped me DOWN. And shut the door. And drove off.



Sheila Little



thought afterwards, "Now that I'm a feminist, it's never going to happen again because I'm never going to get trapped again." But I went through it again last year; I felt really rotten. I guess there were reasons for feeling like that, but it was totally reminiscent of before. I went to another place to some extent.

The thing that was different from the first time was that when I would get these creeping feelings like "Maybe I am crazy" or "Mental illness runs in my family", I had people around who said, "You are not crazy, real things are happening in your life, you're having really strong feelings, you're not crazy, you're just hurting." I used to think that "correct ideas" would prevent "breakdowns", now I think that "breakdowns" are just another normal thing that we sometimes do in cope with this world.

Some people feel really, really awful sometimes and get called crazy, and some people feel really numb and dead, which looks more socially acceptable. Some people cut their arms up; some people smoke cigarettes. They are both self-destructive acts. Smoking cigarettes is worse for you than a little non-suicidal slashing, but cigarettes are more acceptable. People have different ways of handling things. To get support when having a hard time without being labelled and stigmatized and alienated from the rest of society is really important.

SARA: You spoke earlier of the ways that the work exposes Sheila's life and experience. It seems impossible to escape objectifying your subject as an artist, whether in biographical, documentary or semi-documentary work. Part of the art-making process involves creating a representation of

the living real person, something outside of the person being described, something out of their immediate control and a partial truth at best. That process of objectification occurs even when the artist has a sense of integrity and wants to empower that subject. That objectification is not inherently bad; it can allow the viewer to identify, to see into new experiences, to perceive strength and power, not only vulnerability. In this case I think it works in that direction. What steps did you take in your process of collaboration to strengthen Sheila's role within the piece and working process?

PERSIMMON: We worked physically together, but a lot more with ideas. Before I start sculpting and she starts writing, we've talked endlessly. She came up with some of the most righteous, outrageous imagery that's in the work. She writes a whole lot and then I edit it down and then she edits my edit. We've always had this approach that I have final say on the art works and she has final say on the words. When we have disagreement on something, we argue it out as far as we can and what I think weighs with me. But if I think it should be pink and she thinks it should be yellow and we're not going to agree, then it's going to be pink. With the words it's the same thing; she has total control. Also, if she wanted to can the whole project, we'd can the whole project. Even after working on it after two and a half years.

Sheila doesn't define herself as an artist or a writer, but that doesn't mean that she can't participate fully. That doesn't mean that she doesn't have dynamite ideas about how to do the artwork. It doesn't mean that she doesn't write strongly and beautifully. She doesn't have to take on that kind of an identity to be able to participate in a project like this.

There's a lot of shit in this society about who gets to be an artist. It's really encouraged by society that people feel stupid when they look at art unless they're highly educated. It makes me so mad because art is pushed off into this little room where all the power is taken away from it. I want it to be out in the world and full of power and moving people — people interacting with it, instead of all airless and stuffy.

SARA: I can agree, but this piece is a coming together of someone with

highly developed technical skills and someone with a profound sense of their own vision and ability to express that with words, but without formal training. I think the piece is so powerful because of that combination: it is technically well-executed, it has embedded in it the history of your work as a sculptress. This contributes to the power of the images.

PERSIMMON: People who have a real commitment to art work and do it all the time are doing a different kind of artwork. Art is a skill, there's a lot to learn and it takes a long time and you're always learning more. I'm not saying that there's no difference; I'm saying that there should be everything. People should not be made to feel that if they're not a "professional", they can't make art and that what they are doing is unimportant: "Oh, she's just a Sunday painter".

SARA: Why did you choose to create a work that moves from one point in time to another, using numerous pieces, rather than summarizing psychiatry and Sheila's experience in one work?

PERSIMMON: There's so many things to talk about! A lot of how we chose what to do was to talk about a piece and say, "I really want people to understand about slashing; I want people to know that we're not crazy, that slashing makes some kind of sense within the context that it happens." Or...I want people to know when they someone on the bus who's twitching and jittering and looking weird, that it might well be because of their medication, not because they're so-called "crazy." Part of it is making a chronology understandable and a lot of it is really wanting people to know how it feels.

SARA: Why did you choose to use a naked figure as your central image?

PERSIMMON: Sheila's writing style is really verbal and you can hear her voice when you read the words. It has this sense of reality and presence, of "Oh my god! This is a real person and this really happened." Having the physical image of that real person gives that feeling more, makes it inescapable. There is a lot more expressiveness in a naked body and it gives more leeway. If you're making someone with clothes on, you can't really do wild things like scribble all over them with graphite.

SARA: I can agree, but this piece is a coming together of someone with

SARA: It becomes fashion if they're dressed and you do that.

One of the things that I find powerful about this work is that it undermines the traditional use of nudity and the relationship of audience to the naked female figure. The power of these figures and the beauty and intensity of experience make voyeurism very difficult. Instead nakedness becomes an analogy for truth.

PERSIMMON: The violence in this show is like that. I've seen a lot of artwork where violence is done to the female figure in a way that glorifies that violence. The woman is the victim; the other. The viewer is not meant to identify with her pain. In our show there is also fragmentation and violence to the figures, but it happens in a different way. It's showing what's happening to her, but we feel the pain in our own bodies. We identify with her, not with the violence being done to her.

All through it, in the most down and tormented pieces, she still has a really big sense of power and integrity that comes through.

SARA: I wonder if that's in part because she authored the text. You know that it's Sheila's body and voice and that there's a way that they move through that forces you to confront her experience. It's too easily your own, for one thing. It's totally different from the text in pornography where it is authored by someone else, acting as a constant lie denying the body, which is itself being shaped by someone else to constitute a lie about the experience of the imagined (and real) woman. The use of nakedness, text and the images of violence comment on an institution (dominant psychiatry) whose function is to fragment and contain women's power and sexuality. The forced privatization of Sheila's sexual identity as a lesbian is met directly by her nakedness, it becomes a statement affirming the right to that sexuality...

The basic material in the work is clay. How did you work with the clay; what other materials are involved?

PERSIMMON: We have three plaster casts of Sheila's body. The clay is pressed into the casts and, when it stiffens up, pulled out. Then I work on it, tearing it, fragmenting it, changing it. Then it's fired.

I worked with oil paint on clay. I really like the colour and control that

you get with paint that it's hard to get with glaze. I've done a lot of pieces going over the paint with a propane torch, which I originally did when I didn't like the way that a piece was painted. I decided that I would go over it with the torch and take the paint off. It started to burn and get funny and I loved it, it was terrific. I've also painted with autobody enamel with sawdust mixed into it and then burned it with a propane torch. The enamel doesn't burn, it stays the same; the sawdust burns and gets all funny, so there's this glucky texture. A lot of the pieces combine other materials; there's pieces with a lot of metal screen and there's plastic net.

It's incredible using three moulds for twenty-six pieces. I keep thinking that I'm going to run out of ideas. But the limitation makes you explore deeper and deeper. There's a lot of difference between pieces: I changed the expression of their faces, fiddled with the corners of the mouth. Some of them have the head from one mould and the body from another.

SARA: What audience are you aiming for?

PERSIMMON: We want as wide an audience as possible. There's different kinds of audiences. We would like a feminist and lesbian audience; we'd like an ex-mental patient audience; we'd like a shrink audience; we'd like straight people off the street. For some people, it will be support and confirmation and for other people it will be a window into a really different experience and hopefully an understanding of it. We want to publicize it as widely as possible, for example through newspapers and posters: we'd like to put up posters at Riverview [a Vancouver mental institution]. We'd like to put them up in halfway houses, and shrink schools and psychiatric nurses' associations and outpatient clinics and gay and lesbian organizations.

SARA: What are your plans for the work after the *Women in Focus* exhibit in Vancouver?

PERSIMMON: We want to do a book that will have the photos and the text. After putting so much work into it and believing in it politically, we don't want to just show it for three weeks and then leave it. We'd love to travel the show. We want a lot of people to see it.

# ONE WOMAN TRIUMPHS

**STILL SANE: PERSIMMON BLACKBRIDGE IN COLLABORATION WITH SHEILA GILHOOLY** Women in Focus, #204 — 456 West Broadway, til Oct. 20.

**STILL SANE IS** a disturbing show: twenty-two clay body-cast images of women with supporting written material presented in a documentary style narrative. Persimmon Blackbridge paints and alters the clay castings to correspond to the vivid handwritten accounts of Sheila Gilhooly's experience as a mental hospital patient committed by her parents and psychiatrist because she confessed to being a lesbian.

Joyce Woods  
**VISUAL ARTS**

(Also included in between the formally titled pieces of the show are relevant supporting quotes from sources such as newsletters of drug manufacturers, medical staff, and government statistics.)

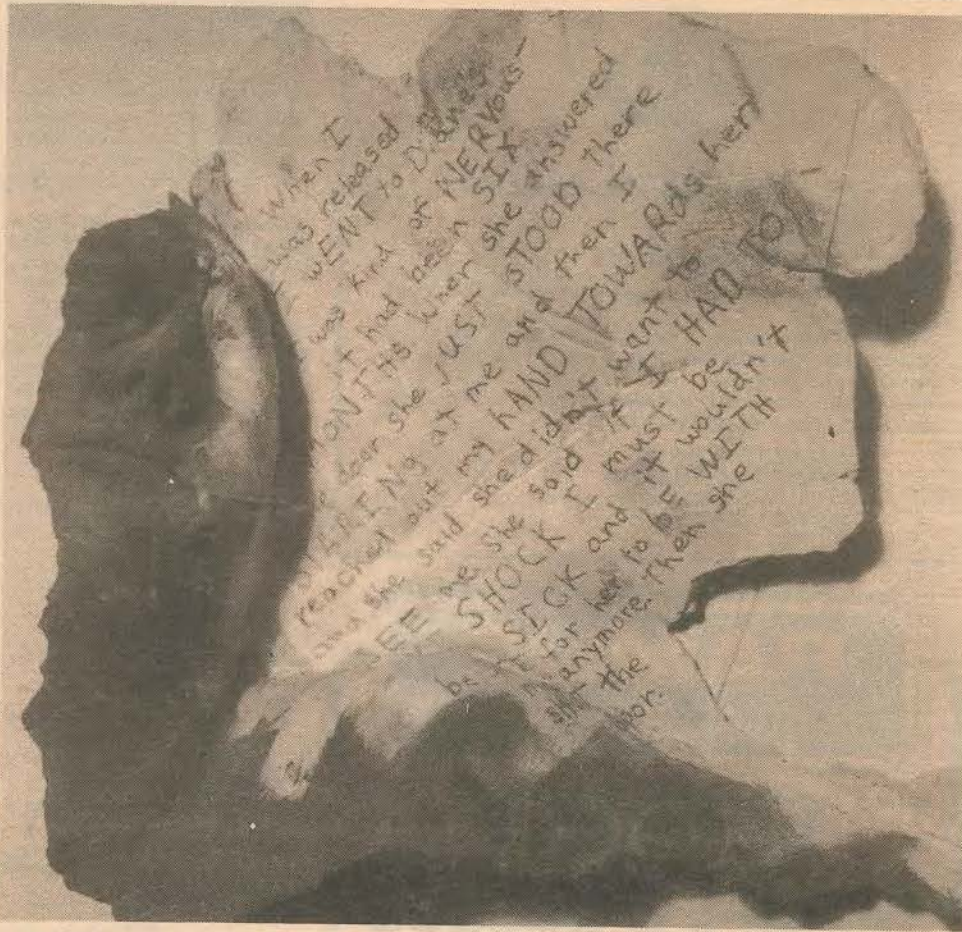
*Chlorpromazine* is a piece named after one of the several powerful drugs given to Gilhooly and other patients. The figure in this work — as in many others — wears a confused and frightened expression. An accompanying statement by Gilhooly recounts an incident in which she suffered extreme side effects from high dosages of this untested drug. When Gilhooly, under the heavy influence of drugs, lost her way in the hospital, or stuck her head out of a closed window, the hospital staff upped her dosage of drugs — causing her behaviour to become even more irrational. On a small slab of clay near this piece is a reference quoted from the International Drug Therapy Newsletter stating that in about 70% of cases where patients were given drugs none were first told of the possible side effects.

Other pieces such as *Red Shock*, *Birchwood*, *Grey Shock*, and *After Shock* specifically relate to the horror and inhumanity of shock treatment.

*Flight*, however, is an exuberant image of freedom. A fellow mental patient "known throughout the nuthouse for breaking windows and escaping across roofs" is given a glorious facial expression. Feathers emerging from her radiantly painted body symbolize her victory.

In spite of the brutal and

PAULA LEVINE PHOTO

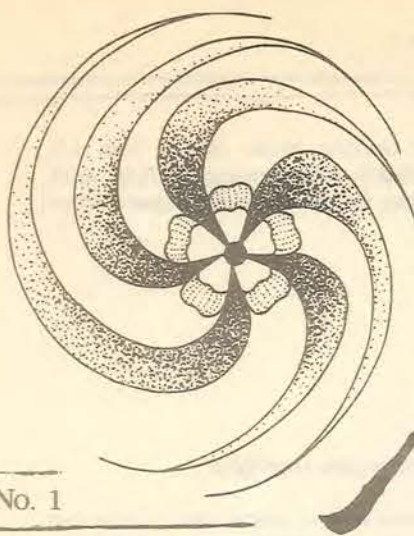


**DIANE**, sculpture by Persimmon Blackbridge, text by Sheila Gilhooly

humiliating treatment inflicted on Gilhooly throughout her confinement she managed to emerge from this experience "still sane" with the help and support of a sympathetic group of women.

This show with its cruelty, violence, and eventual triumph is a strong social and political comment. **Still Sane** — the product of two years of intensive work — packs a powerful, emo-

tional message about one woman's struggle for freedom — a fitting exhibition to coincide with Women in Focus's decade of service to the local women's community.



# Hurricane Alice

a feminist review

Vol. 3, No. 1

Fall 1985

\$3.50

## Outside the Sisterhood — Ageism in Women's Studies

Barbara Macdonald

UNTIL WE SEE how invisible the lives of old women are, and why, we cannot even begin the kind of radical change that the challenge of feminism demands.

From the beginning of this wave of the women's movement, from the beginning of Women's Studies, the message has gone out to those of us over 60 that your "Sisterhood" does not include us, that those of you who are younger see us as men see us — that is, as women who used to be women but aren't any more. You do not see us in our present lives, you do not identify with our issues, you exploit us, you patronize us, you stereotype us. Mainly you ignore us.

Has it never occurred to younger women activists as you organize around "women's" issues, that old women are raped, that old women are battered, that old women are poor, that old women perform unpaid work in the home and out of the home, that old women are exploited by male medical practitioners, that old women are in jail, are political prisoners, that old women have to deal with racism, classism, homophobia, antisemitism? I open your feminist pub-

From a speech given at a plenary session of the National Women's Studies Association, Seattle, June, 1985.

lications and not once have I read of any group of younger women enraged or marching or organizing legal support because of anything that happened to an old woman. I have to read the *Los Angeles Times* or *Ageing International* to find out what's happening to the women of my generation, and the news is not good.

I have to read these papers to find out that worldwide old women are the poorest of the poor; or that in this country old women are the largest adult poverty group; or that 44 percent of old Black women are poor; or about the battering of old women, about the conditions in public housing for the elderly in which almost all of the residents are women, or that old women in nursing homes are serving as guinea pigs for experimental drugs — a practice forbidden years ago for prison inmates.

But activists are not alone in their ageism. Has it never occurred to those of you in Women's Studies, as you ignore the meaning and the politics of the lives of women beyond our reproductive years, that this is male thinking? Has it never occurred to you as you build feminist theory that ageism is a central feminist issue?

I LOOK AT the indexes of your recent texts — on women and economics, on women and unpaid work, women and psychology, images of women in literature, on Black women, on working-class women, on women and violence — and I find nothing under "old" or "aging."

Read those books used in Women's Studies as an old woman reads them. They discuss the socialization of little girls from the moment of birth, the struggles of women through adulthood — and it turns out that "adulthood" ends with menopause, or with some attention to the woman in her fifties who is a displaced homemaker. Well, just try being an 85-year-old Black woman in a shantytown in L.A., just trying to cross the street, when your life is valued at only two hundred sixty-five dollars in the courts — try that for a displaced homemaker. But we are not women to you; we are not adults. We are as invisible and as irrelevant in your classrooms as we are in a hostile male world — a world where we fight not only the same oppressions younger women do, but the oppression of ageism as well, and all without the support of the women's movement.

Continued on p. 2

## Creating a Mad Culture

Jenny Miller

THE BAY AREA women's community was given a rare treat last spring with the arrival of two Canadians, Persimmon Blackbridge and Sheila Gilhooly. They brought with them slides of their sculpture exhibit, *Still Sane*, which was shown a year ago in Vancouver. The twenty-seven sculptures in the exhibit convey with devastating impact Sheila's experience of coming out as lesbian, being committed to psychiatric institutions as a result, and the degradation and assaults that accompanied her life in and out of institutions. But above all they are a tribute to her courage in resisting the psychiatrists' attempts to annihilate her identity as lesbian, and to transform her into their image of femininity. As Sheila describes it, this meant being "always good and smiling, never complaining, keeping my mouth shut, always obedient and quiet and nice and smiling, in the middle of this hellhole..." Although she eventually did conform to their standards in order to be released from the institution, she managed to survive the years of atrocities — including nineteen shock treatments, repeated sexual assaults from a male attendant, being locked in seclusion, massive drugging — with her rebellious spirit intact.

In the text that accompanies one of the sculptures, Sheila explains that she had always suspected she was a lesbian, but couldn't identify with descriptions of butches and femmes and women who wanted to be men. When she finally began a love affair with another woman, "my whole being had the jitters but it felt like coming home." Her lover Diane urged Sheila to see a shrink to resolve any guilt she might have. Sheila picked out the name of a woman shrink, thinking she would be easier to talk to. Despite Sheila's happiness about her new relationship, the shrink spent almost the whole session telling her how awful it was. After Sheila left her office, the shrink called the Royal Hospital to arrange for her to be admitted. Sheila spent the next three years in and out of mental hospitals.

Each of the clay sculptures was created by Persimmon from a plaster cast of Sheila's body. She then painted the clay and added other materials, such as wood, melted glass, and feathers. Sheila wrote the text that accompanies each of the sculptures. It's not possible in the space of this article to explore the totality of Sheila's experiences as presented in the slide show,

but one aspect of her experience that was particularly relevant to those of us who live in Berkeley is the depiction/description of electroshock, the use of which has been increasing here since the court overturned the shock ban initiative.\* In Sheila's words:

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

*...They 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 no where to run to...*

*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 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. I didn't even have it together to be pissed off. I just felt scared... 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 effect of shock treatment.*

\*An initiative banning the use of electroshock was passed by 61 percent of Berkeley voters in November 1982. The ban was the culmination of ten years of organizing, educational work, and political action. After the ban was passed, a number of psychiatric groups, including the American Psychiatric Association, sued the city of Berkeley to have it overturned. In January 1983 a temporary injunction permitting the practice to continue was granted, and in September 1984 the court granted the psychiatrists' motion for a summary judgment overturning the ban without permitting it a full hearing on its legal merits. The city of Berkeley is appealing this decision.



Courtesy Persimmon Blackbridge and Sheila Gilhooly.

After the slide show at West Berkeley Library, other women in the gathering who had survived psychiatric institutionalization shared their thoughts, some in the form of poetry and short stories, and discussed the lack of support in the women's community around issues of psychiatric violence. Everyone seemed to feel that Sheila and Persimmon's work represents a new dimension in the creation of "mad culture," and that its effect would be felt for a long time to come.

A book of photographs and text from the exhibit will soon be available from Press Gang Publishers. They are seeking donations to help with the publication expenses. A videotape of the exhibit and its creators will also soon be available. For more information, write to Persimmon Blackbridge and Sheila Gilhooly at Press Gang, 603 Powell St., Vancouver, B.C. V6A1H2. □

## Editorial

The basic constellation of our personality forms around some mother figure. These mothers give us our first experiences of love and loss, of ecstasy and rage. In many ways, we spend our lives trying to repeat — or to make up for — what we got from our mothers.

Our mothers are the source of our wounds and the source of our strength. In families it is women who transmit patriarchal culture to children, and it is also women who transmit subversion. We're all marked by this contradiction: that the peacekeepers of the patriarchy are also its underground conspiracy. Somewhere in our heads, we are all unindicted co-conspirators.

In this issue, *Hurricane Alice* celebrates mothers and ancestors, with different writers giving very different accounts of mother relations. Barbara Macdonald's polemic deploring the persistence of family roles — especially the mother role — among feminists sets against Merle Greene's luminous narrative of intimacy with her mother. Sophronia Liu's poem contrasts her mother's experience, across a wholly different culture, with her own. Peter Erickson reviews *The (M)other Tongue: Essays in Feminist Psychoanalytic Interpretation*, a new anthology edited by three feminist scholars, two of them editors of *Hurricane Alice*: one premise of the book is that Freud's inattention to his own mother's voice has distorted psychoanalytic theory. Nellie Wong's poem literalizes the pictures in Chinese characters and finds her own family relations described in them. And Meridel LeSueur, who proclaims herself an ancestor of progressive feminists, is the subject of a review essay.

There are other good things here as well: two critical essays on film; a sensitive review of the prize-winning novel, *Love Medicine*; a review of a remarkable exhibit of sculptures by two Canadian artists; and some sparkling brief reviews, as well as drawings by Ausma Ehlert. This issue begins our third year of publication. We're happy to be reaching an expanding readership, and we're full of plans for the future. Some of the themes we are considering for upcoming issues include women and music — all kinds of music; autobiography; women and built space; and nonfiction as a feminist form. Readers who would like to become contributors are encouraged to submit their writings on any of these themes — see the notice in our Announcements column on p. 11. And even if you don't want to submit material, write us a letter — let us know what you think.

Martha Roth

Continued from p. 1

Meanwhile, as the numbers of old women rapidly increase, the young women you taught five years ago are now in the helping professions as geriatricians and social workers, because the jobs are there. They still call themselves feminists but, lacking any kind of feminist analysis of women's aging from your classrooms, they are defining old women as needy, simpleminded, and helpless — definitions that correlate conveniently with the services and salaries they have in mind.

But it is worse than that. For you yourselves — activists and academicians — do not hesitate to exploit us. We take in the fact that you come to us for "oral histories" — for your own agendas, to learn your feminist or lesbian or working-class or ethnic histories — with not the slightest interest in our present struggles as old women. You come to fill in some much-needed data for a thesis, or to justify a grant for some "service" for old women that imitates the mainstream and that you plan to direct, or you come to get material for biographies of our friends and lovers. But you come not as equals, not with any knowledge of who we are, what our issues may be. You come to old women who have been serving young women for a lifetime and ask to be served one more time, and then you cover up your embarrassment as you depart by saying that you felt as though we were your grandmother or your mother or your aunt. And no one in the sisterhood criticizes you for such acts.

But let me say it to you clearly: We are not your mothers, your grandmothers, or your aunts. And we will never build a true women's movement until we can organize together as equals, woman to woman, without the burden of these family roles.

MOTHER. GRANDMOTHER. Aunt. It should come as no surprise to us that ageism has its roots in patriarchal family. But here I encounter a problem. In recent years feminism has moved from a position in which we recognized that family is a building block of patriarchy, the place where sexist hierarchical roles are learned, where the socialization of girls takes place, the

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Printed by Sell Publishing Co., Forest Lake, MN

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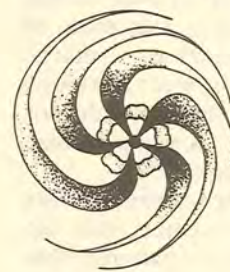
When one of our voices first suggested publishing a feminist review, Shirley said, "I have had a fantasy of doing something like this for some time, and I already have a name for it: Hurricane Alice. I want to turn upside down the long-time habit of naming destruction after women." Alice, Alisoun, the Wife of Bath, and the sense of the calm at the center of the storm were other associations that immediately welcomed that first naming of Hurricane Alice.

As I looked more closely into the nature of hurricanes and the history of Alice to help me select a sign for the review, I discovered other meanings and associations that suggested our sense of Hurricane Alice. It was as though the name had chosen us.

A simplified description of the origins of a hurricane suggests that it starts from a depression. Once formed, it is characterized by winds that move with great force in a counterclockwise direction. Its shape is an elliptical circle which traces the beauty and energy of a spiral and which is marked at the center by a clear eye of calm.

Alice is a given name for women that comes down to us from two sources: from the Old High German where it meant "nobility" and from Greek where it meant "truth."

The design that we selected for our sign —



— suggests a hurricane's form. The flower at the center highlights the feminine aspect of the eye of calm. The arms radiating out from the flower, in a counterclockwise direction, suggest the winds that move in a direction contrary to the prevailing sense of flow. We also liked the fact that the flower design comes from a piece of needlework — a traditional expression of women's creative energies — fashioned by a Renaissance woman.

Regina Strauchon Sugnet

unit by which women are colonized, manipulated, controlled, and punished for infraction — from that basic tenet of feminist theory, both mainstream and radical feminists have moved back to reaffirming family.

Mainstream feminists are buying the notion that as long as a woman has a "career," family is a safe and wholesome place to be. Radical feminists have affirmed family as the source of our cultures — as a way of understanding our strengths and our oppres-

### What has never come under the feminist lens is the daughters' oppression of the mother

sion as Black, Jewish, Hispanic, Asian-American, native American, working-class women. This return to family is reflected in our writings, where less and less is father seen as oppressor, but more as another family member, oppressed by white male imperialism. (*And, believe me, he is.*)

It will be for future feminist historians to explain how it was that in our return to family we never questioned its contradictions to our earlier feminist theory. Not that we can't contradict our own feminist beliefs — they aren't written in concrete — just that we never acknowledged the contradiction.

Nor can history fail to note that our return to family coincides with a reactionary administration's push back to family values. Nor can it ignore that our lesbian baby boom coincides with the Reagan years' baby boom to save the Gross National Product.

But if we are to understand ageism, we have no choice but to bring family again under the lens of feminist politics. In the past, we examined the father as oppressor; we examined his oppression of the mother and the daughters; in great detail we examined the mother as oppressor of the daughters; but what has never come under the feminist lens is the daughters' oppression of the mother — that woman who by definition is older than we are.

The source of your ageism, the reason why you see older women as there to serve you, comes from family. It was in the patriarchal family that you learned that mother is there to serve you, her child, that serving you is her purpose in life. This is not woman's definition of motherhood. This is man's definition of motherhood, a male myth enforced in family and in which

you still believe — to your peril and mine. It infantilizes you and it erases me.

This myth of motherhood is not a white American phenomenon. Barbara Christian in her book *Black Feminist Criticism* points out how this myth is uncovered in the fiction of Alice Walker writing about Afro-American life and by Buchi Emecheta writing about Ibuza life. And nowhere, I believe, is it as bad as in white imperialist culture. This myth is summed up by the Ibuza saying: *The joy of being a mother is the joy of giving all to your children.* It is internalized by the young mother, but then internalized and perpetuated by her daughters. So that even when — as in Emecheta's *The Joys of Motherhood* — the mother comes to some insight, her daughter continues to see her as existing only for self-sacrifice.

The old woman is at the other end of that motherhood myth. She has no personhood, no desires or value of her own. She must not fight for her own issues — if she fights at all, it must be for "future

*To the extent that she no longer directly serves a man — can no longer produce his children, is no longer sexually desirable — she is erased more completely as grandmother than she was as mother*

generations." Her greatest joy is seen as giving all to her grandchildren. And to the extent that she no longer directly serves a man — can no longer produce his children, is no longer sexually desirable to men — she is erased more completely as grandmother than she was as mother.

It is for these reasons — because of everything you learned in the family — that you, as feminists, can continue to see the older woman as a nonperson. It is for these reasons that you believe our lives as old women are not so important and that we exist only to serve you. We have all been so infantilized in the family that we have never made ourselves as daughters accountable as oppressors of our mothers — and we should know only too well that the failure to acknowledge the oppressor in ourselves results in confused thinking and a contradictory image of those we op-

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# ISSUE

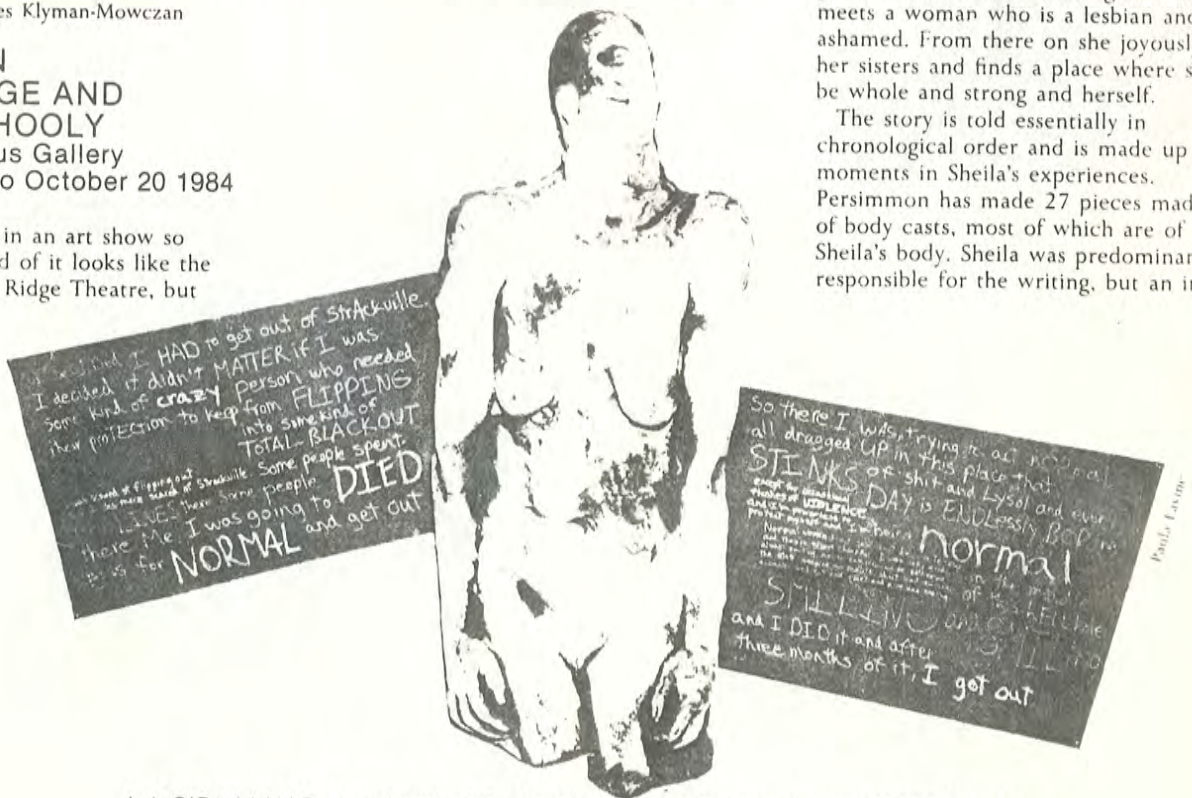
Jan./Feb. '85

\$3.00

Untitled, 1984, James Klyman-Mowczan

**PERSIMMON  
BLACKBRIDGE AND  
SHEILA GILHOOLY**  
Women In Focus Gallery  
September 28 to October 20 1984

Rarely in one's life in an art show so moving that the end of it looks like the crying room at the Ridge Theatre, but



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 proTEction to keep from FLIPPING into some kind of 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 act nORMAL, all dragged up in this place that STINKS of shit and Lysol and every DAY is ENDLessly BORing except for occasional flashes of VIOLENCE and I'm powerless to protect myself and I'm being normal, Normal women don't talk about being a lesbian and they're always cheerful. I was very good, always 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 hELLhold SMILING and SMILING. And I did it and after three months of it, I got out.

Robert Kezere

such was the case at "Still Sane" a collaborative show by Persimmon Blackbridge and Sheila Gilhooly. Persimmon is a ceramic artist who spent 2½ years working with Gilhooly to create a sculptural and written history of the three years Shelia spent in psychiatric hospitals.

"Still Sane" tells the story of Gilhooly who at 19 has her first lesbian encounter. Since she didn't understand the implication of this act and since her lover went to a psychiatrist, she also goes to one. Within a week she was "locked up". Once "in" she was given excessive medication and treated as crazy. Eventually she questions her own sanity, performs self mutilation acts and receives 19 electroshock treatments all because she does not want to be cured of being a lesbian. Finally because she is so angry/violent/anti-social she is sent to Strackville, an end-of-the-line facility. There her self preservation instincts take over and she wises up. She does everything they say, she keeps smiling and eventually gets out of the hospital for good. She continues to be "good" until she meets a woman who is a lesbian and not ashamed. From there on she joyously joins her sisters and finds a place where she can be whole and strong and herself.

The story is told essentially in chronological order and is made up of moments in Sheila's experiences. Persimmon has made 27 pieces made up of body casts, most of which are of Sheila's body. Sheila was predominantly responsible for the writing, but an intense

Paula Laxme



interaction and hours of consultation were necessary to blend the words to figures with such complete unity.

The words themselves are written on the casts, or on metal, wood or paper behind the forms. Scattered between some of the pieces are clay slabs with factual information relating to the mental health field, such as "twice as many women as men receive shock treatments" or "Pharmaceutical industry spent \$1 billion in 1971 to promote drugs at a rate of \$5000 per doctor... 65% of all drugs are psychoactive". The written element of the pieces is told in the first person. This is juxtaposed to the body forms thereby intensifying the image of a narrative. The forms themselves have been painted, fired and otherwise treated to reflect the intent of each statement. In "Aftershock" her body actually oozes.

As Shelia becomes more and more institutionalized, drugged and otherwise abused the script also becomes more jagged and the figure more damaged. By the time they have her at Strackville she is closed in upon herself, her colouration is chalky, the words come in uneven spurts. Her desperation is total. Even so Persimmon and Sheila see this piece as one of hope and the character as being strong, as having power and perseverance.

One piece called "Unladylike Behavior" is defiant. She had been given a razor to shave her legs because when she

performed in socially acceptable ways she was given points. Instead she slashes herself. Great red gashes mar her body, yet instead of looking frightened, as some of the figures do, she looks triumphant. This is an act of self determination in a totally controlled world.

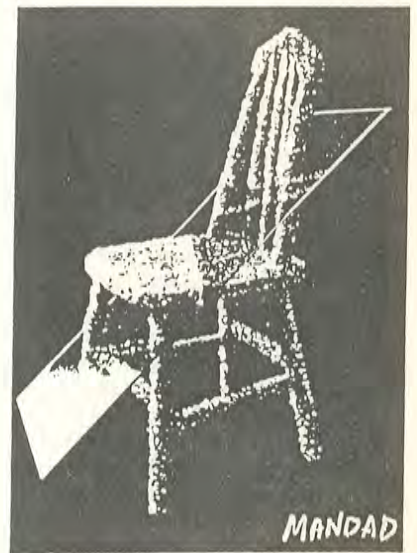
Feminism is an integral part of this show. Not because the message is about lesbians but by its very form. Our society deifies the individual, the artist. Competition is integral in our very approach to art. Blackbridge and Gilhooly use the form-collaboration-to create a work which goes beyond the ego of the artist. This plus social involvement (content) are but two of the political dialogues of the feminist art movement.

Because of the expletive craftsmanship of the work there can be no denegration of Still Sane from this quarter, but the work is not aimed at a corporately controlled art element, and as such may be attacked as propaganda, the work is not propaganda. It is art in its highest sense. Finely crafted, beautiful to look at and heart rending in its effect.

Persimmon is an incredible artist with an innate understanding of what feminism is trying to effect on the world. The fact that she has worked with a woman who does not define herself as an artist in itself challenges the question of who is permitted to make art.

In this collaboration she and Shelia created a work so profound that it is a pity the elitist powers of the art world would not let the show into their hallowed halls. Not to belittle Women In Focus, the fact that this work was not in a more prestigious gallery was a loss to many artists and viewers who never see art when it is outside the accepted or mainstream galleries.

Jeannie Kamins



AT EVERY RECORD OUTLET KNOWN TO CIVILIZED MAN

NANCY BOYD: Dec 1-14 Watercolour—City Herms (objects)

DAN JOY: Dec 15-31

FRANK MOZETIC: Jan 1-14  
Line work, simple face in colour

IONA CORROU: Feb 1-15

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# Issues & Actions

NEWSLETTER OF THE COMMUNITY

FORUM ON SHARED RESPONSIBILITY

## 500,000 ADULTS IN TORONTO CAN'T READ THIS!

See page 3

### The Right to Read

John O'Leary

"I was blind, now I can see".

That is how one student in a Toronto literacy program has described the experience of learning to read.

It is an experience that is being shared by about 3,000 adults in our community. People are being taught in their own apartments, in community centres and cafes, in small classroom groups and in the quiet corners of libraries.

They are being taught by teachers in school board programs, by the community college instructors and by volunteer tutors from the literacy agencies that make up the Metro Toronto Movement for Literacy (MTML).

We know how to teach people to read and write. An adult student who begins learning in one of these programs today, will be able to send and receive cards by the time of the holiday season. He/she will be able to read a job application, to select or accept a book as a gift, to read with his/her family or friends.

Despite this competence, the literacy movement is reaching only a small number of those adults who need help with reading and writing. The 3,000 adults in Metro being taught are being taught effectively. But there are an estimated 250,000 adults in Metro who are functionally illiterate or who cannot read at all.

These people have the right to receive the kind of tutoring that the literacy movement is capable of providing, today, when unskilled and semi-skilled jobs are being wiped out and when most adult training programs require a minimum Grade ten for admittance, these people are coming forward and asking for literacy training.

The numbers looking for tutors are increasing. The numbers being tutored remains the same.

Why?

In Ontario, everyone must stay in school until age sixteen. Part of the assumption behind this rule is that a student going through Grades one to eight will at least learn the basics of reading and writing.

For most students, this is true. However, there will always be a number of people who do not learn these basics. They leave school early, they are not taught properly, they are ill, they are labelled "slow" or "retarded". Whatever the reason, they will inevitably be students who slip through the cracks. These are the people who need a "second chance" at learning as adults. They are not getting it.

Our federal and provincial governments have simply ignored the problem. They continue to do this now.

Instead of recognizing the reality of the situation and funding the literacy groups Continued on page 5 -- See [Viewpoint](#)

### Really "Shocking" news for women



Photo by Frances Rooney

Sheila Gilhooly spent years in and out of psychiatric institutions and had numerous shock treatments because of her lesbianism. The two pictures accompanying this article are from her and Persimmon Blackbridge's sculpture exhibit, "Still Sane". "I've felt mostly ashamed of my scars till just recently...Of the people I did tell, nobody ever asked me questions or seemed to want to know more about it or anything." Sheila Gilhooly.

"Then something bent down and took a hold of me and shook me like the end of the world. Whee-ee-ee-ee, it shripped, through an air crackling with blue light, and with each flash I thought my bones would break and sap fly out of me like a split plant. I wondered what terrible thing it was that I had done."

"Since shock treatment, I'm missing...years...I was a trained classical pianist...Well, the piano's in my house, but...I don't have that kind of ability any longer...I've lost people, too. People come up to me and tell me things we've done. I don't know who they are, I don't know what they're talking about."

"I was given...shock treatments for depression...after my fourth child was born. I did not give consent...My former husband...signed the paper...I had...the feeling of being led to the slaughter...I feel so alien...because of the damage...One

of my children's interviews was terrifying me because I didn't want to reveal what I had experienced, and the gaps in my memory--I was still in the closet. Finally, the anxiety got so bad I would completely avoid people."

The experiences of the three women above were as a result of electroshock (ECT). Dr. Bonnie Burstow, Co-Chair of the Ontario Coalition to Stop Electroshock, describes it as "the way a gentleman beats on a woman or, alternately, a gentlemanly form of rape." Electroshock is, at any rate, a highly damaging psychiatric "treatment" which enforces what is traditionally "female" at a time when women are trying to break out of those roles. "It should be abolished!", Burstow continues. "It is something which we as women simply cannot afford to ignore."

The basic facts, according to the Coalition, are:

- Two to three times as many women as men get electroshock;
- Shock doctors openly recommend ECT for women and men whose jobs do not require a lot of thinking;
- Women often receive ECT for post-partum depression - a natural occurrence which can be addressed naturally and which disappears on its own in the course of time;
- Women have a higher seizure threshold than men. They are administered more electricity per treatment, accordingly, and probably sustain greater damage;
- Over 90% of all shock doctors are male.

Continued on page 2

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## ARTS

# Still Sane Sculptor mixes art and politics

by Sima Elizabeth Shefrin

If there's anyone out there who still thinks that art and politics don't mix, I wish they'd go see Persimmon Blackbridge and Sheila Gilhooly's show *Still Sane* which will be opening September 29 at Women in Focus Gallery. This two and a half year project is a documentary, in words and sculpture, of Sheila's successful struggle to stay sane, to emerge whole from the psychiatric hospitals where she spent three years because she is a lesbian. The show is coherent and elegant, although very disturbing. It speaks from the experience of its creators, and it makes a clear and direct political statement.

Each of the clay sculptures by Persimmon is a life-sized portrait of Sheila. Each piece includes Sheila's words describing the pressures and abuses and punishments with which she had to live.

Persimmon made the sculptures by pressing clay into molds which were made by taking plaster casts of Sheila's face and arms and body. Persimmon and Sheila discussed the gestures and facial expressions together and practised in the mirror. When the clay in the molds was leather hard it was taken from the molds and cut or altered in various ways according to need. In some cases only fragments of the originals remain. It was then cut into peices to fit in the kiln, and glued together again after firing. Finally each piece was painted, sometimes burned, sometimes combined with other materials such as metal, or wire or feathers.

Although Sheila is the subject of each piece, she is in no way merely subject



matter. She and Persimmon worked on the project together and bounced ideas off each other. And Persimmon has had her own unfortunate experiences with the mental health profession. The work shows Sheila's hurt and despair, but it maintains respect for her. We admire her strength rather than pity her circumstances.

The twenty-seven pieces are hung in chronological order. The first words describe Sheila's first relationship with a woman, and her first visit to a psychiatrist. The sculpture is a double image of her, with her pleasure at coming-out being gradually overshadowed by the self-doubt

planted by her reading, her lover, her parents, and by the doctor who had her committed. The bulk of the show describes her experiences over the next three years in and out of mental hospitals. Each piece is carefully crafted. The sculpture matches the words in mood and content. Each works visually, and each fits into the series.

Here we see four white Sheilas painted in autobody enamel scratched with pencil marks, deadly but not lifeless, conveying the gloom of the institutional lineups they describe. I can almost smell hospital on them. There, thick wire mesh all over Sheila's body and especially her face describes as vividly as the accompanying words the disorienting effects of the drug chlorpromazine which she was to take. The grim comic relief of "*Known throughout the nuthouse for breaking windows and escaping across roofs*" shows a grinning Sheila with feathers sprouting from her shoulders. Again the words and images reinforce each other.

The shock treatment pieces are very depressing. One shows Sheila so fragmented she is wired to a frame to hold together. Another shows seven grey Sheilas representing the seven people she describes who were sent to shock treatment together that day. But "*after nineteen shock treatments*" she tells us, "*I still didn't want to be cured of being a lesbian.*"

The rest of the sculptures are about her determination to get out, to pass for "normal", and how hard it was to do. Finally as she describes becoming less isolated, meeting other lesbians who tell their own stories, we see other women's bodies, including Persimmon's. The last piece is

**One shows Sheila so fragmented she is wired to a frame to hold together. "After nineteen shock treatments I still didn't want to be cured of being a lesbian."**

Sheila whole - the only piece in which she is whole, with no jagged edges or broken parts, with the words "*Still Sane*" shining across her body.

Sometimes art shows make you feel incompetent, as though you shouldn't be there unless you know more about art or at least have the vocabulary to fake it. Persimmon and Sheila's show has none of these problems. It is straightforwardly presented (as Persimmon's work always is) and is not difficult to read and understand.

However, it is not easy to look at because of the subject matter, the incredible



oppression by the mental health establishment, and the pain and depression in some of the pieces. It is easy to feel afraid, or to feel guilty because you haven't been feeling afraid. It took me a long time to read the words, and I am frustrated in my own attempts to describe the pieces. Sometimes the work makes people feel sick or cry. It is tempting to disassociate, to find reasons why the show doesn't apply to you - because you've never been a mental patient or because you're not a lesbian, or because homosexuality is no longer illegal or officially classified as mental illness, or because surely that sort of thing doesn't happen in our enlightened and liberal age. But the story is interspersed with quotes about the contemporary psychiatric industry which help make the connections to every one of our lives clearer. For example, twice as many women as men receive shock treatment.

While Sheila's story is an extreme example of how mainstream institutions try to control our values and our lives, it is only a vivid example of a process that is happening all around us, and happening increasingly as right wing governments eliminate legislation which protects human rights and restricts services which protect human dignity. Schools and other institutions teach us that the fair-skinned middle class nuclear family represents normality; that hierarchy and competition are the accepted modes, and that private property is an important value. The prison system punishes those who deviate in some ways; the mental health care system punishes others.

Persimmon and Sheila have provided us with a reminder of how vulnerable those of us without money and power really are. Sheila's story is scary because it could happen to anyone. But the show is also a reminder that individually and especially collectively we can look after ourselves, and change for the better the world in which we live.

*Still Sane* will be showing at Women in Focus Gallery, second floor, 456 West Broadway from September 29 to October 20, Monday to Saturday from 12 noon to 5 p.m. In addition it will be open during the following events: Thursday, October 4 at 8:00 p.m. there will be a panel discussion on psychiatric abuse; Saturday, October 13 at 8:00 p.m. there will be a performance of music, theatre and dance; and Saturday, October 20 at 8:00 p.m. there will be a performance of music, theatre and soap opera. Everyone is welcome to all events.

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# still sane

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.

By ANNETTE HURTIG

*Still sane* sets the house on fire. It isn't pretty. It makes you angry. It's frightening because you know it's true because if you're a woman or a girl, you've experienced it, one way or another, more or less.

Published by Press Gang, *still sane* documents the process of creation and the pieces created for an exhibition of the same name, a collaborative combination of sculpture and text by Persimmon Blackbridge and Sheila Gilhooly. Presented in the fall of 1984 at Women In Focus Gallery, the work constructs a narrative. It describes Gilhooly's three-year "struggle against a psychiatric system that regards lesbianism as a sickness to be cured by incarceration, shock treatment and drugs." Needless to say, the psychiatric system is but one of a multitude of social controls meant to bind and define us. Eventually, we are provoked.

For those who did not experience the exhibition first hand, this book is the next best thing—indeed, a treasure. Despite the flatness of the page, the loss of dimensionality and colour, (most of the illustrations are black and white,) the book is dense, full of emotion, information and impact. It speaks clearly, graphically, poetically, passionately, incisively, undeniably. The imagery—female torsos bound, fragmented, tortured, ultimately triumphant and celebratory...still sane...still mad...still happening. Repetition, rhythm in the imagery. Urgency. The viewer's eye drawn to the face. The eye riveted on the page, on the face, on the scars, the pain unforgiveable. Text and image somehow inextricable, one empowering the other. The text clear, concise, personal, passionate. Now public and political. A powerful, provocative work. Not pretty. Photographic illustrations of each sculpture faced by a typed reproduction of the text. Nothing

idealized. The bodies are real. The written words, some larger, emphatic, create a cadence and a counterbalance. A dialectic between image and idea.

Photographs and text interspersed with excerpts from medical, feminist, lesbian chronicles. Documentation. Scientific data. Statistics. Personal statements from Nym Hughes, Nora Randall and Dee dee NiHera expand upon and respond to the artists' work. And at the back, a list of resources: other books, periodicals, places, people.

This book frightens. It makes you angry. It is taking action, an acting out, out of anger. It is an indictment of institutions and attitudes pervasive in our daily lives. It defies those forces that would effect the most mundane chores of survival, like trying to be polite, well-mannered in the face of tyranny and torture. It is ultimately a celebration. It is not pretty; is necessary, courageous, important. *still sane* sets the house on fire.

*Still Sane: Press Gang, \$12.95*

## Mad Again for Carol Ptolemy

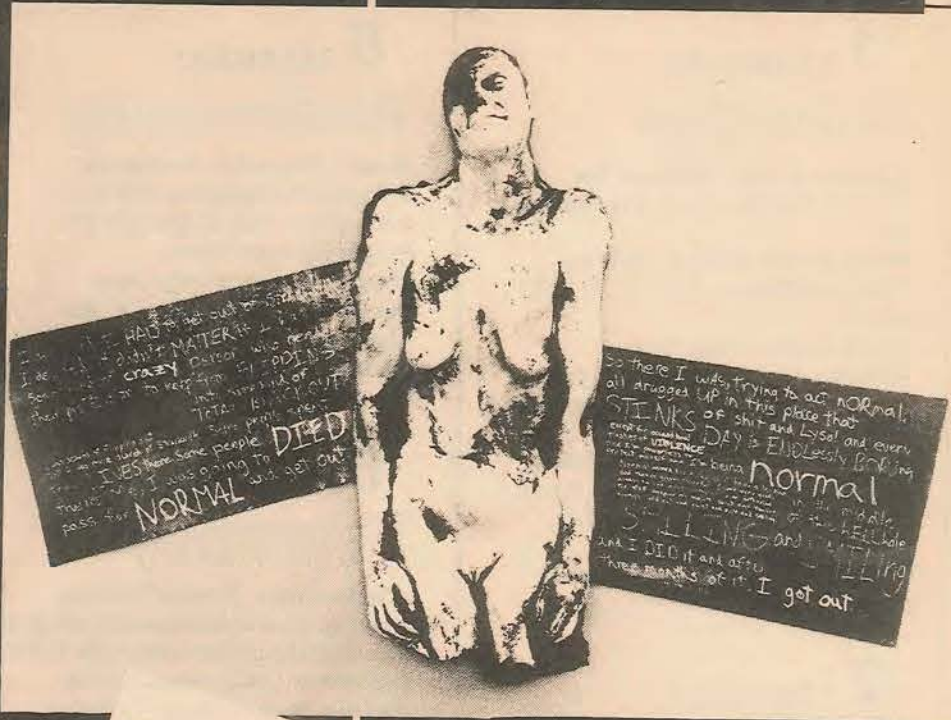
hopelessly heterosexual  
a happy housewife  
a happy housewife  
house happy glowing  
wife a mess smiling

bruised and battered  
in the middle  
at the centre  
where it does not show

only swells  
aches in cycles  
circles  
central

flames  
beneath the skin  
below surface smooth  
tumour bloat  
P.I.D. P.M.S.  
Endo immunological  
hormone irrational  
toxic shock  
manipulation irreversible  
therapies  
even out  
tone down  
tune up  
tighten  
heighten  
sensitivity stop the thought  
stop the noise  
stop the notion  
every woman abused  
one way  
or another  
go crazy daily  
monthly

exact pain  
punishment  
seek revenge  
positions of power  
intimate  
public  
prohibited  
female dominance is the current  
number one favourite  
T.V. image  
because  
women and girls  
need to know  
they can contain  
the anger  
can release the fury  
calmly carefully  
set the house  
on fire  
November 1985 Annette Hurtig



Kibu Hawkes

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.

## Celebration!

By GAYLE MAVOR

A rare musical celebration shook the Arts Club on Granville Island from Jan. 23-25. Thank you, producer/musician Robbie King and the 28 local performers who made *Celebration III* worth celebrating.

This concert was akin to a hometown, *Last Waltz*. Imagine 28 musicians, backed-up by an exceptional seven-member band, each taking their turn parading by, teasing with their talents (unfortunately only one song per artist) and you won't even be close to knowing the energy. For me, few experiences

parallel the ecstasy of being on the receiving end of exceptional musical talent. The coming together of musicians who've spent years practising, playing, rearranging, and perfecting is my instant route to an adrenalin rush, optimism, maybe even hope. It's no miracle that Live Aid was a success.

But I don't need music to have to make a point or to have to support a cause. I need merely, (as if it's an unworthy desire) to be entertained. I want to feel—good, but especially deeply, to escape through the perfection of a voice or the obvious enjoyment on the face of someone who's found their element through an instrument.

*Celebration III* reinforced my bias that there are musicians in Vancouver and

internationally who won't make videos, be idolized by the masses, or produce albums that achieve platinum status but who possess unequalled maturity of a personal style. The depths of their talents long ago bypassed mainstream standards. They achieve respect and deserve envy from that minority of listeners who appreciate the ability to: perfect a skill, develop a talent; ignite the relationship between entertainer and entertained.

I have the feeling their fans are the till-death-do-us-part type but the admiration is refined. *Celebration III* was put on by performers who know how to entertain their guts out. It was a music lover's nirvana.

Tune into CBC's Arts National Friday Night Pop Concerts on Feb. 28 if you

don't believe me. But don't expect to feel the same. You had to be there.

**The Performers:** Andor Kovacs, Jr., Dianne Berthelsdorf, Corlynn Hanney, Niels Petersen, Reyah Johnson, John Philip Wade, Jim Byrnes, Gail Bowen, Noel Spooner, Billy Gene, Jim McGillveray, Jamie Croil, Bim aka Roy Forbes, Rick Scott, Hans Staymer, The Colonel, Tom Lavin, Jane Mortiffee, Edward Patterson, Connie Kaldor, Joseph Chappel.

**Back-up Band:** Robbie King, Graeme Coleman, Bill Sample, and Dave Pickell on keyboards. Kat Hendrikse on drums; Rene Worst on bass; and Harris Van Berkel on guitar.

# Feminist art tells powerful story of sanity and rebellion

Jo-Anne Fiske

Meanings attached to gender distinctions are arbitrary. Rooted in myth, they appear as the truth and henceforth as society's scripts for social order.

In the hands of psychiatry, gender myths are manipulated to define "reality" and "sanity." They deny the political nature of psychiatry's project — compliance with a male-dominated, heterosexual social order.

To confront and shatter the mythic order of psychiatry is to rebel, to transform reality through revolutionary language.

Still Sane, by Sheila Gilhooly and Persimmon Blackridge, is a collection of 27 sculptures and personal narratives that provide the essence of feminist politicized speech and renews our understanding of sanity and womanhood.

Persimmon Blackridge cast her sculptures by molding plaster over Sheila Gilhooly. The effect, captured in black and white

photography by Kiku Hawkes, is powerful. Chronologically, we are drawn into Sheila's three-year struggle in a mental institution. Her pain, defiance, bewilderment, anger, and ultimate triumph come alive in facial expressions and body posture to transcend and thus empower the accompanying social comments and "facts."

More quietly, Sheila's sparse recol-

lections vibrate with emotion as she relates how she was designated "sick" because she was lesbian, "insane" because she was resilient to patriarchal/psychiatric control.

Emerging from incarceration in a mental hospital, Sheila celebrates her sanity by coming out thrice over: coming out lesbian, coming out femi-

nist, and coming out sane. By publicly announcing her sanity, she simultaneously denounces psychiatry.

The revolutionary power of Still Sane lies in three supreme qualities of its expression: in the power of the life-size sculptures; in Sheila's direct, honest and simple narrative; and the interweaving of these artistic expressions with equally terse, direct, factual statements which describe the full extent of psychiatry's intervention into the private lives of women.

Good art, it is said, shocks. Still Sane not only

meets this criteria of art, it embodies the special project of feminist art. In intimate image and word, the political is personalized in social comment. The personal is politicized.

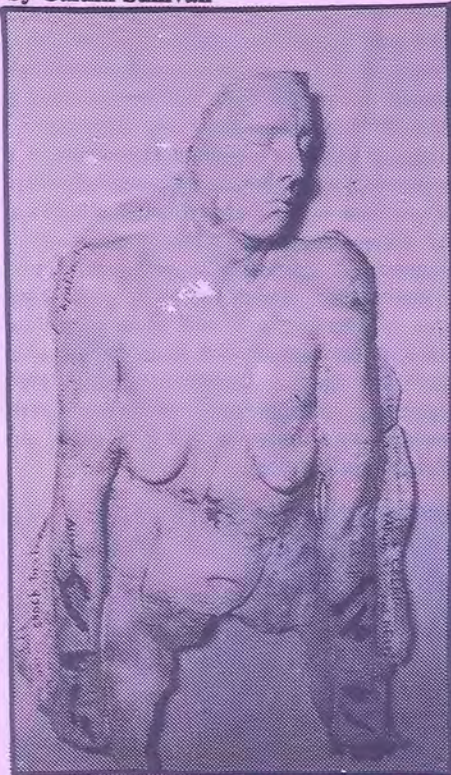
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Jo-Anne Fiske teaches sociology and anthropology at Saint Mary's University.



## Locked up but still sane: Lesbians behind bars

by Caitlin Sullivan



*SLASHING*, from the sculpture series *Still Sane*.

*"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. I read about butches and femmes and women wanting to be men, and how they were sick and drank and ended up committing suicide. 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 6 or 7 tears, so the shrink gave me my first Valium. After I left, she phoned the Royal Hospital, and 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."*

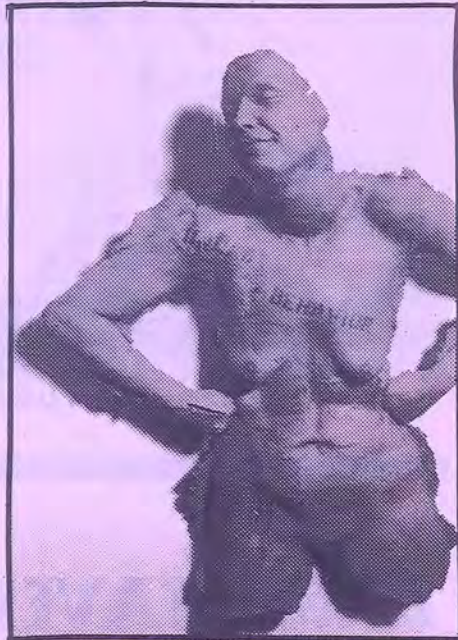
So begins Sheila Gilhooly's chronicle of life in the psychiatric treatment quandry, a vicious cycle of incarceration and self-incarceration, abuse and self-abuse, Sheila's particular story ends happily, though; her agony was channeled into art, with the help of her partner, sculptor Per-simmon Blackbridge. It is understandably important to Sheila that the message of personal triumph accompany the revelations of psychiatric abuse within the walls of mental institutions in her native Canada.

Little has changed in the 20 years since Ken Kesey's *One Flew Over the Cuckoo's Nest* appeared, the novel that exposed inhumane and brutal treatment in mental institutions, and gave rise to a series of

similar exposures of facilities throughout the world.

At the Wild Rose last Sunday, Gilhooly and Blackbridge arrived from Canada to present their video *Still Sane*, an evocative documentary of the sculptures Blackbridge created of Gilhooly. "There were only three body casts made," explains Sheila. "But she used them again and again for all the stories." The stories cover the stages of treatment, prescribed and incidental, that Sheila remembers from the places she stayed. Aware that the facilities she was locked up in are no better or worse than others, Sheila changed names for the project. "I'm done with those places," she says. "I don't want any kind of reactions from them, I don't have to prove anything any more."

The sculptures are lifesize body molds with excerpts from Sheila's text incorporated into them. Although many of the images are painful and disturbing, the overriding theme is one of defiance and survival: the final piece is a smiling figure with the words "Still Sane" written triumphantly across her chest.



*UNLADYLIKE BEHAVIOUR*

Their work turns out to be just a small part of the angry backlash against "psychiatric tyranny" which statistics reveal women undergo more than men. "Every year an estimated 250,000 people in the U.S., about 70% women, are given electroshock treatment," reads one statistic from the Network Against Psychiatric Assault (NAPA). NAPA is part of a large and growing group of "mad activists," designed to educate and free people from involuntary psychiatric treatment. Part of their approach is to illuminate the practice of drugging that occurs once inside mental institutions — the drugged state becomes the norm and sober reality an exception. "We are tired of people helping us against our will," the literature states. "No one should have the power to control or alter forcibly the mind of another person."

*Still Sane* was brought to Seattle by invitation of ROSI (Remember Our Sisters Inside), a women-in-prison project, and 'Through the Looking Glass,' a newspaper for women in prison and others. The show included some tremendous artwork by "women inside," and is still on display at the Wild Rose, 1021 E. Pike on Capitol Hill.

For information about NAPA write to NAPA/2054 University Avenue, room 406/Berkeley, CA 94704 or call (415) 548-2980. □

TIMES, WEDNESDAY, NOV. 16, 1983

# BUT IS IT ART?

By Scott Watson

Every time the Unit Pitt, Vancouver's most unkempt gallery, mounts an exhibition on the theme of sexuality, attendance skyrockets. The subject of sexuality, about which little seems to be known except that it's "mine" or "yours" and rarely "ours", is naturally of immense interest in a society overly given to introspection. This time it's *Sexuality and Seeing* (until Nov. 19), for the most part a baleful meditation on the privacy of desire and the difficulty of public gender roles.

There are few surprises here. We've seen and heard most of this before. Half the work shouldn't be in an art gallery. The organizers of this exhibition should realize that it does a disservice to genuine work when it is given equal time with what someone's friend did yesterday. But, despite the large contingent from kindergarten, the exhibition gives us a chance to assess the state of what is known in the art journals as "feminist" art — a category into which all erotic art seems to have been consigned.

Gone are images we've come to expect — no male nudes by women painters, no young androgynous ideal and practically no humor. As expected there are pieces which express a generalized hatred of men and sex, ill-drawn female nudes expressive of "self", and, of course, a few cosmic vaginas.

For me, this exhibition, as a thoughtful statement, depends almost entirely on the work of Persimmon Blackbridge and Jeannie Kamins.

Blackbridge is represented by several works in clay. They all seem full of anger. Even her two undulating lovers seem to emanate rage. The most powerful and successful of her pieces, *Unladylike Behavior*, is a cast of a torso and face (from life) of a woman who has just slashed her wrist. On the wall a written narrative tells the story in the



Unlady like Behavior by Persimmon Blackbridge.

## Blackridge and Kamins save Sexuality and Seeing

first person. The woman is incarcerated in a mental hospital, trying to conform so as to appear "well". As part of her behaviour modification program she is expected to groom herself, to take the pains to be ladylike. She goes to shave her legs but, sweet reason intervenes (they are mad, not I) and she slashes herself instead.

This is not an easy work to take. The artist seems to want to draw our atten-

tion to a parallel between grooming and self-mutilation. As such it is a portrait of a woman victimized by her society. Her powerlessness is compelling. However, the work's real worth is not in the position it takes on leg shaving. Rather, it is that it gives an authentic voice to the incarcerated. (A collaborator is credited, presumably the hospitalized woman herself.) For it is in our prisons and mental hospital

BEV DAVIES PHOTO





# “More than we can dare”

background against which they stand erupts into a horrified, disgusted face. The outrageous indignation of the huge face, countered by the complete indifference of the tiny figures, is irresistably funny.

ing, burning confusion. The next three, in a row, contain a vulva, delicately etched, followed by a dripping voluptuous rose, and finally two women in a passionate embrace. The last box houses a photograph of a female athlete, accompanied by a anthem to strong but forgotten women of history, the super-women. The understanding dawns. The artist, Anne Quigley, creates her own closets, and comes out.

Is it terrible or wonderful for a lesbian to make her sexuality public? The four women exchange amused glances. “Both,” they all say and laugh.

“But you have to do it,” Woodworth says. “I had to do it this year, again, with my arts class. They were pretty stunned.”

Worlend mimics the class’s reaction. “But you don’t have to be a lesbian. You’re pretty. Sometimes it makes me afraid,” Woodworth admits.

Woodworth’s two pieces in the show are Women with Child and The Affair.

The woman could be an Aztec fertility goddess, with her serene expression and bulging belly. Made of carved and polished stone, the impulse to stroke the graceful curved body and proudly lifted little head is encouraged by a sign that says, “Please Touch.”

A clay creation, The Affair is simply two female figures arms affectionately thrown about each other’s shoulders, with their backs to the viewer. To their left, the

Woodworth explains that the carving is of a woman who, to the shock of many, was artificially inseminated so that she and her lover could have a child. Sourkes talks about the special fear that lesbians who affirm their right to happiness provoke in society.

“We’re at the very bottom of the system. When the bottom starts moving, everything moves. What if somebody’s mother, or sister turns, out to be a lesbian, and likes it? That’s terrifying.”

“We’re a power challenge as well,” says Woodworth, “Society is male-dominated. We’re a society without men. Very few of them can handle that. Some accept and rejoice in lesbianism . . . some are glad.”

“There are some men who I call lesbians, because they’re female-identified, and love women,” says Sourkes.

There are a few men then, who would smile with the three photographs of lesbian lovers. Each, taken by a necessarily anonymous photographer, are clearly defined and balanced. They show three sets of lovers in fond and easy embraces. The joy and pleasure they take in each other, their complete relaxation, is lovely to look at.

“We love women’s bodies, we love women,” says Lorraine Chisholm. “Straight women haven’t that freedom. They aren’t supposed to celebrate their own bodies, or each other. That’s for the men.”

“To even admit to being a lesbian is a test of trust. Among us there is support, affection, physical openness, all the good things,” says Woodworth. “To be a lesbian is really a badge of courage.

“You can see it in the joy side of our art.” If there is a lesbian culture, the four women are not prepared to define it. Only the difficulty in getting it expressed.

“Everything in this room is lesbian culture,” says Worlend.

The four artists organized and funded the show, because as Woodworth says, “We don’t even try to enter the commercial art world. We apply for grants, with substantial support, and get turned down. Even with this show, we have trouble with out posters being torn down.”

With any luck the silver collection from the show may cover the artists’ costs, but there’s no guarantee. The social repercussions, as well as the financial gamble, make the display seem a terrible risk.

“We’re out on a limb,” Worlend says seriously. She looks around at the other three, and again they all smile, not seeming to mind.

By KELLEY JO BURKE

Two plaster body castings hang on the gallery wall.

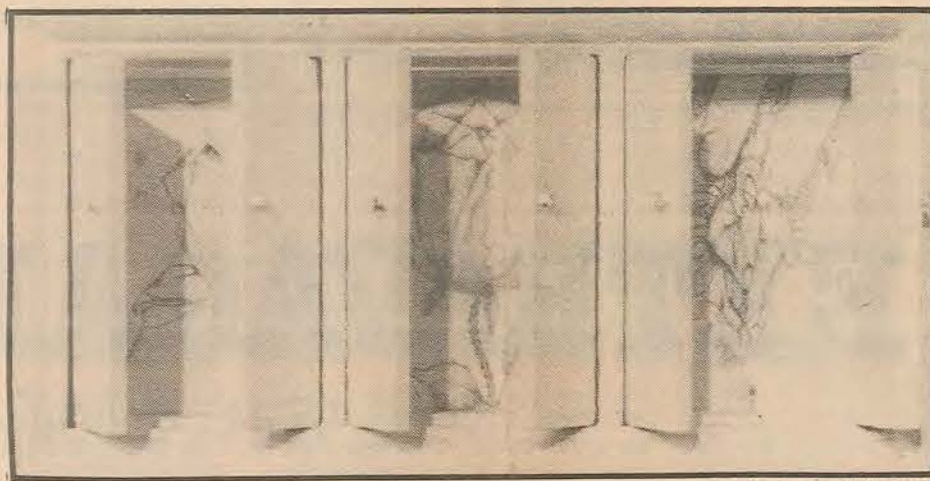
One is white. The shoulders sag, the breasts hang from her body like superfluous appendages. The casting seems to crumble apart below the belly. The genitalia have been ripped away. Her expression is one of utter despair and in her arms, like jewels set in brown, caked blood, are razor blades.

The second casting is a glorious metamorphosis; the same face, the same body, another razor blade, though repositioned. The skin is now brown, and the blood bright red, flowing down her arms and legs. The breasts are proudly erect, with the vulva in full detail. Her hands are firmly planted on her hips; joy and defiance sing from her face.

The text behind the castings, created by Sheila Gilhooley and Persimmon Blackbridge, tells the story of “the behaviour mod ward.” A woman, committed by her parents for lesbianism, is told by the head nurse to shave her legs — like a lady. At first she considers complying. But to the anger of the nurse, she instead smilingly mutilates herself.

The four artists who organized the Women in Focus display of lesbian art, sit in a circle, and talk about rage.

“I think the anger comes out of our pain and loneliness,” Ellen Woodworth says with a gentle smile. “Our lives are distorted, hidden. People think of lesbians living in Paris or New York, but we’re here. There’s a lot of people who have to put fake names on their art in this show. They can lose their jobs, apartments, husbands some. The same is true for our lovers. To put a picture of them on display is more than we can dare.”



—charles campbell photos

The Dark of the Moon, by Cheryl Sourkes, one of the organizers, and Lorraine Oak, could be the set for one of Shakespeare’s blasted heaths. A broken window, scattered leaves and earth, an empty chair, the piece cries of fragmentation, desolation and pathetic loneliness. Shards of glass and shattered worlds are present in much of the art displayed.

“It is lonely in society”, says writer Betsy Worlend. “it’s all focused on the heterosexual experience. You go to the theatre, particularly to the ballet, and that’s the only conception of love you see. You go through the world, and it’s like not having a shadow.”

The little white cupboards hanging on the wall could be mistaken for fuse boxes, until the doors are opened. Behind the first door, Chaos settles that question with it’s scream-



# ART THAT'S PAINFUL TO SEE

## ● EVE JOHNSON

reviews *Still Sane*, an exhibition by Persimmon Blackbridge and Shiela Gilhooly

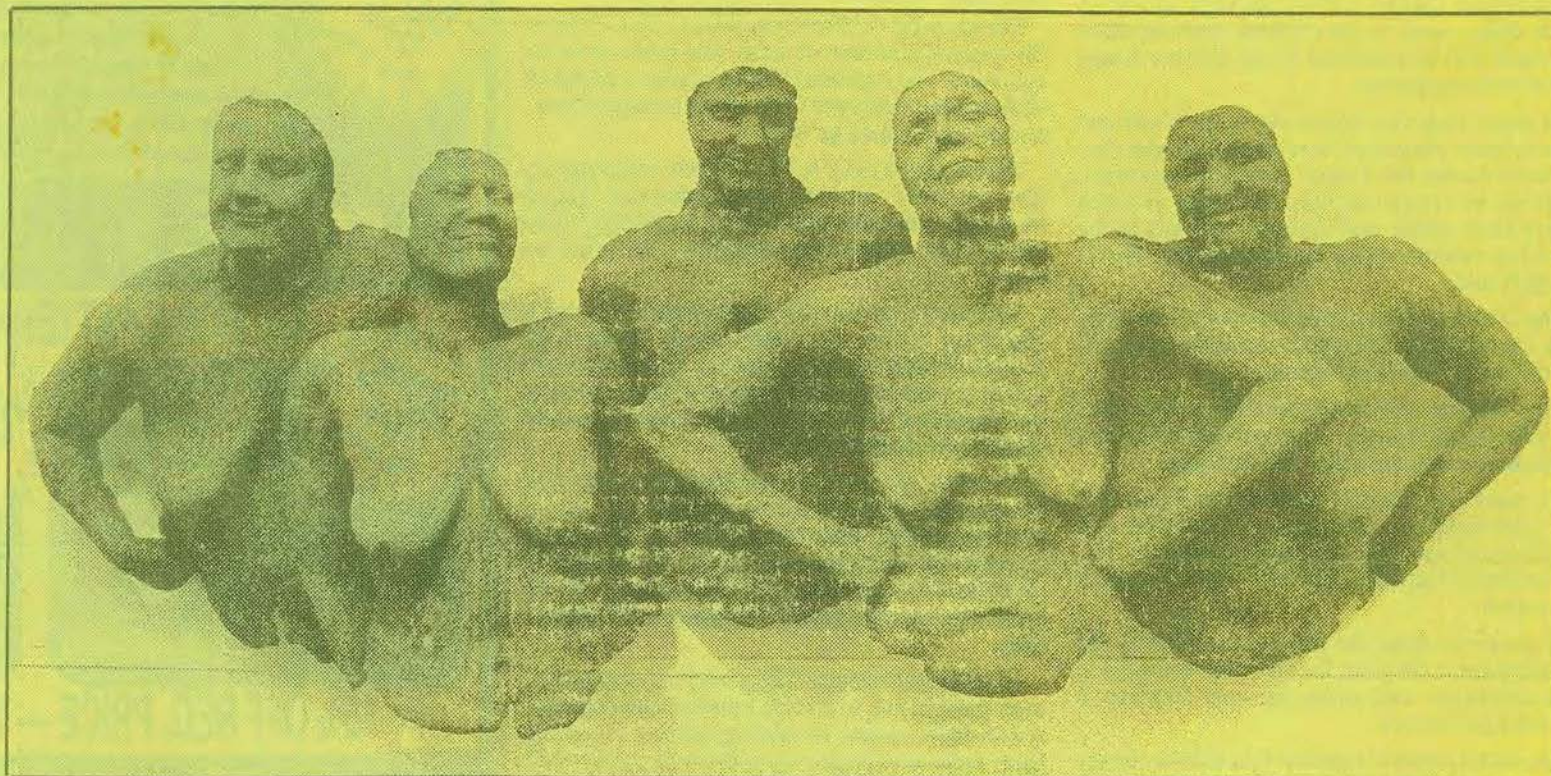
**T**HERE'S a lot of political art in the world, but very little that is any good. *Still Sane*, an exhibition by Persimmon Blackbridge and Shiela Gilhooly at Women in Focus Gallery is one of the rareties: work with a powerful message delivered through visual imagery.

The show's 25 pieces are life-sized clay casts Blackbridge made of Gilhooly's head and torso. Each one tells part of the story of Gilhooly's three-year stay in Ontario mental hospitals between 1971 and 1974. She says she was involuntarily committed at 19 after telling a psychiatrist that she was a lesbian.

Some of the pieces are so tortured that they are painful to look at. Two deal with sexual assault by a male orderly: one has five-inch spikes pounded into the pubic mound; on the other, the chest bears the marks of fingers, dragged across the clay flesh.

Each piece has an accompanying text, but this isn't the usual harangue of "political" art. It's the simple telling of a story, in lettering that mixes upper and lower case letters, or leans heavily on the pencil to make certain words stand out: a reflection of the disintegrating personality.

In *Shock Treatment*, the text is written on the clay flesh. There are



BRIAN KENT

**'We don't want it to be a victim show . . . we want it to be a survivor show'**

seven thin slices of woman, each mounted on a white board, each with a black plastic "electrode" at the temple.

Gilhooly writes about waiting for shock treatment with six other women, no one knowing who would go next; of being taken in too early and seeing the woman who had gone before still tied down, her body contorted; of trying to run away; of blacking out; and of waking up on a stretcher in a room full of women, on stretchers, groaning.

Accompanying the figures are

statistics and sections of reports on mental health institutions, especially as they relate to women.

Blackbridge, a ceramic sculptor who graduated from Vancouver School of Art in 1977, worked from three plaster moulds of Gilhooly, combining a head from one, a torso and arms from another to give herself a variety of figures.

Blackbridge is aware that the show isn't easy to see, that "people do get overwhelmed by all that pain in the middle."

"But we don't want it to be a victim show," she says, "We want it to be a survivor show. We have incredible strength, even in the face of this sophisticated technology."

The up part of the message is delivered by the last pieces in the show, a defiant, smiling woman with "Still Sane" written across her chest, and casts of five women (including Gilhooly and Blackbridge) in brilliant colors, their arms locked — the lesbian community that Gilhooly found in Vancouver.

I can't say I was uplifted by the final optimism. I'm glad Gilhooly found her friends, but definition of self by sexual category, no matter what sexual category, seems to me like a prison all by itself.

That aside, *Still Sane* is worth seeing because it brings us into an excruciating awareness of one person's suffering, which is probably the most effective form political art can take.

The exhibition continues at 456 West Broadway through Oct. 20.

# The Arts

## BOOKS

### Coming out crazy

*Still Sane* (Press Gang Publishers, \$12.95) documents a sculpture exhibition of the same name which opened at the Women in Focus Gallery in Vancouver in 1984. The work of Persimmon Blackbridge and Sheila Gilhooly, the narrative series of clay sculptures portrays Gilhooly's three-year ordeal in Canadian mental hospitals. Without succumbing to the abstractions that make so much political art so much fluff, the show exposes not only the specific abuses suffered by one Lesbian in certain institutions, but the vast and crazy mechanism of the whole mental illness industry.

It took Blackbridge and Gilhooly three years to create the show in their spare time, while working as cleaners. Their collaboration was extremely close, but, roughly speaking, the sculptures are Blackbridge's and the story Gilhooly's.

Sheila Gilhooly tells her story with unflinching clarity. Her words not only inspired each sculpture in the show, but are incorporated either on the clay or the mounting of each piece, and reproduced as captions beside Kiku Hawkes' photographs of the sculptures in the book.

[My first lover] 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... After I left, she phoned the Royal Hospital... 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 to take chlorpromazine for over two years and I hated it. I felt like my body



Blackbridge's sculpture; Gilhooly's words; Hawkes' photography.

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... my shrink said... complaining about my meds was paranoid behaviour and he tipped my dosage.

Eventually I began to believe I really was crazy.

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.

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... 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.

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.

In case anyone could read that and dismiss it, imagining the writer either exceptional or insane (despite the added persuasiveness of the sculptures), *Still Sane* incorporates the testimony of U.S. and Canadian reporters, mental health workers,

former patients, and visitors to the Women in Focus show about the nature and extent of the abuses inherent in the psych industry.

Nym Hughes' essay "Because She Was a Lesbian" analyzes the connections between the psychiatric establishment and other forms of social control of women and minorities, who make up the majority of patients. She notes the continuum between the extreme brutalities of heterosexist medicine and the daily erasure of identity caused by Lesbian invisibility. And fear of "being locked up," Hughes suggests, is one of the forces that keeps us quiet.

In the essay "Still Happening," Nora D. Randall presses the analysis further, using as an example the story of Sumi, a Lesbian who visited the show "Still Sane" on a day pass from a mental hospital. Although the treatment forced on Sumi appears slightly less barbarous than that given to Sheila Gilhooly ten years earlier, the basic pattern of anti-Lesbian, indeed anti-personality power-tripping seems unchanged. Reflecting on their experiences, Randall observes:

People go to hospitals for help because... 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.

... 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.

... 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.

All the contributors to *Still Sane* conclude that working to stop specific psychiatric abuses is an inadequate approach, when abuse is inherent in the basic institutional dynamic. In "Still Mad," Dee dee NiHera describes some of the alternatives to incarceration being explored

*Continued on next page*

## GALLERIES

### Palace goodies

Diplomatic relations between the United States and Turkey were not the best in the 1970s, and one of the victims of this quiet conflict has been the trade in art treasures.

Two new exhibitions, though, underscore the renewed political warmth: a collection of Turkish rugs at the Textile Museum, and an assortment of palace goodies from the Ottoman Empire at the National Gallery.

In scale, the Textile Museum showing is modest, with only 26 rugs on view. And these rugs are very simple in design, many actually tattered. No doubt rug experts will salivate at this collection, many specimens dating from around 1600, with others woven by Turkish village women in the 19th and 20th centuries. These designs became important. Certain rug patterns became so fashionable that they were depicted in 16th-century European paintings, most notably by painters like Hans Holbein, who used them as background. Because of their simplicity, however, the novice may prefer the

products available at Carpetland. (It doesn't help that you walk through an exhibit of gorgeous Kashmiri shawls before entering the Turkish exhibit.)

#### One side, Imelda

Modesty is hardly the problem with the National Gallery's showing, "The Age of



Steel helmet inlaid with gold and jewels, mid-16th century.

Sultan Suleyman the Magnificent." This show evokes the likes of Imelda Marcos (that "Material Girl" of the Philippines) and her outrageous inventory of shoes.

Sultan Suleyman had one impressive shoe collection. In all, there are 210 objects, from illustrated manuscripts, jeweled helmets and swords, textiles, rugs, inlaid woodwork, and ceramics.

Suleyman ruled Turkey from 1520 to 1566, and the art he commissioned directly and fostered indirectly is considered the highest (and gaudiest) of the country's rich cultural history. This is the Turkish baroque.

The hilt of one knife is covered with gold and ivory. You certainly won't lose your grip when drinking from the jeweled, gold canteen on display. There's a rock every inch. The panels of a rock-crystal pen box are joined by gold bands and set with emeralds and rubies. Tiny gold leaves decorate the outside.

Suleyman's throne is made of walnut, but completely covered with ebony, ivory, and mother-of-pearl inlays in geometric patterns.

There are more textiles here than at the Textile Museum, and these designs are flamboyant.

Ottoman potters displayed some reserve, leaving as much as 30 percent of the surface free of design. One plate with a foliated rim decorated with a band of turquoise flowers includes a central medallion filled with scrolling floral patterns.

These profuse designs, however, are not whimsical. Many are guided by precise rules of calligraphy, considered the highest form of art in the empire. Copying the Koran was an act of piety, and calligraphers were revered. Each swirl, including the one used to advertise the exhibition, is a signature.

Maybe it's unfair to compare the great Suleyman with Imelda Marcos. But the organizers did choose to use a political figure, in fact, a big league empire-building warrior, as the unifying theme.

It's tough to forget that the population must have made some economic sacrifices to foster such artistic treasures.

"The Age of Suleyman the Magnificent" remains on view through May 17 at the National Gallery's East Building; the showing of Turkish rugs will remain at the Textile Museum at 2329 S Street, N.W. through the end of the summer.

—Bartlett Naylor

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THE ARTS

ON STAGE

*Donna Reed and hell*

Sometimes a play adds up to a bit less than the sum of its parts. The area premiere of Keith Reddin's comedy-drama *Life and Limb*, the latest production of Woolly Mammoth, is a pessimistic (earthly) but wryly optimistic (unearthly) series of metaphorical scenes that are interesting but never quite grab the audience's intellect or emotions. The fault may lie with the cinematic, sketch-like quality of the scenes or perhaps the excessive use of metaphors—not all of which are clear.

But one can forgive a lot of a play with a plot that cheerfully mixes business and far out sex, Donna Reed and hell, mass murder and high-pressure salesmanship (this is not a good month for salesmen in area plays), movies and war mutilations. Even a bit of muddle here and there may be seen as just another of the author's parallels and incongruities.

Woolly Mammoth's production is mostly well done, with some overuse of the dramatic pause. The cast of six is uniformly enjoyable with Grover Gardner standing out as the brash salesman (both on earth and in hell) and T. J. Edwards not far behind as a bewildered amputee. Jane Beard and Grainne Cassidy are totally believable as movie fans unable to distinguish between life and the silver screen.

At New Playwrights' through April 19, call 393-3939.

—Noel Gillespie

Lively Arts

*Tatiana's return*

Two contrasting events on next week's schedule. March 1 is the Concert Hall date for the second in this season's Kennedy Center Handel Festival performances: the area premiere of the opera *Deidamia*, Handel's final opera and one of his few in a

—Mary Ann Daly

**Best Sellers\***  
February 27, 1987

*Women's list*

1. *The Search for Signs of Intelligent Life in the Universe*, by Jane Wagner. (Harper & Row) [1]
2. *Murder at the Nightwood Bar*, by Katherine V. Forrest. (Naiad)
3. *Long Time Passing*, ed. by Marcy Adelman. (Alyson) [5]
4. *Dykes to Watch Out For*, by Alison Bechdel. (Firebrand) [2]
5. *The Love of Good Women*, by Isabel Miller. (Naiad) [3]
6. *Leave a Light on For Me*, by Jean Swallow. (Spinster's/Aunt Lute) [7]
7. *Desert of the Heart*, by Jane Rule. (Naiad) [9]
8. *Travels With Diana Hunter*, by Regine Sands. (Lace) [8]
9. *The Journey*, by Anne Cameron. (Spinsters/Aunt Lute) [4]
10. *Zoe's Book*, by Gail Pass. (Naiad)

*Men's list*

1. *Measure of Madness*, by Gordon Merrick. (Warner) [1]
2. *Men on Men*, ed. by George Stambolian. (NAL) [3]
3. *In the Life*, ed. by Joseph Beam. (Alyson) [5]
4. *Canary*, by Nathan Aldyne. (Ballantine) [8]
5. *Gay Life*, ed. by Eric Rofes. (Doubleday) [2]
6. *Safe Sex*, by John Preston and Glenn Swann. (NAL)
7. *Meatmen*, ed. by Winston Leyland. (Gay Sunshine) [7]
8. *The Pink Triangle*, by Richard Plant. (Holt) [10]
9. *The Spirit and the Flesh*, by Walter Williams. (Harper & Row)
10. *The Last Language of Cranes*, by David Leavitt. (Knopf) [4]

\*The Washington Blade's Best Sellers list reflects the 10 best selling books for women and the 10 best selling books for men at predominantly Gay bookstores in ten cities across the country, including the District.

[Where the book ranked last month.]



pieces of the show Sheila's figure is with a group of her friends, each of whom has a small story similar to Sheila's. In another piece her scars are done in gold leaf and she wears them like decorations and in the final piece Sheila's full figure stands alone in layers of bright colour with a triumphant grin and the golden legend STILL SANE.

It is an incredibly rich and inspiring story, only some of which I have been able to talk about here. The show also includes a wealth of impressions about friends and nurses, as well as facts and statistics about the mental illness industry today. It is thought provoking, it's painful, ultimately it's beautiful. It has many gifts to give women who have been victims.

It is an attempt to project into the culture an image of the victim's reality that is stronger than the attacker's reality, so that the attacker will be ostracised and not the victim. It pushes the edge of social reality. It is successful because Sheila's story is much more real and understandable than the psychiatric profession's response to her. It's a useful story for women to know in our fight to define ourselves and our experiences. It may even be a great story.

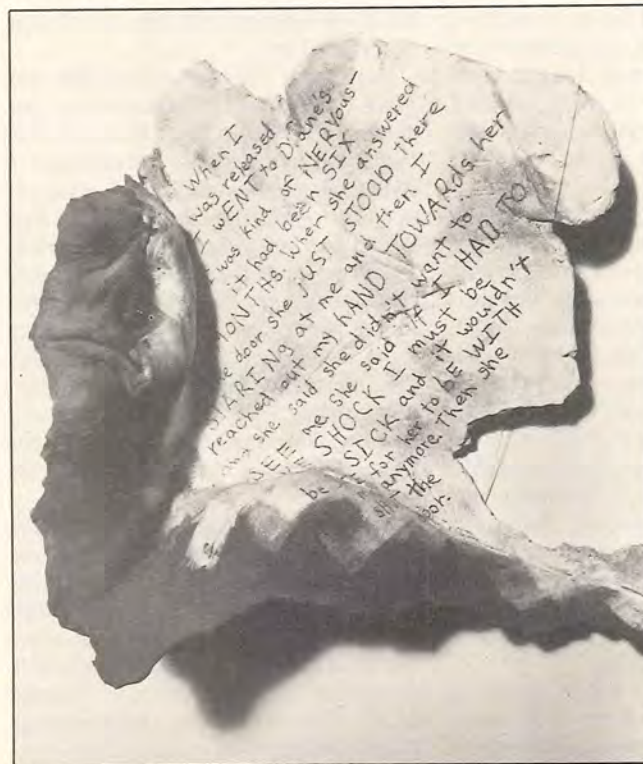
▼  
*The ceramics sculpture exhibition "Still Sane" was displayed from September 20 to October 20 as part of the 10th Anniversary Celebration of the Vancouver Women in Focus and Media Centre.*

Ultimately there is Strackville, the provincial hospital that mental patients are threatened with at other hospitals. "Shape up or you'll be sent to Strackville." At Strackville she is at the mercy of the male attendants. She reports their abuse but is met once again by denials at the wall of a social reality which systematically excludes her perceptions. By now she realises that she has become socialised in the world into which she wandered and no matter what happens to her she knows enough to keep quiet. This is how she finally escapes.

*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 some kind of 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 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 of it I got out.*

For three years after getting out of Strackville Sheila kept a low profile and lived with another woman "in shame" which is pretty much where she figured she belonged by then. Then one day at a night school she met a lesbian feminist, a woman who was proud to be a lesbian. Through her Sheila met lots of women who were proud to be lesbians and her life began to change. In the final



Strackville: getting out Photo: Paula Levine

there I was slashing and crying and bleeding and I guess that's why I did it.

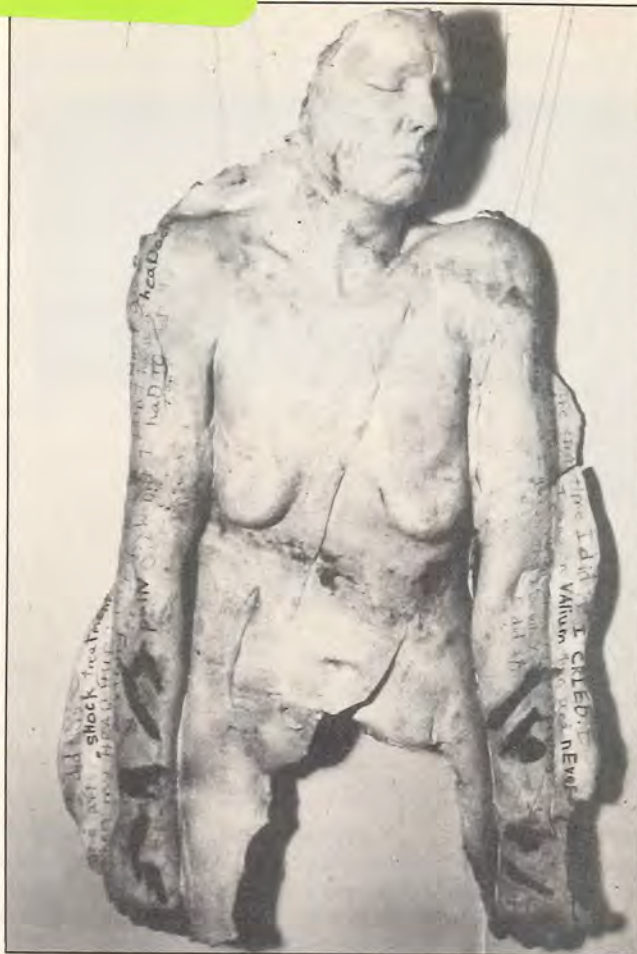
I did this one after I had shock treatment and my head hurt but they wouldn't give me anything for it. They said I couldn't have a headache from shock, but the blood kept pounding away in my head trying to get out, so I let it out.

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 real 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 this 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 the 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.

What is happening here is that Sheila has lost the power to make her pain a socially communicable reality. She cannot touch her pain on valium, she cannot make her headache a reality to anyone else and she is powerless to express what is wrong with getting dressed up and shaving her legs. In fact it would be dangerous for her to do so. Bleeding on the other hand is a socially acceptable pain. She thinks she is bleeding, the nurses think she is bleeding. They treat her as though she is bleeding. They dress the wound. In this one act she has managed despite her powerlessness to make the medical profession respond appropriately to her pain.

Though *Unladylike Behaviour* is a pivotal piece in the show, it is by no means the pit. After *Slashing* the show



The Royal Hospital: slashing  
Photo: Marsha Arbour

goes on to tell us the story of the 19 shock treatments Sheila underwent to cure her lesbianism. They failed, or she triumphed, depending on your social reality. In another piece she deals with the seemingly contradictory act of signing herself in.

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 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 that 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 sat in my room and listened to the radio. It would get so that I couldn't stand to be so bored and pointless and goddamn lonely and I'd go back and sign myself into the hospital again. They were always kind of smug. I hated giving them that.

**"T**he Social Security Administration (USA) estimated that the pharmaceutical industry spent roughly \$1 billion, in 1971 alone, to promote drugs, an average of \$5,000.00 per physician."  
Mind Control (US)



The Royal Hospital: unladylike behaviour  
Photo: Marsha Arbour