

# FIRST READING

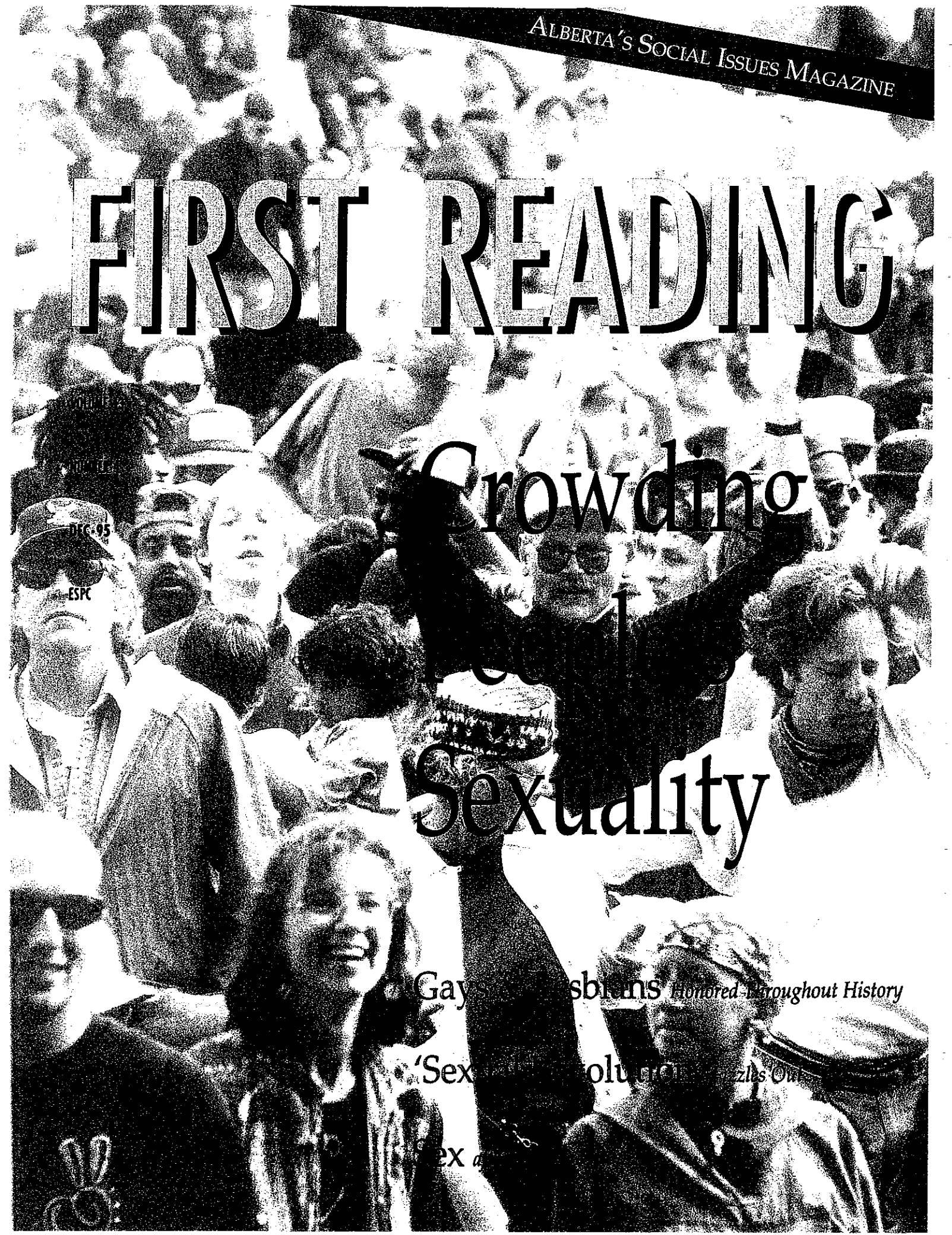
## Crowding

## Sexuality

Gays and Lesbians Honored Throughout History

'Sexual Orientation' Puzzles One

Sex and...



DEC-95  
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Edmonton

SOCIAL PLANNING

COUNCIL

First Reading is published six times a year by the Edmonton Social Planning Council. The Council is an independent, not-for-profit organization, whose activities include social research, policy analysis, and advocacy.

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Mission

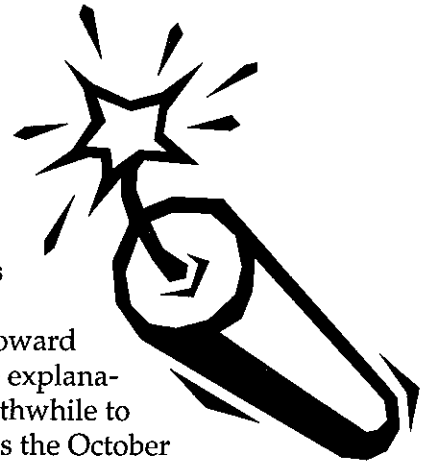
The Edmonton Social Planning Council believes that all people should have the social rights and freedoms to live and work in an environment that enhances individual, family, and community growth without restricting the same rights and freedoms for others. The Council seeks to create, to advocate, and to support changes in policies, attitudes, and actions in order to enhance these social rights and freedoms.

Our Goals

- To undertake research into the nature and magnitude of social issues in the community.
To increase public awareness and understanding of current social issues and to exercise an independent voice in the community.
To encourage greater public participation in the development of social policies and in the implementation of programs.

# Sexual Revolution fizzles out

—exclusion and exploitation prevail



By Christopher Smith

In the mid 1970s a drama of almost unprecedented notoriety and intrigue gripped the British political scene. The leader of one of the three major political parties of the day was accused of hiring a hit man to bump-off his former alleged lover, the latter of whom had threatened to reveal all of the various details of an earlier liaison.

The popular press and television networks were quickly ablaze with rumor and innuendo, exclusive interviews and never before seen photographs. Indeed, it was difficult to go anywhere without either seeing some reference to the allegations or hearing some noted commentator or local wit proffering his or her definitive views on the case.

After the necessary judicial process had concluded with the accompanying flash of cameras and the whirl of tape recorders, the not unsurprising verdict reached was innocent of all the charges laid. While innocent was the verdict in the judicial courts, however, the court of public opinion reached a different conclusion. "There's no smoke without fire" and "that's what we would expect from one of them" were some of the alternative verdicts that came down. You see the ultimate public crime of the politician in question was not one of hiring an alleged hit man to kill his former lover—but rather the fact that this purported lover was another man. Yes, a pillar of the establishment, a member of parliament, the head of a political party and long time community advocate and spokesperson was found guilty in the court of public opinion of being gay. Needless to say, surrounded by such enduring and acerbic controversy the honorable member resigned from his leadership post and took refuge in the endearing and more accepting embrace of his family and local community.

The current issue of *First Reading* addresses the complex issue of human sexuality. And while some may question why a magazine

that focuses on social issues would address a topic such as this—I hope the above story goes some way toward revealing why. If more explanation is needed it is worthwhile to recall that as recently as the October 16, 1995 municipal election in Edmonton numerous slurs against the sexuality of two candidates for councillor marred to what all intents and purposes was an otherwise largely civil civic campaign. Needless to say, precious few either complained against the slurs, or worked to address the bigotry and malfeasance that underlay them. For the two candidates in question such comments were probably par for the course. Certainly, they were something they had faced before in the line of public duty.

We are all sexual beings. And the individual articles that follow try to make some sense of our own individual adult sexual identity. What they also reveal, however, is some of the continued pain and discrimination suffered by those whose sexuality is either denied or violated by those in positions of power over them. In our so-called modern, enlightened and liberal society, human sexuality remains a popular vehicle for political, social, religious and economic exclusion on the one hand, as well exploitation and financial gain on the other.

The institutionalization of prescribed norms for adult sexual relations allied with the wholesale commercialization and sale for profit of human sexuality remain powerful forces indeed. And while neither are new, they also show few signs of abating. It is tempting to speculate that both will be around for some time to come, and, perhaps, even naive to suggest they won't. They are, of course, ultimately related. Even intimately linked in some defiant liaison or procreative act of their own. Institutionalized sexual norms and commercial sexploitation both rest in the overt and often covert use of power to render others sexually docile. It is

this abuse of power that forms the content of much of the articles that follow—abuse which pervades almost all facets of human interaction.

The common thread which united the numerous social movements of the 1960s and 70s, including the so-called sexual revolution, was a commitment to destabilize traditional societal power structures and norms allowing for the evolution of a society with greater heterogeneity and social freedoms. Within the sexual revolution new interpretations of sexuality emphasized the multiple meanings and values of human sexual expression in its many rich and varied forms. Consent and choice formed the essential principles which guided adult sexual expression, with human sexuality celebrated and equated with health, joy and fulfilment.

The predominant views and attitudes which the revolution tried to unseat were those of the elite social, economic and political groups of the day. Such groups acted as the power brokers for human sexuality, imposing their own specific guidelines on human sexual relations and sexual expression. Within this rigid and constrained framework, human sexuality had become stripped of its playful, individual and personal qualities and imbued instead with characteristics that were mass produced, inauthentic, superficial and ultimately even alienating or surreal.

Some 20 years later, the impacts of the sexual revolution have been less than expected. There remains an explicit and implicit classification of the varying expressions of human sexuality as 'normal' and 'abnormal,' with the accompanying categorization of good, healthy and right versus bad, sick and wrong. Many individuals must still fight on a daily basis for control of their own sexuality, and in so doing run the risk of threats, alienation and

even physical harm. As a panacea for this contemporary sexual malaise, we are 'free' to purchase a growing array of sexual products and services intended to meet the needs of our own sexuality. The irony is that such services and products serve merely to distance us from our own sexuality largely supporting the stereotypes and ideals that contribute to the malaise in the first instance. The widespread use of sex in advertisements and the media, as well as the wholesale commercialization of human sexuality, do not bring with them enhanced choice, respect, and freedom. Rather, they reinforce stereotypes, undermine respect, and limit freedom. Control and financial gain remain the only real motives.

The authors whose work follows each touch in their own way on some of the challenges and pain that dehumanized norms of human sexuality and exploitation present. Whether their focus be the continued discrimination against gays and lesbians, societal denial of persons with disabilities as sexual beings, or the barbaric genital mutilation of young girls and women their individual arguments have a common thread. The search for and celebration of our individual adult sexuality requires that we all reach deep within ourselves to rediscover our human similarities while at the same time respecting our sexual differences. The key lies in balancing our own individual sexual identities and sexual expressions with an enduring responsibility for and consideration of those of others. In the final analysis, the sexual politics of exclusion and exploitation hurt us all. Our inclusion, control over others and personal gain today may quickly give way to our exclusion, subordination and personal loss tomorrow.

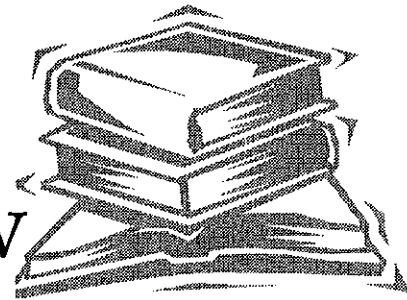
*Christopher Smith is the Program Director of the Edmonton Social Planning Council. He also served as the Council's Acting Executive Director for five months.*

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# Sexual Orientation and the Law



In 1974 Mr. North and his companion Mr. Vogel were married by a minister of the Unitarian Church in Winnipeg, Manitoba. They were provided with a marriage certificate by the minister who performed the ceremony. In spite of the fact that the Manitoba marriage Act was worded in such a way as not to expressly stipulate that a valid marriage might only occur between a man and a woman, the Registrar of Vital Statistics of Manitoba took this position and refused to register the marriage certificate. North and Vogel would not be daunted, and took their case to court, asking the court to order the registrar to register the marriage certificate. It is more remarkable that such a matter ever came before a court at that time than that the judge who heard the matter refused the couple's request. Not surprisingly, the judge upheld the view of marriage taken by the Registrar, and stated that biology and social custom dictated that marriage is a heterosexual union.

North and Vogel were pioneers of sorts, and they did not give up their struggle to obtain official recognition of their relationship. Their persistence paid off. In 1995, after two decades of continual activism, North and Vogel were finally successful. In this year the Manitoba Court of Appeal, relying on the groundbreaking authority of the Supreme Court of Canada's 1995 decision *Egan v. Canada*, was finally able to confer official recognition on Vogel and North's relationship, and ruled that it was illegal for Mr. Vogel's employer, the Manitoba government, to extend spousal benefits to heterosexual couples while denying the same to North and Vogel.

The past quarter century has seen great advances made by gays and lesbians in achieving effective equality in our society. Much of the credit for these advances must be given to activists such as North and Vogel, who have kept the issue in the public arena and before the courts. Rights which would have been unthinkable 26 years ago are now conferred

without sensation. We think nothing to hear that an Ontario court rules that lesbian couples have the right to adopt children, or to read in the morning newspaper that same sex spousal benefits have been extended by an employer to its gay and lesbian employees. And yet the most difficult task for gays and lesbians still remains: that of overcoming the centuries of bigotry, religious or otherwise, which underlies the visceral, irrational discomfort many people in our society still have with open gays and lesbians.

I would like to define what I mean when I use the word 'discrimination' in respect to society's treatment of gays and lesbians. Madame Justice L'Heureux Dube of our Supreme Court provides what I consider to be one of the best definitions. 'Discrimination' is not necessarily just the drawing of a distinction between two classes of people, but rather drawing a distinction where such "is capable of either promoting or perpetuating that the individual adversely affected by this discrimination is less capable, or less worthy of recognition or value as a human being or a member of society, equally deserving of concern, respect, and consideration."

Discrimination against gays and lesbians has in the past, and still in the present, tended to marginalize and denigrate anyone departing from the heterosexual mainstream as being less worthy of respect and recognition. This discrimination takes varying forms, ranging from the intolerance expressed by politicians such as Roseanne Skokes, the Member of Parliament from Nova Scotia—who perversely opposed a proposed law intended to deter hate crimes against gays and lesbians on the basis that the law would condone and encourage immoral activity—to the more subtle discrimination exhibited when polls clearly show that a majority of Canadians support civil rights laws protecting gays and lesbians against discrimination, while at the same time opposing laws which would place the relationships of gays and lesbians on equal footing with heterosexual marriages.

By Dusten  
Stewart

Perhaps the most significant form of marginalization of gays and lesbians has been the use of criminal law to punish them for engaging in activity which society rejects. In 1969, gays and lesbians took a major legal step forward in their fight against discrimination, when the *Criminal Code* was amended and the offence of 'gross indecency' repealed. The definition of 'gross indecency' accepted by court was any "act which is inherently indecent according to the concepts and morals which prevail." The law could and did extend to any form of gay sexual activity, including attempts to procure anyone's involvement in homosexual activity. While the law was written in neutral terms, it was very rare that any heterosexual acts would be subject to prosecution, except in the case of sodomy committed during a sexual assault. Further, I am unaware of any instance when the law was used to prosecute lesbian sexual activity.

When the *Criminal Code* was amended, and the offence of 'gross indecency' repealed, in its place Parliament passed a law which made anal intercourse the only consensual sexual act punishable under our criminal law. The provision was even more limited than this since it excepted from its definition of the offence these acts when they were engaged in private between a husband or wife, or between two consenting adults, both of whom, are 18 years of age. It still remains a criminal offence, for some obscure reason, when anal intercourse occurs in a situation where more than two people are present.

Repeal of the 'gross indecency' laws was a crucial first step in the advance of greater civil rights for gays and lesbians. The amendment made a large statement, which was sent out by the Justice Minister Pierre Trudeau, and that was that the state has no place in the bedrooms of the nation. This in turn neutralized to some extent the loud arguments respecting the morality of the 'lifestyle' of gays and lesbians. The process whereby gays and lesbians have achieved greater recognition for their civil rights has been accelerated since the mid 1980s.

At the outset, it must be understood that there are two levels of civil rights law in Canada: while as citizens of Canada we have the protections afforded by the *Charter of Rights and Freedoms*, which applies in all of Canada, there is also a myriad of distinct provincial human rights codes in place in each of the provinces

and in the federal jurisdiction. Alberta's human rights code is called the *Individual Rights Protection Act*.

When the *Charter of Rights and Freedoms* was drafted, it was decided that its provisions would not be extended to private, non-governmental activity. Accordingly, the *Charter of Rights and Freedoms* serves only to check a government's exercise of authority over the individual, and all government legislation is subject to review based on the standards of protection afforded by the *Charter*. On the other hand, human rights legislation, such as the *Individual Rights Protection Act*, has the task of ensuring that individuals do not suffer discriminatory treatment in private matters such as housing and employment. In Alberta, the *Individual Rights Protection Act* prohibits discrimination in employment and housing based on an individual's age, religion, race, gender, physical disability, or marital status. It does not prohibit discrimination based on a person's sexual orientation. In every province, except Alberta, Prince Edward Island and Newfoundland, gays and lesbians are protected from discrimination by their provincial human rights code, either expressly in the code or by interpretation of the code by the court.

The *Charter of Rights and Freedoms* has proven a valuable tool in the advancement of gay and lesbian rights. The Supreme Court of Canada has recently decided in *Egan v. Her Majesty the Queen in Right of Canada* (1995) that the equality provisions of the *Charter of Rights and Freedoms* requires that gays and lesbians be provided with equal treatment under the law, and that this protection extends, in the appropriate circumstances, to ensuring that same sex couples receive the same benefits accorded under the law to heterosexual couples. In this case, James Egan and John Nesbitt had lived together since 1948. Their life together was to all intents and purposes indistinguishable from the lives of many heterosexual couples. However, in spite of the similarities that Egan and Nesbitt's relationship shared with that of a heterosexual couple, they were denied a spousal pension benefit under our *Canada Pension Act* that is expressly extended only to heterosexual spouses, both legal and common law. While a majority of the Supreme Court denied Egan and Nesbitt the right to partake in the pension plan, a majority of the Court did decide that denial of this benefit amounted to discrimination based on sexual orientation.

Egan effectively answers two fundamental questions for gays and lesbians. It affirms what everyone thought, but didn't know for certain: namely that the *Charter of Rights and Freedoms* protects gays and lesbians from governmental discrimination, even when this discrimination results from under-inclusive legislation; and that when a government denies spousal benefits to gays and lesbians, this may amount to illegal discrimination. The full importance of the Supreme Court's decision in *Egan v. Canada* is best seen by its application in the decision of the Manitoba Court of Appeal where North and Vogel successfully appealed a decision of Vogel's employer, the government of Manitoba, denying North spousal benefits. In discussing the principles of *Egan v. Canada*, the Manitoba Court of Appeal stated the effect of *Egan v. Canada* was to grant same sex couples spousal status under the law, with both the same rights and responsibilities.

Unfortunately, civil rights law in Alberta has not come close to the principles enunciated in *Egan v. Canada*. As I pointed out above, provincial human rights legislation regulates and prohibits discrimination in non-governmental situations. This is by far the most important category of situations for most individuals, since few of us work for governments or live in government owned housing projects. Even universities are beyond regulation under the *Charter of Rights and Freedoms*. By denying gays and lesbians protection of civil rights law, the province of Alberta government has effectively stated that it is okay for gays and lesbians to be discriminated against in non governmental matters.

A recent example of this is the case of Delwin Vriend. Vriend was fired from his job, as a lab technician at a religious college in Edmonton because he is gay. Since the *Individual Rights Protection Act* does not extend protection to gays and lesbians, Mr. Vriend appeared unable to take his case before our province's Human Rights Commission. Dissatisfied with this situation, Vriend took his case to court and received a controversial ruling by Justice Anne Russell that the *Individual Rights Protection Act* contravenes the *Charter of Rights and Freedoms* because it fails to extend the equal benefit of civil rights law to gays and lesbians. This decision was in keeping with the general development of civil rights law in other Canadian provinces. Politics being what it is

in Alberta, the Provincial Government decided to appeal Justice Russell's decision. We await the decision of our Court of Appeal, and in the interim the civil rights of gays and lesbians in Alberta remains uncertain.

As it stands today, while gays and lesbians are protected from discriminatory acts by the Alberta government, they do not enjoy such protection in their private lives. Thus, gays and lesbians have no assurance that they will not be fired from their jobs, or denied promotions, because they are not heterosexual. Nor can they be comfortable that the law will protect their right to equal access to housing, or to provide spousal benefits to their partners as can heterosexual couples. While most gays and lesbians have not likely experienced discrimination in such areas, aside of the denial of spousal benefits, the government's failure to provide a clear statement of gay and lesbian entitlement to them is part and parcel of the historical marginalization and denigration which gays and lesbians have experienced. Gays and lesbians are treated by our government as being less worthy of respect.

It is somewhat disheartening to think that the advance of equality for gays and lesbians in Alberta must be a battle primarily fought out in the Courts. Governments usually only act in controversial matters when they have something to gain. This is decidedly not the case with rights for gays and lesbians, where governments have little if anything to be gained from extending equal protection and benefit of the laws to gays and lesbians in comparison to the backlash that will emanate from powerful conservative groups. It would certainly be preferable and speedier were there to be a consensus among Albertan citizens supporting the extension of full benefits and rights to gays and lesbians, since attitudes are more important in this regard than court decisions. It is tiring, divisive and wasteful of resources better spent when gays and lesbians have to turn to the courts to obtain recognition and protection of their rights. But the courts are there for this purpose, and it should be a comfort for gays and lesbians to know that the courts will continue to be an important ally in future struggles.

*Dusten Stewart is a 35 year old lawyer who has been practising law since 1993. His practise is general. He attended the University of Alberta for both his B.A. and LL.B. He lives with his partner Caetano whom he has lived with since 1980.*





# HISTORY TELLS OF GREATER ACCEPTANCE FOR GAYS AND LESBIANS

By Don  
Smith

By way of introduction, I'm 43 years old, male, homosexual, working class, part-time letter carrier, part-time student in Native Studies, of mixed-race ancestry (Mi'Kmaq Native American, French, Irish and Anglo-Saxon English on my father's side and Scottish, Cornish, Alsacian-German and possibly Italian on my mother's side), a survivor of abuse, a recovering addict, as well as a survivor of the mental health system and a really nice guy! After all, who is more normal than your mailman? I am writing not only from the point of view of my sexual orientation, but really from the point of view of everything that I am.

Since becoming involved in anti-oppression work (modeled on the work of the Jewish, feminist, socialist psychologist, Ricky Sherover-Marcuse) eight years ago—I have thought a great deal about the interconnections between all of the aspects of myself. For example, being homosexual and mixed-race are both very connected to being a survivor. The fact that I used addictions while attempting to cope with the stress of the oppressions of racism and homophobia, and had to eventually resort to the mental health system, are also very much related. While I have these experiences in common with many others, these issues aren't necessarily characteristic of every homosexual or bisexual person.

Really the only thing that can be said about homosexuals or bisexuals as a group, that distinguishes us from heterosexuals, is that we love and are attracted physically to members of our own gender and we all experience the common oppression of homophobia. Also, because of that oppression, we are forced to hide our identity and only at great risk to our emotional and physical safety do we dare to express our true selves publically. This imposed invisibility and secrecy has a profoundly damaging psychological affect. Beyond this we are as diverse in our backgrounds and interests as the rest of the human population. I hate

to throw cold water on all those fantastic stereotypes of 'gay lifestyle,' but we don't all subscribe to the some magazines or listen to the same music. We are not all artistic and great dancers. Some of us smoke cigarettes and some are vegetarians. Many are poor, or have no taste, so we don't all wear the latest fashions. But some way or other, at some time or other, we all came to realize that we were 'different.'

I knew that I was 'different' from the early age of about five, although the process of being able to name and specify the differences was more like an extremely complex tri-light which got turned on brighter and brighter as I got older. As recently as Thursday last week I had yet another light switch on with the realization that a simple touch on the shoulder and a few kind words from another homosexual man, who I already knew was pretty smart, could touch me in the deepest way that we can possibly touch one another—spiritually. For me, my orientation in terms of love or sex is a four-part equation linking the physical with the emotional, mental and spiritual dimensions. This is characteristic of traditional Native American philosophy. I use the term 'sexual orientation' because it has a common currency, but it seems to me that my first impulse was and is always spiritual, later becoming emotional, then mental and only lastly physical or sexual. In this sense it's more of a 'spiritual orientation' than a sexual one which is perhaps why I have chosen to focus this article more spiritually than overtly sexually.

My first sense of myself as 'different' was in terms of complete and loving self-acceptance. I thought of myself as a completely normal five year old. It was when I heard that wearing green on Thursday had a very weighty significance shrouded in a dark mystery of an almost unspeakable nature (that didn't have anything to do with being proud of being Irish), that I first realized that I was in for some pretty big trouble. At that point I learned that a large majority didn't regard



me as normal and I was forced to begin learning to hate myself from some extremely painful experiences of abuse (including death threats) based on the perceived threat that my differentness posed for my abusers. I had to unlearn that imposed self-hatred and relearn my sense of normal by a long and difficult process that no one should have to undergo. The fact that it is children who learn to play this role of abuser ought to be of great concern to us all. How did our children come to be so filled with fear and hatred towards homosexuality that they could consider killing someone for merely being different? More recently, when investigating the deeper significance of that early warning regarding the wearing of green, I was very surprised to discover that the abuse of homosexuals is a relatively recent historic phenomena, considering that we have existed as a species for the last two million years. Imagine my surprise in discovering that homosexual men and women were once not only highly respected but held honored sacred roles within the traditions of Native American and pre-Christian European societies from a time immemorial which forms the basis of the folklore regarding the wearing of green on Thursday. The traditional values of both Celtic-European and Native American peoples were historically forcefully suppressed by a distorted version of Christianity that bears little resemblance to the original admonishment to "love one another" taught by the son of a carpenter from Nazareth.

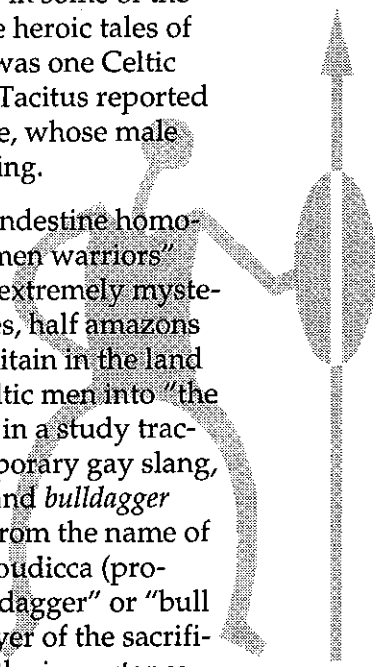
Reports by Roman historian Diodorus Siculus on male sexual behavior in the Celtic area of western Europe (Britain, France, Spain, Portugal, Switzerland, Austria and West Germany) might enlighten us: "Although they have good-looking women, they pay little attention to them, but are really crazy about having sex with men. They are accustomed to sleep on the ground on animal skins and roll around with male bed-mates on both sides. Heedless of their own dignity, they abandon without a qualm the bloom of their bodies to others. And the most incredible thing is that they don't think this is shameful. But when they proposition someone, they consider it dishonorable if he doesn't accept the offer." Similar reports have come from so many ancient authors that modern historians have deduced that while homosexuality was common and accepted among the Celts,

bisexuality was likely considered the norm so that Celtic priests and priestesses were often homosexual or bisexual. Jean Markale reports discreet references to male homosexuality in some of the Irish epic narratives notably in the heroic tales of Cu Culainn and notes that there was one Celtic tribe whom the Roman historian Tacitus reported worshipping a divine male couple, whose male priests ritually wore female clothing.

Markale also reports "signs of clandestine homosexuality in the institution of women warriors" and that it was a group of these "extremely mysterious warrior women, half witches, half amazons generally living in the north of Britain in the land of the Picts "who initiated the Celtic men into "the profession of arms." Judy Grahn, in a study tracing the linguistic roots of contemporary gay slang, proposes that the words *bulldike* and *bulldagger* ("mannish" lesbian) we derived from the name of the Celtic-Briton female leader, Boudicca (pronounced Bo-dikeh meaning "bulldagger" or "bull altar") in her ritual role as the slayer of the sacrificial cattle, thus further affirming the importance of lesbianism within Celtic spiritual culture.

Walter Williams discusses similar traditional cultural/spiritual values present among almost all North American Indian tribal groups before European contact. Reference is also made to the existence of these same values among Indian tribes of Central America (Maya) and Brazil. This spiritual/social role, called by various names in the languages of the tribes, in European literature is referred to by the generic term "berdache." It was common for berdaches to wear female clothing in part or total. A respected Mohave elder, in the 1930s stated: "From the very beginning of the world it was meant that there should be (berdaches), just as it was instituted that there should be shamans. They were intended for that purpose." In 1971 the Sioux shaman Lame Deer reported in reference to berdaches that "if nature puts a burden on a man by making him different, it also gives him a power." The spiritual-political power of the berdache was evident "among the Illinois and neighboring tribes, (where) the berdaches were prominently present at all the solemn ceremonies of the sacred Calumet pipe. They were summoned to the Councils, and nothing could be decided without their advice. Finally, through their profession of leading an extraordinary life, they pass for Manitou—that is to say, for Spirits, or persons of consequence. Williams also reports that the contemporary Yucatecan Mayan male population is functionally bisexual

*Continued on page 36—Berdache*



# What does your sexuality mean to you?

*We asked five people to answer the question—some chose to be identified and we've included their biographies—others chose not to use their real name.*

## Candas

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Sexuality, 'the problem of marginalization' and personal identity: sounds daunting, doesn't it? Such a long academic title for something which should be so simple. We are all who we are. Our sexuality may be inborn, may be shaped, but by the time we are of an age to think about it, most of it is hard-wired already. We can work on, and work out, some of the dysfunctional results of any childhood abuse, homophobia (including internalized) etc., and we can be sexually and emotionally ethical (like not acting out sexually with children, not being abusive in sexual relationships, etc.) but we can't change our leopard spots to suit the radical right (who are neither), the religious zealots, or any other pressure group trying to enforce some sort of personal conformity on society.

But you are talking about power politics, not your own sexuality, you may say. Indeed I am. When I sat down to answer the question of what my sexuality means to me, I realized that it means private pleasure and satisfaction, but that the public action it requires of me is political action and activism, not personal acting out. My partner and I are in a committed relationship. We pass for heterosexual because one of us is male and one female. But because our sexuality is ambi-sexual, we find ourselves becoming activist on behalf of the gay, lesbian and bisexual community and finding common cause there. We cannot be silent in the face of the massive discrimination facing people who do not conform to narrow (and narrow-minded) ideas of how humans should relate. We cannot be silent and safe, even if we 'pass' on the street. Until any loving couple can walk hand in hand, we are not safe as a society.

Because of community work I do, I have seen some truly appalling examples of homophobic hatred and violence. Such violence poisons us all and must be ended.

When I wear my black triangle as I walk with my lover, I am reminded of the King of Denmark wearing the Star of David in defiance of the Nazis. I am also reminded of Kate Millett's statement during the homophobic fuss at the 1970 National Organization for Women conference in New York. She identified herself as a lesbian, despite her happy marriage, because she was ambisexual and knew that she engaged in the same relationships for which lesbians were persecuted. She could not be silent.

It doesn't matter what I do in bed, or you, or you. I am a pretty vanilla lover, compared with some of the current fashions and fetishes. But if they come to take us away in cattle trucks to the far-distant camps that the rabid right espouse for queers, neither my gentle habits nor my lover's penis will save me, nor will his generosity nor my vagina save him. The only thing that will save us is if people of conscience in society refuse with us to categorize, marginalize and discriminate against the ways that adult, responsible humans love on another.

*Candas Jane Dorsey is an internationally-known Edmonton writer, editor and publisher. She has recently received a major grant to write a non-fiction book entitled *Pornographic Culture: some thoughts on sex, gender, art and the politics of repression*. She is a member of the City of Edmonton Police Service Liaison Committee with the Gay, Lesbian and Bisexual Community.*

## Marsha

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My name is Marsha Black and I am a 38-year-old transvestite. I discovered I was different in the 7th grade—where, for a reason I can not remember, I tried on some female garments. I enjoyed it and felt aroused without understanding why. For many years I enjoyed this quietly behind closed doors, always in fear of being caught. For many years I thought of myself as abnormal. I eventually got into any sport, job or activity to prove my manhood—everything from owning a taxi to martial arts. I'd even get into fights just to prove something to myself.

One day I was shopping for clothing via catalogues and I came across a company that sold "Shoes for Transvestites." It was located here in town so I ordered my first pair of pumps. A couple of weeks later I got a call from Dixie, the owner of the shoe company—she offered to deliver my shoes. When I met Dixie I found out I was not alone. There were others out there just like me. I was not all that different. This allowed me to acknowledge what I am and it started to make me feel good about myself. No longer did I have to feel the shame and guilt that I had previously. I started to learn how to apply makeup—building a female self that I felt proud about. I found the beginnings of a subculture that I did not know was out there: stores, places to go where I could dress up. Hence Marsha Black was born in August of 1989. The following year I discovered the beginnings of the TV Club in Calgary. I went there and met many TVs, some who had travelled there from Edmonton. It was then that I came up with the idea to start an Edmonton branch of the club along with a magazine for TVs called Illusions.

Since that time I've made hundreds of TV friends. I used to be unhappy with myself, but now I feel happiness and even comfort with the person I have become. I have made some mistakes along the way—like talking to sleazy reporters! A published newspaper article brought me out of the closet totally—costing me a \$40,000-a-year job. What I lost though, was more than made up by the confidence and self esteem I gained.

I can now be seen all about town as Marsha. The mask or illusion I wear and the female

side of me driving Marsha has brought out quite a person. She is now a well-known person about the downtown of Edmonton.

I've just participated in a fund-raising event for charity —Empress of the Imperial Court of the Wild Rose. I've been active in the AIDS Walk For Life (in full regalia) and have made so many public appearances that I have grown comfortable with myself. Six years later I find myself 'a woman of the world' with a strong feminine side. I've found an outlet through performing and working with fund-raisers and it makes me proud of who I am.

I have found that since the newspaper article I have had support from my family and many of my friends—our friendships may even be stronger. I have lost a couple of friends along the way, but looking back after all these years I wonder whether they were really friends.

## Candace

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My name is Candace. I am a 17 year old student at the Edmonton Catholic School's Fresh Start Program. I've been a student here for almost a year. I really like it at Fresh Start because it is small, and there is not much peer pressure. Peer pressure plays a very important role in a teen's life. Take sex for example. Many teens, perhaps even younger, have sex due to peer pressure. Peer pressure has a major effect on a teen's sexuality. I think peer pressure can deteriorate a teen's outlook and views on sex.

Peer pressure can encourage a teen to become sexually active quicker. Since we are around friends most of the time, no matter where we are, they will have an influence on us—especially if they are sexually active. You know the famous line, 'Everyone's doing it.' Even though we know that's just a line, we still fall for it. When that line is used, some teens may look around and think, yeah, everyone is. But not everyone is doing it. A lot of teens are strong willed, and are willing to wait. They realize the consequences they may be facing if they go too far. I give those who wait credit for not giving in.

Some teens don't have morals, standards or self respect. They don't realize there are so

many consequences after having sex. I don't just mean pregnancy or sexually transmitted diseases. What about guilt, regret or loss of self esteem? We don't think about those factors in the heat of the moment.

Sex seems to be the 'In' thing for teens. If you do it, you're cool. If you don't, you're not. But why should our peers have a say in something that is supposed to be special? To be cool, your sex life should not be a factor.

My body means a lot to me. It is not something that I am willing to share. I've been tempted many times, most times by people who call themselves friends. "Oh, you don't know what you're missing." Real friends don't put that kind of pressure on you. A real friend would respect your decision. I am definitely not saying sex is wrong because it is not. Sex is supposed to be a beautiful thing shared by two people in love. But are we as teens taking advantage of that? Falling in love one day, and out the next?

One thing that really bugs me is the way people stereotype others because of the way they dress. Why is it that if a girl wears revealing clothes, she is automatically considered to be sexually active. Why do the clothes we wear give the impression that we're easy? Is that really fair?

Sex is something you have to be sure of. I know my time will come.

## *Sarah* \_\_\_\_\_

Sexuality affects everyone. Though it may affect young females most of all. I say this because I am a young female who has been affected by it all my life.

When I grew into a young woman changes happened within my body that were noticeable more so than for boys my age. These changes affected my parents, friends and others of the opposite sex. As I started realizing how much I changed, my curiosity grew. And not having a good understanding of my actions I did not know what the consequences could be—or that they could follow me the rest of my life.

I have been through many different stages

of development not only with my sexuality and how it affects others, but how it affects me. At first I thought 'great, a new body. Men are attracted to me and I can make all the decisions about my life because I was grown up.' Foolish mistakes were made even though I had the knowledge for taking proper care of myself, I did not want to acknowledge them. Doing that, I abused not only my body but my mental state of mind. This was by having random, senseless relationships with almost anyone that took interest in my new body.

My parents did not support my actions but rarely ever mentioned it. If I could have talked openly about problems to them, maybe I would never have done the things I did—and I wouldn't have been so confused about the change that came over me.

It did affect my self esteem. Soon my parents did not care at all. I had a whole group of friends lost in their bodies just as I was. I was the one out of all of them to get pregnant.

I lost my friends who lived the same life as me and who didn't want my negative influence around. I lost more respect from family and I lost my mind. It was such a hard decision to make, but I decided to keep my baby. She has changed my life. I have gained some things since I had her, such as self respect for myself and my body; respect from family for being a good mother, and love that will grow and develop as we both learn about each other. I now have friends who are responsible and caring. I will always want to know what it is like to not have any dependents, but I would never give her up.

I think that I learned a lot in this short while. I think that I was not alone in doing the things that I did. Hopefully, other young women will have the support that I received.

## *Don* \_\_\_\_\_

I was involved in a discussion once and the topic was, 'List all of the differences between Men & Women.' There were about eight men in the group. Some of the things they came up with were: men are more task-oriented than women; men are physically stronger than women; women tend to change their minds while a man, once he makes a decision, sticks with it till the end; men are more adept at

running a business than women; and finally, when it comes to just gritting your teeth and bearing down to get the job done, a man can out-distance a woman any day of the week.

I say that these are some of the things that 'they' came up with because I didn't really participate very much. I was new to the group, invited as a guest by a friend, and therefore was not nearly as bold in voicing my opinion as some of the others.

The other reason is, once they got going on their list, I found that I was disagreeing with almost everything they were saying.

My wife Lisa is far more task-oriented than I will ever be. I knew a girl in grade five who won the arm-wrestling championship in the whole school, and it went up to grade seven, and the rest of the competitors were boys. I change my mind, on big things and little things. I know more than a few successful business-women. And when it comes to gritting teeth and bearing down to get the job done, there is not a man in the history of the world who can match the efforts of a woman in labor.

The exercise was not a complete bust for me, however, for it provided considerable insight into how at least some men view their own sexuality, which, in turn, got me thinking about my own.

I think being a man is a distant second to being a person. I think this because aside from physical differences and a woman's ability to give birth, I do not believe there are any attributes or characteristics that apply solely to men or solely to women. I know there are some that are more popular with men or women, but none that could be considered absolutely impossible to apply to one or the other, or even all that unusual.

This does not mean that I am not proud to be a man. I am proud. I like the man that I have become, but a big reason for that is because I have opened my eyes to the fact that all of the virtuous qualities in the world, like patience, compassion, and humility, are available to all of us, not just one sex or the other, and if I want them, all I have to do is develop them—which isn't easy, but is certainly possible.

This is the way I see it, anyway.

*Don Trembath is a local writer and stay-at-home father of two children.*

## ESPC has new Executive Director



Dr. David Hewitt, President of the Edmonton Social Planning Council, is pleased to announce Brian Bechtel has been appointed as the Council's new Executive Director.

Brian Bechtel assumed the position November 20th. He has most recently worked as the Executive Director of the Sturgeon Foundation, which operates six seniors' lodges and seven seniors' apartments. Brian left the Foundation to run for city council in the last municipal election and he came very close to being elected. The City's loss is ESPC's gain as Brian brings many years of advocacy experience and knowledge to the position.

Brian served three years as Executive Director of Edmonton's Food Bank and two years as the Executive Director of the Canadian Mental Health Association, Alberta North Central Region. He has worked with the United Way and has served as the President of the Alberta Public Housing Administrators' Association and as a board member of Distinctive Employment Counselling Services of Alberta.

Please join us in welcoming Brian to the Council—we invite you to attend our Seasonal Open House December 8th from 4 p.m. to 7 p.m.

# Only *the* **Strong**

Dr. Paul  
Sussman

From womb to tomb, all human beings are sexed and sexual. Every form of tender social interaction is based in our sexuality. However, the belief that sexuality is a privilege of some subset of humanity is widespread. Despite the popularity of this general belief, there is precious little agreement about who is and who is not a member of the sexual subset. Persons who believe that sexuality is purely genital, and solely for reproducing tend toward basing membership in that subset upon the possession of desirable traits. The less we look like characters from lifestyle advertisements, the less our sexuality is apt to be recognized as socially valid. This is the reason the sexuality of mentally handicapped persons is seldom acknowledged.

If there ever were a human condition so undesirable I would strike it from the face of the earth, it is Huntington's Disease. Caused by a single dominant gene (like brown eyes), the clinical symptoms onset in adulthood, usually after childbearing age. The outward signs reflect the progressive degeneration of nerve centres deep within the brain. As the capacity for coordinated action diminishes to nil, in most cases the intellect remains largely intact. Death usually comes well after the ability to meet one's own needs is long gone.

I taught Behavior Genetics at the University of Alberta for eight years. Each of those years, I led a discussion of Huntington's Disease. Every year, some bright youngster remarked how great it would be were research to identify (as I believe now has been done) a marker for Huntington's Disease; a way to make visible which people carry the gene prior to having children. After all, if no one with the gene had children, it would vanish in one generation. That would be good, wouldn't it? Well, *wouldn't it?*



At that point in the discussion, I would always acknowledge that I understood their logic. I hate Huntington's Disease. I watched it take my mentor, piece by piece. Dr. T.W. Betz was diagnosed with Huntington's the very year I was awarded a Ph.D. in psychology. The moment his condition became known, he was placed on disability leave from Carleton University. His career over in a heartbeat, he sank into a depression. As part of his treatment, he asked me to write him a letter of recommendation, pointing out his good traits. Persons with depressive disorders have difficulty bringing their own good points to mind. I remember clearly how overwhelming I found this task. Where would I be without you, Tommy? Images flood my mind: Tommy staying up late with me, pounding the principles of experimental design into my thick skull. Tommy intervening when I had given up on grad school, reminding me of my obligation to share my gifts with others. Tommy inviting me to work in his (biology) lab, thereby embarrassing the psychology department into reconsidering my application. It is no exaggeration to say that Dr. Paul S. Sussman would not exist were it not for Dr. T.W. Betz.

The images vanish. I return to the classroom, one of more than 20 Doctors of Philosophy who identify their academic success with Dr. Betz. I begin to speak of him. I also tell of

Woody Guthrie, who lived and died with Huntington's Disease. Woody wrote over 1,000 songs, including *This Land is Your Land* and *So Long, It's Been Good to Know You*. He changed the face of folk music in North America irrevocably. Woody dared to have children. One of them, Ado Guthrie, gave us *Alice's Restaurant*. Perhaps I lack the clarity of youth, but I am glad these people lived, and live. I am so grateful that Tommy's parents gave him birth. Sometimes when explaining this to my class, tears would well up in my eyes. I understand that on one of these occasions, some of my students thought me mentally ill, and reported my 'deviation' to the departmental chair. Conceivably, given the decision were theirs to make, they would have chosen to sterilize me, to prevent my passing on the undesirable trait of male tearfulness.

Perhaps it is too easy to give examples of contributions to humanity by carriers of a genetic disorder which typically onsets well into adulthood. There is a fellow with Trisomy 21 (Down's Syndrome, another genetic condition) who attends the same house of worship as me. He holds his song book upside down as often as not, and bellows off key whilst the rest of us sing more or less on it. I confess that I have been guilty of thinking myself his superior. After all, I hold my book this-a-way, and I sing this-a-way, and those of us who do it this-a-way outnumber those of us who do not. Then I notice that my friend is simply happy to be there, that he is not judging me, and I feel ashamed of myself. If only my motives for attending were so pure as his! I would not wish Trisomy 21 on anyone; yet, I have much to learn from my fellow congregant.

It is also too easy to have an opinion about who should have sex, and who should not. I know of no one lacking such opinions. Indeed, some are etched in statute. Here in North America often our opinions of who ought and ought not to be sexual appear to be based in our exposure to sex in the mass media. We act as if we believe that sexuality is reserved for those who can approximate the media images we see of sex: sex is for people with two arms and two legs and toned bodies. Sex is essentially for the same people who drink the beer and smoke the cigarettes in the lifestyle commercials. Sex is for young, handsome heterosexuals. We honestly believe

that the turning of our stomach at the thought of a particular act proves that form of sexuality to be wrong. This is the reason we deny homosexuals the socioeconomic and legal privileges of committed couplehood. This is the reason we make no provision for the exercise of mature sexuality in homes for the aged. This is the reason why, decades since the failure of the eugenics movement, we continue to view persons who are mentally and/or emotionally challenged as asexual.

*Dr. Sussman has worked at several major institutions such as the University of Alberta and the Alberta Hospital. Ultimately he entered private practice, and has operated a clinic in downtown Edmonton for years. An eclectic humanist, he serves a wide variety of people using traditional psychotherapy and hypnosis. He has served on the executive council of the Psychologists Association of Alberta, and his contributions to psychology in Alberta have been formally recognized there. Dr. Sussman believes that psychological services ought to be made available to people when and where they need them, and at a price they can afford. He was the Nite Shrink on radio CJCA during the 14 months it was in an all talk format.*

**The Edmonton  
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Alberta Capital Region



# Sex after Sixty?

*The need to examine our maturing sexuality*

By Dr. Harry Zirk

One of the greatest gifts you will ever receive is your individual sexuality. It is something which is present from the moment of your conception until the final thoughts of our having existed on this earth pass away with the last person who had the pleasure of knowing you. Sexuality is so much more than the sexual act. It is part of your personality and social self which you present to others every day. It is part of your spirituality, your nature, and your energy. Most importantly, it is a large part of what makes you you. Your own understanding of who you are comes in part from your own sexuality.

Sexuality does not stop after the age of sixty!

Our sexuality is something which develops and changes until the day we die. It influences the way we think, the choices and preferences we have in life and the way others in our lives react to us. We are all sexual beings and continue so throughout our life.

Some individuals are surprised by the fact that even after we retire we continue to act as sexual beings. One of the exercises I ask health care workers to do in our workshops on 'Sex after Sixty' is to close their eyes and try to imagine their grandmother and grandfather as sexual beings. Try it yourself right now. Take a moment to think of grandma and grandpa as sexual loving beings.

The reaction to geriatric sexuality is never indifferent. It may bring a smile or an embarrassed chuckle. More than likely, it forces a frown or comment like "Oh, Dr. Zirk, please don't ask me to do that because I just can't. I've never thought about it and it's just not right!"

What could be further from the truth? This

reaction surprised me the first time it happened in that the individual worked in a long term care facility and must have been exposed to many various components of the residents expressing their sexuality. Many of the expressions of sexuality are seen as abnormal behaviors which require a reprimand or referral to geriatric psychiatry for a 'fix.' They are old. They can't possibly be interested in sex. Well, they are. Understanding this principle will help in understanding some of the behaviors we encounter in long term care and help us formulate some correct solutions in dealing with sexual expression.

Five years ago, when I started my medical training, whenever we visited a lodge or nursing home and we would walk into the senior's bedroom you would see the inevitable two single beds in the room. It was extremely rare to be able to allow couples to live together if one of them required long term care services. No one ever asked "would you like a double or queen sized bed?" No one assumed that there should be one big bed. In long term care you couldn't possibly be interested in sex or you wouldn't be here!

Thankfully, this is changing. In fact, there is a large initiative being undertaken by the Capital Care Group in Edmonton to develop a facility that will allow couples to remain together while in long term care regardless of the level of care required. They are providing a double bed unless asked otherwise. Many care facilities are working hard to allow life long partners to remain together as their health care and service needs increase and to move them through care levels together.

More family physicians now take specific sexuality courses in their medical education. All Edmonton medical graduates now have a training course in human sexuality because of an educational initiative undertaken by the Dept. of Family Medicine in the last two years. This specific training will help family doctors answer patient questions regarding sexuality. It will allow doctors to recognize and be sensitive to the issues involving sexuality for our seniors and some of the difficulties which arise in long term care or acute care facilities where the physician can help staff problem solve.

Sexuality is a sensitive subject to cover with seniors. They are of a time and culture where

sex was not openly discussed among peers and was only alluded to in the media. The information they have on sexuality and sex as a behavior can be very limited and more than likely is considered taboo as a conversational topic.

As a family doctor working as a geriatrician, I do ask about a couple's or individual's sex life. Often the individuals are embarrassed and do not want to discuss the issue involved in their sexual relationship. The most important principle here is to allow for the 'window of opportunity' inviting a senior to share their concerns about their current sexual experiences in a supportive and instructive environment. If there are no concerns, that's excellent and on we go. At least the patient knows that sex is not a forbidden topic and the opportunity exists for discussion. The topic is rarely fully discussed on a first or second visit, as is the case for adults of any age.

Any time there is a change in sexual behavior for an elderly couple, it tends to get blamed on their age. "Oh well, I guess I'm just getting too old."

Age is no excuse!

Age should never be used as an excuse to explain away a problem or change in health or sexual performance. It never addresses the issues evolving and can cause a delay in trying to find out what the real problems are. If something changes in your sexual performance get it checked out by your family doctor.

Disturbances or problems with sexual performance is often one of the earliest signs that a health problem is developing. Let your doctor know as early as a problem arises so that it can be addressed. It may be that the new blood pressure medication or anti-depressant you have been prescribed is affecting your sexual activity. Medications and general health are often culprits in a changing sexual prowess. Your family practitioner can change the medication to one that has less of an effect or do a complete health examination to rule out problem with diabetes, thyroid, female and male sex hormones, and show you sets of kegel exercises to firm up your peritoneum and improve your sexual performance.

Patient education is extremely important in the area of senior's sexuality—teaching your patients about the sexual response cycle, the

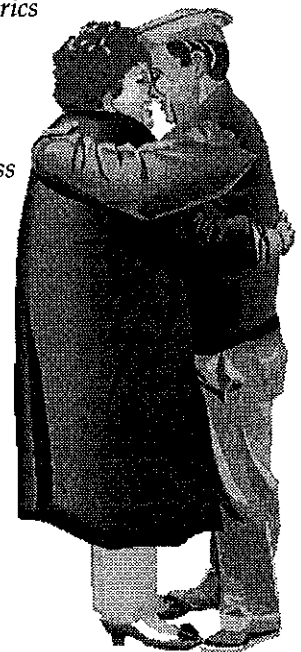
need for taking time to engage in foreplay, the fact that women may suffer painful intercourse as hormones are lost to the vagina. Men need to know that as they age, their erection will not be as complete until approximately one to two minutes before orgasm. These are part of a normal aging system.

Many excellent books exist in libraries and bookstores on the topics of sex and sexuality. Seniors need to be given 'permission' to read these books and apply it to their own activities. They need to be encouraged to get out books like *The Joy of Sex*, *Sex After Sixty*, *Sex for Dummies*, and *Sexuality and Aging*.

The more important message is that there is help available for men and women who are experiencing less satisfying sexual activity. There are medications, exercises and devices available to assist in improving sexual performance in both males and females. These can be discussed with your family doctor and in consultation with gynecologists and/or urologists.

Age is no excuse. We continue to develop and openly display our sexuality during our whole life. To ignore an elderly person's sexuality is to ignore a part of their being. This can only lead to poor communication and the creation of problems and misunderstandings. Sexuality is one of the true great gifts we carry with us throughout our lives. It should always be respected and acknowledged.

*Dr. Harry Zirk MD, CCFP, Cert. Geriatrics (CFPC) is director of Geriatric Health Services at the Grey Nun's Community Health Centre and a family physician working in the Edmonton area. He is particularly interested in senior's wellness programs and serves on the Geriatrics Planning Council for the Capital Health Authority.*



# sexuality and the disabled:

*the need for options and alternatives*



By Benita  
Fifield

North American society has a relatively narrow concept of what it considers to be 'sexually attractive'. This concept leads us to view people with physical and mental disabilities as *less* attractive, less erotic and therefore less worthy of entering into sexual relationships. The purpose of this discussion is to review some of the possible effects of disability on an individual's sexuality. In order to understand these effects, it is necessary to discuss them within the context of our general sexual mores and our attitudes toward illness and disability.

Sexuality is an integral part of each and every human being, from birth to death, in good health or with sickness and disability. Sexuality involves physical abilities, behaviors, relationships, emotions, beliefs, values, and attitudes. We have no choice; we **are** sexual beings. However, we **do** have choices about how we behave, the types of relationships we nurture, and the beliefs by which we guide our lives.

Sexual attitudes, behaviors, and lifestyles are influenced by cultural, social, and religious traditions, as well as by many misconceptions and myths. A pervasive view in our society is that sexuality is to be cherished in heterosexual relationships, preferably marriage, where intercourse is for the purpose of reproduction. It is not the intent of this writer to devalue this important 'reproductive' aspect of sexuality. However, as a health professional, if this is the **only** definition of sexuality that I accept, it follows that I may disregard the possible sexual needs of many of my clients, such as: a child with cerebral palsy or a senior with a stroke—they are not in the reproductive years; a single, 20-year-old woman with burns—*she is* not married; a homosexual paraplegic, or a lesbian with diabetes—they do not fit the reproductive pattern.

Some of the many myths about sexuality in our culture that more directly affect people

with illness or disability are: *sex is* for the young and beautiful; to be sexual you must be healthy and athletic; to be a valued partner you must be able to have children; to be worthy of a relationship you must be able to contribute equally to the relationship and the home, (i.e. have normal physical and mental abilities). In truth these myths affect us all, but for those who are 'less able' by virtue of muscle weakness, loss of a limb, intellectual impairments, aging, and so forth, they can be particularly damaging. Unfortunately, not only do the clients bring these myths to their disabilities, but professionals are prejudiced by them also. To counteract such myths we need to improve sex education in schools and in our community so that individuals recognize that their sexual concerns are normal and it is acceptable to seek professional help. In addition, we need to set better standards for sexuality education and practice for our health professionals. Currently in Canada, there is a lack of consistency in the sexuality content of health professional educational programs, of all disciplines. Depending on the specific program, sexuality curriculum may be as little as three hours to as much as several courses. Further development of standards of education and practice must be pursued.

For convenience of discussion sexuality concerns can be grouped under three headings: self, relationships, and function. In this writer's view, the degree to which functional concerns affect an individual's life depends greatly on his or her coping skills in the other two areas, namely self and relationships.

Self and relationship concerns affect all of us, disabled or not, at some time in our lives. Usually, how we feel about ourselves, our relationships, and our activities is more important than what we are actually doing. Concerns frequently expressed include: I think I'm unattractive; I want children, but my partner doesn't; I wish I could find a permanent partner; I don't enjoy sex as much

as I think I should; I want to feel more confident about myself; I don't think my partner loves me anymore; I don't feel capable of being in a relationship. However, some individuals have specific physical difficulties that need to be addressed. Such difficulties are often associated with a particular health problem or disability, so this will be the focus of our brief discussion here.

Functional concerns tend to fall into three contexts, namely: genital function, physical 'performance' ability in sexual interactions, and reproductive potential. Sexual behaviors are regarded as a very a private matter, so functional difficulties are usually the most difficult to discuss. However, failure to address specific physical issues can perpetuate personal and relationship problems.

Genital function is most frequently affected by neurological disorders, for example, spinal cord injury. However, it can be affected also by diabetes, stroke, heart attack, emotional disorders, circulatory conditions, and by direct trauma to the pelvic area as in burns or tumors. The extent of the genital dysfunctions obviously depends on the type and severity of the disability. The most common concern for men is reduced or lack of ability to achieve an erection; others may be potent but unable to ejaculate. For men and women, reduced sensation (and conversely, pain) may make genital contact less pleasurable. Women may retain their ability to have intercourse despite limitations of movement and sensation, but if neurological damage affects their sexual response they may be advised to use an artificial lubricant. Potency may be assisted with injections, changes in medication, or prosthetic devices.

Sexual performance concerns often relate to genital function, but also involve the individual or couple's repertoire of sexual behaviors. Orthopedic conditions such as amputations, joint stiffness, and back disorders, as well as paralysis from neurological disorders, may inhibit or necessitate changes in choices of sexual behaviors and positioning for those behaviors. Fatigue may require changing time of day for sexual interaction. Management of equipment such as incontinence devices, splints, and artificial limbs may have to be negotiated in sexual interactions. Many clients (and partners) have difficulty dealing with such changes. Health

professionals must provide support and understanding to assist them in their adjustment to their altered situations.

Neurological disorders, traumas, and cancer are examples of disabilities that may reduce, or eliminate reproductive potential. Others, such as multiple sclerosis, or intellectual impairment, may make childbearing and child rearing difficult or unwise. Careful assessment is necessary before the disabled person's concerns are addressed and options of reproductive technology are offered.

People with disabilities are sexual beings. Physical and mental differences associated with various disabilities, as well as personal attitudes and values, may prohibit, change, or present difficulties with sexual behaviors and feelings. It is vital that disabled individuals be given sexual information, and encouraged to have positive sexual self esteem, so they can make informed choices.

All people are sexual; some have greater opportunity than others to express their sexuality.

Recommended reading: Byer, C.O. & Shainberg, L.W., *Dimensions of Human Sexuality*, W. C. Brown. 1994

*Benita Fifield is a occupational therapist and certified sex educator. She taught in the department of occupational therapy from 1963 to 1990 and retired as Professor Emeritus. She has had a private practice since 1978 and she conducts many workshops and seminars on intimacy for couples, sexual counselling skills for helping professionals and promoting positive attitudes towards people who are disabled.*

# Survival!

—from victim to survivor

By Jeni Adler  
and Pam

I survived! No longer a victim, but a survivor. A miraculous awareness since coming to terms with and dealing with my childhood sexual abuse. The transition from victim to survivor has been arduous. Reflecting upon the effects of abuse on my sexuality is paradoxical; like having eyes yet unable to see. Today I have sight, unlimited, unyielding, all encompassing vision. Aware now of what I was robbed of, I have reclaimed what was rightfully mine.

My name is Pam and I am 37 years old. Today I have a body. It is mine! It belongs to me, just me. I do not have to submit it nor share it with anyone I do not want to, nor do I have to deny it pleasure. Pleasure, what is that? Incredible to imagine that I have spent 35 years disconnected from my body, from pain inflicted upon it, from joyous and loving touches given by loved ones. Void of any sense of boundaries, I spent many years of my life resigned to accepting inappropriate touches, sexual or otherwise, upon my person.

The loss of connection with my physical self also manifested itself through my inability to identify and express my emotions appropriately. The abuse left me with intense feelings of abandonment, lack of safety in the world, and an immense sense of being unlovable and unworthy. I perceived no real sense of self and sought to find meaning in my life through others. I perpetuated the abuse by continually engaging in destructive relationships, unconsciously validating my dying self esteem. I was left a shell, completely empty inside. Who am I? What am I? I desperately sought to define myself as a woman. By society's standards I fell far short.

My recovery from the devastation affecting my life has brought unimaginable rewards. I am Pam, a beautiful, lovable, whole woman. I have a loving partner who respects who I am and honors my boundaries (today I know what they are). I allow

myself to risk and to grow and challenge myself to walk through and experience all of my emotions. I experience physical pleasure in both a sexual and nurturing manner. I am a mother of three sons and am able to share my experience, strength and hope with them. I have intimate, loving relationships with friends and family who honor me for the person I have become. Today, I love and respect myself. The irony being, I would not have come to know my true sense of self without the journey through the pain of my childhood sexual abuse. I truly am a survivor.

*Pam has participated in both Level I and Level II sexuality groups facilitated by Planned Parenthood counselling staff at the Sexual Assault Centre of Edmonton.*



—from a professional perspective

When we at Planned Parenthood talk about human sexuality we are talking about who we are as human beings. We believe in a wholistic concept of sexuality which includes gender identity (roles, masculinity and femininity), capacity for arousal and response; sensuality, and the whole self (thoughts, experiences, learnings, ideas, values, feelings).

We are born sexual beings with biological gender and senses already developed. What happens to us in our lives influences how we live as sexual beings: how we perceive ourselves, relate to others and express our sexuality.

It is not difficult to see how sexual abuse would impact a person in many areas of life. Should it happen during young and vulnerable years, essential functions and experiences of childhood and adolescence can be interrupted and distorted. What we see in our groups at the Sexual Assault Centre of Edmonton (SACE) are survivors; courageous grown women who are taking on the responsibility of healing themselves. Most have done extensive, personal work (including groups at the SACE which are a prerequisite for ours) before they feel ready to look at *sexuality issues*. From their experience and our observations, we have identified the following ways in which womens' sense of sexuality is affected by sexual abuse:

- information base (a lack of, or incomplete information around sexuality issues)
- attitude (sexuality is viewed as a dangerous, hurtful, abusive and shameful concept and practice)
- relationships (trusting others is difficult for individuals, deeply betrayed and wounded)
- assertiveness (these women have been prevented or punished for speaking out or defending themselves physically or emotionally)

- self concept (they are sometimes filled with self blame and self hatred starting with the abuse and then extrapolating into every area of their lives)
- body image (the body is often seen as a vehicle of betrayal, many women are dissociated from their bodies—something they may have learned to do as a useful defense in situations of abuse)
- safety (with difficulties regarding self-confidence, and negative experiences with others, many survivors need a group that is respectful, sensitive and gentle)

We offer two levels of Healthy Sexuality, each an eight-week group. The sessions run for two and a half hours. Our task as facilitators is to balance emotional safety with risk taking, a non-judgemental approach with genuine feedback. We share information and support self-acceptance, working to empower women in the process of reclaiming healthy, full lives.

*Jeni Adler is a Counselling Coordinator at Planned Parenthood Association of Edmonton, where she has worked for close to eleven years. She was previously employed by the Sexual Assault Centre for four years and finds great satisfaction in revisiting this work through the current collaborative venture between the two agencies.*



# BEIJING

By Barbara  
Roberts and  
Catherine Bray

The United Nations' Fourth World Conference on Women held at Beijing from September 4-15, 1995 was the most recent in a series of UN conferences on women, originating in the UN Decade of Women (1976-1985). Each UN conference has been accompanied by a larger, unofficial, Women's NGO Forum (Non-Governmental Organizations). During the Decade, Canada and other UN member states signed several international agreements on women's rights, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), in force in Canada since 1981, and the Forward Looking Strategies (FLS), adopted by consensus in 1985 at the UN's Third World Conference on women at Nairobi.

The purpose of the UN Beijing conference was to assess and speed up progress on the implementation of these agreements, especially FLS, to achieve equality, development and peace for women by the year 2000.

At Beijing, the UN member states adopted the Beijing Declaration and Platform For Action (PFA), a remarkable, complex and lengthy (362 paragraph) document explicitly aimed at the empowerment of women. The document sets out a plan for this, and for removing obstacles to women's "full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power." (para 13)

The PFA identifies 12 "critical areas of concern:" poverty; unequal access to education and training; health; violence against women; peace; participation in defining economic structures; power sharing in decision-making; insufficient mechanisms for the advancement of women; human rights; mass media; the environment; and the girl child. Member states are to begin developing strategies and action plans by

the end of 1995, to implement the PFA. Section C of the PFA includes paragraphs 91 through 112, on a wide range of issues relating to women's health. Five strategic objectives are listed: 1) Increase women's access to appropriate, affordable, quality health care, information, and related services (with 27 actions to be taken); 2) Strengthen preventive programs that promote women's health (17 actions); 3) Undertake gender-sensitive initiatives on sexually-transmitted diseases HIV/AIDS, and sexual and reproductive health issues (16 actions); 4) Promote research and disseminate information on women's health (12 actions); 5) Increase resources and monitor follow-up for women's health (five actions).

*Barbara Roberts is a professor of women's studies at Athabasca University. Since 1985 she has been involved with NGOs' efforts to ensure governments implementation of their women's equality obligations from international agreements. She is currently researching implementation of the Beijing Platform for Action.*

To further study the PFA and its significance to Canada and particularly Alberta, a specific PFA was chosen. PFA 96 and 96 b have been chosen because of their direct references to sexuality. Catherine Bray puts these into context.

96. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by



preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

96 b. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government — and community—supported policies and programs in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of numerous factors: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviors; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

Canadian women do not yet live in "a state of complete physical, mental and social well-being," as called for in the PFA developed at the Fourth World Conference on Women in Beijing. While this is not surprising, it is important to

address the reasons why. Here are some of them. With regards to safe and satisfying sex, approximately one in four Canadian women have experienced violence in a marital or common law relationship, according to Statistics Canada. Although there have been a couple of signs of hope for an end to violence against women (the passing of a law preventing the use of extreme drunkenness as a defense against charges of wife assault and the progress of gun control legislation), recent federal and provincial budgets have cut back funding to shelters and treatment programs for batterers. The symbolism of tighter laws is small comfort if victims of violence and those who are fighting to prevent violence are being deprived of the few resources they once had.

Safe and satisfying sex is still more easily available to heterosexuals because of discrimination against people of other orientations, although there has been some progress toward ending discrimination in the last 25 years in Canada. While most arbitrations, tribunals and court judgements concerning employment benefits for same sex couples have favored homosexuals, the promised addition of "sexual orientation" to the Human Rights Act has not been made by the federal Liberals. In Alberta, the Conservative government, against legal judgment and in defiance of fiscal conservatism, are continuing to appeal an Alberta Court's decision that sexual orientation should be included in the Individual Rights Protection Act.

Birth control has been completely legal in Canada since 1969, however, ever since *the pill* became popular, there have been negative outcomes associated with women's free choice to avoid contraception using drug or barrier methods. These problems have included failed devices, health problems and high cost. The latest birth control drug, Norplant, is being challenged through a class action suit in the U.S. on the basis of alleged health problems caused by the drug and its improper use. Canadians will be asked to join the class action.

Canadian women's right to abortion has been legally enshrined since 1988, however, access to abortion remains uneven across the country. Rural and Northern women find it particularly difficult to access safe, timely

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# Female Genital Mutilation

*Why Should I Care?*

By Susan  
Belcher  
El-Nahhas

Female Genital Mutilation (FGM), often referred to erroneously as “female circumcision”, is an ancient custom still practised primarily in Africa. It’s origins are in ancient Egypt and Phoenicia and the ancient Greeks reported its practice in Axum (Ethiopia) and Eritrea. Despite the common reference to “female circumcision”, it bears no similarity to male circumcision. Cutting off the penis would come close to being the male equivalent of FGM, though males would not experience the long-term physical complications and continual pain which women endure. Both practices, however, are associated with rites of passage to adulthood and both affect a person’s experience of sexuality.

FGM has many forms, varying according to culture and even preferences of particular families. In its least harmful form it consists of pricking or cutting the clitoris; in its most severe form it consists of excising the clitoris and nerve, all of the labia minora, much of the labia majora, and then stitching shut the outside edges of the labia majora, leaving only a tiny opening—typically no larger than a match—for urine and blood to flow out.

There is no medical need or reason for this practice; in fact, it is extremely harmful for women, resulting in terrible, chronic pain, infection, internal and external physiological damage, cysts and fibroids, fistulas, difficulty in passing urine and menstrual blood, loss of bladder control, difficulty and even the impossibility of natural childbirth, infertility, and on occasion death. It is not uncommon for babies to die during childbirth or to be born with brain damage. Maternal and infant mortality rates are very high at 1,100 per 100,00 in Somalia, for example, up to 50 times the infant mortality rate of 24 per 100,000 in

industrialized Western countries. In addition to the physical traumas, psychological trauma is severe and emotional anguish lasts a life-time.

Can mutilated women experience sexual pleasure? Since most women were mutilated as children and/or before they had experienced their full sexuality, it is difficult, if not impossible, to determine this. They may not know what they have lost. It also depends on the degree of mutilation. I do know there are physicians who specialize in reconstructive surgery, particularly in Italy, and some mutilated women try to recover as much of their sexuality physically as they can. However, I also know women who have gone through this procedure and feel that there is no way they can be restored, no way they can recover what was taken away from them.

The age at which FGM is practised varies. In countries such as Eritrea and Ethiopia, FGM is done at the age of 40 days, in Egypt, and Sudan at age six to eight, and in Mali and Nigeria, it is done shortly before marriage to adult women, usually aged 16 to 25. Nahid Toubia estimates that at least two million girls are subject to FGM world-wide each year. About 6,000 girls every day! In 1982, Fran Hosken estimated that over 84 million girls and women worldwide had been mutilated with FGM.

Why should I care if this is some ancient custom in Africa? I believe that we should all care. I care about this for two main reasons. On a personal level, I care because I have two daughters who might have been mutilated had I not ensured that they escape this barbaric custom. While I am an Anglo-Saxon, coming from a culture which never demanded this of all women, my husband is Egyptian. While my husband is personally against this practice, in Egypt most girls are mutilated at about age six. Official statistics put the prevalence of the custom today at 80 per cent, but it is safe to say that it is still a core part of Egyptian culture and most girls do not escape its cruelty. If the parents are not willing to have their daughters mutilated, there are always the grandparents and other extended

kin who will ensure that it is done, with or without the parents' permission.

My daughters are now grown women capable of defending themselves against this practice, so my immediate personal stake is less. Nevertheless, if I am not my sisters' (and brothers') keeper, then who is my keeper? If I would not like to be subjected to this barbaric custom do I not have an obligation to speak out with or on behalf of others who are? Let us not forget that most societies in the world today are patriarchal, including Canada. But the countries where FGM is practiced are far less democratic than Canada, and women have far fewer choices than we do here. The social sanctions preventing women from speaking out against FGM are serious, even life-threatening, so that it is often not an option. Thus, women elsewhere who are free to speak out about FGM have an obligation to their sisters to make sure their voices are not silenced.

If you are a male, you are probably wondering what this has to do with you. My response is that it has everything to do with you. FGM is a direct attack upon the womanhood of a female. All men have a mother. Most men have or will have a wife, some have a sister, a daughter and may eventually have a granddaughter. Most men love women; so, given the nature of emotionally intimate relationships, men cannot escape being touched by FGM since it is a physically and emotionally traumatizing custom for women.

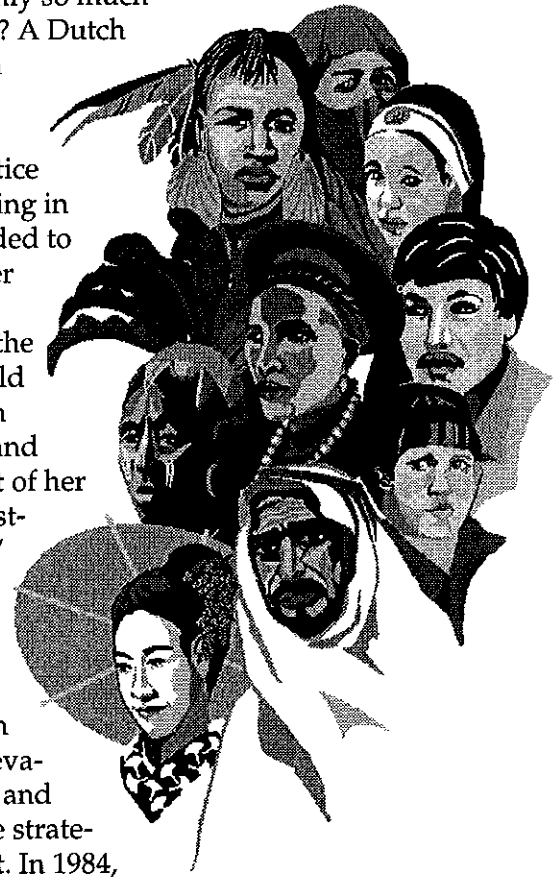
Another reason why men should be concerned about FGM—and should speak out against it—is that it is an ancient patriarchal custom designed to subordinate women to men. In the countries where it is still practiced, men demand it be done; they simply will not marry a woman who has not been mutilated. Men still have more power as a group than women in Canada, and men still pay more attention to what men say than what women say worldwide. If men speak out against FGM other men will be more likely to listen. I urge you to speak out against the violation of women's human rights! No doubt men would look to women for support if they suddenly were expected to have their penises cut off en masse!

At the Second United Nations Human Rights Conference, held in Vienna in June 1993, the theme which women and some men promoted was *Women's Rights Are Human Rights*. While

the main meetings, held primarily by men, discussed other issues, downstairs the women delegates and some male delegates, notably Ed Broadbent, discussed women's concerns and how to integrate them into the 'official' parlance of the field of human rights. The National Film Board has an excellent film of this event, and it includes the need for action against FGM. I think it would be difficult for any person, man or woman, viewing this film not to be affected personally by the women telling their stories and pleading for support.

Why is there suddenly so much concern about FGM? A Dutch woman named Fran Hosken was so shocked when she discovered the practice of FGM while working in Africa that she decided to devote the rest of her life to making its eradication part of the mandate of the World Health Organization (WHO), UNESCO, and UNICEF. As a result of her insistence and persistence, several WHO/UNESCO/UNICEF conferences about FGM were held in Africa and research has been undertaken to determine the prevalence of the practice and to develop workable strategies for combating it. In 1984, the Inter-African Committee (IAC) Against Harmful Traditional Practices Affecting the Health of Women and Children, formerly operating as a non-governmental organization in Africa, was also established by WHO and UNICEF, with headquarters in Dakar, Senegal. The IAC officially rejected the term 'female circumcision' at its 1987 meeting in Addis Ababa, requesting that it be referred to as Female Genital Mutilation. Now there are many branches of this and other non-governmental organizations in Africa, Europe, Canada, the U.S., Australia, and New Zealand dedicated to the eradication of FGM.

*Continued on page 26—FGM*



With the migration of people from cultures practicing FGM its practice has been extended to other countries, particularly Western Europe, North America, Australia, and New Zealand. Since the 1980s, many of these governments have passed legislation forbidding FGM or extending existing legislation to include FGM. In Canada, FGM can be prosecuted under assault or battery laws as well as under child abuse legislation. The Canadian Medical Association has banned FGM as have Colleges of Physicians and Surgeons, making it unethical. Performing FGM is grounds for suspension for any physician found guilty. Nevertheless, it is chilling to recall that as recently as the 1950s, clitoridectomy was practiced in Canada by physicians to 'cure' women of 'lesbianism,' 'sexual hysteria,' 'frigidity,' masturbation, and other 'acts of deviation.'

In Canada, there are thousands of immigrants and refugees from African cultures which practice FGM. While some do not want to continue this practice, many do. If they cannot find physicians or nurses to perform FGM, they do it themselves, often as they would in their own countries.

The City of Toronto began the first public effort to combat FGM and to provide health care workers with information about it as well as services for victims of FGM. Several women's and immigrant's organizations in Canada have also begun to address the problems of FGM in Canada. The work is being done cooperatively by both victims of FGM and women who do not practice it as part of their culture. In Edmonton, I have organized several workshops and public presentations about FGM. There is a growing awareness about the problem and more victims of FGM are coming forward, telling their stories and organizing in their communities to try to stop the continuation of this harmful practice.

Although the majority of women living in countries where FGM is widely practiced are hampered from speaking out against this practice, because of the severe social sanctions they would face, there are some who have made it their main concern. They are brave women, many of whom are physicians dedicating their careers to

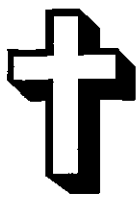
helping victims of FGM through their work in Africa and working with others world-wide to eradicate the custom.

The all-too-common practices of breast implant surgery, thigh reduction surgery, face-lifts, plastic surgery, and 'tummy tuck' operations are perhaps our versions of customs in the South like Female Genital Mutilation. They share the same goal: to make it easier to keep women under male control by trapping them in the identity of sex object for the enjoyment of their men. So long as women want to defer to men as superior beings, to depend on men as being smarter and stronger, they will give up their right to be persons. So too will men continue to be unfulfilled by a sexuality that exploits and oppresses.

Women have been paying too high a price for a very long time. Women all over the world are speaking out against FGM and all the other ideas and practices which perpetuate patriarchy. Finally, so too are some men. Sexuality can best be fulfilled when both partners are free to express themselves as equal persons; intimacy is not possible without equality. That's why an alliance of both women and men around the world are needed to work for real sexual liberation.

We all need both the 'hardware'—intact bodies—and the 'software'—the freedom to develop and express our ideas and feelings about sexuality—in order to fulfil our sexuality. So whether you are a man or a woman, whether you are heterosexual, bisexual, or you are gay or lesbian, it is in your own interest to support the movement for the eradication of all practices which are harmful to people and which hamper their ability to express and enjoy their sexuality. Let's have a sexual liberation that really liberates us to be the best persons we can be!

*Susan M. Belcher El-Nahhas has taught human sexuality, sociology, women's studies, education, communication, and business administration for over 20 years at several post-secondary institutions, including the University of Alberta, Athabasca University, Grant MacEwan Community College, Northern Alberta Institute of Technology, and Fairview College. She is currently writing her PhD dissertation on the relationship of women's construction of gender and their role in the socioeconomic development of Egypt. She has worked with many immigrant and refugee groups, women's and other community organizations in Edmonton.*



# Caring, Inclusive *and* Diverse—

The United Church of Canada Since 1988

"For the first time I can go to church and feel that my son is a real person," said one mother. She was responding to the morning sermon when the Reverend Neil MacDonald preached about how Jesus treated those who were marginalized: women, Aboriginal peoples, gay and lesbian people. Jesus didn't let leprosy get in the way of love, acceptance and respect; whom did we need to treat with full blessings of the Kingdom?

That was ten years ago. St. John's United Church in Halifax continues to extend the blessing: study groups, use of their facilities by openly gay and lesbian Christian cell groups, public events and Bible studies, worship during Gay Pride celebrations. Other denominations even recognize this openness and tell homosexual members that they'll be welcome at St. John's United.

'Family Ministry,' another congregation decided, would be their focus: single, single again, married with children, divorced with children, seniors with grandchildren. "A welcoming place," some lesbian women reflected, "a place for me." That was 13 or 14 years ago. The church was Ryerson United in Vancouver. This spring on Mother's Day, recognized in the church calendar as Family Sunday, the Reverend Gary Paterson arranged a vivid symbol for children and adults alike. He set out stuffed animals in more than a dozen family configurations: a gay couple, a lesbian with adopted children, elders, a woman and man with foster children, a single gay man, a divorced person, and many more. "Every one of these families is in our congregation," he said. "And most of them are seated here this morning."

The congregation has a vision statement, part of which reads, "we see ourselves as a caring, inclusive and diverse Christian community." That means that gay and lesbian persons are welcome. Blessings, again.

"Let's throw it up on the wall and see if it sticks." Some of the other elders grumbled. I breathed a sigh of relief. We had a chance that this might work. The speaker went on. "If the Holy Spirit intends this for the church, then who are we to quibble? And if not, we'll know soon enough. God has been around for a long time." An unconventional way to talk theology, you say? What about tradition or assumption or biblical authority? What about democracy or community wisdom or reasoned thinking?

Perhaps, but no one saw this as merely talking theology. It was 1988, and we were in Northern New Brunswick at a church meeting. This was about practising theology, and moreover about practicing gays and lesbians being welcome in our pulpits, our masses and out pews. People were coming out to attend worship, to grumble or complain or celebrate and they were concerned about 'coming out,' specifically, about who might do it. If the idea sticks, we're probably doing the right thing."

Yes, we were galvanized. More United Church Christians came to Bible studies in that period than I've seen before or since. People were talking about scripture at the garage, debating this in a neighbor's garden, scrutinizing minister's lifestyles from behind the curtains. It was hot.

It's cooler now, at least on the surface. Individuals who swore they'd leave the church if we decided not to limit ordination to those of heterosexual affinities either reconsidered or left. Many others were quiet and bewildered. Still others were thrilled but waited for the other shoe to drop. Things have changed. A generation earlier, people were concerned that the ordination of women would change the face and the nature of the church, and it did. They asked then "How would the Church survive?"

By Catherine  
MacLean

*Continued on page 28—United Church*

The fact was, and is that our survival is not an issue. Honest living of the Gospel is the issue. What we decided was not simply to allow lesbian and gay ministers in the church—they were there already, but to recognize that heterosexuality was not a prerequisite to full participation in the church. Not everyone is called to ordered ministry, but sexual orientation would not prevent one from seeking a vocation.

The gift of this issue is that many of us are far more interested in what the Bible says, or doesn't say, and in how to interpret what we find. Sexuality certainly makes Bible study and theology lively! The ordination of homosexual persons was the lightning rod, not the cause, of the excitement. In the late 1980s how we interpreted scripture and discernment of God's leadership were given real color by the specifics of the issue. In 1995 study group participation seems to be back down to the pre-1988 numbers. Worship and care go on as always, and yet there is a tangible change in our church.

Here in Yellowknife people come to worship, to work things out, to try spirituality, to see what has happened in the religious world since they were children. New members frequently tell me that their search for a welcoming church has been made easier by our decision in 1988—"If the Church is willing to accept homosexual clergy, then surely the membership must be a safe place too." Whether or not they know the details, they are drawn to the openness that marked our debate. We didn't cringe at the hard questions or sweep them under the carpet. There was an honest invitation to people who are often shunned by society.

As backlash becomes a familiar phenomenon, I am proud to be part of the church which is unmistakably identified as the theological critic to increasingly conservative attitudes. But the trick to being a critic with integrity is to live as we talk, or in this case to practice what we preach.

We are asking congregations to identify themselves as 'Affirming Congregations,' to publicly state their willingness to call gay, lesbian and bisexual clergy. Although in fact several are proud to have as their clergy individuals who are openly gay, and many are accepting churches, few have claimed the official title. Single clergy still experience the long, hard look of call committees and neighbors. Ministers who are 'out' trust in a fleetingly trustworthy community.

At present, other churches on this continent are facing the issue of ordination of homosexual persons, as we did in 1988, and they are looking at our process and present life for guidance. The overwhelmingly helpful fact is that although the United Church is losing members, statistically, we're not losing as many or as quickly as other mainline Protestant denominations. Although that may seem a funny way to see progress, it is the reality of our post-Christian culture! I believe that our public face as the welcoming, liberal, gutsy, open-minded church makes an impact.

So we celebrate and keep going. We offer *Affirm* and *Friends of Affirm*, to make an institutional presence. We set up information and educational groups such as the Saskatchewan Conference Affirming Congregations Task Committee, to help us learn how to welcome gay, lesbian and bisexual clergy. Laura Thomson, who chairs the committee, finds hope in the corners of the province. "Many people are saying, 'we should get on with this.' There's impatience that we can't be more just and inclusive now." We are mindful of including people. Increasingly, a men's club 'Spouses Night' is open to gay partners. Families are recognized to be far broader than the nuclear model, and personal connections are made with Biblical affirmations of diversity.

We celebrate and go on. Will lesbian clergy feel increasingly comfortable? Will more congregations interview openly gay men saying, "We don't see this as a problem?" Will we absorb the reality of homosexual life and celebrate it, offering blessings and partnership?

The idea is sticking to our spirits and our hearts. God will be around for a long time, and we'll celebrate what we discern of the Holy Blessings, again.

*The Reverend Catherine MacLean is one of the ministers at Yellowknife United Church. She has worked with The United Church in Toronto and the Maritimes, and is a graduate of Harvard Divinity School.*

# Gender Identity Disorder

Transsexualism is a relatively rare sexual variation, probably no more prevalent than one in 100,000 for females and one in 40,000 for males. It is a variation both on gender identity and on gender role. Gender identity is the awareness and internalized self-concept we have of being a man or a woman: gender role is how well we fulfil this role in society or, in other words, how others perceive us as a man or woman.

The biological and cultural forces that determine the various aspects of human sexuality are extremely complex. Each aspect of sexuality such as chromosomal sex, anatomical sex, sexual orientation and gender identity appears to be distinct and separate. For example, chromosomes determine our genetic sex. The XX chromosome combination allows a fetus to become a female and the XY combination allows the development of a fetus into a male. This chromosome combination in a developing fetus determines the growth of either female or male internal reproductive organs and genitalia. There are other factors at work as well, however, which make this process more complex. For example, both an XX and XY fetus will develop into a female unless, as in the case of an XY (male) fetus, the fetal rudimentary sex organs produce testosterone which allows the XY combination to develop as a male. Nature allows variations on this theme so that unusual chromosomal combinations can in turn alter the sexuality of the individual.

Separate forces of a genetic and hormonal nature probably also determine sexual orientation; so that by the time a child reaches the age of three or four, this is affirmed and unchangeable. The exact mechanism that determines sexual orientation is not known for sure, although there seems little doubt that this is biological in nature. Sex orientation can be opposite sex (heterosexuality), same sex (homosexuality) or both (bisexuality).

Gender identity appears to be determined by a different mechanism as well. Although this may also be predetermined to some degree, it is evident that cultural forces also play a major role. If a child is identified as a male at birth, then cultural expectations and attitudes toward that child are those for a male. These attitudes and expectations play a powerful role in the development of that individual's gender identity.

Because each aspect of sexuality appears to be separately determined, and because nature often allows many variations on a theme, a number of unusual situations can evolve. A male can be homosexual instead of heterosexual. A male can have a gender identity that is incongruent and feel he is a female trapped in a man's body, but still be heterosexual—that is, with the internal self concept of being female, he is attracted to males which is essentially an opposite sex attraction. Chromosomal or other endocrine disorders can result in a child who is female being wrongly identified at birth as a male. (This can also occur in males.) However, once identified, and after the age of three to four, the gender identity cannot be reversed.

Transsexualism then is a gender identity disorder, and is defined as a male who feels he is actually a female trapped in a male body. The reverse is true for female transsexuals. An individual who is transsexual is aware of this reversed gender identity from a very early age and usually from earliest memory. Transsexual males have a strong interest in activities of the opposite sex, particularly with regards to clothing, make up and jewellery. Most male transsexuals begin to cross-dress at a very young age and at every opportunity: it makes them feel normal. They also have strong interests in female play activity and often report feeling more natural if they sit to urinate.

At this point, it is important to comment on other situations in which males may cross-dress. Transvestites, sometimes also called fetishistic transvestism, cross dress because they find this sexually arousing. The focus is usually on undergarments. They are otherwise happily and congruently male with a heterosexual orientation. Some homosexuals (about 10-15 per cent) also

*By Dr. Lorne  
Warneke*

*Continued on page 30—Transsexual*



enjoy cross dressing which is referred to as the 'drag queen' phenomenon. The cross dressing is frequently overdone and accompanying mannerisms are exaggerations of femininity. There is no wish to become a female, just to impersonate one. There is also a small number of males who are heterosexual but have strong feminine interests and may comfortably adopt a female persona on the stage or television.

Transsexuals have a singular pursuit to become a member of the opposite sex. They abhor their natural body, particularly their genitalia, and do everything to disguise or change this. Many become very successful in cross dressing as a member of the opposite sex. Having made the necessary disclosures to family and friends, they are often totally accepted in their new lives either at work or at school.

It is not difficult to imagine the psychological torment that transsexuals go through. It is enough that some of us feel unhappy with hair color, weight or height. To feel one's entire body is wrong and that nature has made a mistake must be overwhelming.

Societal attitudes only enhance the distress of transsexuals. Even though western culture prides itself in being advanced, innovative and liberated, in the

area of sexuality we are still in the dark ages. Sex education at home and in the schools is minimal. We are offended by public discussion over the use of condoms, and masturbation still engenders a great deal of guilt. Politicians avoid positive action on the issue of sexual orientation and individual rights, and most religions have restrictive attitudes towards sexual expression. Homophobia is very strong and individuals, particularly males who are homosexual, often lead lives of secrecy for fear of disclosure and censorship. The newspapers are full of headlines and articles that stigmatize this group and 'gay bashing' both in the

...though western culture prides itself on being advanced, innovative and liberated, in the area of sexuality we are still in the dark ages.

psychological and physical sense is not uncommon. Homosexuals who are effeminate, whether their sexuality is disclosed or not, are subjected to teasing and name calling. Our male dominated, chauvinistic society is expressed through attitudes directed towards children who are atypical. Whereas it is alright for a young girl to be a tomboy and be 'one of the boys', it is certainly not alright for a young boy to be a 'sissy' or to express interests in activities traditionally reserved for girls such as playing house, playing with dolls and so on. Young boys who are very effeminate, many of whom are heterosexual, are subjected to cruel teasing by their peers and are criticism by adults. All of this applies to the experience of transsexuals who also experience societal stigmatization and identify themselves as being abnormal, wrong, deviant, or perverted.

Our societal attitudes need to be contrasted with those of so called primitive societies. Of interest, the vast majority of North American Native cultures who have a written history, were very accepting of androgynous males and females in their midst. Androgynous means having characteristics of both sexes in terms of interest and behaviour. These androgynous individuals, the majority of whom were males and consisted of effeminate homosexuals, bisexuals and transsexuals, were called Berdache by

the French explorers who first came to this continent. The Berdache were highly respected even revered individuals who often fulfilled the role of shaman or advisor, and certainly filled the role of caretaker. They were very skilled individuals who often cared for the sick, the old, as well as parentless children. To have a child born with androgynous traits and therefore destined to be a Berdache was regarded by parents as a gift and a blessing.

The courage and personal strength of transsexuals needs to be admired in the way they survive the rites of childhood and adolescence. As they evolve in their pursuit to be of the opposite sex, most will seek help at some point from the health care profession. Unfortunately, attitudes of physicians and other health care workers are frequently negative and treatment may be difficult to access.

There is treatment available for transsexuals, both males and females. The first sex reassignment surgery occurred in Germany in 1931. However, the condition of transsexualism and

sex reassignment surgery came more into the public eye with the case of Christine Jorgensen, an American male, who had sex reassignment surgery in Sweden and became a female.

The treatment is necessarily somewhat long and drawn out. The initial assessment confirms whether or not an individual seeking sex reassignment is actually a transsexual. Once confirmed, the individual is required to consistently cross dress for a period of two years and during this time either be working or going to school. This lengthy period is absolutely necessary to reaffirm the diagnosis, personality strengths, motivation and resolve of the individual to actually have sex reassignment completed. During this two year period, and after consultation with an endocrinologist, hormone therapy can begin. Hormone therapy leads to bodily changes that are reversible. In addition, some cosmetic procedures such as electrolysis can also be started. A tremendous amount of psychotherapy may evolve during these two years as well. The last step is sex reassignment surgery which can be obtained in Montreal, London, England and Brussels on referral. All of the patients under this writer's care have gone to Brussels where the surgery has been done expertly and in a compassionate manner. Long term follow up is also necessary. Treatment outcome is usually very good.

Alberta Health Care, at least in the past, has agreed to cover all the costs of the surgery including airfare, physicians' fees, and cost of the stay in hospital. This coverage of costs came about only after considerable lobbying several years ago. It may be withdrawn in the current climate of cutbacks and the creation of two-tier medicine.

The book 'Conundrum' is an excellent account of a male transsexual's journey. It was written by Jan Morris who originally was James Morris, a married man with children, and a British news correspondent who accompanied the original expedition that was successful in climbing Mount Everest. After sex reassignment surgery, and as Jan Morris, this individual continued a successful career in journalism.

In summary, although transsexualism is relatively rare it is a condition that has a profound effect on the individual. As the condition involves an altered expression of one aspect

of sexuality, that of gender identity, it can create negative feelings for many health care professionals. In reassessing attitudes and values in this regard, a quote from Genesis may give all of us food for thought.

"I have looked out at everything I have made and behold it is very good". Genesis 1:31

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*Has a clinical practice with a strong interest in biological syndromes such as Obsessive Compulsive Disorder, Post Head Trauma Syndrome, as well as issues to do with sexuality and Human Rights.*

*Beijing—Continued from page 23*

abortion services. In Alberta, the extreme right caucus within the Tory government recently spearheaded an attempt to deinsure abortions. Although this caucus lost its battle, Albertans must continue to be aware of further manoeuvres to reduce or eliminate abortion services in the province.

One positive change in the field of pregnancy and childbirth is the growing recognition of the practice of midwifery across the country as an allied health profession. In Alberta in 1994-95, midwives delivered about 150 babies at home, and another 150 in hospitals (Edmonton Journal Oct. 18 1995:6). Hospitals are also offering more choices with respect to birthing position, drugs and attendants for women giving birth. However, health care funding is being restructured dramatically, and has been severely cut back. Hospitals and health centres are under particular strain. In Edmonton, new mothers can be separated from their sick babies when they are taken to another hospital. Prominent, internationally renowned, physicians have left departments such as the Neonatal Unit at the University of Alberta. Increase to homecare budgets will not meet the needs: this will adversely affect families with a mother who is recovering from childbirth.

Everyone working in the area of women's health issues should obtain a copy of the Platform For Action and refer to it as part of their planning process. In all contacts with government, the pertinent sections of the document should be identified and quoted. Canada's federal AND provincial/territorial governments are obliged to carry out the actions listed in the PFA. Copies of the Beijing Platform For Action, the Nairobi Forward Looking Strategies, and the Convention for the Elimination of all forms Against Women can be obtained free from: Status of Women Canada, 360 Albert Street, Ottawa K1A 1C3, phone 613-995-7835, fax 613-943-2386

*Catherine Bray is an associate professor of women's studies at Athabasca University, where she coordinates courses on women's health issues and violence against women. She is currently researching abuse in the workplace.*

# Sexual Orientation

*Nature or Nurture?*

By Jason  
Brown

The question "What causes homosexual orientation?" is politically suspect because it is so frequently associated with the notion of "prevention" or cure.

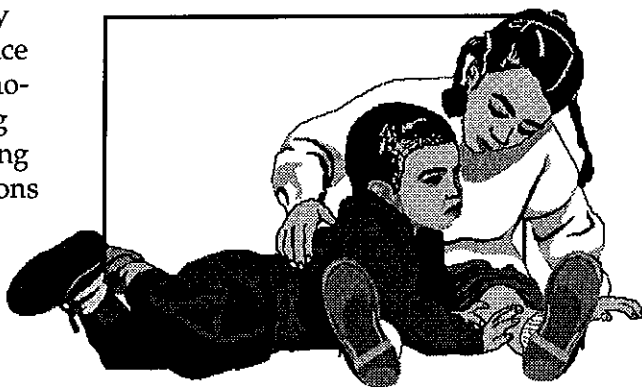
In Alberta, the legitimacy surrounding a "return to family values" makes acceptable the use of a restrictive definition of "family"—one that effectively excludes those who are not in a heterosexual relationship which produces children. The same homophobia which underlies this definition is manifest in the difficulties our homosexual or bisexual youth face. Suicide among homosexual and bisexual youth is intolerably high. As well, many youth experience alcoholism or substance abuse because they internalize this homophobia. Indeed, society seems unwilling to accept variations in human functioning and relationships beyond the connotations of this restrictive "family."

We are taught from an early age that heterosexuality is "normal" and homosexuality is deviant, even pathological. This message has been promoted by William Gairdner among others. In his article of January 28, 1995, in the *Edmonton Journal*, he compared religion to homosexuality and concluded that religion "promotes moral behavior through the worship of God, the highest good. Homosexuality is just the opposite". While it has been over 20 years since homosexuality was removed from the American Psychological Association's list of mental disorders, harmful "treatments" of seriously questionable efficacy which reflect impoverished ethical standards still exist. The Living Waters program in Calgary, for example, offers treatment and boasts modest success for sexual "perversions" including homosexuality.

Of even more concern is the modern theoretical association between homosexuality

and pedophilia. A recent study "Are Children at Risk for Sexual Abuse by Homosexuals?" conducted by the Denver children's hospital and the University of Colorado Health Sciences Centre investigate this hypothesis. The study findings indicate that children of homosexual parents are actually 100 per cent less likely than children of heterosexual parents to be abused from within the family. The perceived need for such a study is disturbing—particularly in light of the large body of empirical and anecdotal evidence which suggests that children of homosexual parents **do not** have a greater risk of psychological disorders, negative peer group experiences, or problems in overall functioning (see Gottman, *Homosexuality and Family Relations*, 1990).

Research in human development and sexual orientation has recently swung heavily toward the investigation of biological theories. This is due in part to the popularity of theories which implicate genetics and structural brain differences in sexual orientation. However,



social constructivists cite considerable historical and anthropological evidence for sexual orientation as ultimately culture-bound. The nature-nurture dichotomy provides a framework for conceptualizing the complexity inherent in the origins of differences in sexual orientation. According to this framework, a dimension of human functioning that varies among people can be understood in terms of antecedents that are present either at conception or following conception, called genetic and environmental influences respectively.

There does appear to be evidence for genetic influence in the development of sexual orientation. Twin and family studies have been used to investigate the strength of this influence. According to behavior genetics theory, identical twins share 100 per cent of

their genetic material while fraternal twins and other first-degree relatives share 50 per cent. Family members that do not share any genetic material, and who are similar on some trait, or phenotype which is in this case sexual orientation, indicate the influence of environment. Because few studies have found identical twins reared apart to measure for concordance between twins and other family members consistency for sexual orientation, conclusions are often based on the concordance between twins and other family members who share different amounts of genetic material. Several studies show concordance rates between family members sharing increasing amounts of genetic material, suggesting that there is some genetic influence in the development of sexual orientation (see Bailey et al. *Archives of General Psychiatry*, vol. 50, 1993).

The investigation of environmental factors is a much more difficult task because the possible influences are many and varied. While many environmental theories exist, I will briefly present three that have received a significant amount of attention in the literature and media: prenatal hormone theory, weak father/dominant mother, and homosexual parents. According to prenatal hormone theory, exposure of the fetus to atypical levels of prenatal hormones at critical periods of development increases the likelihood of bisexual or homosexual orientation. This theory has met with considerable empirical support (see Hines & Collaer, *Annual Review of Sex Research*, vol. 4, 1993), however, it is clearly not the only influence on sexual orientation. A presumed cause of homosexual orientation that originated from the work of Sigmund Freud (*Three essays on the Theory of Sexuality*, 1953) implicated the roles of a passive or detached father and close or smothering mother. However, based on later research, some contend it appears that no family background can be singled out as "especially consequential for either homosexual or heterosexual development" (Bell et al., *Sexual Preference: It's Development in Men and Women*, 1981, p. 190). The question of whether children of homosexual parents are more likely than children of heterosexual parents to become homosexual, has drawn considerable attention. The evidence collected so far seems to indicate that the answer to this question is "no" (see Patterson, Child

Development, vol. 63, 1992).

Several additional correlates of individual differences in sexual orientation are empirically significant, but do not fit easily within the nature-nurture issue. Two of these influences are cross-gender typed behavior and anatomical brain differences. The existing literature on childhood behavior and sexual orientation does seem to indicate that homosexual men and women, when compared to heterosexuals, do identify engaging in more cross sex-typed behavior as children (see Bailey & Zuker, *Developmental Psychology* vol. 31, 1995), however, there is both some empirical (see Phillips & Over, *Archives of Sexual Behavior*, vol. 26, 1992) and considerable anecdotal evidence to suggest that this is not a universal experience among homosexual men and women.

While there appears to be some evidence (see La Vey, *Science*, vol. 253, 1991) in support of a difference in the size of the hypothalamus of heterosexual and homosexual men, this work has received criticism, and the results should be considered tentative.

What does all of this mean? Clearly, there is no evidence to support either genetic or environmental determinism in the development of sexual orientation. There are also a wide range of individual differences in the development of sexual orientation, and we have no way of knowing all of the influences that are present and in what combination they act or interact to produce this variation. It is also apparent that the only harmful effects of homosexual orientation are inspired and fed by the homophobia that remains very much a part of our society.

*Jason Brown is a graduate student in the department of educational psychology at the University of Alberta. Currently Jason is under contract with the ESPC as a project assistant.*

# Serving Time & Suppressing Sexuality

—sexuality on the inside



By Sheila  
Hallett-  
Kushniruk

Sexual expression in prison conjures up many negative images for me thanks to several Hollywood movies. I believed rape to be prevalent in prisons. My notions must have been apparent because as I talked with the chairman of the life-serving inmates at the Edmonton Institution I was quickly told that prison, and more precisely sex in prisons, is nothing like we see in the movies.

Rick McWhinney is the voted representative of the lifers—a position of respect among fellow prisoners. He agreed to talk with me one afternoon and I was not sure what to expect as I sat in a conference room to await his arrival. I saw him through a window as he walked across the courtyard. He was a lot slighter than I expected. He probably stood 5'7" tall and had rounded, stooped shoulders. He could not have weighed more than 140 lbs. As I went to shake his hand I noticed the words 'LOVE' tattooed on one set of knuckles and 'HATE' on his other set. In between his thumb and index finger on one hand was the tattooed phrase 'See you in hell.' McWhinney's age is hard to guess because his face bears the scars of many serious fights. He has been in federal prisons for 22 years.

McWhinney said he can count on one hand the number of rapes he has heard about in prison. That fact was echoed by psychologist Wayne Bennett who works at the maximum security federal penitentiary. He said he knows of two cases in five and one-half years—one where police were called to investigate and lay charges. Shortly after charges were laid the victim was approached by the inmate committee and he was convinced to drop the charges. He was 'told' the rapist would be 'dealt with' by other prisoners. The victim was transferred to another prison for protection and in the end the rapist was likely never reprimanded even by other inmates.

Common sense will tell you that there are probably rapes which go unreported simply because it is dangerous to say anything to anyone. But both men told me the 'Con Code' relegates rapists as being the lowest form of life and therefore to condone rape would be hypocritical. But Bennett acknowledged that if a rapist is tough enough to be able to intimidate other inmates then he may not be harassed. There is definitely a hierarchy within our prisons and officially 'lifers' sit at the top of that, but Bennett said that unofficially the toughest gangs rule.

Bennett said there are instances where inmates are lured to participate in gambling or drug use until they have a debt to repay. The terms of repayment can sometimes involve sex, if not money or cigarettes—which are precious commodities on the inside. As newcomers undergo psychological assessment Bennett often warns the more weak and vulnerable of them to be wary of forming alliances too quickly—and to expect to be propositioned at the very least. Prisoners are given an orientation manual at the Intake Assessment Unit which outlines some of the ineffective coping patterns they can expect to see while in prison. The manual says "Sexual acting out (rape, exposing yourself, homosexual activity, etc.)" is one of those ineffective coping patterns. It explains "Sexual aggression is occasionally a problem for people in prison. You may be approached by another inmate and asked to participate in a sexual act. Sexual assaults may be motivated by the aggressors need to assert his dominance over his environment, or it may be an act meant to degrade the victim. Either way it is dangerous and the person who is the targeted victim is left in a very vulnerable position."

McWhinney said for the most part prisoners suppress their sexuality while in prison, or seek other avenues such as soft porn magazines or television programs. But he stressed the fact that sexuality is never discussed. It is a private issue. He said sexual offenders are often the ones who act out and society presupposes all prisoners are deviant. Of the on-register federal male offender population in 1992-93, 14 per cent were serving sentences for sexual offences. By January 1995 the rate was 26 per cent.

Relationships, said McWhinney, are more the norm, and many are platonic. "Some

homosexuals are looking for a relationship, but they're not about to force themselves on someone because then the relationship wouldn't work."

Bennett often tells newcomers that their "best friend is their hand"—that way they are not as susceptible to jealousy or personality disputes nor as vulnerable to diseases. And disease is a fact of life in prisons. Needles for injection drugs and tattoo equipment are smuggled in, and because the equipment is so hard to get, it is used repeatedly and rarely sterilized. There is limited access to bleach or rubbing alcohol for sterilization. Statistics from prison studies in various provinces indicate an HIV infection rate of anywhere from one per cent up to 6.9 per cent. The numbers can be misleading, depending on the year the study was done and if it was mandatory for prisoners to be tested. Even a rate of one per cent, is 10 times higher than the rate of HIV infection found in the general public. Correctional Service of Canada report that condoms are readily available to prisoners. There are several sites within the Edmonton Institution where staff indicate inmates are able to access condoms either through a dispensing machine or by asking staff.

Within prison, condoms are also used for drug smuggling ('suitcasing'), as well as for protection during sex—but the benefits far out-weigh the 'costs.' Condoms are used for consensual relationships which occur more frequently than rape. Some inmates are gay when they come to prison, while others may participate in gay sex during their sentence. Prior to incarceration, this later group would not have considered themselves to be gay—Bennett refers to this as 'adventitious homosexual behavior.' There is no research on this behavior, or its prevalence. Bennett guesses that 85 to 90 per cent of inmates are heterosexual and up to half of those are abstinent during their sentence. The majority practice masturbation. The other 10 to 15 per cent are gay men and heterosexual men who practice adventitious bisexual behavior while serving time. He said there are no studies to substantiate this, but he would guess that the longer the length of stay, the more apt a person is to participate in adventitious behavior. McWhinney feels longer sentences may present enhanced potentials, but it really depends on the person. A man may go through stages where he experiments and

then he may be asexual for years.

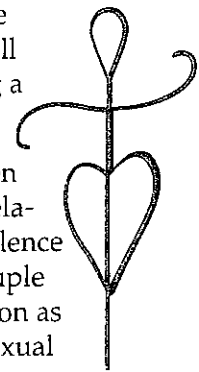
Over-crowding in many prisons, including the Edmonton Institution, contributes to increased sexual tension as prisoners share cells 'double-bunking.' Some inmates are granted conjugal visits with their wives or girlfriends and this helps to alleviate tension. Providing an inmate has an established relationship which is recognized in the community and he has a record of good behavior, he may be eligible for a conjugal visit for three days out of every three months.

Female inmates in the new Edmonton Institution for Women are also eligible for conjugal visits in family visiting units, providing they meet the criteria of having an established, recognized relationship. Warden Jan Fox said same sex visits are allowed in the family visiting units in all federal prisons following a court ruling a few years ago.

Fox said same-sex relationships between prisoners are tolerated providing the relationship is healthy and consensual. Violence in any form is never condoned. The couple must be discreet and acknowledge prison as a public place. An incarcerated homosexual or bisexual couple cannot request to use a family visiting unit for their relationship.

In the new prison inmates will not be required to double bunk in rooms—only two out of eight rooms have allowances for shared accommodations and these rooms are larger than what you would find in a university dorm. If a woman participates in a lesbian relationship only while in prison she would be given the opportunity to discuss it openly and honestly with counselling staff. This can help to prevent feelings of guilt and confusion. Fox does not believe that adventitious homosexuality is a function of the length of sentence and she adds that females commonly form relationships while in prison and most of these are platonic. If the need arises though, inmates are provided with condoms and or dental dams upon request.

The situation differs in provincial institutions where there are often female units within largely male populations. Carol Hutchings, executive director of the



*Continued on page 36—Prisons*

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*Berdache—Continued from page 9*

for the most part: "a large majority of the male population is at certain times sexually active with other males. This usually occurs in the years between 13 and 30, when sexual desire is strongest, but it also involves men older than that. Marriage to a woman does not seem to have much effect on the occurrence and amount of homosexual behavior."

Reference is also made to the existence of highly respected homosexual "Amazon" roles among Native American women which enabled them to become hunters and warriors. Like their male counterparts, these amazon women also cross-dressed, characteristically wearing male clothing. A hierarchy of sacred status based on gender and sexual orientation is apparent: "The Mohaves believed that female shamans were spiritually stronger than male shamans, but that berdache shamans were stronger than either."

Williams indicates that the basis for the respect accorded to the "berdache" and "amazon" was spiritual: "Native American religions, above all else, encourage a basic respect for nature. If nature makes a person different, many Indians conclude, a mere human should not undertake to counter this spiritual dictate. Someone who is 'unusual' can be accommodated without being stigmatized as 'abnormal.' The berdache is thus not alien or threatening; it is a reflection of spirituality." The necessity of the berdache ("nadle") to Navajo society is strongly indicated in the words of a Navajo elder: "I think when all the nadle are gone, that it will be the end of the Navajo." What different worlds these are from contemporary mainstream notions of proper sexual and spiritual roles within repressive Christianized Europe and Euro-America.

Considering that, beginning as early as 300 AD, the Christian church with the increasing support of the European states, began the suppression, persecution, torture, mutilation and eventual execution of approximately eight to 12 million pagan-Europeans during the initial 700-year period of conversion. This was followed by the murder of over one million people during the 100-year duration of five European Crusades, and with another nine million exterminated during the 400-year Inquisition ending finally in 1816. It is small wonder that the European survivors of this holocaust should have generationally internalized such intense levels of fear and hatred towards homosexuality and any other kind of spiritual difference.

*While doing research for a Native Studies course on environmental issues, Don began intensive historical investigation of the values and beliefs regarding nature and sexuality of pre-Christian Europeans and Native Americans which provided some of the material for this article.*

*Prison—continued from page 35*

Elizabeth Fry Society said she has come to understand that it is quite possible to have sexual relations in provincial institutions if you so choose.

Human sexuality in correctional environments remains restricted. The sexual identity and expression of mates can and does change during incarceration. Institutional life puts an incredible stress on prisoners, not to mention on spouses and partners of prisoners. While prisons are dysfunctional places where rape does occasionally occur, there are some limited avenues for sexual expression. A prisoner's struggle with his or her own sexuality varies from person to person.

*Sheila Hallett-Kushniruk is the publications editor of First Reading.*