



Association of Gay and Lesbian Psychiatrists

FEBRUARY, 1986

VOLUME 12, NO. 1

PRESIDENT'S COLUMN

Bob Cabaj, M.D.

Warmest wishes for a happy, healthy, and successful New Year. The holiday season was a busy time for AGLP with plans for the Annual Meeting in May taking shape, and several APA matters occurring that directly and indirectly involved AGLP.

The Annual Meeting, this May in Washington, DC, will have several events sponsored by AGLP and many other events of related interest. See our ad on page three for preliminary details. The final plans for the Closing Party on Thursday evening, May 15th, are still not in place. A traditional party/reception versus a cruise on the Potomac are the options that are being debated.

This year we plan to use the Hospitality Suite extensively. Several small group discussions and meetings will be held throughout each day. It will serve as a place to relax and meet people which is why we want it located near the main hotel for meetings and events. We have tentatively set up small groups to discuss the closeted psychiatrist, residency issues, being a gay or lesbian parent, the effect of AIDS on ourselves, the effect of AIDS on our patients, and several clinical issues. Details will follow. Please plan on participating and please feel free to volunteer to lead a discussion or organize a lunch or dinner meeting.

The ad in the APA Newsletter will feature an appeal for new members. We need to expand our numbers, both for the impact and support that come with greater numbers and for the financial support that comes from more people paying dues.

AGLP is trying to play a stronger role in the APA. This issue features the comments of the two candidates for President-Elect of the APA on questions we submitted to them. The APA has "elevated" the Study Group on AIDS to full committee status, which will allow financial support from the APA and have a greater impact on the attempt to teach about AIDS and work directly with the clinical issues. The Workgroup on DSM-III-Revised met to review controversial issues. With some last minute pressure, the group agreed to review the appropriateness of the diagnosis, "Ego-Dystonic Homosexuality". With some last minute preparation, I met with the group for 30 minutes suggesting removal, placing the label in the "V" section, changing the name to "Ego-Dystonic Sexuality", or doing further study with representatives from AGLP and/or the Committee on Gay, Lesbian, and Bisexual Issues. At the Board of Trustees meeting, none of the suggestions were followed; rather, they voted to retain it as is. There will be future challenges.

An Open Letter to the APA News Terry Stein, M.D.

The report in *Psychiatric News* (December 6, 1985, p. 6) that the Assembly voted to send the position statement of the Council on Children, Adolescents, and Their Families (stating that "no single criterion, such as being gay, should eliminate anyone from consideration as foster parents") back to the Council to have the wording "tightened up" is unfortunate and apparently reflective of a general bias against gay people still held by some psychiatrists. The Assembly members who believed that passing such a statement would be "bad for the image of psychiatry" are apparently unaware that the Trustees of the APA voted in 1973 to support a resolution stating that the APA "...deplores all public and private discrimination against homosexuals...and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other persons." The idea that there should be additional scientific evidence that gays can indeed be good foster parents reflects considerable lack of information regarding the extensive studies of sexual orientation in relation to psychological factors, in general, and to parenting, in particular, and suggests a need for a ridiculous "burden of proof" on an already victimized population. I am unaware of a single published study which confirms that heterosexuality per se either leads to or correlates with good parenting or the capacity to provide adequate foster care. Why, then, should there be any suggestion of an extraordinary burden of proof on the adequacy of gay people (in any area), when there is no scientific evidence of any inadequacy? This hesitancy on the part of organized psychiatry to become informed and to accept the extensive body of scientific information regarding homosexuality and gay people harms the profession of psychiatry, and damages gay men and lesbians.

Cabaj, M.D., continued

We have lost several more members, some to AIDS, some from moving. Please let us know immediately if you hear of the loss of a colleague; please let us know about any address changes as soon as possible; and, please encourage colleagues to join us.

If you have comments or questions, if you wish to help at the Annual Meeting, or, if you wish to run for office in AGLP, please contact me directly. I have a new address: Robert P. Cabaj, M.D., 93 Ivy Street, Brookline, MA 02146, (617) 734-1958.

Association of Gay and Lesbian Psychiatrists

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EDITOR'S COLUMN - David Scasta, M.D.

You will notice that this issue of the Newsletter is somewhat brief. I initially wanted to wait until we received finalized information from the American Psychiatric Association regarding accommodations and scheduling for our annual meeting in Washington (May 10-17). However, I also wanted to make sure that you would be able to read before the APA elections the responses that the two presidential candidates made to questions about their beliefs and attitudes toward gay and lesbian issues (see page four). Since the APA has been somewhat slow in giving us firm answers to questions about scheduling, and, since the ballots for elections for the APA officers will be coming out shortly, we have gone to press with only tentative times and locations for the APA Convention activities. At this point, the DuPont Plaza has not been chosen officially as the hotel for AGLP members. It is a nice hotel - well situated and appointed, with relatively reasonable prices (for Washington). If it is not chosen, I will try to notify you in the next Newsletter before the convention.

Over the last six months, I have received notices of the death of four people who are on our mailing list. Although I do not know the circumstances surrounding their deaths, any time an organization such as ours loses one percent of its membership in a six month period, it raises concern. We often talk about AIDS in relation to our patients and others but must never forget that AIDS is among us also. It behooves us to continue to campaign for changes in sexual practices that will reduce the risk of spread of the disease.

On a more optimistic note, Norm Hartstein, M.D., the treasurer of AGLP, is pleased to report that there has been a good response to our November Newsletter asking members to send in their dues for 1986. If you have not done so by now, please do so by mailing your dues to Norman B. Hartstein, M.D.; 851 N. Kings Road, #309; West Hollywood, CA 90069. The ad that you see on the facing page is one that is going into the convention issue of the APA News. It

will be a half-page ad of the same size, and we hope it will attract the attention of the hundreds of gay and lesbian psychiatrists who are not familiar with our organization. Such ads are expensive and would not be possible without your dues.

As with previous columns, let me conclude with a number of announcements. If one of your patients is moving and needs a referral to a psychiatrist who is comfortable working with gays and lesbians, contact Phil Cushman, M.D.; 5801 N.W. 83rd Terrace; Gainesville, FL 32606. If you have announcements which you feel would be of common interest to the members of the AGLP, please send them to me, David Scasta, M.D., Editor; AGLP News; 1721 Addison Street; Philadelphia, PA 19146.

ANNOUNCEMENTS

Judith Wible, M.D. announced that a dinner meeting for lesbian psychiatrists will be held on Tuesday, May 13, 1986. Participants should meet in the lobby of the Sheraton Washington Hotel at 6:30 p.m.

The Association of Lesbian and Gay Psychologists announced that Drs. Jeffrey Rehm, Frank Wong, and Robin Buhrke have been appointed to the AGLP steering committee which is to be headed by chair-elect, Dr. Dan Hirsch. The mailing address for the Association of Lesbian and Gay Psychologists is 210 5th Avenue; New York, NY 10010.

Terry S. Stein, M.D. announced that there will be a conference on the Public, Ethical, and Psychological Aspects of the Acquired Immuno-Deficiency Syndrome on March 7, 1986, at the Sheraton Inn in Lansing, Michigan. The program is sponsored by the Department of Psychiatry and the Medical Humanities Program at Michigan State University. For additional information, contact Mary Edna Helfer, M.Ed., Director; Continuing Medical Education; College of Human Medicine; Michigan State University; East Lansing, Michigan 48824 (517-353-8856).

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor
David Scasta, M.D.

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The view expressed in the Newsletter are those of the writer and do not necessarily repre-

sent the opinions of the Association of Gay and Lesbian Psychiatrists. The sexual orientation of any writer or any person mentioned in the Newsletter should not be inferred unless specifically stated. Mailing lists for the Newsletter are confidential, to be used only by the Association of Gay and Lesbian Psychiatrists, and do not imply sexual orientation.

Information for Authors

Persons wishing to submit articles for publication should send such to: Editor; The Newsletter of the AGLP; 1721 Addison Street; Philadelphia, PA 19146. Submissions should be clearly readable and become the property of the AGLP. Submissions will not be returned unless requested and accompanied by a self address-

ed and stamped envelope. The Newsletter reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission - even if the author requests anonymity in publication (which is discouraged).

Officers of the Association of Gay and Lesbian Psychiatrists

President	Robert P. Cabaj, M.D.
Vice-President	Robert Schwartz, M.D.
Vice-President	Judith Wible, M.D.
Secretary	Phil Cushman, M.D.
Treasurer	Norm Hartstein, M.D.
Past President	Terry S. Stein, M.D.

NEW MEMBERSHIP APPLICATION
(or change of address form)

ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

Name: _____ Date of Birth: _____

(Please list preferred mailing address & any special instructions, i.e., mark "personal")
Street: _____

City: _____ State: _____ ZIP: _____

Special Instructions: _____

Telephone: Home: () _____ or Office: () _____

TYPE OF MEMBERSHIP:	Voting (APA Member)	\$50.00	_____
	Affiliate (APA Non-Member)	\$50.00	_____
	Member in Training	\$25.00	_____
	Student	\$ 5.00	_____
	Mailing List Only	\$10.00	_____

Make check payable to "AGLP" and return this application to: **Norman B. Hartstein, M.D.; 851 N. Kings Road, #309; West Hollywood, CA 90069.** Membership and mailing lists are confidential. If you do not wish your name to appear on these lists (in which case you will receive no mailings from AGLP), please check here: _____

AGLP REFERRAL SERVICE

The Association of Gay and Lesbian Psychiatrists' Psychiatric Referral Service provides a list of psychiatrists throughout the country who are comfortable with and experienced in treating gay men and lesbians. If you would be interested in having your name on the AGLP referral list as a psychiatrist who would welcome gay/lesbian patients, please complete the form below. Please note that there is no requirement that people on the referral list be, or identify themselves as, gay or lesbian, nor will they be so identified in any referral. However, the referral list will be made available for use by groups other than the AGLP, such as the APA and national gay health organizations, in order to increase the use of the Referral Service. Please send this form to **Phil Cushman, M.D.; 5801 N.W. 83rd Terrace; Gainesville, FL 32606.**

NAME: _____
ADDRESS: _____

Telephone: Office: () _____ Home: (optional) () _____

Specialty areas of interest: _____

MEMBERSHIP APPLICATION

For entry of name in the

MEMBERSHIP LIST AND LIBRARY PRIVILEGES

Date of Birth

Name of Applicant (Last, First, Middle)

Address (Street, City, State, Zip)

City, State, Zip

Telephone Number

Occupation

Education

Marital Status

Signature of Applicant

Signature of Librarian

Date

Library Name

GENERAL NOTES

1. This form is to be filled out by the applicant and submitted to the Librarian. 2. The applicant must be a resident of the city of Los Angeles. 3. The applicant must be at least 18 years of age. 4. The applicant must be a citizen of the United States. 5. The applicant must be a member of the Los Angeles Public Library. 6. The applicant must be a resident of the city of Los Angeles. 7. The applicant must be at least 18 years of age. 8. The applicant must be a citizen of the United States. 9. The applicant must be a member of the Los Angeles Public Library. 10. The applicant must be a resident of the city of Los Angeles.

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The Association of Gay and Lesbian Psychiatrists

[Formerly the Caucus of Gay, Lesbian, and Bisexual Members of the APA]

Invites You To Its Program Activities and Related Events At the APA Annual Meeting in Washington, DC

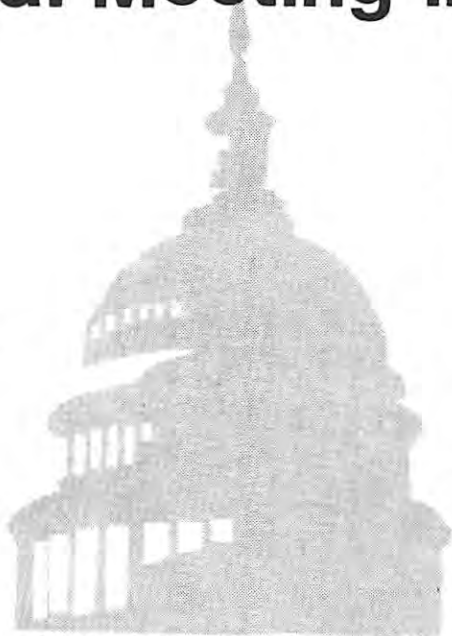
- AGLP EVENTS -

- SUNDAY MAY 11** - Opening Reception for everyone
6:00 - 8:00 P.M.
- MONDAY MAY 12** - Business Meetings, Nominations
5:30 - 7:30 P.M.
- TUESDAY MAY 13** - Business Meetings, Elections
5:30 - 7:30 P.M.
2nd Annual Awards Luncheon honoring
Dr. Judd Marmor 12:15 - 1:45 P.M.
- WEDNESDAY MAY 14** - Business Meetings
5:30 - 7:30 P.M.
Dinner for Lesbian Psychiatrists
6:30 P.M. (meet in Sheraton Lobby)
- THURSDAY MAY 15** - Closing Party
(location and time TBA)

Check the APA Annual Meeting Schedule for actual times and locations and for related activities.

More information about AGLP activities will be available in both the Registration Area and Hospitality Suite which will be open from Sunday afternoon, May 11, through Thursday May 15.

Several dinners, receptions, and parties will be organized, in addition to events for friends, lovers, significant others, spouses, and spouse-equivalents.



SMALL DISCUSSION GROUPS ON:

- The "Closeted" Psychiatrist
- Clinical Material Discussion
- Residency Training Issues
- The Gay and Lesbian Parent
- AIDS: The Personal Impact
- AIDS: The Impact on Clinical Practice
- Videos Teaching Safe Sex Practices

- APA EVENTS OF INTEREST -

- COURSE 12** : New Perspectives on Psychotherapy with Lesbians and Gay Men - **SUNDAY MAY 11 - FULL DAY COURSE**
- COURSE** : Meeting the Mental Health Challenges of AIDS
THURSDAY MAY 15 - FULL DAY COURSE
- WORKSHOP**: New Thinking on Sexuality and Homosexuality
THURSDAY MAY 15 - 9:00 - 10:30 A.M.
- LOOK FOR: -
WORKSHOP PRESENTATION BY THE APA COMMITTEE ON GAY, LESBIAN, AND BISEXUAL ISSUES
WORKSHOP PRESENTATION BY THE APA COMMITTEE ON AIDS
WORKSHOP ON ISSUES FOR LESBIANS
COURSE ON GAY AND LESBIAN YOUTH
WORKSHOP ON MILITARY AND AIDS

Please consider joining AGLP. Confidentiality is fully assured; the APA does NOT have access to the membership list.

For further information, write to:

Robert P. Cabaj, M.D., President, AGLP
93 Ivy Street
Brookline, MA 02146

All correspondence is confidential.

Irvin Perr, M.D.
Candidate,
President Elect,
American
Psychiatric
Association



1. What is your opinion regarding the use of a diagnostic category for homosexuality? I think that it is clear by this time in our history that it is not appropriate to have a diagnostic category for homosexuality. I see no need to have such a classification, and to do so would be contradictory to our recent past actions. I might add that it was during my period as Speaker of the Assembly that extension of Assembly representation to minority groups was first established; I believe that gay and lesbian groups were later added to the groups with special representation.

From a personal standpoint, I do not find it acceptable to classify homosexuality as a psychiatric disorder. A very large number of well-functioning individuals pursue homosexual lifestyles; our own American society has been slow to change in its attitudes and I fully support the gay and lesbian groups when arbitrary discrimination occurs.

I am ambivalent about the utilization of the concept of ego-dystonic homosexuality as a classification which has some relevance to practice needs, recognizing that the wording itself does cause problems. I wonder if it might not be logical to formulate a concept of ego-dystonic heterosexuality.

2. To what degree would you consult with the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexually Identified Psychiatrists on matters involving gays, lesbians, and bisexuals? If elected, I would be accessible to all groups within our association. The only exception that I can think of offhand is any group that espouses megavitamin therapy as a specific treatment for schizophrenia. I take that stand based on what I believe to be the current scientific stance towards such a treatment. That position is subject to change in accord with possible new positions based on appropriate scientific evidence.

The A.P.A. is extremely diverse in its makeup and practices. I acknowledge such diversity and believe it to be a strength of our organization. The "consciousness-raising" brought by our acknowledged minority groups has been beneficial to the organization at large. It sounds silly to state this but I have already consulted with or interacted with individual gay or lesbian members; it would be only reasonable to continue my relationship with any group in the A.P.A. that feels that there are special needs to be considered. That does not mean that I necessarily will agree with proposals of any group but I would

George Pollock, M.D.
Candidate
President Elect,
American
Psychiatric
Association



1. What is your opinion regarding the use of a diagnostic category for homosexuality? In the light of modern research, and especially the clinical investigations of Dr. Richard Isay, I do not believe that homosexuality in and of itself is a disease diagnostic category. I believe it is a lifestyle and that there are undoubtedly many individuals who follow this lifestyle comfortably and without distress. Individuals may, in addition to being homosexual, have disorders or difficulties for which treatment should be offered, for example, the loss of a loved one can lead to pathological mourning reactions which require treatment.

2. To what degree would you consult with the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexually Identified Psychiatrists on matters involving gays, lesbians, and bisexuals? Of course, the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexually Identified Psychiatrists should be consulted on issues involving gays, lesbians, and bisexuals. But the input of others should be sought as well so that hopefully a consensus can be arrived at, with all given an opportunity to express themselves. Future decisions around issues directly dealing with gay/lesbian/bisexual issues should include the Association of Gay and Lesbian Psychiatrists and the Caucus of Homosexually Identified Psychiatrists, among others, AND be based on sound data, research, and scientific thought - not a compromise on social, moral, or political feelings. APA decisions only then should be made by the Board of Trustees.

Perr, continued

explore issues with an open and accepting attitude to analyze pertinent matters and actions suggested for executive determination.

You might be interested in a short piece that I wrote in the January, 1978 *Medical Aspects of Human Sexuality* on "Immigration Laws Concerning Homosexuality" (pp.157-158) discussing the arbitrary attitudes of the immigration service. If anyone is interested, I'd be happy to send a copy. While in the military, I was keenly aware of these issues and received a commendation (surprisingly) for an extensive review which successfully resulted in changing a discharge for homosexuality (lesbian activities) to one based on unsuitability for a longstanding neurotic adjustment disorder, much to the discomfiture of a base commanding officer.