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**AGLP in NYC ---
May 1996**

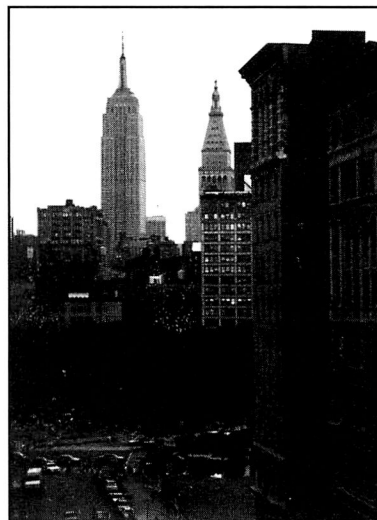
Gerald Dabbs, M.D.

As described in the last *Newsletter*, the 1996 Annual Meeting of AGLP will take place in New York, May 4-9, at the same time as the APA. We have reserved a block of 125 rooms at the Warwick Hotel, 65 West 54th Street. Because of a tremendous increase in numbers of tourists during the past several months, hotels in Manhattan have been fully booked. **It is strongly recommended that you make your reservation now!**

Reservations for the AGLP block of rooms are available at the following rates:

- Standard single/double \$135
- Superior single/double \$145
- Deluxe single/double \$155

The rate is subject to 13.5% NY tax plus \$2 occupancy tax per room. When you call, ask for the AGLP rate. Reservations may be made by calling (212) 247-2700, (800) 223-4099 (Continental USA), (800) 522-5634 (New York State).



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**Janssen Grants AGLP
\$15,000 for Awards
Banquet**

David Scasta, M.D.

Emillie S. Eppleman, Associate Product Manager for the Janssen Pharmaceutica Research Foundation, announced that Janssen Pharmaceutica has awarded AGLP a \$15,000 grant in support of the AGLP Distinguished Service Awards Banquet in New York City on May 8, 1996 at the 200 Fifth Club. The Janssen grant will allow AGLP to hold the cost of tickets to \$40 per person. The true cost of the four-course meal of stuffed capon and Norwegian salmon would be closer to

\$125 per person. Tickets will be limited to 200 people, so make your reservations early. *(Editor's note: Information for Banquet reservations will be on the last page of the April issue)*

Janssen has also asked to sponsor a separate award from the Distinguished Service Award, to be called the Janssen Award, for special service to the gay and

lesbian communities by AGLP members. Margie Sved, M.D., along with other past presidents of AGLP, will be reviewing names of potential recipients over the next two months. Recommendations

Continued on page 6

BEFORE YOU VOTE! Be sure to read the APA Candidates' replies to Newsletter questions in this issue.

Editor's Column

Guy Glass, M.D.

Happy 1996! . . .

Some notes about this issue of the *Newsletter*:

Please do not ignore the APA election coverage: in these increasingly turbulent times for our field, it becomes ever more relevant that we elect those who will adequately represent our interests as gay men/lesbians and as psychiatrists. I was advised by the APA that the exposure afforded the candidates from year to year in this publication is eagerly awaited. Whereas it would be a breach of APA guidelines for me to express a preference for one particular candidate in print, I think I can say that there are candidates who are "friends" of AGLP, and whom we should support. If you are unclear about this, feel free to contact me or anyone on the Executive Board who will give you their off-the-record opinion. In any case, please take a look at all of the candidates' statements, and don't forget to vote in February!

Funny how things happen sometimes: in the last issue I was wondering what had happened to Larry Mass, M.D., who was my distant predecessor as editor; a few weeks later I was introduced to him during the intermission of a performance of Weill's *Mahagonny* at the Met! Dr. Mass practises addiction medicine in New York City, and is a prominent gay activist who has been very prolific in print. I thank him for the copies of the *Newsletter* from 1979 and 1980 from which the page facing this one has been derived.

Along other lines, I wish to mention a number of recent newspaper articles that deserve our readers' atten-

tion: The December 5 issue of the *Village Voice* featured a cover article entitled "Sunday, the Rabbi Got AIDS." Since I was raised in a moderately observant Jewish environment, and since I remain professionally affiliated with Beth Israel Medical Center, a strictly Kosher facility that draws many of the ultra-Orthodox (Rebbe Schneerson, spiritual leader of thousands, died there a year ago), I was quite interested to read this. The article uses the AIDS issue as a springboard to talk about gay Orthodox Jews and the special problems they face, noting that coming out means not only "social excommunication" for the individual but that "a blemish like that is a blemish on the whole family, or even the whole sect in some Hasidic groups." Reading the article brought back to me a fascinating conversation I had with a man who approached me last May when I was staffing the AGLP booth in Miami Beach. He claimed to be an Orthodox Jewish psychiatrist who treats a large number of Hasidic patients, many of whom are referred to him, clandestinely, because of their homosexuality. Whereas he appeared to be very sympathetic to our organization, and I also felt he took great pains to be personally respectful to me, he tried to make me understand how the tremendous social pressures facing someone from this kind of community would make the gay-affirmative approach unrealistic and potentially dangerous. He purported to work as humanely with these individuals as possible, and felt that enabling them to accept their unexpressed homosexual impulses as natural, and coming from God, though with an adaptation to a traditional heterosexual lifestyle, was the best he could offer. He also unfortunately alluded to the well-guarded existence of "reparative therapists" in the ultra-Orthodox community, some with dubious professional credentials, who use more coercive methods, including shock treatments, to achieve their end.

This brings me to another article, "An Analyst, A Father, Battles Homosexuality" in the December 24 issue of *The New York Times* which indicates that Dr. Charles Socarides is apparently alive and well and also malpractising here in New York. I don't really need to rehash Socarides' "theo-

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The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor
Guy Glass, M.D.

Published quarterly from 67 East 11th Street, Apt. 719, New York, NY 10003.

Subscription cost: \$20.00 per year. Subscription requests and address changes should be sent to the above address.

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent 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 them to: Guy Glass, M.D., Editor, *Newsletter* of AGLP, 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone:(212)982-0328, FAX (212)982-1879.) Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which work processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed 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). The deadline for inclusion in the next issue is March 1, 1996.

OFFICERS OF THE ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

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The GCMAPA is apparently the first national organization not only of gay psychiatrists, but of gay physicians as well. We are not as yet the largest organization of gay physicians in America (that distinction belongs to Bay Area Physicians for Human Rights). But we can be. Gay psychiatrists are estimated to number from 1250 to 2500.

Psychiatry and Homosexuality: The Early Years

Editor, Newsletter GCMAPA:

The enclosed short article is, in part, so. One of the women asked the panelists at



THE INVISIBLE GAY PSYCHIATRIST

- Achievement of authentic selfhood impossible
- Continual deception necessary in everyday life
- Acceptance as a fragmented person tolerated
- Negative cultural stereotypes accepted
- Chronically fearful of loss of job, referrals, status, and income if discovered
- Blames society for not asserting true self and harbors chronic anger
- Self esteem impaired, with guilt, shame, and depreciated self image inevitable
- Overall functioning effectiveness including as therapist impaired
- Depression likely due to self-conscious denial of self and objectless chronic anger
- Experiences isolation, alienation, and loneliness with either gay or straight psychiatrists
- Helplessly resigned to and pessimistic about society's inequities
- Easily subject to paranoid distortions and fears in relation to homosexuality
- Some degree of stagnation inevitable

**PRETENDING
IMPRISONED**

THE VISIBLE GAY PSYCHIATRIST

- Gayness no obstacle to achievement of authentic selfhood
- Honesty and forthrightness possible in everyday life
- Acceptance as a whole person demanded
- Negative cultural stereotypes rejected
- Confident that professional competence and ability will provide job and economic security
- Accepts responsibility for consequences of assertion of true self
- Self esteem enhanced and healthy pride attainable
- Effectiveness as total person and especially as therapist enhanced
- Healthy emotional reaction due to acceptance of self and appropriate direction of anger
- Gains support and encouragement from and solidarity with other visible gay psychiatrists
- Willing to challenge society's anti-gay bias and laws
- Less likely to become paranoid around homosexual issues
- Growth potential enhanced

**BEING
LIBERATED**

NEWSLETTER OF THE GAY CAUCUS

of Members of the American Psychiatric Association

Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, therefore, be it resolved that the American Psychiatric Association deplores all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing 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. Further, the American Psychiatric Association supports and urges the enactment of civil rights legislation at the local, state, and federal level that would offer homosexual citizens the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychiatric Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private.

---resolution adopted by the APA Board of Trustees

President's Column

David Scasta, M.D.

Annual Meeting Plans for the Annual Meeting are shaping up, particularly with the grant from Janssen and the hard work of Drs. Gerry Dabbs, Joe Merlino, Phil Bialer, Laura Bernay, Howard Telson, and others on the New York Local Arrangements Committee. Dr. Shelly Klinger (3615 Noble Avenue, Richmond, VA 23222, (804) 329-3395, FAX (804) 828-4614) will be setting up the schedule for all AGLP events and the Hospitality Suite in the Warwick Hotel. Roy Harker, AGLP's Office Director, will design the booth this year.

Editor, JGLP We are still looking for an exemplary editor for the *Journal of Gay and Lesbian Psychotherapy*. As the current Editor, I can tell you that the position places one in the center of current research in gay and lesbian matters. The perks (such as being named to *Who's Who in the World*, free books and films from publishers, professional referrals and appointments, and meeting the movers and shakers in gay and lesbian research) help to offset the work that is involved in this voluntary, non-paid position. Haworth Press and AGLP have teamed up to make the job more manageable, with Haworth handling all marketing and production activities and AGLP providing office and clerical support. If you are interested, have a background in research or editing, and are obsessive-compulsive in temperament, send a resume to AGLP's Executive Board, in care of Roy Harker, Director of the National Office, AGLP, 209 N. 4th Street, #D5, Philadelphia, PA 19106.

Media Training Course Also, if you are interested in participating in the APA training course on the use of the media, including television, in combating the radical right's anti-gay agenda, let me know by dropping a note to Roy Harker at the above address. Or, give him a call at (212) 925-5008 (FAX (215) 925-9309, E-mail: AGLPNAT@aol.com)

Directories With this issue, or shortly thereafter, you should be receiving the 1996 Membership Directory and Referral Directory. Roy has been working hard to insure that the directories are as up-to-date as possible and everyone who wants to be in them is. Roy tells me that 200 of you have responded to his letter indicating if you have authorized him to place your name in either of the directories and detailing the information we have on file for you currently. That is an amazing number...and a lot of work. It is a distinct pleasure to have Roy working for us doing those jobs that should be done, but in the past were neglected because of limited resources of time.

Position Open On a personal note, my Department of Psychiatry at Hunterdon Medical Center in Flemington, NJ (midway between New York City and Philadelphia and near the highly gay community of New Hope, PA) is looking for two staff psychiatrists to do general psychiatry. Pay and benefits are competitive. If you are looking for a position in which your salary is unaffected by managed care vagaries and in which gay is O.K., send a resume to me (1439 Pineville Rd., New Hope, PA 18938) and I will pass it on to the appropriate people.

Contact To those of you who have been trying to E-mail me, I apologize. My address in the last *Newsletter* was incorrect. I transposed two letters in the address. The correct E-mail address is: GTXB42A@prodigy.com. My home fax number is (215) 598-7253. My private work number is (215) 806-3834; home is (215) 598-7252.

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Plans for the Annual Meeting are shaping up, particularly with the grant from Janssen and the hard work of Drs. Gerry Dabbs, Joe Merlino, Phil Bialer, Laura Bernay, Howard Telson, and others on the New York Local Arrangements Committee.

Membership Committee Column

Todd W. Mandell, M.D.

My thoughts go back again to Miami Beach as I sit and type and watch the snow storm that is supposed to eat Southern Vermont. Ah, but there is work to be done, and there is no use dwelling in the past! New York will be upon us before we know it.

Our membership "blitz" was quite an exercise of team work and cooperation. Spear-headed by Dr. Cynthia Sortwell, the country was divided and conquered. The list of delinquent, unpaid members was distributed to Membership Committee members, and phone calls, letters, e-mail messages and faxes went out exhorting our members to stay with us. Cynthia herself called the names of former AGLP members who had been "dropped" from current membership, and brought several back into the fold.

Many thanks to Cynthia, Steve Wozniak, Drs. Sal Fusaro, Larry Prater, Gene Nakajima and Diana Miller for all their help. Roy Harker has also been indispensable! Each time assistance was needed in terms of reorganizing membership lists, sending out letters or making phone calls, Roy was right there and the job was done.

I must say that I enjoyed the phone calling and correspondence. The reception I received from members that I contacted was routinely warm and interested. I especially enjoyed speaking to a medical student at Boston University (my alma mater) for whom I may serve as a mentor. The process also allowed new ideas to be hatched for future, more efficient membership contacts. Unfortunately, we had only a modest response despite all of the person power that went into the recent efforts. Any membership campaigning that individuals can do will be appreciated.

Now onward...As promised, Richard Wizansky (my mate) will be joining our Saturday program in New York to provide instruction on how more effectively to staff our display booth. I hope that anyone who is planning to help staff the booth will attend. His presentation is sure to be entertaining and helpful.

We will also be adding a new approach to the Opening Reception. Folks on the Membership Committee will be assigned times to "work the crowd" and to approach attendees not identified as already being AGLP members. The specifics of this are still to be worked out, and details will follow. Thanks again to everyone who helped this fall. See you all in New York!!!

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Medical Student Column

Julie Schulman

Well, I'm starting to count the days until graduation. This spring I will finally end life as a permanent student and go on to my internship and residency. Like most fourth-year medical students, I'm now in the process of interviewing for training programs. Since I want to stay in the Northeast, I decided to interview at four programs in New York City and three in Boston.

After considering the issue and discussing it with some friends, I decided to come out in six of those residency applications by including "Association of Gay and Lesbian Psychiatrists, Medical Student Representative" in my resume. The one program where I did not does have a number of gay residents who are out, but they all agreed that the admissions board is conservative and coming out beforehand will decrease my chances for admission. It was difficult for me to decide to stay closeted, but since it is one of my top choices and they do have out gay residents who are happy there, I decided not to let a homophobic admissions board stand in my way.

I've been very pleased with the response to my application. One program assigned me to two gay interviewers who were very enthusiastic about the program and encouraged me to come. Another program assigned me to one straight male and one lesbian interviewer. The first interviewer asked about my marital status – yes, that is an illegal question – and the second talked with me about being female and lesbian at the program! It's amusing how people only see the parts of the application that they want to see. No non-gay interviewer has asked me about the AGLP position, but two heterosexual program directors made it a point to tell me how well-accepted the gay residents are. Not surprisingly, I have a much more positive view of the programs where I had gay interviewers or someone discussed gay issues with me, and the process has made me realize how important it is for me to be at a program where I can be out and accepted, not just out and tolerated.

Most importantly, the AGLP conference will be in New York City this May! We have a very motivated bunch of people raising money and planning events, and it will definitely be a fantastic conference this year. NYC can be an expensive place, especially for medical students and residents, but luckily there are many people living here with space for students or residents who wish to come. If you're a medical

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AGLP in NYC
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The Warwick will also be the site of our Pre-convention meetings on Saturday, May 4 and the Opening Reception on Sunday, May 5. The Hospitality Suite will be the 27th floor Cary Grant Suite, which was Mr. Grant's New York home for many years. Various activities and meetings will take place in the Suite, including the Memorial Service, the LAGCAP reception, and other special interest meetings.

The next *Newsletter* will be filled with more information, including the details about our Awards Banquet/Closing Party on Wednesday, May 8 in the elegant 200 Fifth Club of the Toy Building.

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Janssen grants AGLP \$15,000
Continued from page 1

may be made to Margie by writing to her at 1100 Lake Cove Ct., Raleigh, NC 27606.

Janssen's interest in AGLP was piqued by the work of William Gilmer, M.D. of Northwestern's Medical Faculty Foundation in Chicago. Bill reported that the Janssen drug, Risperdal, offers a distinct advantage in treating HIV-related psychoses over other antipsychotics because of its lower incidence of extrapyramidal side effects such as akathisia and dystonia. Janssen's support of AGLP will increase its visibility among those psychiatrists who are most heavily involved in the treatment of AIDS, at the same time informing AGLP members of a medication which may improve the quality of life of those persons with AIDS who require a neuroleptic as part of their treatment.

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Editor's Column
Continued from page 2

ries," since they are probably well-known to most of you. The article mentioned that Socarides has another book out, but we all know that he has been essentially rewriting the same one for thirty years. A copy of the *Bulletin* from Socarides' NARTH organization was sent to me not long ago under the auspices of the Gay and Lesbian Psychiatrists of New York: it featured such timely and scientific tidbits as the review of a book published in 1968, and advertisements for religious materials. When we acquire the ability to effectively expose in the media Socarides' work for the travesty it is (see Dr. David Scasta's column in this issue), we will be doing a major service to gay men, lesbians and their families around the country.

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Medical Student Column
Continued from page 5

student, the AGLP does have some money to help pay for travel expenses, and you can usually get additional money for conference expenses from your school, especially since the AGLP meeting coincides with the APA meeting. If you need housing or funding from AGLP, please give me a call at (212) 472-4012 or send me e-mail at bbdee@pipeline.com. and I'll help you make arrangements. Please plan early - you'll be staying for several nights, so it may be difficult to arrange housing at the last minute.

The AGLP conferences are a wonderful way to meet friends, mentors, and future ex-lovers, so don't miss out. We'll also be looking for two medical student representatives for next year, so if you're a student or know a student who might be interested, please come or encourage them to come and talk to me or to Steve Wozniak.

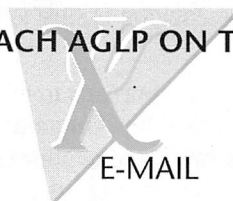
I look forward to seeing everyone in New York!

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Times Square at Night

REACH AGLP ON THE INTERNET...



E-MAIL

aglpnat@aol.com

Residents' Column

Ubaldo Leli, M.D.

GAY CHIEF RESIDENT!

New Year's Day marked for me the completion of my first six months as an openly gay chief resident in a program known to be conservative in matters of sexual orientation: the New York Hospital-Cornell Medical Center, Westchester Division. At the Westchester campus there is, to my knowledge, no openly gay faculty. Gay residents, certainly - there have always been some, though not many. Of chief residents there have been several gay ones, but none completely out of the closet.

One might attribute such a situation to the heavy psychoanalytic atmosphere looming over the grounds. Most faculty psychoanalysts have arrived via the Columbia Center for Psychoanalytic Training and Research, the institution founded by Sandor Rado, who considered homosexuality always abnormal and (the male type) rooted in fear of the female genitals. It was Columbia that trained Dr. Charles Socarides, the mouthpiece of NARTH (National Association for Research and Treatment of Homosexuality), the association that advocates the reparative therapy of homosexuality and claims up to 32% cure.

At Columbia Psychoanalytic, however, the atmosphere is changing. Including myself there are now two openly gay psychoanalytic candidates, and even prominent analysts who were considered conservative in matters of sexual orientation are now reconsidering their positions. At the NYH-Westchester Division, the Director of Residency Training, Dr. Virginia Susman, has been more than supportive of me and is introducing formal training on gender issues and HIV in the curriculum.

When the selection of chief residents was made by the Westchester Division Steering Committee, I was convinced that my most stern opponents would be the analysts, or the psychoanalytically oriented psychiatrists. To my great surprise, I discovered that the most extreme concerns regarding my suitability as chief resident, based on sexual orientation alone, were voiced by a famous biological psychiatrist on that committee. From reliable internal sources I learned that this particular psychiatrist perceived me as having excessively flamboyant mannerisms typical of overt homosexuals - i.e., I "flapped" too much (his words). He had reservations regarding my suitability to honorably represent the hospital on an official level, and was worried that this might impact negatively on the recruitment of new residents. Apparently, bias and prejudice can find roots anywhere, and need not be cultivated by any particular theoretical stance. In the end, more reasonable considerations regarding my suitability prevailed and I was chosen, along with my co-chief, Dr. Cornelia Gallo.

This episode illustrates that the common perception that analysts are always conservative and negatively biased towards homosexuals is not necessarily accurate. An increasing widening of the scope and theoretical base of psychoanalysis is underway, and the situation is gradually changing. More and more openly gay candidates are being accepted for training at institutes affiliated with the American

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Continued on following page

Editor

Journal of Gay & Lesbian Psychotherapy

The Executive Board of the Association of Gay and Lesbian Psychiatrists is seeking a candidate to serve as the Senior Editor of its journal, the *Journal of Gay & Lesbian Psychotherapy*, published by The Haworth Press, Inc. of New York. The position is a volunteer position and reports directly to the Executive Board of the Association of Gay and Lesbian Psychiatrists.

The qualified candidate shall have proven skills in research applications with a knowledge of experimental and statistical design. She or he shall have a fundamental knowledge of the background and research issues affecting gay and lesbian peoples and be committed to furthering this research in a rigorously scientific and professional manner.

The qualified candidate shall have excellent writing skills, a detailed knowledge of grammar and writing style, and the ability to add clarity and lucidity to the professional writing of others.

The qualified candidate shall have superior communication skills and be capable of selecting and managing a large, multidisciplinary Editorial Board to advise and aid the Senior Editor in the process of selecting works for publication.

The qualified candidate shall be well organized and capable of setting and maintaining demanding production schedules for an internationally distributed journal.

The qualified candidate shall be a full member of the Association of Gay & Lesbian Psychiatrists.

The Senior Editor shall be responsible for drafting four journal issues per year containing studies, expertise and observations related to the equitable and affirming treatment of gay, lesbian and bisexual peoples for the psychological and psychiatric issues they face. The Senior Editor shall annually submit for approval to the Executive Board a list of up to 50 Association members, psychologists, social workers and other mental health professionals and scientists who agree to serve on the Editorial Board and review submitted articles as directed by the Senior Editor. Editorial Board members serve at the pleasure of the Senior Editor and may be removed (or replaced with the consent of the Executive Board) at any time by the Senior Editor.

The Senior Editor shall be appointed or reappointed for each new volume (four issues) of the *Journal of Gay & Lesbian Psychotherapy* by the Executive Board of the Association of Gay and Lesbian Psychiatrists. Removal from the editorship within a volume shall be only for cause.

Interested candidates should send a curriculum vita to:



Executive Board

Association of Gay & Lesbians Psychiatrists

209 N. 4th St.

Philadelphia, PA 19106

(215) 925-5008, fax-(215)925-9309, e-mail: AGLPNAT@aol.com

Residents' Column

Continued from previous page

Psychoanalytic Association, so that the prospects for those of us interested in psychoanalysis are improving quickly.

My first half-year has been characterized by a hectic schedule, and by the hope that my openly gay presence will encourage gay residents to come out and demonstrate that we are normal people, unhampered by any development disorder that might prevent us from being fully effective in helping others, using all modalities of treatment, including classic psychoanalysis. The presence of my lover of 10 years at all official ceremonies was received well by my colleagues and supervisors.

At the annual Terrytown retreat for chief psychiatric residents, focusing on the leadership role of the chief resident, I encountered only one other gay chief. I suppose that in many circumstances gay residents must be discriminated against more successfully than in my case. In close, I

urge gay residents to seek help, advice, and supervision and to come out of their isolation by using AGLP. A list of resources is available to every gay resident for direction in coping with issues of discrimination in supervision, patient care of administration.

One last reminder: the Annual Meeting of AGLP will take place in New York City from May 4 through 9 (for further details see the front page of this *Newsletter*). As I did last year, I am offering a roommate matching service. Here's how it works: If you are looking for a roommate in New York during the meeting, call me at (914) 997-4347 and leave a message on my voice mail with your name, telephone number and any specifications you may have. I will put you in contact with other residents who have called and are compatible. Then the two of you will reserve a shared room at the Warwick Hotel.

I look forward to seeing you in the Big Apple in May!

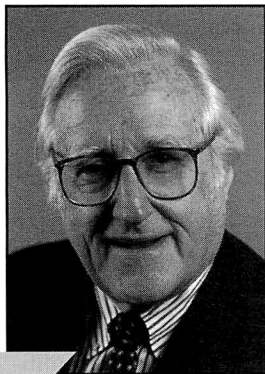
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apa election issue



American Psychiatric Association
The Candidates Respond

Candidates for President-Elect:



Herbert S. Sacks, M.D.

Herbert S. Sacks, M.D.

1. *With the advent of managed care comes the concern that therapists who attempt to "repair" sexual orientation could become designated as "specialists" in gay and lesbian mental health. What is your position regarding this?*

"Reparative therapy" smacks of poor clinical judgment, unconscious prejudice and a readiness to distort the truth. Hazardous to patients' self-esteem, this so-called "therapy" naively disrespects how patients see themselves, declaring that patients' sexual expression is pathology when it violates the therapist's worldview.

Such "specialists in gay and lesbian mental health" will have a short half life, since their proselytizing - *not* treatment competencies- will induce symptomatic expression in patients, ultimately generating costlier treatment requirements. Our work is hard enough; our patients must be protected against charlatans and snake oil hustlers whose products wouldn't pass the moral equivalent of an FDA review. Should managed care hire repair people there may be opportunity for a plaintiff to bring a case under APA ethical procedures, out of which an ethical opinion will be written.

2. *If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

My special relationship to the AGLP and the Caucus has kept me close to your concerns, initiatives and recommendations for action. As your Vice-President and a two-term Trustee (Area I), I effectively used the political process to encourage the appointment of minority/underrepresented members to APA components and have actively supported the work of the Commission on AIDS back to its earliest days when the Commission's establishment and development were being challenged. A particular source of pride for me, reflecting the inherent strength and resources of APA and its members, has been the leadership of the AIDS Commission. Over the past eight years in my Board tenure, the presentations to the officers and trustees have been models of substance and determination, passion and balance, astute proposals for the future and wise strategies to cope with the present exigencies.

Elected President-Elect, I would reach out to the AGLP and the Caucus to continue to keep me closely informed on emerging issues and to discuss and argue the wisdom of policy options and timing. More than that, I would use the appointment process to assure broad representation of committed and talented AGLP and Caucus members throughout the component structure.

Nada L. Stotland, M.D.

1. *With the advent of managed care comes the concern that therapists who attempt to "repair" sexual orientation could become designated as "specialists" in gay and lesbian mental health. What is your position regarding this?*

Such a designation is insupportable, unconscionable, and intolerable. There is not a shred of scientific evidence that sexual orientation causes psychopathology or dysfunction. It is the stigma, discrimination, isolation, abuse, and ostracism inflicted on gay men and lesbian women which cause psychic pain. There is no evidence that psychotherapy can change sexual orientation.

Therefore, any therapy purporting to "repair" homosexual orientation would a) be based on prejudice, b) have no basis in medical or psychological science, and, c) inflict, rather than mitigate, human suffering. APA, as the world's major psychiatric association, must vigorously oppose such stigmatizing, harmful, and unscientific psychiatric

The Candidates respond
Continued from previous page



Nada L. Stotland, M.D.

interventions. APA opposition should take the form of formal statements of positions, active intervention with all three branches of government, the formation of coalitions with other medical and mental health professional associations and gay/lesbian rights groups, and high-level meetings with managed care policy makers.

2. *If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

I am deeply appreciative of the longstanding, rich relationships I already have with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists, not to mention the APA Committee of Gay, Lesbian and Bisexual Psychiatrists. I have served shoulder-to-shoulder with all three of these groups as the Chair of the APA Committee on Women, the Vice-Chair of the APA Council on National Affairs, the President of the APA's Women's Caucus, and the APA Assembly Representative of the Women's Caucus. The latter position, which I have held for several years, places me on the Assembly Committee of Minority and Underrepresented Group Representatives, by which I was elected Chair for 1994-95.

In order to bring pressure on the military to change its policy of exclusion of homosexual individuals, I fought along with the GLB Caucus against the formation of a Military District Branch, and took the Assembly leadership formally to task when some of them belittled the issue. I insisted that Assembly members attend the Annual Business Meeting when we

anticipated that the meeting would be "packed" by advocates of "reparative therapy" who would force a referendum to repathologize homosexuality. I have actively supported APA positions deploring gay-bashing and successfully lobbied the Program Committee for increased diversity in the scientific program and industry-sponsored symposia. In the course of my current campaign for APA President-Elect, I have repeatedly been warned that my identification with "minority" issues may have a negative effect on my chances for election. I stand on my record; I am proud of my relationship with and advocacy for GLB groups, and will carry them into my role as President-Elect. Thank you for this opportunity to express my views.

Candidates for Vice-President:

Steven M. Mirin, M.D.



Steven M. Mirin, M.D.

1. *With the advent of managed care comes the concern that therapists who attempt to "repair" sexual orientation could become designated as "specialists" in gay and lesbian mental health. What is your position regarding this?*

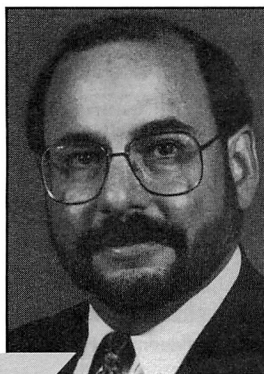
In general, the managed care movement has attempted to contain costs by placing limitations on any and all psychiatric treatment that it defines as "out of the mainstream." Having treated many gay and lesbian patients, I am well aware of the difficulties they face in accessing sensitive and empathic treatment. Since decisions about psychiatrists' participation in managed care networks can often be arbitrary, with an eye toward what employers and other payers will accept, rather than what patients need and want, there is considerable danger that gay and lesbian psychiatrists, as well as their patients, will be discriminated against. Designating therapists whose bias is that homosexuality, per se, is an illness in need of "repair" as "specialists" in gay and lesbian mental health issues (while presumably others are not) is but one form that such discrimination may take. At the same time, gay and lesbian therapists, with an empathic understanding of how stigma and discrimination can contribute to mental health problems in their gay and lesbian patients, might be systematically excluded as providers to the very community whose interests they have so ably served. Given the growing emphasis on cost containment, it is also likely that psychotherapeutic interventions will be subject to closer scrutiny and tighter controls, as managed care organizations attempt to narrow the range of available benefits to patients whose mental

health problems they believe are "less serious" than the rest of the population and/or more like to be related to "lifestyle issues." The APA needs to maintain a strong advocacy stance on this issue and on behalf of any patient group whose legitimate right to treatment may be threatened.

The Candidates respond
Continued from previous page

2. *If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

The APA is an organization that needs the creative energies and active participation of all its members. AGLP and the Caucus of Lesbian, Gay and Bisexual Psychiatrists are an essential constituency group within the APA and have much to teach their colleagues about how to fight and overcome bias toward our patients and those of us who care for them. The ability of employers and insurance companies to focus their cost containment efforts on the care of the mentally ill is due, in part, to the fact that our patients are easy targets for stigma and discrimination. But, even within our own organization there is profound lack of understanding about the need for education around issues faced by gays and lesbians who are, or wish to become, parents, who are denied access to insurance coverage on the same basis as heterosexuals, whose access to care is limited by stigma, whose illnesses are trivialized, and whose treatment is often compromised by stereotyping and irrational fear. That is why as a past member of the Assembly, I voted for the inclusion of representatives of the gay and lesbian community in that body and why, as CEO of a large healthcare institution, I encouraged the development, and provided meeting space for, members of our staff who formed an active gay and lesbian organization.



Allan Tasman, M.D.

Allan Tasman, M.D.

1. *With the advent of managed care comes the concern that therapists who attempt to "repair" sexual orientation could become designated as "specialists" in gay and lesbian mental health. What is your position regarding this?*

Such an occurrence would be outrageous and completely unacceptable. Although I would like to believe that this situation is impossible, given the abuses perpetrated by managed care companies, we must be continually vigilant. At a time when our country's social health is at the lowest point in decades, and when vast numbers of people have no access to quality ethical psychiatric care, it is ironic that discriminatory restrictions on the practice of psychiatry, especially psychotherapy, and distortions of psychiatric practice such as described in this question, are being put into place by insurers, bureaucrats, and politicians. We must increase our forceful advocacy for equal access and coverage for treatment of psychiatric illness so that all individuals have access to nondiscriminatory, high quality, ethical psychiatric care. Even though new research information continues to further discredit the already discredited psychotherapeutic approach of "sexual orientation repair," we must maintain our vigilance and preparedness to fight against inappropriate treatment protocols from any source.

2. *If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

It would be easy to say only what one would do in the future. I am proud to stand on my professional record of the last 19 years of relationships with members of the gay and lesbian community, and, more recently, the Association of Gay and Lesbian Psychiatrists. In positions such as Chair of the APA Scientific Program Committee, Editor of the *Annual Review of Psychiatry*, President of the American Association of Directors of Psychiatric Residency Training, and President of the Association for Academic Psychiatry, I have used my appointment authority to ensure a wide diversity of representation, including AGLP members in each instance. For example, when I was Chair of the APA Scientific Program Committee, my vice-chair was an active member of AGLP. In addition, I have had close working relationships with many of the past presidents of AGLP in my previous leadership roles.

As APA Vice-President, I will continue to do what I have done in the past. I will be a strong and forceful advocate for diversity of representation in our Association's activities. We need to make sure that opportunities are enhanced for colleagues from all backgrounds, from every practice setting, and from all parts of the country to participate in developing APA policies and in the work of our Association. If the APA is run by a small elite, it will wither. We need to open paths of opportunity, especially for those who have worked hard and effectively at the district branch and local level in the APA and other psychiatric organizations, to advance in the APA's activities.

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Is There an Archetypal Basis for Homosexuality?

John Gosling, M.D.

Homosexuality has been part of the human expression of sexuality since time immemorial. The ancient Sumarians did it; the Greeks did it; the Japanese Samurai did it! It comes as no surprise that we continue to do it! It seems clear that there are encoded into the human psyche certain patterns through which the life force energy seeks expression - like the programs on the hard drive of a computer. The term coined by C.G. Jung to describe these patterns in the psyche, is the "archetypes" - or "archetypal patterns". The research conducted by Kinsey in 1948 showed conclusively that sexuality is expressed across a range of behaviors and identities, from exclusively homosexual, to bisexual, to exclusively heterosexual. Homosexuality is thus but one of a number of normal variations on the diverse spectrum of how humans express their sexuality. The particular direction of the flow of the sexual energy (towards a same sex partner, opposite sex partner, or both) that determines sexual orientation is unique to each individual. It is probably determined by a combination of the archetypal pattern encoded on the hard drive of the psyche (similar to the migratory patterns encoded onto the hard drive of the brains of certain birds) and several possible environmental factors. The actual configuration that a particular relationship takes is similarly determined by a variety of factors such as other archetypal patterns and life experiences. For example, the predominance of a mentor/youth archetypal pattern may determine the nature of a particular relationship between two men such as a younger man being attracted to an older man or vice versa, etc.

There have been numerous attempts to explain the phenomena of human sexuality and sexual orientation by various cultures giving rise to wonderful myths. The Greeks have left us a particularly rich heritage given that they, like many earlier cultures, did not initially pathologize homosexuality. Plato in the *Symposium* attempts to explain the mystery of sexual attraction by referring to the myth of original oneness. Once upon a time, we were all round beings coupled as follows: male/male, female/female, and male/female - the latter being the original androgyne. These beings were so strong and intelligent that they represented a threat to the gods. To subjugate them, Zeus decided to split each in two. Ever since then, the separate halves wander, each searching for its complementary half. We are incomplete beings and the desire for sexual union with our lost "other" is a perpetual thirst for completion and wholeness.

Zeus, ruler of Olympus and head of the Greek pantheon of gods and goddesses, was regarded as being bisexual. Ganymede was a beautiful boy - according to the *Iliad* "the loveliest born of the race of mortals" - a Trojan king's son, with whom Zeus became enamored because of his beauty. Ganymede was stolen by Zeus's eagle, carried off to Mount Olympus and made cupbearer of the gods. It is thought that Ganymede was a founding hero of initiatory homosexuality in Greece.

Apollo had both male and female lovers and is the god to whom the largest number of masculine loves is attributed. Hyacinthus was one of his male lovers - a tender youth, handsome in the extreme, and sometimes depicted as riding on a swan. Apollo loved him and taught him archery, music, divination, the art of the lyre and also played with him at discus-throwing. One noon the god hit his beloved with the stone slab and killed him. From the blood of this accidental killing arose the hyacinth flower - "the loveliest flower of all flowers." This is a symbolic mystical death and part of an initiation process and transition from the stage of adolescence to adulthood facilitated by the older, wiser god-figure. Later, Hyacinthus ascends to heaven - he is resurrected on a higher plane. This indicates movement to the next phase of psychic development - that of adulthood and maturity. Another of Apollo's male lovers was Cyparissus who kept a pet stag but one day, while hunting, accidentally kills him. Afterwards he is so distraught that he begs the gods to kill him and allow him to mourn for all eternity. He dies and is transformed into the tree of sadness that bears his name, the cypress. This tree, an evergreen, represented to the ancient peoples of the

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Archetypal Basis for Homosexuality?
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Niccolò Tribolo,
Ganymede Riding the Eagle

Mediterranean the triumph of life over death and a symbol of longevity and eternal life. It is also associated with rebirth and initiation rituals. Once again in this myth is emphasized the potential for transformation through the initiatory process of symbolic death of the old and rebirth on a qualitatively different plane - brought about in the context of *homosexual love*.

Artemis was a goddess of the hunt and was Apollo's sister. She always appeared as a maiden and allegedly resembled a boy in her strength and wildness. Young girls left their mothers and remained in her service until they were nubile, undergoing a female initiatory process. She was supposed to have been a bear at one time and her handmaidens were called "aktoi", "she-bears". Woe upon the man who espied her bathing in the wild brooks and pools - he may be turned into a woman or even a stag!

An ancient Sumarian myth describes the meeting and intense love that developed between Gilgamesh and Enkidu. Gilgamesh was a prince and seems to represent the more refined, intellectual thinking functions while Enkidu is a wild, earthy, sexual fellow. Enkidu seems to represent the part that is split off and possibly repressed by Gilgamesh which he needs to reintegrate, namely, his sensual, earthy side - a split that continues to occur to this day for many males, gay or non-gay. After Enkidu dies, Gilgamesh laments his death as follows:

"He who went with me through all hardships,
Enkidu, whom I loved so dearly,
Who went with me through all hardships,
Has gone to the common lot of mankind.
Day and night I have wept over him.
For burial I did not want to give him up, thinking:
My friend will rise after all at my lamentation!"

There are several fairytales that tell of the encounter of men with other men - for example "Iron John" and "The Devil's Sooty Brother" which are both Grimm's fairytales. In both these tales there is a profound bond of love that develops between an older man who serves as a mentor and the younger naive male who learns about life from the older man and who is helped by this mentor and guide. Fairytales are roadmaps that our ancestors devised that help us understand our lived experiences using metaphors, symbols and the art of storytelling.

Besides the archetypal encoding that determines sexual orientation, one of the most basic and primary archetypal patterns in the human psyche is that of sexuality - which gives rise to the desire for the experience of sexuality as such. The fact that for heterosexual couples this may result in procreation does not in my opinion necessarily make this the primary function of this energy at all (as homophobic, joy-denying, puritanical religious zealots would have us believe). As illustrated above, same-sex attraction can have many other possible outcomes - including that of initiation and transformation.

An encounter with another human being where the mysterious alchemy of sexuality is powerfully constellated often results in a profoundly altered state of consciousness resulting in something strange and wondrous, something almost unnameable. In this space, our perception of time is drastically altered from everyday quotidian linear time to the experience of timelessness. There is a merging and a dissolution of ego boundaries that occurs, a yielding, a claiming, a release of primitive instinctual energies that transforms us temporarily into wild, thrashing creatures bourn on a wave of frenzied ecstasy. In this state of awakened eroticism, all our sense-perceptions are heightened as we experience the blissful sight of the beloved's body - its curves, bulges, exquisite lines, radiant smile, those pools for eyes enticing us to dive in and soar. We begin to focus only on the sounds escaping from the beloved -

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Archetypal Basis for Homosexuality?
Continued from preceding page

grunty little man/woman noises, moans of bliss and pure pleasure. (I have noticed that as I enter into this realm of intense sexuality, I become unaware of any other sounds or music in my immediate environment - it is as though I have temporarily entered an alternative reality, an encapsulated space inhabited only by my beloved and me from which all else is excluded.) We delight in the ambrosial tastes of the beloved's body. We are aroused to unexpected heights of passion by the wonderful earthy smells of human body odors as our ancient primitive reptilian cortices respond to the call of the pheromones. We are transported to unimagined states of delight by the touch of the beloved as our entire bodies become eroticized so that at times a mere feather- breath will elicit pleasurable writhings. Such is the nature of human sexuality irrespective of the particular gender or sexual orientation of the couples involved.

I do not believe that the desire for the experience of sexuality per se has as its goal the integration of any "missing" aspects of our psyches. Some analysts have postulated that homosexuality in the case of gay men is an attempt to find their "lost" or inadequate masculinity (stemming from the myth that all gay men have inadequate or weak fathers and ostensibly attempt to compensate for this by mistakenly concretizing their elusive masculinity and projecting this onto the partner's phallus). Lesbians are apparently stubbornly attempting to merge with their partners and thus introject the good mother they never had. Non- gay men by the same argument would therefore be attempting to introject their undeveloped feminine side (referred to as the "anima" or "female soul" in Jungian lingo); non- gay women their undeveloped masculine side (the "animus" or "male soul" in Jungiana). If this were the case, one would assume that when integration of this "missing piece" of the psyche has been completed, all sexual desire and the need for any further sex would disappear. I have yet to come across anyone who has achieved this level of evolvment and integration - a state of the divine androgyne, as it were - and as a result is asexual. On the contrary, I have worked with and know many homosexuals and heterosexuals with highly developed gender non- conforming aspects to their personalities who seem to come much closer to embodying the archetype of the divine androgyne very powerfully - and they are certainly not asexual!

In my opinion, sexuality is about a lived mystery that cannot and need not be "explained". It needs to be lived - in whatever myriad of diverse forms and combinations this may take - homosexual, bisexual, heterosexual, S/M, vanilla, whatever! Asking the question "why" some humans develop a sexual orientation that channels the energy of sexuality towards same gender partners, opposite gender partners, or

both, is asking the wrong question and in my opinion a fruitless pursuit. It suffices that humans are gay, non- gay, or bisexual. Let us rather focus our energy on honoring the gods/goddesses that awake in us the desire to want to play with each other sexually. Let us celebrate our sexuality at every opportunity. There is nothing to change, nothing to fix, nothing to heal - nothing is broken in us and never has been - especially regarding the manifestation of our sexuality.

The direction of the flow of the sexual energy toward a same- sex partner is not a choice and I am postulating that it is encoded onto the hard drive of the psyche - that, in fact, homosexuality does have an archetypal basis. I recall developing a crush on my cousin's boyfriend when I was about 5 years old. I was distraught when he left! That was the path that my sexual energy naturally followed and in spite of considerable obstacles both inner and outer, continues to follow. We have some choice as to how we will express our sexuality but not in determining the course of its flow.

It is the lot of humans and part of the human condition to be constantly longing for connection with the Other - whether this be one's soulmate as described by Plato, or whether this be the desire to experience the "transpersonal" or "Other- than- human". Sexuality is one means to slake this thirst - at least temporarily. We enter Paradise in the arms and bodies of our lovers, we enter the Holy of Holies, the veil is temporarily rent as we enter the space of timelessness....only to be thrown out of Eden again and again to be faced with our human limitations, our aloneness in the world, our separateness, our impending death. However, the longing never ceases, nor does the kissing and the bitter strife. Life is both wonderful and terrible and we are constantly caught in the midst of the ebb and flow of the mighty life force energies - finding solace in the arms of our beloved and celebrating our sexuality together can certainly help to make our lives a more joyous adventure.

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ANNOUNCEMENTS . . .

Congratulations to member J. Stephen McDaniel, M.D. of Emory University in Atlanta, whose Grady HIV/AIDS Mental Health Program won the 1995 APA Gold Achievement Award, the first time in the 45 year history of the award that it has gone to an HIV/AIDS-related mental health program.

Margie Sved, M.D. brings to our attention the APA's Practice Research Network (PRN), whose purpose is to collect data and conduct research studies on a variety of clinical and service delivery issues. It could afford an opportunity to interact and collaborate with colleagues and to receive CME credit. Call Deborah Zarin, M.D. at (800) 713-7123 for more information.

International Universities Press is inaugurating a new quarterly journal, *Gender and Psychoanalysis* in January 1996. The editorial board includes AGLP member Jack Drescher, M.D. Call (800) 835-3487 for subscription information.

The VA Medical Center in San Francisco has an immediate opening for Chief of their Psychiatry Service, Professor or Associate Professor of Psychiatry, and Vice-Chair, Department of Psychiatry, UCSF. Applicants should have demonstrated the capacity to lead an academic program in Psychiatry, and accomplishment in research is preferred. Interested individuals should send a C.V. to William Seaman, M.D., Chair, Search Committee for Chief, Psychiatry Service, VAMC, 4150 Clement Street, S.F., CA 94121 by April 15. VAMC and UCSF are Equal Opportunity Employers; Women and minorities are encouraged to apply. U.S. Citizenship is required. Selected applicant may be subject to random pre-employment drug testing.

The HIV Clinical Service of the William Alanson White Institute in New York City is sponsoring a day-long conference entitled "HIV and Psychoanalysis: Grappling with New Realities," on Saturday, March 23, 1996. Mathilde Krim, M.D. will be the keynote speaker. The conference will take place at the New York Marriott Marquis. Discounted admission is available for residents, medical students, graduate students and PWA's. For information and reservations, call the White Institute at (212) 873-0725, ext. 12.

ACCCESS Center, a multidisciplinary provider of psychosocial services, is searching for a Florida licensed psychiatrist to work at its comfortable Coral Gables private group practice. The candidate should have proven experience treating the psychiatric complications of HIV/AIDS. Mail or fax C.V. to ACCESS Center, 1500 San Remo Avenue, Suite 177, Coral Gables, Florida 33146. Fax=(305) 667-2685, phone (305) 667-4403.

The newly formed Northern California Psychiatric Society Lesbian, Gay and Bisexual Committee recently held its inaugural meeting and continues to meet monthly. The Committee is chaired by AGLP member, Ellen Haller, M.D., who is also the current Secretary of the Society. Please call Dr. Haller at (415) 476-7210 or Dr. Dan Karasic at (415) 206-3809 if you are interested in participating.

A Memorial and Healing Service will take place on Saturday, May 4 as part of the Annual Meeting in New York City. To place the name of anyone you would like to list in a Remembrance Booklet, please write to Joseph P. Merlino, M.D., Associate Director, Department of Psychiatry, Lenox Hill Hospital, 130 East 77th Street, New York, NY 10021. Call (212) 434-2553 for further information.

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GLMA Launches New Journal

Mark Townsend, M.D.

The Gay and Lesbian Medical Association (GLMA) is sponsoring a new peer-reviewed, quarterly journal. The *Journal of the Gay and Lesbian Medical Association* will be the first multidisciplinary publication devoted exclusively to the health care needs of the lesbian, gay, bisexual and transgendered populations. The *Journal* is co-edited by me and Jocelyn White, M.D., an internist at Oregon Health Sciences University in Portland.

We have assembled a thirty-two member editorial board (our publisher, Plenum Publishing Corporation of New York City, has told us "no more board members!") consisting of physicians from many specialties and distinguished representatives from allied fields and the social sciences. Jocelyn and I will be inviting many readers of the *AGLP Newsletter* to assist us in reviewing what we hope will be a barrage of manuscripts. The first issue of the *Journal* is slated for publication in the Spring of 1997.

The impetus for developing the *Journal* was the problem, described by many writers working in lesbian and gay health, of having papers rejected for publication due to an overly "gay-positive" stance. We wanted to increase the volume of research into the medical and mental health of lesbians and gay men by providing an exclusive and gay-affirming venue for manuscripts. We also hoped to provide a useful perk to members of GLMA.

While the *Journal* specializes in clinical research in which lesbians, gay men, bisexuals and transgendered populations are the exclusive focus, we publish a variety of papers. Review articles, clinical updates, opinion on current events, clinically oriented creative non-fiction and book reviews will make it both informative and lively.

We are now actively seeking manuscripts. Readers of this *Newsletter* who wish to submit should contact our business office as follows: Dr. Jocelyn White, Co-Editor-in-Chief, *The Journal of the Gay and Lesbian Medical Association*, 1015 NW 22nd Avenue, R-200, Portland, OR 97210-3079. Phone: (503) 413-7103, E-mail: WHITEJO@OHSU.EDU. You can reach me at (504) 568-6201, E-mail: MTOWNS@NOMVS.LSUMC.EDU. Special "Instructions for Authors" will be available from Plenum early this spring, but we would be happy to provide prospective authors with general guidelines in the meantime.

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Opportunities for Activism

Dan Hicks, M.D.

There have been more and more discussions about combining forces with our colleagues in social work and psychology, to plan mental health symposia and conferences, and also to work together politically to combat the misinformation of the religious right about homosexuality. The amicus brief, prepared by the American Psychological Association and submitted jointly with our APA and NASW in the Colorado Amendment 2 case is an excellent, concise summary of our scientific knowledge about homosexuality. It contains references to the most current data in all aspects of the field, from origins of homosexuality to parenting, gay teens, pedophilia, discrimination, violence, etc.

AGLP has been invited to a meeting sponsored by Division 44 of the American Psychological Association (their AGLP) and Clinton Anderson from the Program of Lesbian and Gay Concerns at the American Psychological Association in Washington, D.C. on Saturday, January 27 from 3:30 to 5. They are bringing together leaders from national gay and lesbian organizations, as well as leaders of the gay and lesbian sections of various health organizations to network and find common areas for collaboration. We will have representatives there, but if you are interested in going, please contact me.

John D'Emilio, the Chair of the National Gay and Lesbian Health Foundation, contacted me in response to my inquiries about using video spots in political campaigns. He is working on developing printed materials, fact sheets and reference items which explain the latest behavioral science research on homosexual issues in lay language, to be used when debating on Capitol Hill, to educate legislators, in political campaigns, public forums, etc. He is currently working with Charlotte Patterson to develop something based on her research with gay families, and with Greg Herek to develop an item based on facts about child molesting and pedophilia. He suggested we may want to develop some of these based on our own areas of expertise, such as the incidence of suicide in gay youth. He also suggested that AGLP may want to help fund getting these materials printed and distributed, with our endorsement on them. Dr. David Scasta and I have to set aside time at the Annual Meeting for interested persons to work on this idea. If anyone has any ideas of data that we can propose, or you would like to be involved in this project, please call me at (202) 782-8688 or E-mail: djmn11@prodigy.com.

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Maine Won't Discriminate

Cynthia G. Sortwell, M.D.

Whew! By a six-point margin (53% to 47%), Maine voters rejected a referendum that would have prohibited communities from passing gay rights ordinances, overturned the ordinance already in effect in Portland, and deleted gays and lesbians from the state's hate crimes bill. After spending more than one million dollars (ten times the amount spent by the other side), we held our ground. In contrast to the referendums in Colorado, Idaho and Oregon, the Maine referendum did not include the words "sexual orientation" or "homosexuality." Instead, the voters were asked "Do you favor the changes in Maine law limiting protected classifications, in future state and local laws to race, color, sex, physical or mental disability, religion, age, ancestry, national origin, familial status, and marital status, and repeal any existing laws which expand these classifications as proposed by citizen petition?" This turned out to be so confusing that a number of voters who might otherwise have voted yes, voted no, which worked in the favor of Maine Won't Discriminate (MWD).



Referendum supporters known as Concerned Maine Families claimed that gays and lesbians were asking for special rights. In the last weeks of the campaign, their ads suggested that homosexual militants were taking over the state, that gay rights made it easier to be gay, thus removing motivation to change sexual orientation, and that gays were much wealthier and therefore did not need "special rights." The usual litany of claims of pedophilia and sex crimes was also put forth.

Maine Won't Discriminate supporters emphasized the importance of having local control. In one ad, a lobsterman from his boat asserted that no one would tell him what to do, reinforcing the Maine value of independent living. It also helped that Governor King came out against the referendum as well as many businesses and a coalition of churches including the Roman Catholic Diocese. They were joined by the Maine chapter of the APA, and the Maine Council of Child and Adolescent Psychiatrists. The offer of help by AGLP in the form of media support was much appreciated, as was a similar offer by Maine psychologists. The MWD campaign chose not to emphasize homosexuality, feeling it was better to frame this as a broader issue.

The victory is sweet, as is the expansion of a support network throughout the state, even though the campaign also left many communities divided. The important question now is whether this is the best time to pursue a statewide anti-discrimination bill.

For now, Maine remains a friendly state to live or vacation in, so come Downeast...you can get there from here!

JANUARY 1996

VOLUME XXII(1)

AGLP Membership Application Form

Name: _____

Degree: _____

Preferred first (nick) name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Membership Status: _____

(Full Member - \$100.00, Associate Member - \$100.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$20.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association?
 Yes No

Special Instructions:
 (e.g. label "Personal") _____

Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?
 Yes (Initial) _____ No

Do you want to be a NON-CONFIDENTIALLY LISTED referral source?
 Yes (Initial) _____ No

If yes, fill in office address and phone number and list specialty information below.

OPTIONAL

Age: _____ Gender: _____ Ethnicity: _____

Home Phone: _____ Office Phone: _____

fax: _____ e-mail address: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Office Address: _____

City: _____

State: _____ Zip: _____

Make check out to "AGLP" and mail to:
 Roy Harker, 209 N. 4th St., D-5, Philadelphia, PA 19106

Speciality: _____

APPLICATION FORM

Caucus of Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

(CLGBP is the official APA minority caucus for lesbian, gay and bisexual psychiatrists. Membership lists are maintained by the APA; confidentiality is not assured. Membership is free.)

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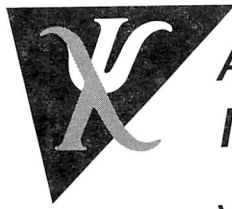
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 1400 K Street, NW
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* Member-In-Training, General Member, Fellow, Life Member, Life Fellow



Chandeliers at the Metropolitan Opera House



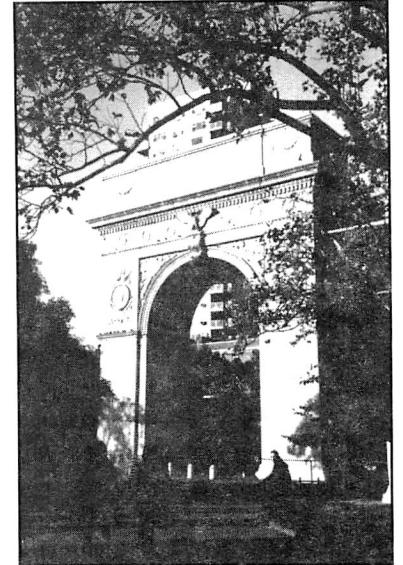
Association of Gay and Lesbian Psychiatrists

VOLUME XXII(2): APRIL 1996

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Washington
Square in
the heart of
Greenwich
Village



The Gay Apple Welcomes AGLP

E. Gerald Dabbs, M.D.

It's spring in New York! ---the Flower Show, crocuses, tulips, daffodils, cherry blossoms and no more snow! Opera ends but ballet begins, and the theater season is at its peak -- Broadway, Off-Broadway and Off-Off-Broadway, and what a season! Two smash Off-Broadway hits, the rock musical *Rent* and the tap dance musical *Bring in da Noise, Bring in da Funk*, are moving to Broadway to compete with *Victor/Victoria*, *State Fair* and *Big* for the Tony Award for Best Musical. Many hit shows have lesbian/gay plots, subplots, characters and appeal: *Victor/Victoria*, *Rent*, *The Food Chain*, *Master Class*, *A Funny Thing Happened on the Way to the Forum* with Nathan Lane, and *Night of the Iguana* with Cherry Jones. The museums and art galleries have important installations, and concert halls, restaurants, bars and clubs are packed with the Beautiful People.

Like New York, the AGLP Annual Meeting, May 4-9, will have something for everyone: education, parties, reunions, style, support, and Beautiful People. It's not too late to make your reservations at The Warwick, 65 West 54th Street, at 6th Avenue. Reservations for the AGLP block of rooms are available for \$135, \$145 and \$155 (plus 13.5% NY tax and \$2 occupancy tax per room) by calling (212) 247-2700 or (800) 223-4099 (Continental USA) or (800) 522-5634 (New York State). Medical students who need housing or funding from AGLP should call Julie Schulman at (212) 472-4012, and residents who are looking for roommates to share hotel space while in New York should call Dr. Ubaldo Leli at (914) 997-4347.

The Warwick will also be the site for the AGLP Pre-convention on Saturday, the Opening Reception, and the Hospitality Suite. (Eds. Note: See articles and AGLP Schedule of Events in this issue of the *Newsletter*).

The members of the Local Arrangements Committee, Kenn Ashley, Dixie Beckham, Lonny Behar, Laura Bernay, Phil Bialer, Gerald Dabbs, Jack Drescher, Guy Glass, John Gosling, Joe Merlino, Len Rubin, Julie Schulman, Chris Sekaer, Howard Telson, and Ron Winchel, look forward to sharing the excitement and pleasures of our city with you.



**NY
96**

Convention Highlights

Begin on page 11

Editor's Column

Guy Glass, M.D.

This issue of the *Newsletter* should reach you in enough time to finalize your plans for the Annual Meeting in New York. It is full of information about both AGLP and APA events slated for early May, and should be accompanied by a booklet on New York put together by the Local Arrangements Committee. Attendance at the Miami Beach meeting last year, although it was great fun, was not quite up to par; New York usually draws a large crowd, and I think this will be an unusually fine meeting, with many social and academic events planned. If you're feeling a little bit jaded and bored with APA's, why not just come to participate in the AGLP-sponsored events. To tell you the truth, that's what I plan to do; I will be working an almost full schedule that week, and plan to get my CME credits elsewhere this year, and therefore will be attending only **our** events, such as the Preconvention on Saturday, the parties, the business meetings, and a few things at the Hospitality Suite at the Warwick. Why not spend a few days in New York doing likewise, and catching a few Broadway shows, even if you were not planning on attending the convention? Regardless of how you plan to spend your time in May, I do hope to see many familiar faces...

One of my goals as Editor, and as a gay psychiatrist/activist, has been to broaden our horizons by establishing international connections. Last year I wrote about the state of "gay psychiatry" in Britain. Recently, Gene Nakajima and I have organized three submissions (one symposium and two workshops) to the World Psychiatric Association meeting in Madrid next August, which, if they are accepted, should provide an extremely exciting opportunity for some of us to present our ideas to a broad international audience. In this issue of the *Newsletter* you will find an illuminating (and frightening) perspective on what is happening in Finland. And most recently, I spent two weeks in Israel, which provided yet another perspective on the role of gay psychiatrists

outside of the U.S./Canada.

My source was a gay psychiatrist who is "a friend of a friend," who practises in Tel Aviv (now Israel's second largest city after Jerusalem) and whom I will call "David." David, who was born and educated in Israel, son of Holocaust survivors, maintains a private practice (psychotherapy and psychopharmacology) in addition to working for Israel's equivalent of a managed care company. He expressed some interest in establishing connections with AGLP, but, astonishingly, professed to know only 3 or 4 other gay psychiatrists (one of whom is a woman). Needless to say, there are no gay psychiatric organizations in Israel; there is apparently an organization, largely social, for gay physicians, although David had few details about this.

The gay scene in Israel presented me with a number of paradoxes: Lots of very sexy and attractive men, many soldiers, yet less overt expression of homosexuality than I have seen anywhere I have visited other than Japan. Jerusalem is a city of half a million people, with no gay bar (this should not be surprising since the city is run by the ultra-Orthodox, practically everything closes after sundown, and Saturday reminded me of why I left Philadelphia five years ago for New York City). Israel has surprisingly liberal laws regarding homosexuality including decriminalization of homosexual activity and official tolerance of homosexuality in the armed forces, but according to David it "isn't discussed a lot." He claims that he rarely had difficulty in his training, except potentially with some old-fashioned psychoanalysts (yes, they're everywhere) around whom he remained closeted, and with a Moslem male nurse who gave him a hard time until he "laid down the law." David suggested that conservative European-trained psychoanalysts, continue to exert powerful influences over Israeli psychiatry, reinforcing the covert, low-key atmosphere. The influence of very religious Jews, something which has proved increasingly divisive in modern Israeli society, also undoubtedly plays a part in keeping the gay psychiatric community invisible. Lastly, David felt that homosexuality as a whole was not as hot an issue as it is in "Anglo-Saxon societies" because other peoples' sex lives in general are considered something to be kept private, in David's words, "your private sex life here is like how much

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The Newsletter of the
**Association of
Gay and Lesbian Psychiatrists**

Editor
Guy Glass, M.D.

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The views expressed in the *Newsletter* are those of the writer and do not necessarily represent 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 them to: Guy Glass, M.D., Editor, *Newsletter* of AGLP; 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone: (212)982-0328, FAX (212)982-1879.) Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which work processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed 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). The deadline for inclusion in the next issue is August 1, 1996.

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President's Column

David Scasta, M.D.

The Annual Meeting is on us already – and a couple of weeks early this year. Roy Harker, the National Office Director, is behind the scene coordinating all of the nuts and bolts of the organization, Shelly Klinger, M.D. is putting together all of the scheduling, Guy Glass, M.D. is pulling together the publications, Margery Sved, M.D. has finished the selection of the honorees and Gerry Dabbs, M.D. and his committee are putting the final touches on the arrangements. Mark Townsend, M.D. has been involved in long discussions with our lawyer about the new Bylaws, extensively revising them to meet the provisions of Pennsylvania laws on corporations. Diana Miller, M.D. is working on major programming for the morning Preconvention on Saturday. In short, many people are slaving away in a flurry of activity as we come down to the final stretch. I am so very grateful for all of their work. As the new Chair of the Psychiatry Department at my hospital combined with expansion of my forensic practice and work on another issue of the *Journal*, I have not been as attentive to as many AGLP tasks as I would like. It has been gratifying to know that so many others are pitching in to ensure a successful convention despite my preoccupations elsewhere. We are a small organization, but the willingness of our individual members to choose a task and follow that task through to completion has given us the influence of a much larger organization.

We therefore continue to make progress in our transition from a small convention-based group to a national organization. We are days away from going on-line with a new information web site on the Internet. On Saturday afternoon, May 4th, as part of the Preconvention, I will be meeting with representatives from many of the major gay-affiliated organizations such as GLMA, NGLTF, P-FLAG and Division 44 of the American Psychological Association to receive guidance from them regarding what kind of information would be helpful to include in our brochures and web sites. I will be asking several of you to join me to help rough draft a brochure by the end of Saturday afternoon. If any of you are interested in joining this project, please let me know. You will be gratefully welcomed.

We continue to look for a qualified and enthusiastic editor for the *Journal of Gay and Lesbian Psychotherapy*. If your dues are paid, you should have received Issue 3 of Volume II by now.

We have two programs set up for instructing our members in media and public relations skills to help bring at least four messages from AGLP to the public: 1) Homosexuality is not pathology, 2) Sexual orientation is not chosen, 3) Pedophilia and homosexuality are not synonyms, and, 4) Reparative therapies do not work and are often harmful. One program will be part of the Preconvention on Saturday afternoon open to all interested members led by Richard Wizansky. The other program will be run by the APA for the AGLP leadership on Wednesday afternoon from 2-5 PM.

In the past, all of AGLP's activities and focus has been centered on the Annual Meeting. With so much more to do, the five days of the Annual Meeting are not enough to plan all that needs to be done - and should be done. Even more unsettling, the membership which participates in the Fall and Annual Meetings changes from meeting to meeting. Plans made in the previous meeting sometimes come as a shock to those who are attending the current meeting but did not attend the last one. It is difficult to keep the organization as a whole focused on accomplishing tasks when the consensus about what tasks should be undertaken keeps changing. For this reason, I have asked Dan Hicks, M.D. to chair a Long Range Planning Committee to develop 5- and 10-year plans for AGLP. Dan will be meeting from

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Put the Institute on Psychiatric Services in Your Calendar!

Stephen M. Goldfinger, M.D.

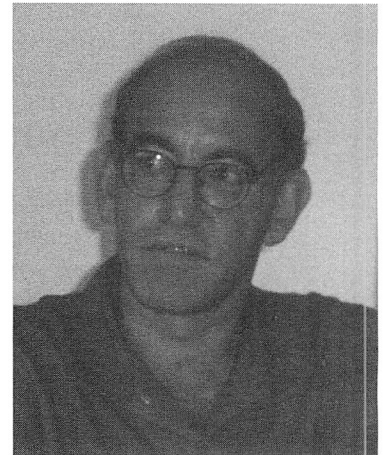
Program Chair, 1996 IPS

The Institute on Psychiatric Services (IPS), the "other" meeting of the American Psychiatric Association, will be held at the Chicago Marriott from October 18-22, 1996. Formerly called the Institute on Hospital and Community Psychiatry, this meeting's altered title reflects its new focus and expanded mission. Being far smaller than the Annual Meeting, with only 1500 to 2000 registrants, the Institute allows attendees a more intimate, interactive and individualized experience. Its clinical focus is reflected in the wide array of discussion groups, and other more "hands-on" sessions, and an orientation to practical, pragmatic information. Increasingly, APA leadership and membership have come to recognize the important contribution this meeting makes to the organization and to members' education.

Last September, the Executive Committee of AGLP decided to hold the Fall Meeting at the Institute rather than following the component meetings in Washington. Also, for the first time in 1996, the Board of Trustees will meet in conjunction with the meeting, and have agreed to participate in an open "Meet the Board" session. In addition, the IPS serves as an important source of multidisciplinary collaboration and encourages the exchange of ideas between the wide array of professionals who work in our field.

AGLP members are sure to find many of the presentations of relevance to our work, and members are widely represented among conference presenters. Lecturers include Terry Tefoya, a Native American gay activist, Marsha Martin (formerly the Executive Director of the White House Interagency Council on the Homeless), and Maxine Harris, the author of *Women of the Shadows*. Negotiations are currently underway to include lectures by Oprah Winfrey and Greg Louganis, and an invitation has been extended to ask Mr. Louganis to make himself available for a special meeting with AGLP members. Other presentations likely to be of particular interest to AGLP members include a full-day session and several symposia on mental health aspects of HIV disease, as well as half-day sessions on "Specialized Mental Health Services for Women" and on "Culture, Ethnicity and Race." In addition, attendees will find sessions on topics as widely varied as "Psychological Sequelae of Rape and Torture in the Balkans" to "Dialectical Behavior Therapy for Borderline Personality Disorders," from "Telepsychiatry" to "The Role of Spirituality in Community-Based Treatment."

A two-day, special pre-Institute conference on "Psychotherapy with Gay Men and Lesbians" is likely to be of particular interest to the membership as well. Marshall Forstein, M.D., a past AGLP president, will serve as the overall Course Director. Formal presentations will alternate with discussion groups, and the faculty include many of the most recognizable and respected names in our community. It has been a longstanding wish of AGLP leadership to provide a mechanism for education and certification in gay- and lesbian-sensitive therapy, and completion of the two-day course will be recognized by a certificate endorsed by AGLP. It is our hope that, in addition to AGLP members, a large number of our heterosexual colleagues interested in this area, will register for this special session on Thursday and Friday, October 18 and 19. Registration information and a final curriculum and faculty list for the course will be published in the next AGLP *Newsletter*, and in the July issue of *Psychiatric Services*.



Stephen Goldfinger, M.D.

Bieber is Alive and Well and Living in Finland!

Olli Stalstrom

Finnish activists demonstrated in front of TV cameras in the streets of Helsinki against the use of Bieber's texts in leading medical handbooks in August 1991... British ALGP activists demonstrated in the streets of London against Socarides when he visited the British Psychoanalytic Society in December 1995...

The Europeans have recently organized to protest against the abuse of psychiatry to discriminate against gays and lesbians. ALGP Europe (Association of Lesbian and Gay Psychologists) was organized in 1993 and held its first meeting in Tampere, Finland. It is a network of lesbians and gay men who work in the fields of psychiatry and psychology.

We feel it would be important to join forces with our American colleagues to exchange information and news. Members of ALGP Europe are doing research and writing articles and book. Our British members are editing a book about "pink psychology" to be published this year. I'm a member of the Finnish branch of ALGP. We are also editing a book in Finnish, intended for psychiatrists, psychologists and other mental health professionals.

I was a co-founder of the Finnish gay liberation front (SETA); now I'm teaching sociology and finishing my Ph.D. in the sociology of medicine on the medicalization of homosexuality and women's sexuality.

I'll briefly describe how psychiatry is still being used as an ideology of oppression in Finland and propose some ways to cooperate between our American and European members.

* * *

For a quarter of a century, organized Finnish lesbians and gay men have been demonstrating in the streets of Helsinki against old American psychoanalytic theories, most notably Irving Bieber's, and have demanded freedom of speech and other civil rights. A curious situation in a country that has recently become a member of the European Union? Finland probably has the only censorship law in the world which is based on psychiatric grounds.

Traditionally, Finnish psychiatry has had close connections with religion and the American adaptational school of psychoanalysis (Rado, Bergler, Bieber). Historically, the most influential person is Dr. Stenbick, a professor of psychiatry and a priest. He has a long record of fighting for what he sees as Christian values. In the 1940's he publicly exhorted his fellow Christians to support Hitler's fight. In the 1950's he publicly called for the castration of homosexuals. In the 1960's, as a professor of psychiatry, he presented the scientific arguments for the censorship law: homosexuality is rapidly spread by seduction and learning unless contained by law. In the 1970's he initiated legal proceedings against people who allegedly violated the censorship law. In the 1980's he was a Member of Parliament of the Christian Party. Now in the 1990's he has introduced Nicolosi-Socarides reparative therapy to cure homosexuality.



Olli Stalstrom (left) and his partner, Teppo Heikkinen

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Cooperation between the church and psychiatry led the Finnish Supreme Court to order the government in 1969 to ensure that homosexuality will be perceived as "deviant and pathological," and to make sure that homosexuals would "seek treatment." The Supreme Court further emphasized that "homosexuality must not be accepted as any kind of minority behavior" but that it must be considered a "pathological disturbance of the total personality." In 1971 this was signed into a law, which criminalizes "public encouragement of homosexuality."

The law was enforced mainly by the same person who created it, Professor Stenbick. He twice initiated legal proceedings against Finnish Television for allegedly violating the law. The first case was a BBC documentary on the gay and lesbian Metropolitan Community Church. The second program was an interview of a lawyer and a psychiatrist, who reported that homosexuality has been declassified in the American DSMIII. This was felt to be against the law, and the psychiatrist was sued for "encouraging homosexuality."

In the 1980's we repeatedly demonstrated against the censorship law in the streets of Helsinki. The police confiscated our placards and interrogated us, but nobody has been jailed yet.

Another psychiatric act that helped create a protest movement was that the Irving Bieber contribution to the 1967 edition of Kaplan and Freedman's *Comprehensive Textbook of Psychiatry* was translated into the Finnish handbook of psychiatry which was published in 1971. Bieber's psychoanalytic study was the norm even in the United States until homosexuality was declassified from DSMIII in 1974. In some countries, like Finland, Bieber has remained the standard on homosexuality until today.

The Bieber sample consisted of 106 New York City gay men in psychoanalytic treatment in the early 1950's. All of them had very serious mental problems: according to Bieber's own statistics, 27% suffered from schizophrenia, 29% from psychoneuroses, 42% from character disorders, and the rest from other mental disorders. The patients suffered because of their homosexuality; 91% wanted to hide it, 60% wanted to be cured.

The Bieber research group never actually saw the patients themselves. The study consisted of a questionnaire sent to several psychoanalysts, in which their opinion was asked about the family backgrounds and psychopathology of the gay patients they were treating. The patients themselves never saw these questionnaires. There was no control group of healthy homosexuals. Bieber's theoretical basis was that "heterosexuality is the biological norm" and that homosexuality is caused by a "hidden but incapacitating fear" of heterosexual copulation. Bieber claimed to speak for all psychoanalysts by writing that "all psychoanalytic theories share the viewpoint that homosexuality is a sickness."

Yet these findings from old patient samples suffering from mental disorders were generalized to explain all homosexuality. Two years ago I organized a public debate with the professor of psychiatry at the University of Kuopio, where I teach sociology. I stated that Bieber and Socarides, whose books are the only ones used to teach about homosexuality, are extremists and publish unfounded generalizations from patient samples. The professor (all professors of psychiatry here are psychoanalysts) replied that studies "correspond with the psychoanalytic theory of homosexuality" and with the "clinical data." He also pointed to the fact that the Kaplan and Sadock *Comprehensive Textbook of Psychiatry* (Gadpaille) defined the Bieber study as the "most reliable." He added that Freud has said that homosexuality is "arrested psychosexual development" and that it is not the medical profession's duty to improve public attitudes. We are used to relying on American handbooks from computer programming to neurosurgery. He challenged my competence to criticize the American Kaplan and Sadock textbook of psychiatry.

We have written several critiques of the Bieber text in the medical press here. In 1991, in order to mark Bieber's death, I reviewed the history of the Bieber text in Finland. It has been reprinted seven times, essentially unchanged, although it has been shortened. The declassification of homosexuality in DSMIII has never been mentioned in Finnish psychiatric textbooks. Neither have the studies been reviewed that led to the declassification. I also studied the contents of high school textbooks. The information on homosexuality is derived from psychiatry texts. School kids today are taught that homosexuality is a "disturbance" caused by "faulty parenting."

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Attitudes have improved in this decade, and even an anti-discrimination law has been passed. There is increasing discussion of legally recognizing gay and lesbian marriages. But this has alerted the religious right and there is right now a strong campaign to remedicalize homosexuals, to label them dangerous to children. There recently was a full-page article denouncing the plan as a "Stalinist" plot and a "homosexual-feminist" campaign to get pity and sympathy for the AIDS-ridden sexually "deviant."

The Nicolosi-Socarides reparative therapy movement was introduced by the man behind the censorship law, Dr. Stenbick. He cites cure rates from Bieber and Socarides: up to one half of homosexuals can be "healed" by psychoanalysis. He proves that homosexuality can be "shaken off" by citing religious conversion therapies. Homosexuality is learned by practicing it. Therefore, it can be unlearned by not practicing it...These theories are not necessarily taken serious by most psychiatrists here, but they have a strong influence among the religious right, who are vocal and politically powerful.

Dr. Paivi Rasanen, a physician and a Christian Member of Parliament, has recently started a campaign against gay and lesbian marriages by claiming that "increasing numbers of homosexuals are turning to reparative therapy to get healed" (Nicolosi). Dr. Rasanen just wrote in the newspapers that homosexuals are dangerous because they recruit and molest children. Being afraid of the religious right and their psychiatric experts, the Minister of Justice refuses to introduce legislation although the majority of government parties support it.

Extremist attitudes cannot be generalized. What is disturbing, however, is that old theories are being carried out by a new generation of psychiatrists. A new edition of the largest medical handbook will be published by Weilin and Goos in the fall of 1996. Their psychiatric expert, a young woman, intends to write that, according to psychoanalytic theory, homosexuality is a "perversion" and an "object disturbance." The cause of homosexuality and other "perversions" is castration anxiety. Perversion is sexual behavior, where "sexuality is an expression of hatred towards the object of sexual desire."

I have protested against labelling homosexuality a "perversion" and "object disturbance" and submitted an alternative text describing Freud's relatively liberal position, the Kinsey studies and new ideas such as Judith Butler's "heterosexual matrix" and Richard Isay's non-pathologizing psychoanalytic observations. The publisher's expert dismissed these as "unscientific." The publisher said they will print the article labelling homosexuality a "disturbance" because that is the "official view." They may also print both articles.

Thus Finnish lesbians and gay men will be labelled "disturbed" well into the next millenium. We may have to take to protesting again when the book is published and then we need your help. It would be important if American psychoanalysts would react to the way psychoanalysis is being used in Finland.

* * *

Finland may be an extreme example, but there is still a lot to be done in other European countries. There, the ALGP Europe can do and is doing a lot. American information would be of great help to all of us. We would very much appreciate receiving news, ideas, articles, and notices of forthcoming publications and books. We would be most interested in, for instance, the following: 1) critique of the psychoanalytic theories that homosexuality is "arrested development," a "fixation" or "contagious;" 2) the position of lesbian sexuality within contemporary psychiatry; 3) studies of the family backgrounds of lesbians and gays; 4) critiques of the abuse of psychiatry to curtail civil rights; 5) news of psychiatric and psychoanalytic journals, conferences and meetings.

Please send articles, letters, ideas, proposals and questions to the ALGP Europe through me by mail or email, and they will be distributed to our European members:

Olli Stalstrom
 Oksasenkatu 6 B 9
 00100 Helsinki Finland
 phone: +358-0-441156
 email: stalstro@seta.fi



ANNOUNCEMENTS . . .

Congratulations to AGLP's representation at the Florida Psychiatric Society, including Dr. Phil Cushman, recently elected President-Elect, Dr. Debra Barnett, Secretary, and Dr. Richard Solomon, Treasurer.

AGLP members who have kept copies of *Newsletters*, Volumes 1-10, should contact Roy Harker at the National Office, (215) 925-5008. The Gay and Lesbian Historical Society of Northern California has approached us about organizing a compilation of our *Newsletter* as part of their archive and efforts to preserve gay and lesbian history.

National Workshop on Lesbians/Gays/Bisexuals in Couple and Family Therapy is announced for San Francisco, June 23, 1996 (weekend before lesbian/gay parade). Focus will be on families of origin, couples and lesbian/gay parents. Presenters will include Monica McGoldrick, Robert Jay-Green, Joan Laird, Eduardo Morales, Valory Mitchell. Conference is being given in cooperation with San Francisco State University, American Family Therapy Academy, California School of Professional Psychology (Alameda), New College, *In the Family Magazine*, and GAYLESTA. Registration is \$85 for professionals and \$45 for trainees. Contact Alternative Family Project, P.O. Box 16631, San Francisco, CA 94116. (415) 566-5683.

Slots are still available for those who may be interested in presenting at the World Psychiatric Association in Madrid, August 23-28. Contact Guy Glass, M.D. at (212) 982-0328.

Rural areas of the country are experiencing a dramatic increase in the number of new HIV infections. Rural areas often face more challenges in reaching those at risk or who are living with HIV/AIDS. Abstracts for workshops are being solicited to be presented at a rural HIV/AIDS prevention and care conference

entitled "Taking Care of Our Own," to be held October 22-24 in Columbia, Missouri. Please contact Jan Taylor at APA for further information at (202) 682-6097.

Dr. Ernest Cohen, a psychiatrist in the Southeast Florida area is looking for a male associate (licensed in Florida) to share in his practice and eventually buy out the practice upon his retirement. Please call (305) 474-1330 for more information.

Psychiatric News reports that they are always interested in "important stories...that could have national importance." If you are aware of stories or issues that could "help advance the quality of patient care and our organizational agenda regarding quality care, quality research and quality training," please contact Herb Gant at APA, (202) 682-6000.

The *Textbook of Homosexuality and Mental Health* will be published in April 1996 by American Psychiatric Press. This new volume was edited by AGLP members and past-presidents Drs. Bob Cabaj and Terry Stein, and contains chapters written by several other AGLP members, as well as by many nationally recognized authorities in the fields of psychology, medicine, anthropology and social work. The volume includes the most comprehensive discussion of the topic of homosexuality and mental health ever compiled and is intended to serve as the standard reference in the field. A Publication Event for the textbook is scheduled at A Different Light Bookstore at 3 PM on Sunday, May 5, 1996, during the APA Annual Meeting. All AGLP members and other interested individuals are invited to this Event. A Different Light Bookstore is located at 151 West 19th Street, New York, phone (212) 989-4840. The editors and several of the contributors will make brief comments about the book and its contents during the Event. Copies of the book will be available for purchase at the bookstore and at the APPI center in the Meeting Exhibit Hall. In addition, a reception for contributors and other invited guests will be held at the home of Charles Silverstein, Ph.D.

APRIL 1995

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Editor's Column
Continued from page 2

money you make in the States; it's not something you talk about."

...In closing, I will make one last plea for you to join us in May, and also point out that, for the first time, AGLP will be holding its Fall Meeting concurrently with the Institute on Psychiatric Services (formerly H&CP) which will be in Chicago in October (see Dr. Steve Goldfinger's article in this issue), rather than with APA in Washington, as in the past. Begin making your plans now! (My friends will know that I have already contacted Chicago Lyric Opera for their fall schedule)...



President's Column
Continued from page 3

9 AM to NOON on Wednesday, May 8 to work on the plans which the Committee will later present to the membership for approval and modification. The goals will then be frequently published so that members will know what is being done, why it is being done and whether it is being done. Dan's Committee is open to any AGLP member who wants to be part of the planning process. This Committee is a critical committee which will have a profound impact on our future.

I look forward to seeing as many of you as possible in New York next month. The Local Arrangements Committee has done a spectacular job. The Awards Banquet, sponsored by Janssen Pharmaceutica, will be a "gayla" affair that we will remember for years. Some of you will neglect to get your reservations in and will be turned down. There are only 200 places available and it will not be expanded. So get your reservations in today!

Questions, comments and problems? Call me: (908) 806-3834; write to me: David Scasta, M.D., 1439 Pineville Road, New Hope, PA 18934; Email me: GTXB42A@prodigy.com; Fax me: (215) 598-7253.



**NATIONAL WORKSHOP ON LESBIANS, GAYS, AND BISEXUALS
IN COUPLES AND FAMILY THERAPY**

◆ Sunday, June 23, 1996 ◆ 9 a.m.-5 p.m. at 50 California St., San Francisco ◆

One week before the Freedom Day parade. Focus on families of origin, couples, and lesbian/gay parents. *Presenters:* Monica McGoldrick, Robert Jay-Green, Patricia Colucci, Suzanne Iasenza, Tom Johnson, Joan Laird, Barbara Rothberg, contributing authors to *Lesbians and Gays in Couples and Families: A Handbook for Therapists*. Proceeds support the Alternative Family Project and its internship training program.

Sponsors include: *In the Family Magazine*, American Family Therapy Academy (AFTA), California School of Professional Psychology, Alameda; Gay, Lesbian, and Bisexual Therapist Association (GAYLES'IA), New College of California's Graduate Psychology Division, Pacific Center for Human Growth, and San Francisco State University's Counseling Department and College of Health and Human Services.

Registration Fee \$85. for licensed professionals, \$45. for pre-licensed interns.
To register, complete the form below and send with a check payable to: Alternative Family Project, PO Box 16631, San Francisco, CA 94116. Telephone: 415-566-5683. A postcard will confirm your registration.

Name _____

Address _____ City _____ Zip _____

Telephone _____

Editor Journal of Gay & Lesbian Psychotherapy

The Executive Board of the Association of Gay and Lesbian Psychiatrists is seeking a candidate to serve as the Senior Editor of its journal, the Journal of Gay & Lesbian Psychotherapy, published by The Haworth Press, Inc. of New York. The position is a volunteer position and reports directly to the Executive Board of the Association of Gay and Lesbian Psychiatrists.

The qualified candidate shall have proven skills in research applications with a knowledge of experimental and statistical design. She or he shall have a fundamental knowledge of the background and research issues affecting gay and lesbian peoples and be committed to furthering this research in a rigorously scientific and professional manner.

The qualified candidate shall have excellent writing skills, a detailed knowledge of grammar and writing style, and the ability to add clarity and lucidity to the professional writing of others.

The qualified candidate shall have superior communication skills and be capable of selecting and managing a large, multidisciplinary Editorial Board to advise and aid the Senior Editor in the process of selecting works for publication.

The qualified candidate shall be well organized and capable of setting and maintaining demanding production schedules for an internationally distributed journal.

The qualified candidate shall be a full member of the Association of Gay & Lesbian Psychiatrists.

The Senior Editor shall be responsible for drafting four journal issues per year containing studies, expertise and observations related to the equitable and affirming treatment of gay, lesbian and bisexual peoples for the psychological and psychiatric issues they face. The Senior Editor shall annually submit for approval to the Executive Board a list of up to 50 Association members, psychologists, social workers and other mental health professionals and scientists who agree to serve on the Editorial Board and review submitted articles as directed by the Senior Editor. Editorial Board members serve at the pleasure of the Senior Editor and may be removed (or replaced with the consent of the Executive Board) at any time by the Senior Editor.

The Senior Editor shall be appointed or reappointed for each new volume (four issues) of the Journal of Gay & Lesbian Psychotherapy by the Executive Board of the Association of Gay and Lesbian Psychiatrists. Removal from the editorship within a volume shall be only for cause.

Interested candidates should send a curriculum vita to:



Association of Gay & Lesbians Psychiatrists
 209 N. 4th St., Suite D-5
 Philadelphia, PA 19106
 (215) 925-5008, fax-(215)925-9309, e-mail: AGLPNAT@aol.com

Institute on Psychiatric Services Continued from page 4

Although much of the IPS program has been finalized, there is still time to submit proposals for multimedial presentations and posters. For further information, please contact Jill Gruber, Institute Coordinator at the Office to Coordinate the Annual Meetings, American Psychiatric Association, 1400 K Street, NW, Washington, D.C. 20005, (202) 682-6314, or you can reach me at (617) 727-5500, extn.425, or email BosGuy007@aol.com.

I look forward to seeing you in New York this May and in Chicago in October!

• • •

Membership Committee Report

Laura Bernay, M.D.

AGLP membership has been holding more or less steady since January 1994. Although we would love to attract new members and grow, maintaining the steady state is not at all disappointing considering that the APA and other medical organizations have been losing membership in recent years. As of March 1996, we have 500 members (of whom 91 are female). 343 are full members, and the balance are medical students, residents, associate members and organizations. The goals of the Membership Committee have been to increase membership by attracting new members, tracking lapsed members and maintaining current membership. We'll provide an update and full report at the AGLP Business Meeting in May.

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**NY
96** Convention
Highlights

Women's Committee Report

Laura Bernay, M.D.

The Women's Committee (Drs. Chris Sekaer, Dixie Beckham and myself) have been working with the New York Local Arrangements Committee on lesbian activities during the APA/AGLP meetings in May. We're looking forward to getting together with old friends and new. In my dual role as Chair of the Women's Committee and member of the Membership Committee, I feel a strong commitment to letting lesbian psychiatrists, residents and medical students know that AGLP is a woman-friendly organization. A significant number of women avoid our major events because they tend to be predominantly male. This can have a negative impact on membership, and my goal for 1996-7 is to bring more lesbian psychiatrists into the AGLP family. Let your friends and colleagues know about our activities; invite them to join us in whatever setting is most comfortable for them.

Here's the run-down on lesbian activities for the week:

Saturday, May 4, 8-11 PM:

Lesbian Psychiatrists' Dinner at Cabana Carioca, 123 West 45th Street, 3rd floor

We will have a buffet dinner (including wine and beer) in a private room in this lively, funky Brazilian restaurant in the theater district, walking distance from the Warwick and other convention hotels. The cost is \$35 per person for attendings and residents, and \$25 for medical students, payable in cash on the day of the party. I need to give the restaurant a head count one week in advance, so please RSVP to me at (212) 447-6079 by April 25.

Sunday, May 5, 6:30-7:30 PM:

Opening Reception Pre-Reception for Women at the AGLP Hospitality Suite (a.k.a. the Cary Grant Suite), Warwick Hotel, 65 West 54th Street

There will be a pre-reception get-together for women only one hour before the opening party so we can meet and talk in a quieter setting.

Monday, May 6, 8 PM

Lesbian Psychiatrists' Party at Dr. Ann Campbell's home, 74 Fifth Avenue (between 13th and 14th Streets), Apt. 5D, ring buzzer #92, phone (212) 741-5176

Please join us for a party at Ann's Greenwich Village apartment. We'll be serving light snacks, dessert and drinks.


**NY
96**

Convention Highlights

Exciting Saturday Program Planned

On Saturday, May 4, AGLP will hold its traditional Preconvention at the Meeting Room in the Warwick Hotel, 65 West 54th Street, from 10 AM to 5 PM. This event is open and free to all AGLP members. This year's event was organized by Vice-President Shelly Klinger, M.D. The day will start with a symposium entitled "Looking at Biology Look at Sex, Gender, Race and Sexual Orientation," from 10 AM to 1 PM, which was put together by Diana Miller, M.D. (see following article). From 1-2:30 we will take a lunch break, then reconvene from 2:30 to 5 for three afternoon workshops: "Body and Soul: Exploring Sex and Intimacy for Gay Men in the Age of AIDS" (Discussants: Drs. Dan Hicks, Marshall Forstein, Bob Kertzner and Terry Stein), "Presenting Your Organization in a Good Light—Schmoozing for Success" (Richard Wizansky, Ph.D., aka Dr. Todd Mandell's partner), and "Meeting with Representatives of National Gay and Lesbian Organizations" (David Scasta, M.D.)

The Hicks-Forstein-Kertzner-Stein workshop is described as follows: "An open forum to explore how gay men are being sexual with one another in the AIDS epidemic, and how sex and intimacy can be integrated. The purpose is to provide a safe space for each of us to talk about what we have learned from our own personal experiences as well from working with our patients: our sexual behavior, defining intimacy and how to achieve it, and forming and maintaining relationships. It is hoped that we can define some new and healthier models for ourselves, and for use in working with our patients and communities. AIDS has changed our lives forever; as leaders of the mental health of our community, let us be leaders in reclaiming our intimacy and sexuality."

Announcing Saturday Preconvention Morning Program

Diana C. Miller, M.D.

The AGLP Saturday morning program to be held at the Warwick Hotel, New York, on May 4, will feature a multi-disciplined symposium, "Looking at Biology Look at Sex, Gender, Race, and Sexual Orientation." Panelists include biologist Ruth Hubbard, anthropologist George Armelagos, sociologist Gilbert Zicklin, and psychoanalyst David Schwartz. Ruth Hubbard, author of *Exploding the Gene Myth* and *of Women Look at Biology* Looking at Women will present "Gender and Genitals." She challenges binary models of sex and gender which minimize or ignore gender overlaps and ambiguity. Dr. Hubbard notes "I want us to look critically at the extent to which notions of binary sex and binary gender are grounded in cultural beliefs rather than 'scientific fact' and to explore the implications of emerging paradigms of a continuum or rainbow for theoretical and practical work."

George Armelagos, anthropologist from Emory University, will present "The Case Against Race." Dr. Armelagos will discuss how "with the rise of biology, there were attempts to eliminate the social and psychological descriptors, in order to make the concept a more valid scientific concept. However, this transformation had little impact on how racial groups were viewed...The sociopolitical use of race and racism continues and its use has dramatic biological consequences. The study of race and racism from a political economic perspective remains a necessity."

Sociologist Gilbert Zicklin and psychoanalyst David Schwartz will present "Sexual Orientations:
Continued on following page

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Convention Highlights

Procrustean Beds." Their paper will discuss recent biological research and psychoanalytic writing on sexuality, including the work of LeVay, Hamer, Friedman and Isay. Zicklin and Schwartz believe that "the concept sexual orientation is invalid from both clinical psychoanalytic and scientific perspectives. We will argue that the reification of this concept tends to distort research, clinical practice, and social policy, while it fails to accurately represent the nature of human sexuality. We offer an alternative model of sexuality which limits itself to the two categories of desire and representation."

There will be ample time for group discussion following these stimulating presentations. Participation is encouraged! If you would like to submit specific questions for the panel members to consider, do not hesitate to email Diana Miller at dcmmm@ucla.edu (or fax (310) 440-9298).

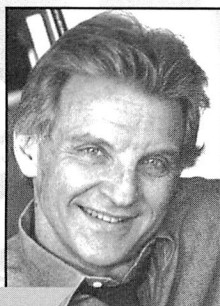
Announcing Annual Award Recipients

Margery Sved, M.D.

I am honored to announce the recipients of two awards that AGLP will be giving at the Awards Banquet in New York on May 8, 1996. Historically, award recipients have been chosen by the most recent past-president. In anticipation of changes in the AGLP Bylaws, which will formalize the process, I have involved all the past-presidents of AGLP, as well as input from the Executive Committee. The AGLP past-presidents are Drs. Frank Rundle, Stuart Nichols, Jim Krajewski, David Kessler, Terry Stein, Bob Cabaj, Norm Hartstein, Peggy Hanley-Hackenbruck, Marshall Forstein and myself.

The Distinguished Service Award is often given to a person in the city where the APA is meeting, and informal nominations are sometimes submitted by the Local Arrangements Committee. This award is given to someone who has contributed to the mental health of gay men and lesbians, and has been given to AGLP members, APA members and non-psychiatrists. This year, the recipient is Martin Duberman, who will attend the Awards Banquet to receive it.

A new, second award has been initiated and sponsored by Janssen Pharmaceutica. After much discussion, this will be called the "James Paulsen Award Sponsored by Janssen Pharmaceutica." The first awardee, posthumously, is Jim Paulsen, M.D. In future years, this award will continue to honor a deserving AGLP member. The award could be granted for work within APA or AGLP, to preserve our history, or for other special circumstances.



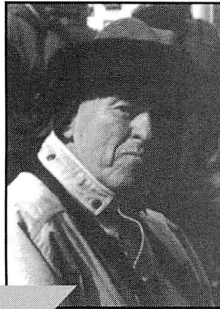
Martin Duberman

Martin Duberman

Martin Duberman, historian and playwright, is the author of fifteen books, including his highly acclaimed biography *Paul Robeson*; *Cures: A Gay Man's Odyssey*; and (as co-editor) the Lambda Award-winning *Hidden from History*. He is currently Distinguished Professor of History at Lehman College and the CUNY Graduate Center, and founder and director of the Center for Lesbian and Gay Studies (CLAGS) at CUNY. His latest book (May 1996) is *Midlife Queer*.



Convention Highlights



James Paulsen

James A. Paulsen, M.D.

Frank Rundle, M.D.

Jim Paulsen, who twenty years ago was co-Chairperson of the fledgling Gay, Lesbian and Bisexual Caucus of the American Psychiatric Association, which evolved into our present AGLP, died at home in San Francisco on September 17, 1995 of congestive heart failure, a complication of chronic viral myocarditis.

In 1974, after the death of his wife of 22 years, Jim began his personal coming out process with a visit to Dr. Howard Brown, then the Commissioner of Health for New York City, who had announced publicly that he was gay. Encouraged by Dr. Brown, Jim soon became professionally and publically identified as gay, and as an advocate for public recognition of the worth and humanity of gay people.

He first made contact with the loosely organized Gay, Lesbian and Bisexual Caucus of the APA at the Annual Meeting in Miami in 1976, and at the next Meeting in Toronto in 1977 he and I hastily organized a meeting in the name of the Caucus and volunteered to serve as co-Chairpersons. At that time, we met with Dr. Harold Visotsky, then Chairperson of the Council on National Affairs, and were challenged to document that there existed within the APA a significant number of psychiatrists who could be identified as members of such a defined minority group. We set about to do so, and in 1978 at the APA Annual Meeting in Atlanta, a total of about 125 psychiatrists attended a series of meetings of the Caucus. Upon the advice of Dr. John Spiegel, a proposal was presented to the Council on National Affairs for the establishment of a task force on gay, lesbian and bisexual issues. The proposal was accepted and Jim was named Chairperson of the APA Task Force on Gay, Lesbian and Bisexual Issues.

In 1980 the recommendation of the Task Force that a permanent committee be created was accepted and Jim was appointed Chairperson, a position he held for five years. His courage, political astuteness, honesty, and, at times, just plain doggedness, were important ingredients in the formation and early development of our organization.

Jim was born and reared in northwest Chicago, where his father was a general practitioner. He attended Southern Illinois Normal College, then taught high school chemistry for a short time before he was inducted into the U.S. Army in 1943. He served two years at Fort Ord, Monterey, CA, primarily as a supply clerk. He returned to Chicago to attend the University of Illinois Medical School from which he graduated in 1950. He interned at UCSF where he met Margot Lee, also a physician, and they married in 1951. Reinducted in the army as a commissioned medical officer, he was assigned to an army hospital in Germany. After discharge he returned to California, completed his residency in psychiatry, worked two years at the U.S. Army Hospital at American Lake, then returned to the San Francisco bay area. He became affiliated with the Palo Alto Clinic's Stanford University Student Health Service, and was on Stanford's faculty, continuing in these settings until his retirement in 1984.

Jim is survived by daughters Barbara and Sally, ages 39 and 34, son Jeff, 41, and six grandchildren.



Convention Highlights

Awards Dinner

Phil Bialer, M.D.

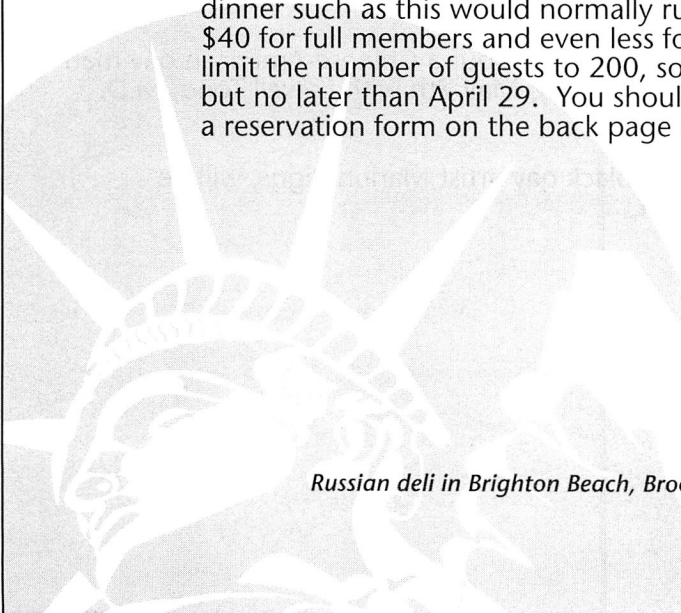
Last year, in Miami, the annual AGLP awards luncheon and the closing party were combined into one, very successful dinner event. This year, in New York, the Awards Dinner is scheduled for Wednesday, May 8 from 7-1130 PM and promises to be an elegant, stimulating, and fun evening.

The dinner will take place in the ballroom of the 200 Fifth Club which is located in the International Toy Center on Fifth Avenue at 23rd Street. This location is a very short subway or cab ride from the midtown hotels and is within walking distance of the Flatiron and (oh-so-gay) Chelsea areas of NYC for those of you who want to continue partying after dinner.

We'll begin the evening with a cocktail hour in the oak-panelled bar just off the ballroom. In addition to the hot hors d'oeuvres and cheese table, there will be a full open bar so you won't have to stand in line for those bothersome little drink tickets and will have more time to talk to your friends. A four course sit-down dinner will be served in the ballroom, which just happens to have a lovely dance floor. Of course, we'll also have music, so we expect that dance floor to be put to good use.

This year, awards will be presented to Martin Duberman, Ph.D., and, posthumously, to James Paulsen, M.D. Martin Duberman is a noted historian, author and playwright who is currently the director of the Center for Lesbian and Gay Studies at the City University of New York. His 1991 book *Cures* was a touching, and sometimes bitter, account of his experiences with various forms of psychotherapy as he struggled to come to terms with his sexuality. Dr. James Paulsen was one of the founders of AGLP, and in 1978 was appointed by the APA as the first chairperson of the Task Force on Gay, Lesbian and Bisexual Issues. Further information about these worthy awardees can be found elsewhere in this Newsletter.

Thanks to a very generous grant that AGLP President, Dr. David Scasta obtained from Janssen Pharmaceutica, we have been able to subsidize the cost of this fabulous evening. Although a dinner such as this would normally run upwards of \$100 per person, we will be charging only \$40 for full members and even less for residents and medical students. However, we must limit the number of guests to 200, so be sure to send in your reservations as soon as possible, but no later than April 29. You should already have received a separate invitation, and there is a reservation form on the back page of this *Newsletter*...See you there!



Russian deli in Brighton Beach, Brooklyn



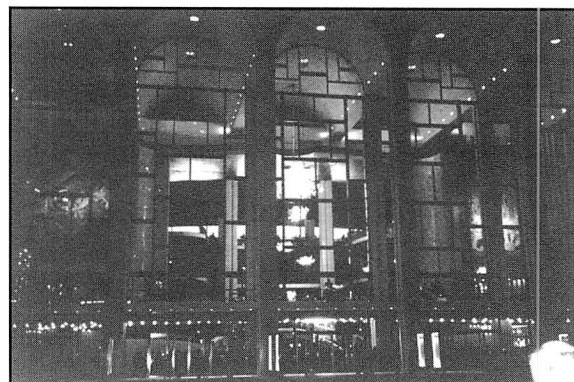
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Convention Highlights

*Metropolitan Opera House
at night*



Guide to Film Presentations at the APA

Three films, *Gospel of AIDS*, *(In)Visible Women*, and *Learning to Care*, will be shown from 2 to 5 on Monday, May 6:

Gospel of AIDS examines the rapid spread of the AIDS epidemic in Africa, focusing on the small nation of Rwanda. Six years ago, AIDS did not exist there, but today, in the capital of Kigali, one adult in three, including 40% of pregnant women, are HIV-positive. In addition to looking at the causes of the AIDS epidemic, this documentary interviews the country's overwhelmed medical practitioners as well as the many priests and nuns who provide health care and find themselves providing education about safer sex practices.

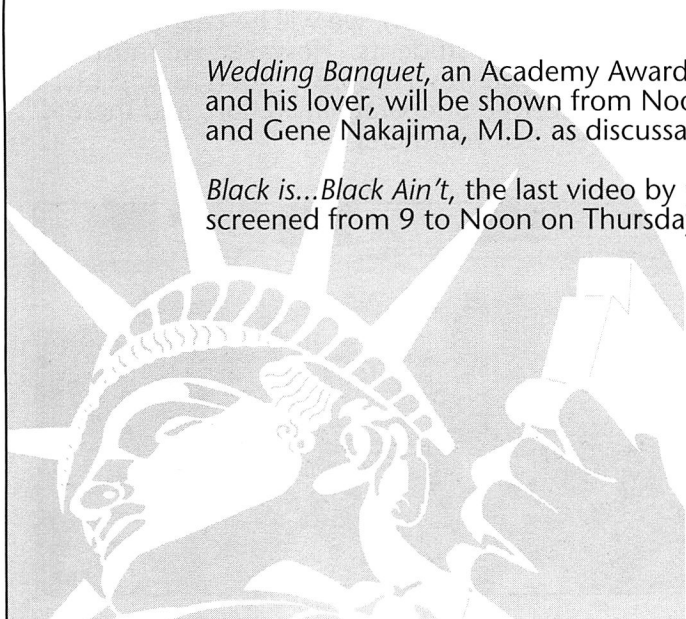
(In)Visible Women is a moving documentary which focuses on the heroic and empowered responses of three strong Latina women living with AIDS. Through poetry, art, activism and dance, these strong and articulate women explode notions of female invisibility and complacency in the face of AIDS. Marina Alvarez is a dynamic HIV-positive AIDS educator and activist. Ellen Spiro is a video artist who also made *DiAna's Hair Ego*. Produced as part of the "Fear of Disclosure Project," *(In)Visible Women* is one of the few videos available by and about the Latina experience of AIDS.

Learning to Care, a collaborative effort between the Canadian Psychiatric Association and Health Canada, is geared towards psychiatrists and other mental health professionals working with or wishing to start seeing persons with HIV and their families.



Wedding Banquet, an Academy Award-nominated movie about a Chinese-American gay man and his lover, will be shown from Noon to 2 on Tuesday, May 7th with Lowell Tong, M.D. and Gene Nakajima, M.D. as discussants.

Black is...Black Ain't, the last video by prominent black gay artist Marlon Riggs, will be screened from 9 to Noon on Thursday, May 9th.





NY 96 Convention Highlights

Same-Sex Marriage Workshop to be given at APA

Lowell Tong, M.D.

The APA Committee on Gay, Lesbian and Bisexual Issues will present a workshop entitled "Same-Sex Marriage: Psychiatric and Legal Issues" on Thursday, May 9, 1996 from 9-10:30 AM at the APA Annual Meeting in New York. Since one of the Committee's charges is to educate APA members about important GLB issues, we decided at the Fall 1995 Meeting to raise APA members' consciousness about same-sex marriage, an important current social topic with mental health implications.

Speakers will include Committee members Drs. Bob Cabaj, Leslie Gorenson and Mark Townsend. There will also be one guest speaker (courtesy of Dr. Diana Miller), Gilbert Zicklin, PhD., who has written an excellent article in *Marriage and Family Review* (Vol. 21, p.55-76, 1995) entitled "Deconstructing Legal Rationality: The Case of Lesbian and Gay Family Relationships."

The speakers will address the following topics: the historical background of sanctioned same-sex unions throughout the ages, current debate of same-sex marriages in U.S. courts, including Hawaii's Baehr v. Levin, emotional impact of marriage, as well as its legal denial, on family systems and family members, and, comparing the U.S. debate on same-sex marriages with that in other countries.

The Committee hopes to see you at the Thursday workshop!

Dating 101...For Men

David Scasta, M.D.

An experiential group targeted for men who are looking for long-term relationships will be led by Dr. David Scasta on Sunday afternoon, May 5th, from 12:30 to 4 PM in the Presidential Suite. The course is targeted towards the professional psychiatrist who is finding himself shoved into the dating scene either because he is just coming out, has been in a previous long-term relationship that has ended, or, who, because of shyness or other ineffective styles, finds his dating techniques ineffective. The group will utilize Myers-Briggs typing as a back drop to guide the search for "Mr. Right" and will confront dating myths and dysfunctional styles, provide exercises and guidance in flirting and cruising and end with the development of a personalized strategic plan to guide future dating efforts. Managing the risks of AIDS and other sexually transmitted diseases will be an integral part of the course. The course is limited to twelve men (minimum six) who agree to strict group confidentiality. Advanced registration is a must. The course is free to AGLP members. To register, call the National Office ((215) 925-5008) immediately.





Convention Highlights

AGLP Events

(All events are at the Warwick Hotel, 65 West 54th Street, unless otherwise noted. The AGLP Hospitality Suite is in the Warwick's Cary Grant Suite.)

Friday, May 3rd

8:30 PM Gay and Lesbian Psychiatrists of New York Party
Home of Susan Vaughn, M.D., 344 West 49th St., PH-A, 6th floor (For more information, call Kenn Ashley, M.D. at (212) 982-7640).

Saturday, May 4th

10 AM-5 PM Pre-convention
Meeting Room

6-7 PM AIDS Memorial Service
Hospitality Suite

8 PM Hospitality Suite Opens

8-11 PM Lesbian Psychiatrists' Dinner
Cabana Carioca, 123 West 45th Street, 3rd floor (RSVP Laura Bernay, M.D. at (212)447-6079, for details see Women's Committee Report in Newsletter)

Sunday, May 5th

9-11 AM Discussion Group on Analytic Issues
(PAUL LYNCH, M.D. AND CARY FRIEDMAN, M.D.)
Hospitality Suite

11 AM-2 PM Early Career Psychiatrists' Brunch (<40 years old or <5 years post residency)
Home of Guy Glass, M.D., 67 East 11th Street, (corner of Broadway), Apt. 719 (RSVP to (212)982-0328 by May 4)

11 AM-Noon Significant Others Planning Meeting
(DOUG DUCKETT AND JINI VOCKEL)
Hospitality Suite

12:30-4 PM Dating 101
(DAVID SCASTA, M.D.)
(limit 15 participants, separate registration required, see page 17 of Newsletter)
Presidential Suite

1:30-3 PM Task Force on Gay and Lesbian Analysts
(PAUL LYNCH, M.D. AND JOHN GOSLING, M.D.)
Hospitality Suite

3-5 PM Video Presentation and Discussion
Hospitality Suite

5:30-7 PM Meeting for Those Affected by HIV
(JOHN O'DONNELL-TIMMERS, M.D.)
Hospitality Suite

6:30-7:30 PM Pre-Opening Reception for Women
Hospitality Suite

7:30-9:30 PM AGLP Opening Reception
Warwick, 2nd floor

Monday, May 6

10 AM-Noon Significant Others Discussion
(DOUG DUCKETT AND JINI VOCKEL)
Hospitality Suite

Noon Significant Others Lunch Out

Noon-2 PM Lesbian and Gay Medical Students and Residents Brown Bag Lunch and Discussion
Hospitality Suite

2-3 PM Addictions Treatment for Gays and Lesbians: A Balanced Model
(TODD MANDELL, M.D.)
Hospitality Suite

3-4 PM Transgendered Psychiatrists Meeting
WYNELLE SNOW, M.D. AND DAVID SEIL, M.D.
Hospitality Suite

4-5 PM Psychiatrists, Residents, Students and SO's of Color
Hospitality Suite

5-7:30 PM CLGBP and AGLP Business Meeting
New York Hilton Hotel and Towers, 1335 6th Avenue (at 53rd st.), Room 520

7-8 PM 12-Step Meeting
Hospitality Suite

8 PM Lesbian Psychiatrists' Party
Home of Ann Campbell, M.D., 74 Fifth Avenue (between 13th and 14th Streets), Apt. 5D, Buzzer #92, phone (212) 741-5176.

Tuesday, May 7

9-10:30 AM Discussion with International Visiting Psychiatrists (AGLP members and lesbian and gay psychiatrists visiting from other countries invited)
(GENE NAKAJIMA, M.D.)
Hospitality Suite

10:30 AM-Noon Couples Group
(DOUG DUCKETT AND JINI VOCKEL)
Hospitality Suite



Convention Highlights

10:30 AM-Noon Being an Openly Gay Psychiatrist
(BOB CABAI, M.D.)
Hospitality Suite

Noon-2 PM Brown Bag Lunch and Case Discussion
(DIANA MILLER, M.D.)
Hospitality Suite

Noon-4 PM Outing for Significant Others (partners welcome)

3-4 PM Residents and Early Career Psychiatrists Discussion
Hospitality Suite

4-5 PM Early Career Psychiatrists
Hospitality Suite

6-8:30 PM CLGBP and AGLP Meeting
New York Hilton Hotel and Towers, 1335 6th Avenue (at 53rd st.), Room 520

7:30-9:30 PM Lesbian and Gay Child and Adolescent Psychiatrists Reception
Hospitality Suite

8 PM People of Color Reception for psychiatrists, residents, students and significant others
Home of Drs. Bill Apfeldorf and Lloyd Bailey, 120 W. 23rd Street, #12A. (For more information call Kenn Ashley, M.D. at (212) 982-7640)

Wednesday, May 8

9 AM-Noon Long Range Planning for AGLP
(DAN HICKS, M.D.)
Hospitality Suite

Noon-2 PM Brown Bag Lunch for Socialization and Open Discussion
Hospitality Suite

2-3:30 PM Gay Men and Lesbians and Managed Care
(HOWARD RUBIN, M.D.)
Hospitality Suite

7- 11:30 PM Awards Banquet/Closing Party
200 Fifth Club, International Toy Center, Fifth Avenue at 23rd Street (for details see Awards Dinner article in Newsletter)

APA Events

- CW Component Workshop
- CS Consultation Session
- CC Clinical Case Conference
- PS Paper Session
- S Symposium
- M Media Program
- W Workshop
- DG Discussion Group
- F Forum

Monday, May 6

9-10:30 AM DG 2 (for residents only) Substance Abuse, HIV and Public Mental Health in the 1990's
(BILLY E. JONES, M.D.)
Marriott, Edison Room, 5th floor

9-10:30 AM CW 6 Neuropsychiatry of AIDS
(CH. MARSHALL FORSTEIN, M.D.)
Marriott, Kern/Sullivan Rooms, 4th floor

9-10:30 AM W 19 Psychiatrists' Role in Reducing the Risk of New HIV Infections Among Gay Men
(CH. MARK H. HALMAN, M.D.)
Marriott, Shubert/Uriis Rooms, 6th floor

11 AM-12:30 DG 5 The Practice of Psychiatry in the Age of AIDS
(MARSHALL FORSTEIN, M.D.)
Marriott, Edison Room, 5th floor

11 AM-12:30 CW 17 To Touch or Not to Touch? Boundaries, Psychiatry and AIDS
(CHS. ELIZABETH V. GETTER, M.D. AND JOHN A. SAHS, M.D. SPONSORED BY APA NEW YORK COUNTY DISTRICT BRANCH COMMITTEE ON AIDS)
Marriott, Odets/Wilder Rooms, 4th floor

11 AM-12:30 CW 21 The Impact of Homophobia in Psychiatry
(CH. ELLEN HALLER, M.D. SPONSORED BY APA NORTHERN CALIFORNIA PSYCHIATRIC SOCIETY'S COMMITTEE ON GAY, LESBIAN AND BISEXUAL ISSUES)
Marriott, Plymouth/Royale Rooms, 6th floor

2-5 PM M 8 Gospel of AIDS (In) Visible Women Learning to Care
Marriott, Columbia/Daffy Rooms, 7th floor



NY 96 Convention Highlights

Tuesday, May 7

9-10:30 AM CW 26
The "Don't Ask, Don't Tell" Policy: Implications for Psychiatry
 (CH. DANIEL W. HICKS, M.D. SPONSORED BY APA COMMITTEE ON PSYCHIATRIC SERVICES IN THE MILITARY AND APA COMMITTEE ON GAY, LESBIAN AND BISEXUAL ISSUES)
Javits Center, Room E14, level 1

9-10:30 AM W 39
HIV Among Hispanics: Sexual and Clinical Issues
 (CH. PEDRO RUIZ, M.D.)
Javits Center, Room E11, level 1

9 AM-Noon AIDS Program: Psychiatric Dimensions of HIV Disease (Part I)
 (SPONSORED BY APA COMMISSION ON AIDS) INCLUDES: A CLINICAL UPDATE ON HIV/AIDS (GABRIEL TORRES, M.D.) AND NEUROPSYCHIATRIC ASPECTS OF HIV SPECTRUM DISEASE (MARSHALL FORSTEIN, M.D.)
Javits Center, Room A21, level 1

11 AM-12:30 PS 15
AIDS Care and Assisted Suicide
 (MARY ANN ADLER COHEN, M.D., ZHILA HAGHBIN, M.D., STEVEN D. ROTH, M.D., J.D.)
Javits Center, Room E14, level 1

Noon-1:30 PM F 4
Dual Career Relationships
 (CH. LEAH DICKSTEIN, M.D., PARTICIPANTS INCLUDE TERRY STEIN, M.D. AND HIS PARTNER CHRIS CARMICHAEL, PH.D.)
Javits Center, Room E15, level 1

Noon-2 PM M 12
Wedding Banquet
 (DISCUSSANTS LOWELL TONG, M.D. AND GENE NAKAJIMA, M.D.)
Marriott, Astor Ballroom, 7th floor

2-5 PM S 62
Home HIV Testing: Blessing or Curse?
 (KARL GOODKIN, M.D., PETER HAWLEY, M.D., CHRISTOPHER J. PORTELLI, J.D., SARA L. STEIN, M.D.)
Marriott, Herald/Soho Rooms, 7th floor

Wednesday, May 8

9-10:30 AM W 58
Ethical Dilemmas in AIDS Nursing Home Care
 (CH. MARY ANN ADLER COHEN, M.D.)
Javits Center, Room A17, level 1

9 AM-Noon AIDS Program: Psychiatric Dimensions of HIV Disease (Part II)
 (SPONSORED BY APA COMMISSION ON AIDS) INCLUDES: HIV-RELATED MOOD DISORDERS (ALEXANDRA BECKETT, M.D.) AND PAIN IN HIV DISEASE (WILLIAM BREITBART, M.D.)
Javits Center, Room A21, level 1

11 AM-12:30 CW 52
Examining Homosexuality in Psychiatric Textbooks
 (CH. HOWARD C. RUBIN, M.D. SPONSORED BY APA SOUTHERN CALIFORNIA PSYCHIATRIC SOCIETY'S COMMITTEE ON GAY, LESBIAN AND BISEXUAL ISSUES)
Javits Center, Room E17, level 1

Thursday, May 9

9 AM-Noon M 33
Black is...Black Ain't
Marriott, Columbia/Duffy Rooms, 7th floor

9-10:30 AM CC 4 (for APA members only)
Beyond the Stereotypes: Women at Risk
 (ALEXANDRA BECKETT, M.D. SPONSORED BY THE APA COMMISSION ON AIDS)
Javits Center, Room E15, level 1

9-10:30 AM CW 61
The Physician Impaired with HIV/AIDS
 (CH. JOHN FRYER, M.D. SPONSORED BY APA PENNSYLVANIA PSYCHIATRIC SOCIETY'S TASK FORCE ON HIV/AIDS)
Marriott, Palace/Winter Garder Rooms, 6th floor

9-10:30 AM CW 63
Same-Sex Marriage: Psychiatric and Legal Issues
 (CH. LOWELL D. TONG, M.D. SPONSORED BY APA COMMITTEE ON GAY, LESBIAN AND BISEXUAL ISSUES)
Marriott, Shubert/Uri Rooms, 6th floor

9-10:30 AM W 99
Understanding Gay Teen Suicide
 (CHS. JUSTIN RICHARDSON, M.D. AND STEWART L.ADELSON, M.D.)
Javits Center, Room E13, level 1

11 AM-12:30 W 106
A Gay/Lesbian Focus Inpatient Unit: Getting Started
 (ORREN Z.PERLMAN, M.D.)
Javits Center, Room A2, level 1

11 AM-12:30 CW 66
Gay-Affirmative Psychotherapy
 (CHS. LAURA J. BERNAY, M.D. AND KENNETH B. ASHLEY, M.D. SPONSORED BY APA NEW YORK COUNTY DISTRICT BRANCH'S COMMITTEE ON GAY AND LESBIAN ISSUES)
Javits Center, Room E20, level 1

2-5 PM S 114
Identity Development: Black Lesbians and Black Gay Men
 (DONALD E. TARVER, M.D., DEBBIE R. CARTER, M.D., DEBORAH V. BROME, M.D., PHILLIP B. SPIVEY, M.D., KENNETH B. ASHLEY, M.D.)
Javits Center, Room E12, level 1



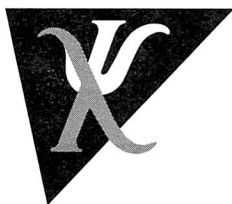
Convention Highlights

Memorial & Healing Service

Association of Gay and Lesbian Psychiatrists
Saturday, May 4, 1996 from 6-7 PM
Warwick Hotel, Hospitality Suite

A remembrance booklet is being prepared for our 1996 Memorial & Healing Service. To place the name of someone you would like to list in this booklet, please send their name as well as your name, to:

Joseph P. Merlino, M.D.
Associate Director, Department of Psychiatry
Lenox Hill Hospital
130 East 77th Street
New York, NY 10021
For Further Information: (212) 434-2553



Association of Gay and Lesbian Psychiatrists

cordially invites you to join us in honoring

Martin Duberman and James Paulsen

at our

10th Annual AGLP Awards Dinner
sponsored by Janssen Pharmaceutica

Wednesday, May 8, 1996
200 Fifth Club (in the Toy Building)
200 Fifth Avenue at 23rd Street • New York, New York

Cocktails at 7:00 pm • Sit-down Dinner at 8:00 pm • Dancing until 11:30 pm
(215)925-5008

Please respond before April 29, 1996 • Reservations are limited to 200

_____ Yes, I will attend.	\$40 - Full Member/S.O. Full Member
_____ guest(s)	\$25 - Resident
_____ Total enclosed	\$15 - Medical Student
	\$60 - Non-Member

Make your check payable to AGLP, and mail, along with this response card, to the National Office

AGLP National Office
209 North 4th Street, Suite D-5
Philadelphia, PA 19106

APRIL 1996

VOLUME XXI(2)

AGLP Membership Application Form

Name: _____

Degree: _____

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Membership Status: _____

(Full Member - \$100.00, Associate Member - \$100.00, Resident - \$25.00, Medical Student - \$5.00, Newsletter only - \$20.00)

Date membership status changes: _____

Are you a member of the American Psychiatric Association?
 Yes No

Special Instructions: _____
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Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?
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If yes, fill in office address and phone number and list specialty information below.

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Home Phone: _____ Office Phone: _____

fax: _____ e-mail address: _____

Home Address: _____

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State: _____ Zip: _____

Office Address: _____

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Make check out to "AGLP" and mail to:
 Roy Harker, 209 N. 4th St., D-5, Philadelphia, PA 19106

Speciality: _____

APPLICATION FORM

Caucus of Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

(CLGBP is the official APA minority caucus for lesbian, gay and bisexual psychiatrists. Membership lists are maintained by the APA; confidentiality is not assured. Membership is free.)

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

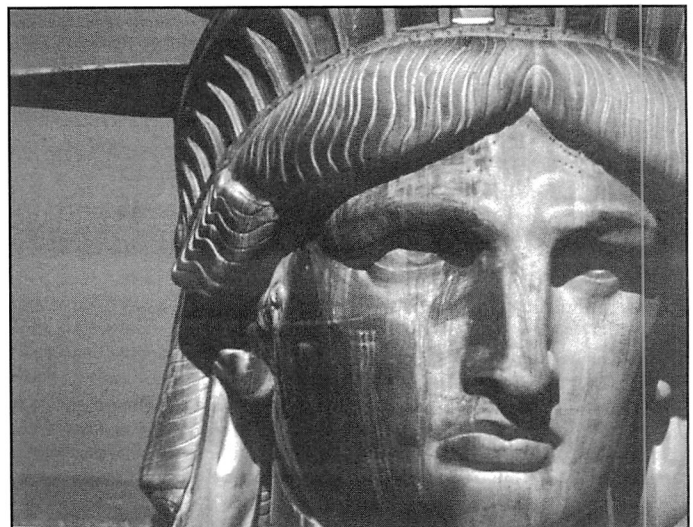
* APA Membership Status: _____

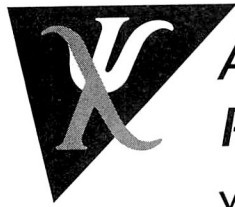
Please enroll me in the Caucus of Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ Date: _____

Send this form to: Office of Membership
 American Psychiatric Association
 1400 K Street, NW
 Washington, DC 20005

* Member-In-Training, General Member, Fellow, Life Member, Life Fellow





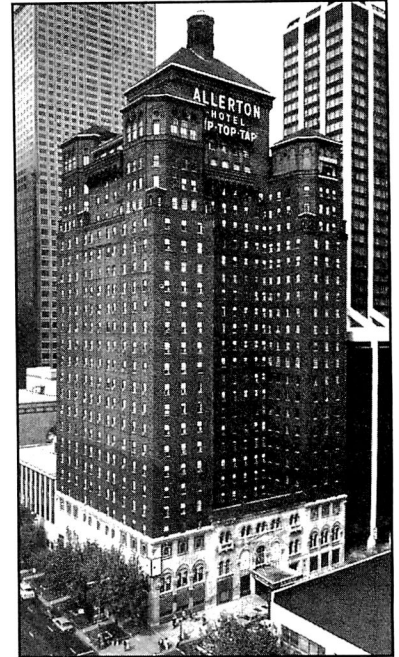
Association of Gay and Lesbian Psychiatrists

VOLUME XXII(3): AUGUST 1996

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*The Hotel
Allerton on
Chicago's
"Magnificent
Mile"*



Make Your Reservations for Chicago Now!

Roy Harker

AGLP has a reserved block of rooms for the duration of the Institute on Psychiatric Services in Chicago. The 35 rooms, priced lower than those available through the APA at the Marriott, are available on a first-come basis. Chicago's Hotel Allerton, an Art Deco gem on the "Magnificent Mile," offers welcome contrast to the towering glass-and-steel newcomers which surround it while providing all of the necessary modern conveniences required by the business traveler.

To make your reservations, call Sara Feldman at (800) 621-8311, and ask for the AGLP block of rooms. Rates are \$95 for Single and \$105 for Twin or Double (plus 14.9% tax). The rate extends from October 16-20. The cut-off date for reservations is September 25.

The semi-annual Business Meeting of AGLP will also be taking place at the Allerton on Saturday, October 19 from 9 AM to 5 PM in the Governor's Room. While coffee and soda service will be provided for the duration of the meeting, lunch is out-on-the-town. The Hotel Allerton is located at 701 N. Michigan Avenue (corner of Huron).

If you have any questions, call Roy Harker at the National Office (215) 925-5008, or e-mail aglpnat@aol.com. Response to the Institute and, in particular, the program on psychotherapy with lesbians and gay men (see inside) has been exceptional, so make your reservations now!!!



**NY
96**

Convention Highlights

Photos begin on page 8

The Newsletter of the
**Association of
Gay and Lesbian
Psychiatrists**

Editor, Guy Glass, M.D.

Published quarterly from 67 East 11th Street, Apt. 719, New York, NY 10003.

Subscription cost: \$20.00 per year. Subscription requests and address changes should be sent to the above address.

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent 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 them to: Guy Glass, M.D., Editor, *Newsletter* of AGLP; 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone:(212)982-0328, FAX (212)982-1879.) Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which work processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed 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). The deadline for inclusion in the next issue is November 1, 1996.

ADVERTISING RATES

The *Newsletter* of the Association of Gay and Lesbian Psychiatrists accepts limited advertising depending upon space and applicability to issues affecting psychiatrists who either are gay or lesbian or treat gay and lesbian patients. The mailing lists for AGLP are confidential and never sold or provided to any vendor.

Full Page Ad	\$200
Half-Page Ad	\$125
Business Card	\$50

Community service announcements are printed without charge, but are accepted only on a limited basis depending upon space limitations and applicability.

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GAY AND LESBIAN PSYCHIATRISTS**

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Editor's Column

Guy Glass, M.D.

I hope this edition of AGLP's *Newsletter* finds all members enjoying the end of their summer; by the time this comes out, I should be back from Madrid where I will have presented at the World Psychiatric Association along with other American, German and Finnish colleagues...but more about that in the next issue.

For now, I would like to use the remainder of this column to report on a number of recent books which I think will be of special interest to our readers:

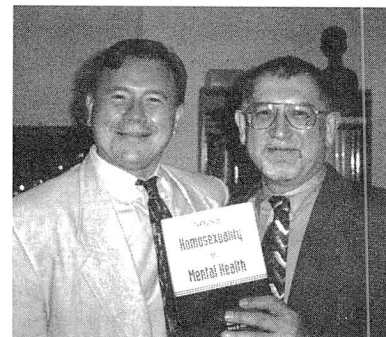
Pride of place has to go to the *Textbook of Homosexuality and Mental Health*, edited by Drs. Robert Cabaj and Terry Stein (American Psychiatric Press, 1996), a massive undertaking featuring contributions from many AGLP members.

There is a thought-provoking foreword by APA past-President Lawrence Hartman, M.D., and Evelyn Hooker, Ph.D. supplied a moving epilogue. Discussing the nearly thousand-page volume in detail would be beyond the scope of this review, but I was especially impressed to see that while there are chapters which would be helpful to newcomers to this literature, more esoteric material which is hard to find is equally featured: this includes selections on GLB mental health professionals, on bisexuality, on Native Americans, and a sampling of current thinking on the biology vs. psychology debate. While even in a book as encyclopedic as this one there will inevitably be omissions (I would have enjoyed something on treating gays and lesbians in groups, for example), this *Textbook* is a real must. A European colleague of mine is attempting to get it used at his medical center in place of some of the antediluvian texts which it supplants. It is a real measure of our progress as an organization that our members can get a book like this published, and by the APA no less.

Martin Duberman's *Midlife Queer* (Scribner, 1996) chronicles the decade 1971-81, ends with the advent of AIDS, and more or less picks up where *Cures* left off. We hear of Duberman's conflicted involvement with gay organizations such as the National Gay Task Force, and of his struggles to promulgate gay and lesbian studies within the conservative history establishment (in many ways this mirrors our own struggle for legitimacy within the APA). His persistence in (unfashionably) representing the concerns of lesbians, and of gay men and lesbians of color, in the burgeoning gay rights movement is to be commended. Of interest to those who empathized with the internal struggles that he tried unsuccessfully to address with reparative therapy in the 60's is Duberman's experimentation with various types of alternative therapies, including "LSD therapy" and "bioenergetics." Should Duberman choose to continue his autobiography, I would be interested in knowing more about his experiences at City University of New York, and in the capacity he has attained as a senior spokesperson for the gay and lesbian community.

Richard Isay's *Becoming Gay: The Journey to Self-Acceptance* (Pantheon, 1996) chronicles the author's personal odyssey most poignantly. The candor and openness Dr. Isay has achieved are truly inspirational, and his own tale held my attention more consistently than the more didactic portions of the book. Another highlight is the final chapter, entitled "Opposing Institutional Bias: Anti-Gay Discrimination in Psychoanalysis," which readily explains where much of the author's energies have gone since his last book was published: he has led practically a one-man campaign to get the American Psychoanalytic Association to repeal their discriminatory policies.

Hope your summer has also included some light reading (even I would not have brought the above titles to the beach)...See you in Chicago this October!



Drs. Bob Cabaj and Terry Stein pose with their new textbook.

President's Column
David Scasta, M.D.

Summer is waning, the Fall Meeting is soon — I guess I had better start thinking about AGLP. I've been concentrating on opening a new office in Princeton specializing in forensics while trying to keep my head above water at the hospital where we have been short-staffed, over-regulated and swamped with a rising patient load. Last week we finally put the signatures on new contracts for a new medical director and one and a half staff psychiatrists, effectively doubling the medical staff in our department. The new office is now up and running. Now maybe I'll have time to work on my primary commitment, AGLP.

The Annual Meeting was successful beyond my hopes. We were able to manage the difficulties of a New York convention with the help and guidance of the New York Local Arrangements Committee and substantial grants of money from Janssen Pharmaceutica and the Pfizer Corporation. Drs. Terry Stein and Bob Cabaj launched their new *Textbook of Homosexuality and Mental Health* and we have worked out a deal with the American Psychiatric Press, Inc. to market the book to our membership. (Buy it from us; we get some of the profit.) Many AGLP members have contributed to this comprehensive work. I had a successful meeting with representatives from many of our sister gay organizations to help guide us in developing educational materials for the new website we started in May on the Internet and for our national office. The APA provided a training course for our leadership on public relations. My course, *Dating 101 for Men*, went over so well that it will be repeated in San Diego in an expanded all-day format. AGLP will be charging \$40 or \$50 for participants to add a little to the treasury and help defray some of the costs. The membership unanimously approved the Executive Board's decision to raise the cost of dues. The new Bylaws were approved (finally!). The closing party was well received (with the exception that one of the speakers was suppose to talk for a maximum of 15 minutes but actually went on for nearly an hour and cost us a \$1000 extra in hall rental costs.) All in all, I could not have been more pleased.

By now you have received your material for the APA's 48th Institute on Psychiatric Services which will be held in Chicago. AGLP will have its Fall Meeting at the IPS's Annual Meeting this year instead of in Washington, DC during the component meetings. The meeting of the new Council (as per the new Bylaws) will be held on Saturday, October 19th in the Allerton Hotel. (See the reservation material on the front page of this *Newsletter*.) Dr. Steve Goldfinger, one of our members, is Chair of the Scientific Program Committee. He has tapped Dr. Marshall Forstein, one of our former presidents, to design a two-day course on working with gay and lesbian patients. The course will be certified by the APA with 14 hours of CME credit and will be a dramatic step forward in training psychiatrists in basic skills for working with gay and lesbian patients. AGLP and the APA have worked out a sweet-heart deal for our members who take the course. Our members get a substantial discount on the IPS conference fees and AGLP gets part of the profit. Our members also get tangible evidence of training in gay and lesbian psychotherapy which is useful for substantiating special expertise for managed care contracts and professional privileges.

I am well aware that my column is not read by a large number of our members. This fact was especially apparent when members were excluded from some executive meetings because the meetings were by invitation. I had asked several times for members interested in the meetings to let me know to get on the list of invited people. I heard from very few people until the day of the meetings — which was too late. Since you are reading this column, let me tell you about an opportunity that is available for a limited number of our members. And, if you want to take the opportunity, you have to let me know — well before the meeting. (My telephone number is (215) 598-7252; my fax number is (215) 598-7253; my E-mail address is GTXB42A@prodigy.com; my address is 1439 Pineville Rd., New

The course will be a dramatic step forward in training psychiatrists in basic skills for working with gay and lesbian patients.

1996 Institute on Psychiatric Services

(an admittedly biased preview!)

Stephen M. Goldfinger, M.D.

Many of you have probably never attended the Institute on Psychiatric Services (formerly called the Institute on Hospital and Community Psychiatry). Many of you have probably never even heard of the meeting. I hope that, in this article, I can help you realize just what you are missing and convince you to add *The Institute: APA's Clinical Meeting* to your calendar.

Although the Institute on Psychiatric Services (IPS) has been meeting for 48 years, only recently has it begun to dramatically grow in size and increase the scope of activities provided. For those who find the Annual Meeting too tense, too busy, too crowded, too impersonal and too overwhelming, the IPS service as a welcome alternative. It provides a wonderful forum to engage in broad educational activities, socialize with colleagues, explore a new city and, of course, get out of the office for a few days! This year the IPS will be held in Chicago from October 17-22. With an AGLP member as Program Chair (hey, I *did* admit that this would be a biased preview) the meeting promises to offer an unusually wide array of activities sure to be of interest to AGLP members.

The "kick-off" session is a first ever, 2-day joint meeting with the AGLP on *The Treatment of Lesbians and Gay Men in Psychiatric Practice*. Our past president, Dr. Marshall Forstein, has agreed to chair the session with Drs. Margie Sved, Dan Hicks, Bob Kertzner, and Terry Stein - names familiar to all of us - participating as faculty. Certainly, most of us have read the "classic" articles and books on the etiological theories of homosexuality, traditional psychotherapeutic approaches, the endless reviews of socialization processes, and the special issues raised by the impact of substance abuse, HIV infections, reparative therapies, and coming out on our work with our fellow lesbian and gay male patients. However, don't you think you owe it to yourself, and to those you treat, to spend an extended period of time putting all your casual reading into a thoughtful, structured and comprehensive framework? AGLP leadership, APA leadership, and the faculty have been working hard to make this the most exciting 2-day session on this topic ever offered... Come join us for what promises to be an extraordinary educational, clinically relevant and thought-provoking two days!

On Saturday, Larry Goldman, the Director of the Department of Mental Health at the American Medical Association, will chair a full day workshop on *Mental Health Aspects of HIV Disease*, providing an in-depth counterpoint to the prior session. In fact, sessions on HIV will occur throughout the five days of the meetings, from multi-hour symposia to discussion groups, from workshops to poster sessions. But ... don't come to the Institute solely for these topics. The overall program is far, far richer and more diverse. Fourteen courses will provide in-depth training on everything from behavior therapy to dissociative disorders, from psychiatric emergency services to coping strategies for managed care. Come for the additional 41 workshops, 23 symposia, 19 discussion groups, and 11 lectures - and for the industry supported symposia offered at every breakfast, lunch and dinnertime. Dozens of presentations of innovative programs, hundreds of posters, and numerous special sessions will provide the opportunity to choose your favorite learning format, to acquire new skills and to brush up on current ones.

It's difficult, as the Program Committee Chairman (Daddy Jay! Daddy Jay! Daddy Steve told me he likes my siblings presentations...) to highlight only a few sessions at the meeting. But since we're all family, here is a list of some of my favorite choices:

- Meet the APA Board of Trustees - a chance to see your elected representatives at work, and raise those questions you've always dreamed about asking;
- A Clinical Consultation with **Ian Alger** - one of the finest clinicians I know - on Couples Therapy;



**PARTNERS IN PLANNING
QUALITY·EQUITY·ACCESS
OCTOBER 18-22, 1996**

An Interview with Martin Duberman

Guy Glass, M.D.

MARTIN DUBERMAN WAS AWARDED AGLP'S DISTINGUISHED SERVICE AWARD IN MAY 1996 AT THE AWARDS BANQUET. I HAD THE PLEASURE OF SPEAKING TO PROFESSOR DUBERMAN A FEW WEEKS LATER...

Guy Glass: Your 1991 book, Cures, is a poignant, and at times, bitter reminiscence of your experiences throughout the 60's in individual and group therapy, mostly with psychoanalytically-oriented psychiatrists. What were your feelings on being given an award by a group of gay and lesbian psychiatrists?

Martin Duberman: The irony is apparent, but beyond that I'm pleased that the climate has changed and that there are enough openly gay and lesbian psychotherapists around - as there were not back then - to make such an award possible.

GG: In addition to Cures, I heard a tape of your talk given several years ago at the Annual Meeting of the American Psychiatric Association. Have you spoken to other groups of mental health professionals and how have these talks been received?

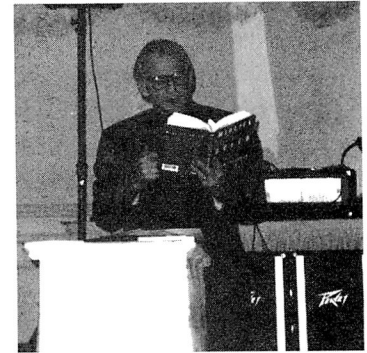
MD: The only other time I can recall is: Eli (...my partner) is a fourth-year candidate at the Institute for Contemporary Psychotherapy and the year before last they invited me to talk to them. What I said in that talk was essentially that I felt the new materials emerging from gay and lesbian studies are potentially of great significance in informing psychoanalytic paradigms, but that I don't feel that the psychotherapeutic profession has sufficiently incorporated those insights. And especially the ones I know best - the materials emerging from history and anthropology.

GG: Reading about some of the "therapeutic" interventions you endured is a little bit like reading about medieval torture contraptions used in the Spanish Inquisition. I was astonished to read that your therapist abruptly terminated your treatment when he ran off to Central America with one of your fellow group members! Are you angry at the psychiatric community for the mistreatment you experienced?

MD: I don't think it is so different from what goes on in some, and perhaps many places today, so that it should not seem like the Middle Ages. Nicolosi and others have very hefty practices and get sizable media attention, and what they're doing is really quite comparable to what my therapist was doing in the 60's, namely trying to change my sexual orientation.

GG: Sad but true.

MD: Alas. We forget in liberated urban zones like New York City just how primitive the pathologizing remains in much of the country... And in some places the horror stories are even worse than what I portray in *Cures*. People are still being sent off to psychiatric institutions for shock therapy and being confined to locked wards, teenagers being locked up by their parents, and so forth. My bitterness relates to a particular moment in time: during that moment my therapist was in some ways an extreme example of what was going on, but in most ways he accurately represented the overriding view of the profession. Which was, whenever you see homosexuality, you're looking at pathology. So much has changed since then, if not as much as we might like, that I am certainly not hostile across the board to psychiatry. Far from it...I myself, at various points since then, have gone into short-term treatment and couples counselling. I think everybody gets into tangles in their lives when an outside figure and the transference process can be very useful. In other words, aside from issues relating to



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Continued on following page

Martin Duberman Interview
Continued from previous page

sexual orientation, I still believe that the psychotherapeutic profession has much to recommend it, so long as you're in the hands of a good practitioner. Of course that goes for urology and cardiology as well as psychiatry.

GG: Aside from the anger which your book kindled in me, I emerged from reading it with admiration for your candor and openness about yourself. Was it therapeutic for you to write the book?

MD: Hard to answer. I think people write out of needs that they rarely fully understand, and sometimes don't understand at all. In other words, it did serve certain expressive needs of mine at the time to summarize this history. When I first decided to do it I thought it was going to be terribly painful and I probably shouldn't because I didn't want to relive all that horror. But in fact it was not a difficult book for me to write. Which makes me think that I was really a quite different person in 1990 when I wrote it than I had been. It was very much like writing somebody else's biography rather than doing a work of autobiography. I didn't often relive the pain or the anger of those years. I think the catharsis had already happened. And if it hadn't happened, it may well be that I could not have written the book. If I had sat down to write the book as my primary means of catharsis, I suspect it would have come out in a much more polemical, less useful form.

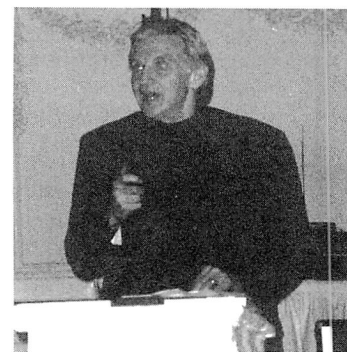
GG: In Cures you describe your publicly coming out and becoming active in various fledgling gay organizations in the early 70's. In 1972 you publicly debated Irving Bieber, the now infamous author of popular psychiatric texts which portrayed homosexuality as being pathological. Can you recount this experience for us?

MD: I found Bieber, as I said in the book, to be absolutely out of central casting, very much what I had anticipated - pompous, overbearing, patronizing, self-righteous, and utterly immune to anything remotely resembling a new idea.

GG: You read a selection from your newest book Midlife Queer at our awards banquet. Can you talk a little bit about this book and tell us about any new projects you are working on?

MD: This book is closer to a collection of essays. It is about the 70's, and in the 70's I played a variety of roles and in a variety of styles. I was simultaneously writing a history of sexuality and doing film scripts. I was occasionally seeking traditional psychotherapy while sampling some of the newer alternative therapies, like bioenergetics. I was deeply involved in the early years of the gay political movement, and at the same time I was feeling growing alienation from it because I didn't think it was addressing a broad enough agenda of issues nor seeking a broad enough set of alliances with other marginalized people. So for me it was a very conflicted decade and I was reaching out in a wide, sometimes contradictory set of directions. It's a book that I think some people are going to like some parts of and dislike others, and vice-versa. It's not a book with the kind of coherent, unified narrative structure that *Cures* has, nor I think is it as much of a generational story. *Midlife Queer* is more about the specifics of one person's life - my own - whereas I think *Cures* told the story of a whole generation of privileged people with discretionary income, white, middle- and upper-class gay men who could afford therapy, and what they encountered once they entered therapy. What I've been doing since I finished *Midlife Queer* is gathering all of the tapes of our events at CLAGS since 1981 - colloquia, conferences, etc. - and transcribing them and editing them. That work is now finished and there will be two volumes coming out: the first is called *A Queer World* and will be out next February or March, NYU Press, and the second collection, called *Queer Representation*, will be out about two months after that, also from NYU Press. What I'm doing at the moment is finishing a long review essay for *The Nation*, evaluating a new book about the Left, from the perspective of somebody who's gay. I think what's brewing in me is a new book about that same subject...

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found Bieber, as I said in the book, to be absolutely out of central casting, very much what I had anticipated - pompous, overbearing, patronizing, self-righteous, and utterly immune to anything remotely resembling a new idea.

ANNOUNCEMENTS . . .

Opportunity for psychiatrist to live in Miami Beach, Florida to work with Adult and Geriatric patients in a private practice providing inpatient, hospital consultations and outpatient medication management. Good starting salary, excellent benefits. Contact Kevin at (305) 531-7774, or FAX resume to (305) 531-6619 or mail to Arthur Godfrey Rd., Suite 404, Miami Beach, FL 33140, or, after October, to Att: Dr. Burger, Mt.Sinai Medical Center, 4300 Alton Rd., 3rd Floor, Warner Bldg., Miami Beach, FL 33140.

Participants needed for survey of physicians living with HIV/AIDS. All responses will be kept anonymous and confidential. Survey is to be used for an article for the *Journal of the International Association of Physicians in AIDS Care*. Contact Michael Shernoff, MSW at Suite 1305, 80 Eighth Avenue, New York, NY 10011-5126, by phone at (212) 675-9563, FAX at (212) 627-5235, or e-mail at mshernoff@aol.com

Full-time psychiatrist needed to provide direct care services to adult patients in a locked, acute-care facility and partial hospital program in an academic setting. Must be board-certified or board-eligible. Women and minorities are encouraged to apply. The position will start at the Assistant or Associate Clinical Professor level, depending on qualifications. Please write to Glen R. Elliott, Ph.D., M.D., Search Committee Chair, c/o Mr. David Bell, Search Administrator, UCSF, Langley Porter Psychiatric Institute, 401 Parnassus Avenue, Box CAS-0984, San Francisco, CA 94143-0984.

Sexualities is a new international journal publishing articles, reviews and scholarly comment on the shifting nature of human sexualities. It will be published quarterly from February 1998. To submit a manuscript contact: Professor

Ken Plummer, Dept. of Sociology, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ, U.K., FAX: 01206 873598, e-mail: plumk@essex.ac.uk. For further information on the journal, contact Jane Makoff, SAGE Publications, 6 Bonhill Street, London, EC2A 4PU, U.K., Phone: 44(0)171 374 0645, FAX: 44(0)171 384 8741, e-mail: jane.makoff@sagepub.co.uk.

Julie A. Steeno, LCSW is conducting a nationwide survey of lesbians who parent. No one who agrees to participate will be asked to report identifying information on the survey. Participants will have to provide a mailing address for the purpose of distributing the survey packet, however the mailing address will be held in the strictest confidence. For more information contact Julie A. Steeno, LCSW, 1501 Venera Avenue, Suite 212, Coral Gables, FL 33146. Phone/FAX: (305) 662-5000, e-mail: FAMILYSTDY@aol.com.

We note with regret the passing of long-time member and supporter of AGLP, Lois Blatchford Fuller, M.D., 1933-1996. She is survived by her husband, George. Contributions (which will be matched by the Fuller family) may be sent to the Lois Blatchford Fuller Fund for Social Justice, made payable to Christ Church Cathedral, 690 Burrard St., Vancouver, B.C., V6C 2L1, Canada.

Walden House seeks BE/BC psychiatrists for dual diagnosis clients, 4-20 hours/week. Provide substance abuse services for ethnically diverse, culturally rich population. Skills in psychopharmacology and interdisciplinary teamwork are musts. Bilingual (Spanish, Tagalog), HIV/AIDS experience are a plus. EEO/AA non-profit employer. Resumes: Gwen Evans, Ph.D., Walden House, Inc., 520 Townsend St., San Francisco, CA 94103.

Announcing a Ground-Breaking New Publication in the Field of Lesbian and Gay Affirmative Psychotherapy

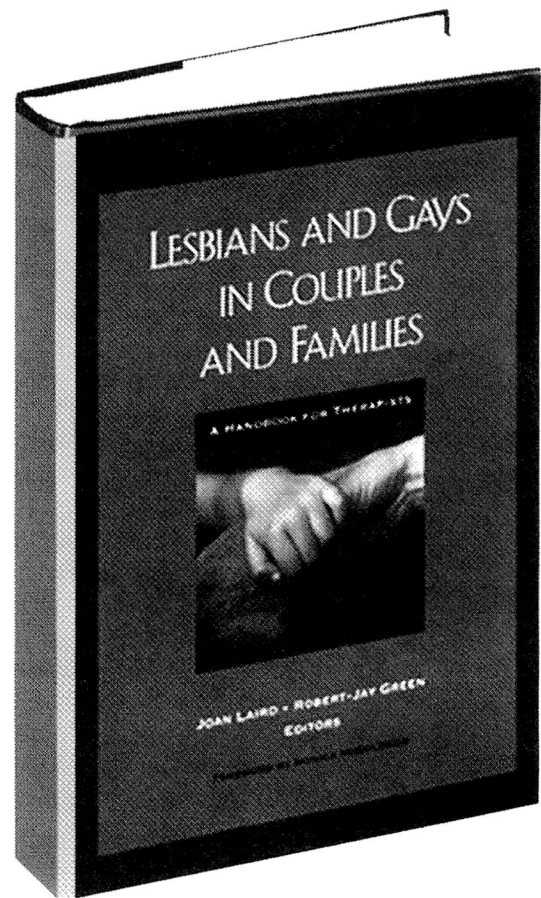
Like all professional disciplines, the psychotherapy field has its own legacy of homophobia, heterosexism, silence, and a destructive mythology it must overcome. Until very recently in fact, lesbians and gays in couples or families have been relatively invisible in the therapeutic community.

To fill the gap in the professional literature, Joan Laird and Robert-Jay Green have gathered a distinguished group of practitioners to create an edited collection that focuses on theory, research and clinical work with lesbians and gays in the context of family relationships. These noted professionals address the experiences of lesbians and gay men as couples, as parents, and in relationship to their own families of origin.

Lesbians and Gays in Couples and Families is an essential resource for any clinician—straight or gay—who wishes to become more knowledgeable and skilled in the treatment of this population.

The book contains a wealth of research, as well as recommendations and suggestions for working with gay couples and families in a clinical setting and includes vital information on topics such as:

- *The special problems of people of color who are often vulnerable to many levels of discrimination*
- *Social problems—such as addiction, sexual trauma, and AIDS—and the effect on couples and family life*
- *Parenting in lesbian and gay families*
- *The challenges of the straight clinician who works with gay families*



May 1996

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Convention Highlights

Frank Rundle, M.D. accepts from David Scasta, M.D. the First annual James Paulsen Award sponsored by Janssen Pharmaceutica posthumously given to its namesake.



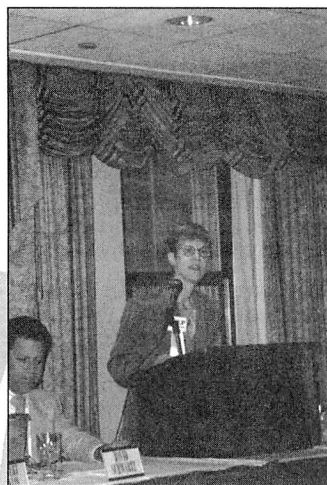
David Scasta, M.D. honoring various AGLP members for their valuable contributions.



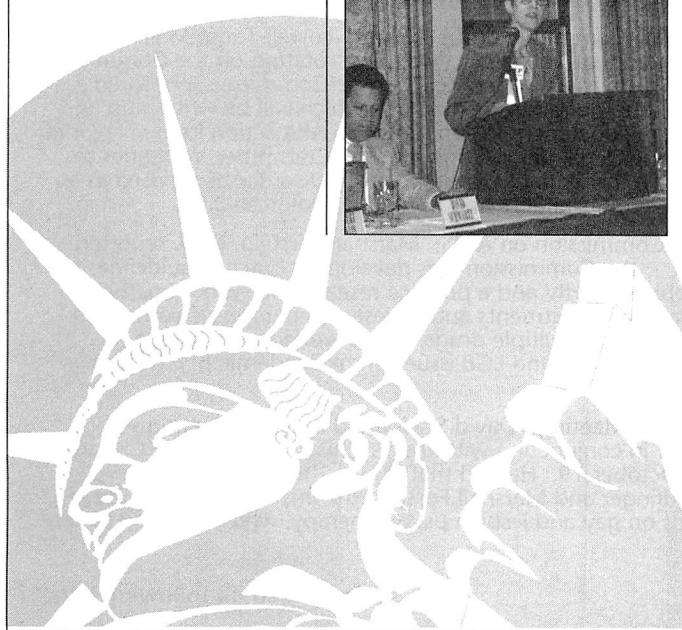
Members of the Executive Board doing their thing at the Business Meeting



Diana Miller, M.D. put together an impressive line-up for the Saturday Pre-Convention



A table of happy AGLP Members enjoying the Awards Banquet.



AGLP Business Meetings

May 6 and 7, 1996
New York Hilton

Both meetings were called to order by President David Scasta, M.D.

I. Caucus of Lesbian, Gay and Bisexual Psychiatrists (CLGBP): Dan Hicks, M.D. began by taking nominations for CLGBP president. Margie Sved, M.D. nominated David Scasta, M.D. and said that we should return to the previous practice of having the AGLP president be the CLGBP president. Dan Hicks agreed and said he was unable to assert a separate role for CLGBP president. David was elected CLGBP president by unanimous voice vote. Dan then took nominations for Assembly rep and deputy rep, to be voted at a later time by mail. Drs. Jim Krajewski and Margie Sved were nominated. Margie gave the CLGBP representative's report: she noted that she gets special pleasure in sitting in conservative Area 5.

II. Approval of Minutes: The minutes of the last meeting were approved unanimously.

III. Nominating Committee: Shelly Klinger, M.D. submitted the following slate of officers from the Nominating Committee: President-Elect, Dan Hicks, M.D.; Vice-President, Diana Miller, M.D.; Secretary, Mark Townsend, M.D.; Treasurer, Larry Prater, M.D.; Newsletter Editor, Guy Glass, M.D. There were no further nominations from the floor.

IV. Bylaws: Mark Townsend, M.D. described the process of revising the bylaws and summarized the changes. David Scasta, M.D. announced that the bylaws would be considered as four separate amendments, to be voted by the membership at the next business meeting (May 7).

V. Treasurer's Report: Larry Prater, M.D. presented this year's finances. He said that the 1996 Annual Meeting is the most expensive yet, but, that, thanks to industry support, we should break even. Dr. Scasta asked the membership to consider raising dues to \$125 in order to increase the hours we employ Office Director Roy Harker.

VI. Office Director's Report: Roy Harker said that he has several regular tasks, including newsletter design and production, along with Guy Glass, M.D. He said that he has produced a local website, which will be on the WWW soon; this should help us with credibility and accessibility. Roy said that the address is <http://members.aol.com/aglpnat/homepage.html>. The site will also be linked to APA's web page. Roy said that members should feel free to call him at any time, and that he can also respond to e-mail very quickly.

VII. Sources of Revenue: David Scasta, M.D. reported several new sources of revenue. Some new educational material will be free to the public, but some will generate income for AGLP. He said that the APPI's *Textbook of Homosexuality and Mental Health* would also be sold through AGLP in return for a fee, and could be purchased in a variety of ways. He also said that Division 44 of the American Psychological Association will help market it. He announced that Janssen will fund an annual award, and that we may be able to assist APA in developing an annual LGB award. David asked for an affirmation of the dues increase to \$125 for full members, and no change for resident or student members, which was moved and seconded. He said that disabled members could receive a free membership. The change unanimously carried. David then announced the formation of a long-range planning task force, and a meeting to be led by Dan Hicks, M.D.

VIII. Committee Reports:

A. Local Arrangements: Drs. Gerry Dabbs and Phil Bialer described final plans for the Annual Meeting.

B. Saturday Preconvention: Shelly Klinger, M.D. discussed the procedure for program development.

C. Newsletter: Guy Glass, M.D. said that the next deadline for receiving articles is August 1. He received a round of applause from the membership for his work.

D. Membership: Drs. Todd Mandell and Laura Bernay are the new co-Chairs. Todd said that the Committee has followed up with members who have dropped, will take over running the booth at the Annual Meeting, and will call people personally to work on projects. Roy Harker said that there are 348 full members, and a total of 510. Diana Miller, M.D. said that 15 new members had signed on at the Meeting.

E. Medical Students: Julie Schulman and Steve Wozniak said that eight medical students had received funding to attend the Meeting. They announced that they would become the new resident representatives at the close of this meeting. Ubaldo Leli, M.D., outgoing resident representative, reported that the combined resident/student meeting had been successful.

F. Minority/People of Color: Debbie Carter, M.D. said that the Committee had sponsored a discussion group and was looking for people interested in mentoring people of color in psychiatry.

G. Significant Others: A representative reported that the discussion group this year included the topic of relationship issues when one or both is about to retire, and that the couples' group will meet on Sunday in San Diego for brunch in lieu of a discussion group.

H. LAGCAP: Gerry Dabbs, M.D. said the group meets 3-4 times a year, and always at the Academy. He said LAGCAP is working on a policy statement regarding the treatment of LGB adolescents.

I. Women: Laura Bernay, M.D. reported a big turnout at the lesbian dinner and party. She said the Committee will increasingly address lesbian mental health issues.

J. Early Career Psychiatrists: Dan Karasic, M.D. reported a successful meeting between early career psychiatrists and residents, and a well-attended brunch at Guy Glass's home. He said that the Committee needed to recruit more early career members.

K. Psychoanalysis: A representative reported that the meeting was not well attended this year, but that Dr. Paul Lynch was developing a bibliography on LGB psychoanalytic issues.

L. APA Committee on GLB Issues: Lowell Tong, M.D. reported that Bob Cabaj, M.D. was rotating off the Committee after many years of service, that the Committee sponsored a workshop on same-sex marriage which will be written up as a resource document in support of an APA action item in favor of same-sex legal unions, and that the Committee continues to address the issue of Gender Identity Disorder being used as a means to hospitalize and treat GLB adolescents.

M. Commission on AIDS: Marshall Forstein, M.D. reported that the Commission was developing practice guidelines for people with HIV and a practice research network to gather data about treatments and to research neuropsychiatric complications of multiple drugs, and is working to increase the amount of HIV and LGB issues in the academic psychiatry curriculum.

N. Fall Meeting: David Scasta said that the Meeting will occur in conjunction with the Psychiatric Institutes in Chicago, on October 19. He said that due to the work of Drs. Steve Goldfinger and Marshall Forstein the Institutes will include sessions on gay and lesbian psychotherapy, which will lead to cer-

Continued on following page

Continued from previous page

tification in that area. He said AGLP will get a proportion of the tuition money. David said that Steve had asked us to help pay Greg Louganis's speaker's fee. The membership was polled, and the consensus was that no AGLP money should be spent for that purpose.

O. HIV-Affected Psychiatrists: Dr. John O'Donnell said that the Committee wondered about AGLP policy on dues for members who cannot pay due to disability. John said the Committee requested funds to help disabled members attend our meetings, and wanted to expand the Committee's focus to include spouses of those with HIV. David Scasta gave assurance that AGLP would help people with disabilities continue their membership and attend the Annual Meeting.

IX. Election of Officers: No new nominations were received, and Dr. Terry Stein moved they be closed. The Nominating Committee's slate was approved unanimously.

X. Bylaws: The bylaws were voted in four sections as Amendments I-IV. All were approved unanimously. Following the vote, Dr. Diana Miller moved that the Membership Committee chairperson be placed on the Executive Committee on a trial basis, which was also passed unanimously. Dr. Mark Townsend said that we should also amend the Bylaws next year to make it an elected position like all other Executive Committee seats.

XI. Announcements: One by one, members described current personal activities and local events of interest.

Adjourn

Respectfully submitted,

Mark Townsend, M.D., Secretary, AGLP



President's Column
Continued from page 3

Hope, PA 18938). Michael Stewart of the Division of Public Affairs of the APA has offered to have several AGLP members participate as observers in the operations of the Division of Public Affairs during the Chicago meeting. There is a good possibility that participants will get a little direct PR experience handling radio talk show call-ins or participating in media briefings. Dr. Shelly Klinger, our immediate past vice president, will be chairing a new Public Affairs Committee for AGLP. If you are interested in being on the committee, contact Shelly in Chicago. Dr. Dan Hicks, our President-Elect, continues to chair the Long Range Planning Committee for AGLP. If you are interested in being on the Committee, contact Dan in Chicago.

I look forward to seeing many of you in Chicago. The Council Meeting on Saturday is an open meeting which any member can attend. (Only Council Members can vote.) The Bylaws allow me to appoint several task forces whose chairs serve on the Council. If you have a particular interest or dragon to slay, please let me know so we can give you support and perhaps tap you to be on the Council.

I'll make reservations at a local restaurant on Friday night for any participants in the Fall Meeting who want to go out to eat as a group before the Saturday meeting. Let me know if you want to be included so I can make reservations by leaving a message at the desk for me at the Allerton Hotel by 4 PM on Friday.



AGLP Website Update

Roy Harker, National Office Director

Internet websites, the latest tool in the age of information, provide all of us with unparalleled exposure and "market presence" in cyberspace. AGLP now maintains a state-of-the-art website through our office in Philadelphia. On-line consumers can access our site for information on the Association, browse through our on-line *Newsletter*, look at upcoming events, get information and order forms for textbook and video sales, and print out a membership application form. We include links to the American Psychiatric Association as well as several other gay and lesbian resource centers. Graphics and information are updated regularly, and new and improved software make the entire site attractive and reliable.

Of course, making your presence known in the vast array of internet information continues to be a great challenge; even the best of sites are useless if no one is aware of their presence. Webcrawlers, offered by most internet providers, continue to offer the best way to improve focus and visibility within the Internet. Our website is now posted on 40 of the most popular webcrawlers thus providing much greater potential for discovery. Keywords such as "psychiatrist", "gay" and "lesbian," or "mental health" will bring

you to our site. Webcrawlers make surfing the web easier and more efficient. (If your particular webcrawler does not have the AGLP Website posted, please let me know; I can install the link electronically from this office.)

AGLP's website is referred to as a "static" site (as compared to a "dynamic" or "interactive" site). Features such as on-line orders, VISA/MasterCard Sales, visitor counting, and on-line membership registration are not available on this type of website. Maintaining interactive sites are very costly, requiring independent web servers charging from \$1,500 to tens of thousands of dollars annually, depending on the features. As the demand for these features by AGLP website visitors increases, and prices continue to decline, upgrading our site may be feasible in the near future.

Our website address is:

<http://members.aol.com/aglpnat/homepage.html>

Look it up, when you get the chance, and e-mail your comments to Roy Harker at aglpnat@aol.com. I look forward to your feedback.



Dan Hicks, M.D.,
was recently
appointed to
head up a new
committee for
long-range
planning of the
AGLP. Here is
his first report.

Long-Range Planning

Dan Hicks, M.D.

Eight of us met on the last day of the meeting in New York in the Hospitality Suite to do some long-range planning for AGLP. Below is a summary of ideas that began to emerge; hopefully, others will also get involved in the planning at the fall meeting in Chicago:

1. Frank Rundle, M.D. is very interested in planning a twenty-year celebration of AGLP to take place in Toronto in 1998. He has access to material, and also suggested getting some of the old booth material from Dr. David Kessler. It was suggested that the president appoint a committee, to include Frank and someone from Toronto (possibly Dr. Steve Atkinson), and some other "veterans" (eg. Drs. Phil Cushman, Ed Nix, Doug Woodruff, David Ostrow).
2. Everyone was interested in having some hands-on demonstration of internetting and e-mail, possibly in the Hospitality Suite, or with commercial sponsorship (ie. using some of the terminals at the exhibit space for a designated time). In order for us to be effective in the future, it is important that our membership has internet and e-mail capabilities to do the work that is being proposed (see below).
3. Create a public affairs office or committee, to not only respond quickly to news events related to gay/lesbian mental health issues, but also to be pro-active in sending out regular news blurbs, networking to the gay press nationally, to medical journals and newsletters, as well as the mainstream press. Also, to continue our efforts to train our membership to be public spokespersons. Margie Sved, M.D. suggested a "speaker's bureau" of people willing and able to go out and talk on various topics, such as new thinking about homosexuality, biological basis of sexual orientation, discrimination in medicine against gays and lesbians, teaching in medical schools and residencies. She did a grand rounds about working with gay and lesbian colleagues which was very well-received. These could also be written up as position statements or press blurbs. This would obviously be coordinated through the main office, but would require someone being appointed committee chair. Other suggested topics for news articles or public speaking: affirmative therapy vs. reparative therapy, gay marriages or partnerships, homophobia as a health hazard.
4. Another important "new" area to look into or think about is having a development committee to look into fund-raising, since our dues will not be adequate to support our ever-broadening horizons. Dr. David Scasta, our President, has done an excellent job of securing new sources of funding: drug companies, selling books on our home page, etc. Some people question the "ethics" and wisdom of relying on drug company money, so this may need to be discussed further. Another idea would be advertising on our home page.
5. Ask APA to designate one of their invited lecturers for an openly gay speaker, not necessarily to address any issues but to help raise public awareness. They often have gay speakers, but they aren't necessarily publicized as such, eg. Edward Albee, Martin Duberman. Could have Terrence McNally, Gore Vidal, writers, artists, musicians, etc.
6. Sponsor one AGLP symposium per year for the APA, possibly to be organized by the president-elect. If we want to do this for next year, please let me know because submissions must be turned in by September. I would advocate something on gay marriages and/or gay families.
7. The Saturday Preconvention should continue to be planned and protected; there should probably be a committee to organize that, maybe under the vice-president. It should be on topics related to our own educational/developmental needs, such as further work on understanding gay/lesbian sexuality and intimacy, forming and maintaining relationships, women's issues, minority issues, other areas of gay and lesbian mental health on which little is known to date. This should include small group discussions and not just didactics, so we can learn from each other. The group felt there should be some time to "schmooze" during the day, maybe even going around the room at the

Several
good
ideas
emerged
from our first
brief discussion;
hopefully others
will also get
involved in the
planning...

Long-Range Planning
Continued from previous page

beginning for everyone to report in on who they are, where they're from and what is new in their lives, instead of waiting until the end of the business meeting on the last day.

8. Continuing to push our APA, through whatever channels (committee, caucus, etc.) to ensure domestic partner benefits for employees (and members if applicable), as well as statements in support of other rights, such as legitimizing gay and lesbian couples (possibly a statement or amicus brief in support of gay marriages). We need to continue to network with other national groups (APA, ANA, NASW, etc.) to ensure we are moving ahead together in our professions, and with national political groups such as NGLTF and HRC to provide our expertise in helping to fight for societal changes that will combat homophobia and provide a healthier environment for gay men and women.

9. Continued active involvement of the Membership Committee, especially in recruiting MIT's, women and minorities (a visible public affairs office could help advertise us more).

10. Continued work with the Psychoanalytic Committee in standing up to and revising traditional analytic thought (comparison was made to the start of LAGCAP first unofficially thorough AGLP, now making tremendous strides on its own).

11. Students and members-in-training continue to complain about not knowing which are "safe" programs, how out to be when interviewing, etc. It would be a good task for them to survey our membership and see where people are on faculty, who is willing to mentor and supervise, and find out more about the environment, as well as working on incorporating more gay and lesbian education in the training programs. We also may want to set up a group to approach the major publishing houses and offer our services to review teaching and chapters on homosexuality before publication, instead of reacting to them afterwards.

12. Encourage or support ongoing research and exploration into areas which we still don't understand or treat well: teenage sexuality and suicides, special conflicts and possible interventions in gays and lesbians of color, understanding and approaching "compulsive" behaviors resulting from internalized homophobia or peer pressure, alcoholism and recreational drug abuse, compulsive sexuality, exploring spirituality and its role in health for gays and lesbians, possibly even collecting data more systematically to support affirmative therapy and counter reparative therapy. This might be through our Saturday program, discussions in the Hospitality Suite, articles in the *Newsletter*, and senior members helping junior members set up research designs and pursue funding opportunities.

13. It was suggested that we continue to have forums for transsexual issues to be brought before the group for education/consciousness-raising, etc. through Saturday programs, and the use of the Hospitality Suite, as well as information in the *Newsletter*.

As you can see, several good ideas emerged from our first brief discussion. If you have any other ideas or suggestions, please pass them on to me (DJMN11a@prodigy.com or (202) 782-8688), or get involved with us at the fall or spring meetings. If these proposals are approved, several need to get started quickly, such as the 1998 celebration, the internet training, and the AGLP symposium for San Diego next year.

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Chicago Institute
Continued from page 4

- A lecture by **Maxine Harris, Ph.D.**, *The Loss That is Forever: The Lifelong Impact of the Early Death of a Mother or Father*;
- A discussion group with **Richard Christensen** on *The Ethics of Treatment -Refusal in Community Mental Health*;
- A full day session on *Youth and Violence*, chaired by **Charles Huffine, Jr.**, the President of the American Association of Community Psychiatrists;
- A lecture by **Terry Tafoya**, a Native-American, gay man and AIDS advocate, and one of the most powerful speakers I know, on *Befriending Demons: Healing Across Cultures*;
- An evening symposium on *Managing Sexual Dysfunction*, chaired by **Troy Thompson**;
- A lecture by **Richard Surles**, whose transition from Director of the New York State Office of Mental Health to the Executive Vice President of Merit Behavioral Health Care Corporation, *Life in the Belly of the Beast*, promises to be a fascinating account of a personal voyage;
- **Laura Miller** on *Assessing and assisting Mentally Ill Parents*, a rarely-discussed topic;
- *Quality of Life as a Focus for Clinical Work* - including such presenters as **Ron Diamond, Tony Lehman, Harriet Lefley, and Len Stein**;
- And a lecture by **Carl Bell** on *Getting Rid of the Rat*, a preventive approach to violence reduction.

Residents, medical students and trainees of other mental health disciplines will have an even wider smorgasbord of activities from which to choose. In addition to a special "Meet the Expert" lunch, several small interactive sessions are open only to such trainees. In addition, on Tuesday the 22nd, I will chair a full day session on *Clinical Approaches to Working with Homeless Mentally Ill Individuals*, with faculty representing many of the leading clinicians, researchers, policy makers, and teachers in this area.

Getting convinced yet? Other lures might include the fall AGLP business meeting, a gala closing reception with a live jazz and, of course, the city of Chicago itself. October is among the most beautiful months in Chitown, and the wonderful restaurants, world class museums and, of course, rich gay and lesbian community life of the city should complement the intellectual offerings of the meeting.

So cancel those patient hours, procrastinate on those journal articles, take a break from fall garden cleanup, and come join us in Chicago! For further information about the Institute, or if you have, by some bizarre twist of fate, not received the Preliminary Program, please feel free to call, write or e-mail Jill Gruber, Coordinator, Institute on Psychiatric Services, 202/682-6314, (APA-1400 K Street, NW, Washington, DC 20005), jgruber@psych.org for further information, registration materials, or other questions you might have.

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Editor Journal of Gay & Lesbian Psychotherapy

The Executive Board of the Association of Gay and Lesbian Psychiatrists is seeking a candidate to serve as the Senior Editor of its journal, the Journal of Gay & Lesbian Psychotherapy, published by The Haworth Press, Inc. of New York. The position is a volunteer position and reports directly to the Executive Board of the Association of Gay and Lesbian Psychiatrists.

The qualified candidate shall have proven skills in research applications with a knowledge of experimental and statistical design. She or he shall have a fundamental knowledge of the background and research issues affecting gay and lesbian peoples and be committed to furthering this research in a rigorously scientific and professional manner.

The qualified candidate shall have excellent writing skills, a detailed knowledge of grammar and writing style, and the ability to add clarity and lucidity to the professional writing of others.

The qualified candidate shall have superior communication skills and be capable of selecting and managing a large, multidisciplinary Editorial Board to advise and aid the Senior Editor in the process of selecting works for publication.

The qualified candidate shall be well organized and capable of setting and maintaining demanding production schedules for an internationally distributed journal.

The qualified candidate shall be a full member of the Association of Gay & Lesbian Psychiatrists.

The Senior Editor shall be responsible for drafting four journal issues per year containing studies, expertise and observations related to the equitable and affirming treatment of gay, lesbian and bisexual peoples for the psychological and psychiatric issues they face. The Senior Editor shall annually submit for approval to the Executive Board a list of up to 50 Association members, psychologists, social workers and other mental health professionals and scientists who agree to serve on the Editorial Board and review submitted articles as directed by the Senior Editor. Editorial Board members serve at the pleasure of the Senior Editor and may be removed (or replaced with the consent of the Executive Board) at any time by the Senior Editor.

The Senior Editor shall be appointed or reappointed for each new volume (four issues) of the Journal of Gay & Lesbian Psychotherapy by the Executive Board of the Association of Gay and Lesbian Psychiatrists. Removal from the editorship within a volume shall be only for cause.

Interested candidates should send a curriculum vita to:



Association of Gay & Lesbians Psychiatrists

209 N. 4th St., Suite D-5

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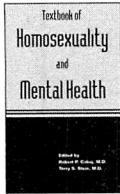
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**This month's
Highlighted Reading...**

**TEXTBOOKS AVAILABLE
FROM AGLP**

Textbook of Homosexuality and Mental Health

Edited by Robert P. Cabaj, M.D., and Terry S. Stein, M.D.
American Psychiatric Press



Textbook of Homosexuality and Mental Health brings together in one volume the entire range of material and variety of perspectives concerning homosexuality and mental health. With more than 50 chapters written by leaders in the field, this book is the most complete review of the topics of homosexuality and mental health and treatment of gay men, lesbians, bisexuals, and transsexuals to date.

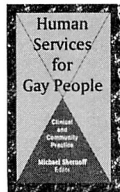
Starting from the belief that homosexuality is a normal variation of human sexuality and not a mental illness, this revolutionary book presents current information on homosexuality from a mental health and medical perspective. Sections focus on demographic, cultural, genetic, biological, and psychological perspectives; development throughout the life cycle; relationships and families; psychotherapy; multicultural identities and communities; professional education; and medical

care. A variety of special issues, such as sexuality, substance abuse, violence, suicide, religion, and HIV/AIDS are discussed. Also included are several unique chapters that cover material not readily available elsewhere, among them transsexuality, minority gay, lesbian, or bisexual people, the impact of the sexual orientation of the therapist, latency development in prehomosexual boys, and clinical issues specific to psychotherapy with gay, lesbian, and bisexual patients.

AGLPB001-1996/1016 pages/ISBN 0-88048-716-X/hardcover/\$89.95

Human Services for Gay People CLINICAL AND COMMUNITY PRACTICE

Michael Shernoff, CSW, ACSW, Editor
Harrington Park Press

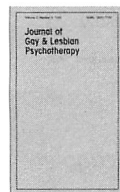


Human Services for Gay People: Clinical and Community Practice explores the social service and mental health needs of various subpopulations of the diverse lesbian and gay male communities. It demonstrates for readers how multiple issues in the lives of lesbians and gay men force them to seek out social services and presents a sophisticated approach for working with these clients.

AGLPB002-1996/139 pages/ISBN 1-56023-075-4/softcover/\$12.95

JOURNAL OF GAY & LESBIAN PSYCHOTHERAPY

VOLUME 2, NUMBER 3 1995
David Scasta, M.D., Editor
The Haworth Medical Press



The Journal of Gay and Lesbian Psychotherapy is the official journal of the Association of Gay and Lesbian Psychiatrists (AGLP). Offered free of charge to Full and Associate members of the AGLP, the Journal is available in limited quantities to the general public. This issue includes articles written by members of our Editorial Board that will serve as the basis of a book on affirmative psychotherapy with gay men. It is offered in direct opposition to Joseph's Nicolosi's book, *Reparative Therapy of Male Homosexuality*, whose underlying assumption that homosexuality is something to be cured or "repaired" was found repugnant by the Psychotherapy Book Club.

AGLPB003-1995/134 pages/softcover/\$12.95

Gay and Gray

Raymond M. Berger, PhD
Haworth Press

In the absence of accurate information, American culture has upheld a distorted view of what it means to be an older gay man. *Gay and Gray* is the first and only scholarly full-length treatment of older gay men in America today. It breaks the stereotype that older gay men are strange, lonely creatures and reveals that most older gay men are well-adjusted to their homosexuality and the aging process.

AGLPB004-1995/333 pages/ISBN 1-56024-986-2/hardcover/\$29.95

AGLPB004-S-1995/333 pages/ISBN 1-56023-875-5/softcover/\$14.95

Addiction and Recovery in Gay and Lesbian Persons

Edited by Robert J. Kus, PhD
Haworth Press

With the overview of seven research studies, this book provides chemical dependency clinicians a sampling of the work being done in the fields chemical dependency to enable clinicians to provide better care for their gay and lesbian clients.

AGLPB005-1995/118 pages/ISBN 1-56024-668-5/hardcover/\$29.95

AGLPB005-S-1995/118 pages/ISBN 1-56023-055-X/softcover/\$9.95

Lesbian Therapists and their Therapy

Edited by Nancy D. Davis, M.D., Ellen Cole, PhD, Esther D. Rothblum, PhD
Haworth Press

An important anthology for therapists who want to enhance their sensitivity and effectiveness in working with lesbians. The contributors give accounts of how being a lesbian has affected their own therapy—as a client and as a therapist.

AGLPB006-1996/130 pages/ISBN 1-56024-800-9/hardcover/\$24.95

AGLPB006-S-1996/130 pages/ISBN 1-56023-082-7/softcover/\$9.95

The Bisexual Option SECOND EDITION

Fritz Klein, M.D.
Haworth Press

The Bisexual Option explores bisexuality, explains the bisexual, and explodes myths surrounding this large "unseen" segment of the population. With the limited amount of information available on the subject, this book is must reading for establishing contemporary views.

AGLPB007-1993/215 pages/ISBN 1-56024-380-5/hardcover/\$34.95

AGLPB007-S-1993/215 pages/ISBN 1-56023-033-90/softcover/\$12.95

VIDEO TAPES

Anatomy of Desire

Directed by Jean-Francois Monette and Peter T. Boullata
The Cinema Guild, Inc.

What makes us gay? Straight? Bisexual? Is sexual orientation a lifestyle choice or is scientist Simon LeVay correct when he argues that there is a part of the brain that determines sexual preference? These and other issues are examined in this provocative documentary on the long-standing debate. Incisive interviews with leading historians, psychiatrists and writers are blended with rare archival footage to illuminate the growing debate on the origins of sexual preference and how it impacts on lesbian and gay rights.

AGLPV001-1995/color/48mins/\$295 Institutional/\$59.95 Home use only

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 Yes No

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Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?
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Do you want to be a NON-CONFIDENTIALLY LISTED referral source?
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APPLICATION FORM

Caucus of Lesbian, Gay & Bisexual Psychiatrists

American Psychiatric Association

(CLGBP is the official APA minority caucus for lesbian, gay and bisexual psychiatrists. Membership lists are maintained by the APA; confidentiality is not assured. Membership is free.)

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

* APA Membership Status: _____

Please enroll me in the Caucus of Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ Date: _____

Send this form to: Office of Membership
 American Psychiatric Association
 1400 K Street, NW
 Washington, DC 20005

* Member-In-Training, General Member, Fellow, Life Member, Life Fellow



Chicago's
 Landmark
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Gene Nakajima, M.D.

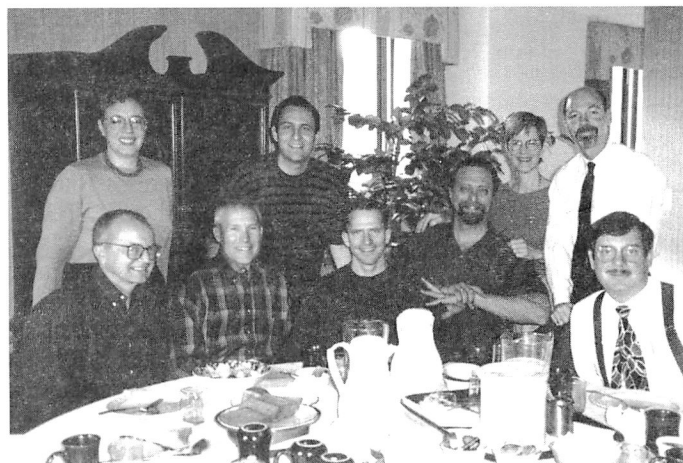
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Attendees at the Fall Meeting in Chicago included: (standing) Laura Bernay, M.D. (Membership co-Chair), Guy Glass, M.D. (Newsletter Editor), Diana Miller, M.D. (Vice-President), Roy Harker (Office Director); (seated) Larry Prater, M.D. (Treasurer), Dan Hicks, M.D. (President-Elect), Mark Townsend, M.D. (Secretary), Todd Mandell, M.D. (Membership co-Chair), David Scasta, M.D. (President).

More photos from Chicago appear on page 6

America's Finest City Welcomes the APA

Ken Campos, M.D.

Chairperson, Local Arrangements Committee, 1997

San Diego in May! Springtime, sporting time and convention time! The 1997 APA Annual Meeting, held in San Diego, May 17-22, will be an opportunity to visit a beautiful spot on the California coast. San Diego is a diverse and hospitable place, first discovered in 1542 by Portuguese explorer and soldier Juan Cabrillo, working for the Spanish. It is the site of the first of the California missions built by Father Junipero Serra in 1769. Now, San Diego is home to the Salk Institute, UCSD, the Scripps Institute of Oceanography, and bases for the Navy, Marine Corps and Coast Guard. There is world-class surfing, available with many other sporting opportunities from golf, sailing, hang-gliding to scuba and bird watching. Balboa Park is home to several museums including art, natural history, anthropology, aerospace and an OMNIMAX film theater. There are other museums, botanical gardens, the Wild Animal Park, Sea World, the Zoo, Sea Port Village, Old Town, and attractions at the Mexican border as well.

The AGLP block of rooms will be in two hotels this year. The St. James Hotel is a recently renovated historic landmark built in 1913, located at 830 6th Avenue, by F Street, in the Gaslamp district. It is within walking distance to the Convention Center, near a trolley stop, and it features wonderful views of San Diego harbor, the Pacific Ocean, Coronado Island, downtown, and Mexico from many rooms and the rooftop

Continued on page 12

The Newsletter of the
**Association of
Gay and Lesbian
Psychiatrists**

Editor, Guy Glass, M.D.

Published quarterly from 67 East 11th Street, Apt. 719, New York, NY 10003.

Subscription cost: \$20.00 per year. Subscription requests and address changes should be sent to the above address.

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent 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 them to: Guy Glass, M.D., Editor, *Newsletter* of AGLP; 67 East 11th Street, Apt. 719, New York, NY 10003. (Phone:(212)982-0328, FAX (212)982-1879, E-mail:GFGMD@aol.com)

Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which work processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed 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). The deadline for inclusion in the next issue is January 2, 1996.

ADVERTISING RATES

The *Newsletter* of the Association of Gay and Lesbian Psychiatrists accepts limited advertising depending upon space and applicability to issues affecting psychiatrists who either are gay or lesbian or treat gay and lesbian patients. The mailing lists for AGLP are confidential and never sold or provided to any vendor.

Full Page Ad	\$200
Half-Page Ad	\$125
Business Card	\$50

Community service announcements are printed without charge, but are accepted only on a limited basis depending upon space limitations and applicability.

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Editor's Column

Guy Glass, M.D.

Corresponding to an interest in expanding the international scope of AGLP, as previously discussed in this space, I wish to devote this issue's column to my experience attending the Xth World Congress of Psychiatry in Madrid. The conference, from August 23 to 28, was organized by the World Psychiatric Association and was held at the ultra-modern Palacio Municipal de Congresos. I don't think Gene Nakajima and I had any idea of how much work was in store for us when we decided to put a symposium together for an international convention! Early meetings were held last winter in New York and Los Angeles, and by February we submitted our abstracts. With all due respect to the WPA, things did not go as smoothly and were not handled as professionally as I was used to from APA presentations (I am being very tactful here). Nevertheless, we finally completed our arrangements and prepared to converge on Madrid along with other AGLP members, and German and Finnish colleagues. (Some of us also spent a pleasant week in England prior to the conference).

I want to thank Gene for having the foresight to arrange a social and "networking" meeting for lesbian, gay and bisexual participants. This meeting (as well as the symposium) was greatly facilitated by Ellen Mercer, Director of International Affairs at the APA who is a valuable friend of AGLP and should be commended for her efforts in support of many humanitarian causes. The meeting, held on August 25, was billed as being cosponsored by AGLP and the Bundes Arbeitsgemeinschaft Schwule im Gesundheitswesen (German Gay Health Care Professionals). I must admit that I expected that a few people would show up and wasn't overly enthusiastic before the meeting. I am pleased to say that I was wrong, and delighted to report that we had more than forty participants from twenty countries (USA, Canada, Finland, Dominican Republic, Switzerland, Germany, Poland, Spain, Czech Republic, Chile, Argentina, United Kingdom, South Africa, Brazil, Mexico, Italy, Norway, Netherlands, Sweden and France)! Encouraged to stand up and say a little bit about themselves, a number of people walked out of the room before it was their turn, but many others participated enthusiastically, and several (especially those from more repressive countries) spoke about how moved they were by the meeting. A moment of levity was provided when two serious-looking characters from TILESAs (the local organizers of the conference) barged in, demanded to know who had authorized the meeting and were put in their place by Ellen Mercer, who quipped that for once this hostility reflected ineptness, not discrimination! Impromptu simultaneous translation was helpfully provided by Spanish-speaking AGLP members Drs. Ken Campos and Francisco Gonzalez, and we were fortunate to have been addressed by representatives from a local Madrid-based gay psychiatric/psychological organization, Grupo Les-Hom. In addition to AGLP members previously mentioned, and to those who presented in our symposium, others in attendance included Drs. Kenn Ashley, Yim Chan, Stuart Sotsky and Maurice Benchitrit. I might add that this meeting proved to be excellent publicity for AGLP, and that there was much enthusiasm for AGLP's new \$40 reduced fee for international members.

Until our symposium, "Perspectives on Gay Affirmative Psychiatry, which was scheduled for August 27 at the Hotel Melia Av.America, most of us visited Madrid's three fantastic art museums,



The Statue of Velázquez in front of Madrid's famous Prado Museum

Continued on page 10

President's Column

David Scasta, M.D.

With a lot of help from the American Psychiatric Association, a generous grant from Janssen Pharmaceuticals, some hectic behind the scenes organization by Roy Harker, Dr. Steve Goldfinger, and myself, and the wonderful teaching skills of Dr. Marshall Forstein, AGLP held its first Gay and Lesbian Institute to train psychiatrists in the basics of psychotherapy with gay and lesbian patients. The two-day course at the Annual Meeting of the Psychiatric Institutes of the APA in Chicago received uniformly good marks despite its hasty organization. I was particularly pleased to discover that a significant number of the 40+ participants were not gay or lesbian affiliated. We are finally getting the new research and concepts out to the general membership of the APA instead of constantly "preaching to the choir."

The most frequent criticism of the course by both participants and faculty was that each lecturer had only a half hour to cover material that would be more effectively covered in several full- hour lectures. The lecturers were flying through the material as fast as their mouths could speak. Even so, many areas were short changed -- particularly issues for lesbians and biological/ genetic research. While I would be more comfortable with a five-day course and rigorous testing to insure that the all academic material is presented and absorbed as part of a basic certification process, the participants preferred a less intense/rushed course with less material and more time for discussion. Our President-Elect, Dr. Dan Hicks, will be organizing the course next year. If you would like to be a participant or have ideas about the course, drop him a note either directly or via the National Office.

Changing the Fall Meeting (from the APA Fall Meeting in Washington to the Annual Meeting of the Psychiatric Institutes of the APA) did not go as well as we had hoped. The Executive Board, the Membership Chairs, and Dr. Ken Campos, Chair of the Local Arrangements Committee for our Annual Meeting in May 1997 in San Diego, were the only people who participated. We did not have enough people to hold the first Council Meeting (which is charged with nominating officers). We will have to hold a Council Meeting at the Annual Meeting. I will contact each constituency group before that time to make sure that all are represented. The later meeting also means that we missed visits by the President, President-Elect, and candidates for President-Elect in which the Executive Board is able to relay concerns directly to the leadership and future leadership of the APA.

Our membership will need to be more diligent than ever in scrutinizing the candidates' answers to questions posed by the Newsletter prior to the election in February. I suspect that we will need to have the Council Meeting in Washington in September and the Gay and Lesbian Institute at the Annual Meeting of the Psychiatric Institutes in October. We have been talking for several years about expanding the number of meetings. Perhaps this is the time.

By the way, keep your eye on Dr. Ken Campos. He has lined up several nice hotels for us which will be easy on the pocket book and right in the thick of the community. He is also making arrangements for our awards banquet and closing party to be held at the San Diego Zoo. It should be fun; make your reservations early.

The New York meeting really did a number on our budget. Despite generous grants from Janssen and Pfizer, we still hemorrhaged funds. Cash flow will be tight until the new dues start coming in next February. Dues have been raised to \$125 for 1997. There are a number of projects which we would like to undertake but cannot for lack of funds. One of my jobs over the next six months will be to raise the money for these projects and put the treasury back on solid ground before I turn over the reins to Dan Hicks next year. We are looking for patrons for the following projects: Establish a World Wide Web site for AGLP (\$1500-\$2000), fund the first year of the WWW (\$1500),

We are
 finally
 getting
 the new research
 and concepts out to
 the general member-
 ship of the APA
 instead of constantly
 "preaching to the
 choir."

AGLP Fall Meeting Minutes Allerton Hotel, Chicago

8 AM, October 19, 1996

Present: Laura Bernay, M.D. (Membership co-Chair), Ken Campos, M.D. (Local Arrangements Chair), Guy Glass, M.D. (Newsletter Editor), Roy Harker (Office Director), Dan Hicks, M.D. (President-Elect), Todd Mandell, M.D. (Membership co-Chair), Diana Miller, M.D. (Vice-President), David Scasta, M.D. (President), Margie Sved, M.D. (Past President), Larry Prater, M.D. (Treasurer), Mark Townsend, M.D. (Secretary).

- I. The Council lacked a quorum as mandated by the Bylaws, therefore business was conducted as an Executive Committee meeting.
- II. Lesbian, gay and bisexual psychotherapy course summary:
David reported that there were 40 attendees and 7 speakers. He said that much of the organizational work was done by Roy and himself. Roy said APA was very pleased with the quality of the faculty. The Committee discussed changing to a longer, more intensive course next year; the consensus instead was to continue with a two-day format but with concurrent sessions to meet the needs of the diverse audience. Margie suggested more break-out sessions for more intensive work. Roy said the deadline for submitting next year's course is December 2. Dan agreed to serve as interim course director. The Committee also discussed the need to alter course material next year to better integrate theory with clinical practice.
- III. Treasurer's Report: Larry distributed the financial statement, demonstrating a positive cash flow. It was unanimously approved. He said that Roy continues to perform more of the work previously done by the treasurer, making the job of the next treasurer easier. He said that banking services are being transferred to Philadelphia from their current locations in Oklahoma and California. He said that meeting expenses from New York were high, and the Committee discussed the benefits of the New York meeting in terms of attracting new members. Larry said he would not be seeking reelection as Treasurer this year.
- IV. Drug company funding: Diana led a discussion about whether to continue our increasing financial relationship with pharmaceutical companies. Margie talked about the positive role such companies play in her hospital, and suggested AGLP should work out a suitable policy. The Committee discussed ways of limiting any appearance of undue industry influence of AGLP, including soliciting numerous medium-sized donations for major projects, and continuing our practice of acknowledging industry support discretely.
- V. Fundraising: The Committee discussed the idea of developing major projects to increase income for the organization. Laura suggested we develop a "sponsor" membership level of twice the current dues--\$250, with a special annual reception and acknowledgement in the Newsletter. This was accepted unanimously. The Committee also discussed soliciting benefits. Margie suggested we liaison better with APA on policy issues in order to make better use of our resources for member services. David reiterated the need to maintain an independent voice from APA. Dan suggested we focus on the psychotherapy course--a project already in place--as a money-making venture, since a successful course could raise tens of thousands of dollars.
- VI. Future Council meetings: David noted that this meeting was sparsely attended, and led a discussion of whether to return to meeting concurrently with the Fall APA Component Meetings. Committee discussed the fact that many members may not have understood we were meeting at the Institute; several present recommended that we meet at the Institute at least one more time, since we are repeating the LGB psychotherapy course. The Committee agreed unanimously. Dan agreed to contact identified members of Council ahead of time next year to personally encourage them to attend.
- VII. Office Director's Report: Roy asked for feedback about the new AGLP website and received enthusiastic support from the Committee. He appealed for more submissions for posting at the site, and that AGLP raise the necessary funds to make it an interactive site. He said that we have been unable to develop an AGLP credit card because we have a short credit history. Roy said we were also sanctioned by APA for not staffing the APA booth appropriately; they said if this continued we could not be invited back.
- VIII. Women's Committee: Laura said attendance at the New York dinner had been very good. She said she's hopeful she'll be able to contact sufficient lesbian healthcare providers in San Diego to assist in local arrangements.

Continued on following page

AGLP Fall Meeting Minutes
Continued from previous page

- IX. Hospitality suite/Saturday program: Diana suggested we accept offer of APA Committee on LGB issues to give the Saturday morning session: a program extending arguments from the successful same-sex marriage workshop at APA. Diana said she would also tackle the problem of how to manage the growing number of competing events in the Hospitality Suite.
- X. Membership Committee: Todd said the current membership was 598. Roy pointed out the international memberships are only breaking even for us due to increased mailing costs. Consensus was that this is acceptable, but that we may need to increase mailing costs in order to keep international members revenue-neutral. Todd said the Membership Committee will develop a plan to better introduce themselves to prospective members at AGLP and APA events. Todd also suggested we have a reception at the Institute next year to develop new membership. Laura asked that Membership Committee organize the AGLP booth, especially since we have now been sanctioned by APA; this was warmly received by the Executive Committee. Laura and Todd also agreed to contact members prior to the May meeting to arrange for booth coverage. Guy suggested that the Membership co-Chairs contribute regularly to the *Newsletter* about membership activities. Laura said she was developing a system to reward members who bring in the most new members.
- XI. Newsletter Report: Guy said his e-mail address was gfgmd@aol.com. He said the deadline for the next issue is November 1, with release by holiday time.
- XII. Journal Report: David said that issue 4, volume 2 is now being completed. Laura Post, M.D. has agreed to guest edit issue 1, volume 3. David said that other guest editors may be invited in the future.
- XIII Local Arrangements: Ken said that San Diego member Jon Koelle, M.D. is spearheading hotel search. He said that there are two prospective hotels: Somerset Suites Hotel, with 40-44 rooms set aside, and the Park Manor, with 60 AGLP rooms. He said the Local Arrangements Committee was searching for a third hotel closer to downtown, to have roughly 125 rooms altogether. Somerset Suites has a van to the convention center and is in the heart of the gay section of San Diego; the van runs from 7 AM to 11 PM. Room rates were \$69-\$89 for suites that would sleep two to four people. The Park Manor's rooms were similar in price, but had no transportation to the convention, and were on the edge of the gay area. Ken recommended the Saturday program and AIDS Memorial be at the Park Manor--their room seats 125 and is very attractive. David suggested we get two \$89 "Executive Suites" at the Somerset so we could run a couple of groups at a time. Roy and David suggested that contracts be signed ASAP in order to announce the hotels in the next Newsletter. Mark suggested we change the name of the service from the AIDS Memorial to a Memorial Service to honor all who passed away during the year.
- Ken recommended a Wednesday, May 21 outdoor event at the San Diego Zoo as the closing party. Cost of dinner, dancing and zoo admission would be comparable to past dinners. Ken suggested AGLP hire a van service to ferry people back and forth.
- XIV. Awards: David said that Margie is narrowing the list of awardees, and will inform the Executive Committee of her recommendations.
- XV. President's Report: David said that the "President's remarks" will hopefully be a permanent part of the closing reception, rather than the annual business meeting. He said that the official start of new presidential terms will occur during the receptions.
- XVI. Long-range planning report: Dan said that much work needs to be done to complete the long-range plan, including the need for greater numbers of members to assist in its development. He said that one goal will be to develop a plan for celebrating our 20th anniversary meeting in Toronto. He suggested we organize a committee to gather historical information. Dan said that Shelly Klinger, M.D. is heading a public affairs committee to train more members to address the media. Laura suggested we separate public affairs from public relations so that the Membership Committee can focus on attracting members rather than advancing policy. Dan requested we organize a development committee, perhaps chaired by the treasurer, to raise funds.
- XV. New business: Roy suggested we improve the look of the AGLP booth, and he said he could design and produce the necessary graphics. The Committee agreed the booth had become shabby, and discussed the pros and cons of having a drug company sponsor the new booth. The Committee decided that we should solicit individual member donors instead, and voted to increase the booth budget for this year.
- XVI. Meeting adjourned at 2 PM.

Respectfully submitted,
Mark Townsend, M.D.

Fall Meeting of the AGLP

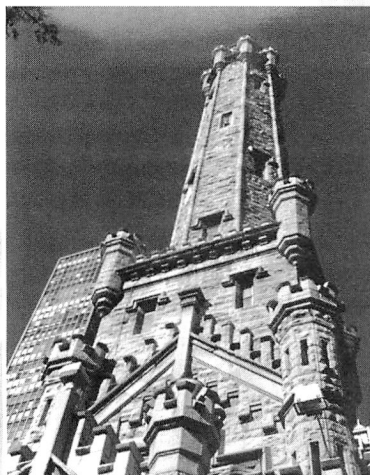
Our President and Office Director, Dr. David Scasta and Roy Harker



Drs. Mark Townsend, Margie Sved, and Laura Bernay relax at lunch following the meeting



McKim, Meade, and White's architectural masterpiece, the Chicago Wrigley Building



Chicago's Landmark Water Tower

Ken Campos, M.D., Chair of the 1997 Local Arrangements Committee is already whetting our appetite for San Diego



Background: Chicago Tribune Tower

Community Psychiatrist, Community Lesbian: Power and Privacy

Laura L. Post, M.D.

I work within community mental health because I can. Because I want to. Because I have worked in no other setting since my training ended, and because I am happy here. My community called to me, and I was lucky enough to have heard that call, persistent enough to have stayed in this setting, despite calls from easier, more lucrative, more buffered and less draining employment. I have been the medical director at a community-based, Lesbian-gay mental health and services organization since 1991. I accepted the position, despite a heavy burden of debt repayment and despite a lower salary compared to those in the private sector, government, or solo practice because it felt like the right thing to do spiritually. I had no idea how much I would grow as a person or how my professional standards would be challenged by this job.

The most challenging aspect of my job as medical director of Operation Concern involves the consequences of my choice to work, as a (Lesbian) psychiatrist, within my Lesbian-gay community. What makes the challenge is that I am visible in my personal and political life, and the boundaries between my professional/psychiatric career and my activist/writer career can sometimes blur.

Of course, different schools of therapy demand different degrees of distance. The most conservative, analytic approaches (what I was taught, and abhorred as punishingly inhumane) preach that the client should be told nothing empirical about, and given nothing emotional by, the therapist. More empathic methods, which I have gone out of my way to learn, and which I embrace, allow for some self-disclosure, authentic response, and sincere support. All schools agree that sex -- the ultimate dissolver of boundaries -- between therapist and client is forbidden. The fundamental principles are that the client's safety requires such separation from the therapist, and that the separation is to be enforced by the therapist, even after the formal therapeutic contact has ended.

When I moved to San Francisco, I had hoped that the psychiatric, Lesbian-gay, and recovering communities would be sufficiently large, diverse, and separate, that I might not be forced to devise many personal boundary rules. As an out Lesbian psychiatrist, out in my recovery, out in my writing about Lesbian music and culture, I feared having to construct artificial boundaries, perhaps because I did not believe that they needed to be as rigid as I had been taught.

I do believe that some measure of personal boundary is necessary to function effectively in this world. I also believe that, just as Lesbians and gay men are discovering and developing new ways of being together, as significant others, as families, Lesbian-gay-identified therapists are working out new ways to have boundaries. The point is not to obediently follow established, heterosexist assumptions. The point is to protect clients from the painful impossibility of trying to deal with someone to whom they have turned over power (the therapist) as if that person were an equal (friend, lover, business partner).

Here are some specific examples of boundary blurring. Imagine having as a client (these scenarios all happened to me or to someone I know):

The most challenging aspect of my job as medical director of Operation Concern involves the consequences of my choice to work, as a (Lesbian) psychiatrist, within my Lesbian-gay community.

Community Psychiatrist
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- a gay man with whom I have done civil disobedience at political gatherings;
- a gay man who had read my published Lesbian erotica;
- an ex-lover;
- an ex-lover of a close friend;
- a current lover of my therapist;
- a gay man who is close friends with my ex-lover;
- a gay man who I used to run into in my therapist's waiting room;
- a Lesbian who is also a client of the therapist whom I see, in couples sessions, so that I am forced to consult with my own therapist as a colleague;
- a Lesbian who had read my confessional-style, fictionalized story about incest or battering;
- a Lesbian performer whose live show or album I had reviewed or whom I had interviewed;
- a gay man who had outed me to my homophobic superior during training;
- a Lesbian from my home 12-step group;
- a Lesbian friend whom I'd entertained in my home.

Then, imagine these social scenarios:

- sitting with friends and having a Lesbian client of mine approach us at a cafe, and having my friends, unwittingly, invite her to join us;
- being encouraged, by a third party, to "meet" and chat up a Lesbian performer who is in treatment with me;
- explaining how I have "met" the aforementioned performer, when it is clear that she knows me and is uncomfortable in my presence;

- running into a client, both of us naked, at a Women's Music and Culture festival;
- inadvertently sitting very close to a client, or to my own therapist, at a standing-room-only Lesbian gathering.

Working within the Lesbigay community widens the risk of such double-bind happenings. Maintaining therapeutic boundaries (including the crucial one of confidentiality) appropriately and consistently when one's social and professional life so overlap is challenging, at best, and nerve-wracking, at worst.

There have been positive outcomes as the result of having to directly confront boundary issues. Working with boundaries has led to increased trust (when a client knows that I will never violate her/his confidentiality) and to more self-confidence for clients (when they feel OK about saying, to their friends, after running into me, in the Castro, that I am their psychiatrist).

A gay client announced, one day, in session, that he had just read an erotic short story I had written. He commented that he felt, for the first time, that I might be able to understand him because he sensed that I really liked and understood sex. After admitting that he had never discussed sex honestly, with a woman, even a Lesbian, before, he began to tell me that it was his diminished erectile capacity that had led him to discontinue his antidepressant, and not the dry mouth, as he had first reported. Further evaluation led us to consider a different antidepressant regimen for him, and I felt confident that he would report any and all future sexual side effects to me!

A different scenario, involving the boundaries between a client and an outside third person, was more problematic. I discovered, as I read through the chart of a woman who had her first appointment with me, that she was the ex-lover of a close friend of mine. When this client and I first sat down together, as I was preparing to initiate the psychiatric assessment, I informed the client that her recent ex-lover was, in fact, my friend. Together, we considered, and agreed that an awkward social encounter was unlikely and that the client wanted to give it a try with me and to ask for referral to another psychiatrist if she didn't feel comfortable.

I promised the client, in keeping with my own strict rules about client confidentiality,

never to discuss any information told to me, by the client, with my friend or to reveal, to the friend, that the client was in treatment with me. The client, initially surprised by my doggedness about the issue, told me later that, upon reflection, she realized that my careful, explicit attention to the client-therapist boundary was what had convinced her to try it with me.

During the course of my work with this client, I had to hold some disagreeable images about my friend in my heart. Having to hold the disagreeable images forced me to struggle with my empathy toward the client. Supervision and peer contacts provided some specific suggestions about how to maintain the focus of empathy. My own therapy was useful in relieving some of the private anguish of the images. Most effective at transforming the experience into a healing, integrated journey was my writing, which most effectively attenuated the emotional intensity of the conflict and allowed me to organically feel allied with this client and to let go of my allegiance to my friend.

In other situations, I have been forced to develop some utilitarian explanations for curious third parties, when questions arise about how I know someone who is a client. I say, vaguely, "We met in the community." (My friends who are therapists and/or from 12-step meetings know better than to ask about someone who approaches me, in public, if I do not immediately introduce them). Occasionally, I have brought boundary concerns (how can I ask a client to contribute to a piece that I am writing?) to peer supervision for clarification. I have always tried to keep my own issues, about boundaries, overtly out of the client sessions.

Sometimes, it has come up that I have spent extra time, in sessions, with clients who have read something of mine and had a reaction to it which interfered with our clinical relationship. I was much more anxious about the ramifications of this occurrence before it happened for the first time. Now, I consider my writing part of me, and this scenario merely an extension of the very common situation of running into a client socially and having to work with their emotional response to the encounter.

In summary, working in the Lesbigay community means that any Lesbian from my life could be a client at Operation Concern and could walk into my office requesting psy-

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chiatric consultation. If I were employed at an HMO, or at a VA hospital, I would go to work, expecting to see few Lesbians or gay men as clients or peers. I would return home, to the protected privacy of my social and 12-step circles, not having to deal with the affects and actual predicaments alluded to above. If I worked at a women's prison, I might encounter Lesbians as clients, but I would be unlikely to encounter them in my personal life. If I had a private practice, I could refer out any potential client whose life might overlap awkwardly with my own.

A critical aspect of community work is that many of the clients can not pay to get treatment elsewhere. More than once, I have been confronted with a client, newly referred to "the agency psychiatrist," and discovering that it was me. The client might have been a buddy, a confidante, or a Women's Music and Culture artist who had been, formerly, seeking my help in promotion. I had to let that client know that, were I to begin the assessment -- whether I ever eventually prescribed medication for her/him, or not -- we would never again entirely be equals. I would always, for her/his sake, be required to honor her/his safety and maintain the boundary of confidentiality.

Clients in such a predicament have been compelled to a terrible choice between receiving affordable, Lesbigan-sensitive evaluation and remaining in my social sphere. Of course, their immediate mental health took precedence, and most chose psychological intervention. More than a few times, I have sat with a Lesbian or gay man, who had been a friend, trying to adjust to our new, more formal relationship: a loss for both of us, trying to imagine the situations between us that would never more be played.

Once those situations evolve, my role as psychiatrist is always primary. Whether I am dancing with jubilation at a March on Washington, or sunning at a festival (which I no longer do nude), I carry with me the absolute responsibility of maintaining my clients' confidentiality and, if possible, of respecting their space. Sometimes, it is a burden that I would like to let slip away, if only for a short while. I have never wanted to stop being a psychiatrist, and I cannot imagine being a psychiatrist and still drinking. In those days, setting and maintaining any sort of consistent limits didn't happen, and I might

have been tempted to reveal clients' info, if only for the sense of power.

The flip side of boundaries-for-clients'-sake is my own privacy. Usually, my clients avoid me in public. I have not recently encountered a situation where I felt publicly vulnerable around a client, although it has happened to me with my own therapist, an enlightening experience, to be sure.

A few years back, though, I stopped going to Lesbian 12-step meetings because I routinely ran into clients there. I knew that neither they, nor I, would be able to share openly or to ever feel entirely at ease in each other's presence. Currently, I deal with that potential conflict by living in the East Bay and working in San Francisco. Rarely do folks travel across the Bay Bridge for regular AA meetings. Most importantly, I'm confident that I have the tools, the wisdom, and the support to deal with any such eventuality, should it occur in the future.

As the medical director of Operation Concern, my workload is heavy, on-site social time sparse, and work with clients replete with clinical challenges. Moreover, there exist even more complex challenges of managing boundaries between my life as a (recovering Lesbian) psychiatrist, working with recovering Lesbigan clients and being a writer in the Lesbigan culture.

I love what I do. I enjoy balancing the multiple agendas of agency revenue, staff efficiency and satisfaction, units of service and other contract adherence, and clinical excellence. I look forward to certain levels of unpredictability. My self-healing soul and trained persona rise together to be challenged by dealing with ever-mutating structures. Coming from the 'self-help' milieu of 12-step and from the community-based realities woven into my earliest experiences as a psychiatrist, I expect and am pleased by the degree to which I can have input into my agency's fiscal, organizational, and clinical path.

Doing psychiatry blends elements of solving an interesting mystery, watching a flower blossom, and holding a sacred object. Doing psychiatry within a community agency feels something like playing on a galvanized softball team. Doing psychiatry within a Lesbigan community agency is like spending time with favorite brothers and sisters, sharing experiences that do not always have to be spoken to be understood. How could anyone not

flourish while working in such stimulating, nurturing surroundings?

There are other aspects which resonate for me, about working within my Lesbigan community. Within the community, we treat whoever walks through our door. It is easy for me to maintain empathy for clients who are from my own community, therefore, who are like me. But there for the grace of the Goddess go I, and I, literally, treat them as I would like to be treated. Because I am not focused on the 'deviance' of sexuality of my clients, I am free to focus on the uniqueness of their presentations; it is my strength, as well as a challenge, to be able to do so.

There are aspects of community work which could not be approximated in any other setting. One of these is the aforementioned potential to deliver culturally relevant services to clients. Another aspect is the opportunity for strengthening the community through our clinical work. In a community agency, "us" is "them," and the work transcends to larger politicosocial cycles.

Our rethinking and reworking of power and boundary issues is groundbreaking and innovative. For people who live in any community, working in that same community is a challenging extension of life's process. In the Lesbigan community, negotiating boundaries is part of everyday existence: ex-lovers become friends, friends become lovers. The transformations between friends and clients are not so unique.

Finally, teaching (of interns, other trainees, and each other) occurs in the most favorable circumstances of cultural immersion and mutual cultural appreciation. By the same token, getting to know colleagues within that cultural framework is a more honest and enduring process than simply working side-by-side at an oppressive or less overtly culture-positive job. Contributing to a one-of-a-kind agency, so opposite from U.S. trends towards standardization, is pleasing to me. Being within a community affords a clear view of the individual effects of global changes and allows us 'front-line workers' to offer the greatest tools of all towards healing: ourselves.

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Editor's Column
Continued from page 2

explored the wide boulevards and cafe life, and headed for Toledo and other nearby sites of historical and cultural interest. Co-chaired by myself and Dr. Siegmund Dannecker, a psychiatrist from Berlin, the symposium itself drew a respectable crowd, and I was especially proud to have attracted as illustrious a discussant as Dr. Melvin Sabshin, who is Medical Director of the APA and on the Executive Committee of the WPA.

In my introductory talk, "An Overview of Gay Affirmative Psychiatry," I laid the theoretical groundwork for the symposium and discussed the role of AGLP. Dr. Gonzalez presented "Homophobic Stigma and Culture" in which he explored the phenomenon of homophobia in a social and political context. Dr. Nakajima's presentation, "Developing Gay Asian Identities in Confucian Cultures," focused on issues of interest to gay and lesbian Asian Americans. Gene also discussed his role (with the intervention of Dr. Sabshin representing the APA) in getting Japanese psychiatry to accept a nonpathological model of homosexuality. Olli Stålström, who published an alarming article earlier this year in the *Newsletter*, next presented on "Homosexuality

days, and Kalle Achte who has asserted that the two most important books in his life have been the Bible and Kaplan and Sadock(!) Olli called Finland a "Freudian museum" in which well-known psychoanalysts warn against the dangers of feminism to social order, support Pat Buchanan, and openly discuss the arrested psychological development of Africans.

Howard Rubin, M.D., in his talk entitled "Examining Homosexuality in Psychiatric Textbooks," traced the metamorphosis of the controversial and infamous chapter on homosexuality in the Kaplan and Sadock textbook beginning with the 1967 edition which was authored by Irving Bieber, in which homosex-

about their admission policies regarding homosexuals. I should also mention that Jürgen wants to put together a European organization for gay and lesbian psychiatrists. For further information, please contact him at B.A.S.G.e.V., Warthestr. 70, D-12051, Berlin, Germany, by phone at +49-30-6283705, or fax at +49-30-4492447.

In the final presentation, "Unity Amidst Diversity: The Role of Psychiatrists," Ellen Mercer described the roles that APA, WHO and WPA have played in changing views towards homosexuality, and encouraged psychiatrists to educate themselves and the public in order to reduce discrimination and intolerance. She further discussed an international survey conducted by her office on psychiatrists' views on homosexuality which revealed that "the overwhelming majority viewed homosexuality as deviant behavior, even though it has been removed from the listing of psychiatric disorders." In his discussion, Dr. Sabshin stressed that he considered himself a "good friend" of AGLP, and called the symposium an "historic meeting" which he hoped would be followed up at other international meetings (the next WPA conference is in three years in Hamburg, Germany!). Commenting on the presentations, he remarked that the treatment of homosexuals was the "Achilles heel" of psy-



Representatives from Grupo Les-Hom, Madrid's Servicios Psicológicos para la población Gai y Lesbiana



Some of the international psychiatrists present at the social meeting

and Psychiatry in Peripheral Cultures." Olli is a lecturer in sociology at the University of Kuopio, cofounding member of the Finnish gay liberation front (SETA), and coorganizer of an international conference on homosexuality and mental health slated for Helsinki next summer. Olli brought along a copy of his massive doctoral dissertation which he has recently submitted and for which he probably had to pay extra charges on the plane! In his talk, he explored the anomaly that Finland, in many ways a "model Western democracy," officially supports censorship and reparative therapy. Leading figures in Finnish psychiatry include Dr. Asser Stenback, a Christian fundamentalist and supporter of Hitler in bygone

quality was classified under "personality disorders: sociopathic type," and up to the current edition (Warren Gaddpaille) in which many unfortunate stereotypes and unscientific assertions are repeated. The following speaker, Jürgen Graffe, is a psychiatric resident in Germany and the chairperson of the BASG (see above). Although TILESA misprinted the title of his talk as "Psychoanalytic Discrimination against Day Applicants" in the program book, he gave an interesting presentation of the results of a recent study performed by the author in which he interviewed directors of psychoanalytic institutes in Berlin



Gene Nakajima, M.D. worked tirelessly with me to put this symposium together



Olli Stålström poses here with Ellen Mercer of the APA, who was instrumental in our success

choanalysis, and later said he was "ashamed" of psychiatrists like Stenback in Finland.

The day after our symposium I was already in Barcelona, and learned that we had been covered in the Spanish daily newspaper *El Mundo*. Now, sometime later, I am proud of the work that I did, and excited about some of the alliances that were forged during those few days in Madrid. An article on the symposium appeared in the October 18 edition of *Psychiatric News*. I also want to call attention to the fact that this was an entirely Early Career Psychiatrist-arranged event.

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Moving away from the symposium, I want to inform members that I have e-mail (GFGMD@aol.com) and encourage communication to me via e-mail wherever possible. On a personal note, my partner Lewis is about to move into my apartment which I have augmented by purchasing the unit next door. I have also supplemented my family by acquiring a ten-month old ferret named Peewee who may be chewing on my leather couch while I put the finishing touches on this issue of the *Newsletter*...Best wishes for the Holidays!

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EL MUNDO

MIERCOLES 28 DE AGOSTO DE 1996

X CONGRESO

Varios manuales de
Psiquiatría aún tratan a
los gays de «enfermos»

• En un libro especializado que acaba de ponerse a la venta, la homosexualidad se define como una «perversión»

IRENE HDEZ. VELASCO

MADRID.— La Asociación Americana de Psiquiatría dejó de considerar la homosexualidad como enfermedad mental allá por 1973. La Asociación Mundial de Psiquiatría lanzó en 1993 una recomendación a todos sus miembros, pidiéndoles que lucharan activamente contra la discriminación de gays y lesbianas. Y la propia Organización Mundial de la Salud (OMS) hace ya años que dejó claro que las personas que mantienen relaciones sexuales con las de su mismo sexo son mentalmente sanas.

Sin embargo... «Homosexualidad: perversión causada por la ansiedad de castración». Así es como los doctores Weelin y Goos definen esta tendencia desde el punto de vista psiquiátrico. El anacronismo, el insostenible calificativo de «perversión», aparece en una obra que acaba de ver la luz en Finlandia la semana pasada. Y en otros muchos tratados de psiquiatría que en la actualidad circulan por el mundo.

«Y lo que queda escrito tiene implicaciones muy fuertes. Los libros de texto transmiten a los estudiantes unos valores determinados, que son reflejo de la sociedad en que vivimos», apunta el doctor H. Rubin. Este psiquiatra estadounidense participó ayer en el simposio «Perspectivas de la Psiquiatría de Afirmación Gay», celebrado al amparo del X Congreso de Psiquiatría.

Early Career
Psychiatrists Column

Gene Nakajima, M.D.

At the APA conference, we had a good attendance at the Sunday brunch hosted by Guy Glass, M.D. at his beautiful home for early career psychiatrists (less than 5 years out of training or under 40 years of age). There was a small discussion group, and unlike previous years, we did not have a joint session with residents and fellows who are finishing training. Many of the people who were active in this group are moving out of early career status, and we need new early career psychiatrists to be involved.

I am currently finishing my three-year tenure on APA's Committee of Early Career Psychiatrists. On the Committee, we have three people who are rotating off. I am encouraging any early career psychiatrists interested in getting involved in the APA to consider becoming a Committee member. In addition, we are starting a monthly column in APA's newspaper, *Psychiatric News*. If you have an interest in writing a column about career transition, combining family and career issues or any other issues of interest to early career psychiatrists, please contact me. I am particularly encouraging gay and lesbian issues to be covered in this column.

One of the major accomplishments of APA's Committee of Early Career Psychiatrists has been passing a resolution creating for the APA Assembly a Committee of early career psychiatrists. There are now 7 representatives and 7 deputy representatives who are representing early career views in the APA Assembly, including two AGLP members, Drs. George Fouras and Bill Callahan. The APA Committee will continue to handle matters related to the national APA policy and the Annual Meeting. The Assembly early career psychiatrists, in addition to bringing early career views to the Assembly, will work with district branches to foster the development of local and area early career psychiatrists' committees. I encourage any early career psychiatrists to consider becoming a representative to the Assembly in your area. If you have any questions about this, please contact me at (phone) (310) 247-4261 or GNakajim@medicine.med-sch.ucla.edu.

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International Visiting
Psychiatrists

Gene Nakajima, M.D.

At the last APA conference in New York, you might have noticed a large number of psychiatrists visiting from other countries. Approximately 1000 of the 17500 registrants were international visitors. Because we knew that two representatives from the German gay physicians' organization were coming to New York, we decided to hold a meeting at the Hospitality Suite where AGLP members could meet gay and lesbian psychiatrists from other countries. At the meeting, about 12 psychiatrists from places as diverse as Australia, Germany, South Africa, Thailand and the Dominican Republic spoke about the conditions for gay psychiatrists in their own countries. The Australian psychiatrist was inspired by AGLP and is thinking of starting a similar group in Australia. During another APA session, the German psychiatrists met 6 gay Dutch psychiatrists and they are now thinking of starting a European organization for gay and lesbian psychiatrists.

During the business meeting, we proposed that AGLP create an international dues category for psychiatrists outside the United States and Canada. This new category was approved, and it will now cost \$40 for international psychiatrists to become members of AGLP.

At next year's APA conference, we will once again have a meeting to exchange ideas with visiting international gay and lesbian psychiatrists, and we will invite them to the psychiatrists of color party. Several European gay and lesbian psychiatrists have submitted a workshop about European views on gay and lesbian psychiatry. In San Diego, please welcome any visiting international guests to AGLP functions, and encourage them to become members.

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ANNOUNCEMENTS

The Gay and Lesbian Medical Association (GLMA) announces its 15th Annual Symposium to be held from August 21-23, 1997 in San Francisco. The Symposium is dedicated to providing continuing medical education on lesbian, gay and bisexual and transgendered health. For more information call (415) 255-4547 or via the web at www.glma.org.

The National Empowerment Center announces its sponsorship of the first national "Learning from Us" conference, scheduled for March 19-22, 1997 in Albuquerque, New Mexico. The conference is targeted to teach the unique models of empowerment, healing and recovery developed by the NEC. For more information, write PO Box 1322, Sioux Falls, SD 57101-1322 or phone/fax (605) 338-1088. E-mail address is LFUConf@aol.com.

The 3rd Annual Conference on Gay, Lesbian and Bisexual Issues in Psychiatry will be held from February 28-March 1 in Sydney, Australia. Contact Dr. Michael Armstrong, Level 4, Beanbah Chambers, 235 Macquarie St., Sydney, New South Wales 2000, Australia; 61-2231-3230 (phone), 61-2231-3117 (fax), msa@ozemail.com.au (e-mail).

San Diego Meeting Information
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terrace. Reservations for the AGLP rooms are available by calling Mark Devaulx at (619) 531-8877 or ask for the AGLP convention rate.

All rooms have queen-size beds and TV. There are 65 standard rooms with one bed, bath or shower, at \$89; 17 double rooms with two beds (one in each room), one full bath, at \$89; 11 suites with one bed, living room area, kitchenette from \$129 to \$169; and two large suites featuring one bedroom, living room area, dining table, kitchen area, both bath and shower and large TV, for \$229.

The other hotel, Park Manor Suites, was built in 1929. It is located at 525 Spruce Street at 5th Avenue, is on the edge of Balboa Park, minutes from downtown and the Convention Center. It is within walking distance of Hillcrest, the gay section of San Diego. Most suites have views of Balboa Park, downtown and San Diego Harbor. There is a restaurant and piano bar downstairs, in-house laundry facility, cable TV and complimentary continental breakfast. The AGLP room rates are through Ed Delehanty at (619) 291-0999 or (800) 874-2649 or by asking for the AGLP convention rate. The rooms include 45 junior suites (525 sq.ft.) and one or two queen beds, kitchenette, for \$79; 10 full suites (800 sq.ft.) with either a king or queen bed, sleeper sofa, full living room, and kitchenette, for \$99; and five two-bedroom suites (1045 sq.ft.) with 2 king beds or one king and one queen, or one king and two twin beds, at \$159. For those arriving on Friday afternoon, there is a popular gay happy hour in the bar at the rooftop "Top of the Park" room in the Park Manor Hotel.

The AGLP Hospitality Suite will be located in the St. James Hotel. This year's closing party will be held at the San Diego Zoo, including zoo admission and an optional bus tour of the grounds before dinner which will be held in the Treetops room and the multilevel Treehouse Cage Decks with spectacular views of exhibits in the canyon below and of Balboa Park...More about this in future issues of the *Newsletter*!!!



President's Column
Continued from page 3

and provide the National Office with a laptop computer (\$3000). If you are in a position to help, please let me or Roy Harker know. Donations are generally tax-deductible.

One of our members, Dr. Laura Post, has agreed to be a guest editor for Issue One, Volume Two of the *Journal of Gay and Lesbian Psychotherapy*. We have a backlog of articles waiting for publication and are very grateful to Laura for taking on this project. I am very pleased to find that our long period of stagnant growth appears to have been broken. We now have, for the first time, over 600 members. The hard work by the Membership Committee (led first by Dr. Diana Miller and now by Drs. Laura Bernay and Todd Mandell) is finally paying off.

Questions, comments, DONATIONS? Contact me at: 1439 Pineville Road, New Hope, PA 18938; Office Phone (908) 806-3834, Home Phone (215) 598-7252; Home Fax (215) 598-7253; E-Mail GTXB42A@prodigy.com.

See you in San Diego!





we know what works in HIV prevention—why aren't we doing more of it?

what have we learned?

Fifteen years ago, the first AIDS cases were diagnosed among 5 gay men in Los Angeles, CA. Since then, AIDS has spread to over half a million people in the US and is the leading cause of death for all Americans aged 25-44. Fifteen years have also seen great leaps in understanding how to prevent the spread of HIV. But these fifteen years have not seen the widespread implementation of effective HIV prevention programs in the US. If we know what works, why aren't we doing more of it?

HIV prevention does not have to be perfect to be effective. Epidemiological models have shown that simply cutting rates of risky behavior in half can halt the epidemic.¹ The programs listed below are some of the interventions that have shown signs of success and should be replicated, even without 100% reduction in risk behavior.

what has shown signs of working?

The majority of the estimated 41,000 annual new HIV infections in the US are occurring among injection drug users (IDUs), their sexual partners, and their offspring.² We know what works to prevent the spread of HIV among IDUs: starting HIV prevention efforts when rates of HIV are still low, providing sterile injecting equipment through needle exchange programs and over-the-counter pharmacy sales, conducting community outreach to IDUs, and providing drug treatment on demand.³

In Tacoma, WA, where prevention efforts for IDUs began in 1988, the prevalence of HIV among IDUs has remained steady at 3-4%. In New York City, NY, where prevention efforts for IDUs met with early opposition, HIV among IDUs increased from 10% to more than 50% in five years.³

Connecticut implemented the ideal HIV prevention program: it cost the state nothing and was highly effective. A partial repeal of needle prescription and drug paraphernalia laws resulted in dramatic reductions in needle sharing, and increases in pharmacy purchase of syringes by IDUs. Sharing dropped from 52% to 31% after the new laws, pharmacy purchase rose from 19% to 78%, and street purchase fell from 74% to 28%.⁴

Gay and bisexual men account for a majority of total current HIV infections, and 25% of annual new infections in the US.² We know what intervention strategies work for gay and bisexual men: small group counseling and skills training, peer outreach, counseling and testing, hot lines, media programs, and community interventions.

One effective program in several medium-sized towns trained the most popular people in social settings to deliver AIDS risk-reduction messages to friends and acquaintances in gay bars. As a result, fewer gay men practiced unprotected sex.⁵ Another successful program promoted a norm for safer sex among young gay men through a variety of social, outreach and small group activities such as dances, picnics, and volleyball games. As a result, rates of unprotected intercourse dropped from 40% to 31%.⁶

One fourth of all new HIV infections in the US occur in young people under the age of 22. We know what works for adolescents: effective sex education programs in schools. Although the popular belief is that teaching kids about sex will lead to promiscuity, in fact, the opposite is true. A comprehensive review of 23 school-based programs found that teens who received specific AIDS education were less likely to engage in sex, and those who did were more likely to have sex less often and use contraception.⁷

Sex education is most effective when it is begun before students have initiated sexual activity. A program in Oakland, CA, used peer educators to teach seventh graders about sexuality and HIV/AIDS. After one year, students in the program were less likely to initiate activities such as deep kissing, genital touching, and sexual intercourse.⁸

Voluntary HIV testing and treatment with AZT for HIV-positive pregnant women reduced the risk of maternal-fetal HIV transmission by two-thirds in clinical trials.⁹ Long-term effects on mother and child have yet to be determined.

Says who?

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how is prevention being held back?

The US government still bans the use of federal funds for needle exchange programs, even though six government-sponsored reports have shown that those programs help stop the spread of HIV and do not lead to increased drug use.¹⁰ Similarly, ten states and the District of Columbia still have laws requiring a doctor's prescription to buy a syringe, even though four government-sponsored studies have recommended repealing those laws.¹⁰ Meanwhile, drug treatment centers frequently have long waiting lists, and fewer than 15% of IDUs in the US are in treatment at any given time.¹¹

In recent years, many states have passed laws that restrict sex education. For example, eight states require or recommend teaching that homosexuality is not an acceptable lifestyle, even though gay teens are at highest risk for HIV and most in need of education. Twenty-six states require abstinence instruction, even though a review of abstinence programs showed no proof of effectiveness in delaying the onset of intercourse.⁷ Only 14 of the 26 states also require sex education curricula to include information on contraception, sexually transmitted diseases and HIV.¹²

Funding for HIV prevention has not always flowed where it is most needed. For example, in California in 1991, gay and bisexual men accounted for 88% of all AIDS cases, yet received only 5% of total state spending on prevention.¹³

Success preventing maternal-fetal transmission has prompted the federal government to recommend universal counseling and voluntary HIV testing to all pregnant women. However, getting tested does not guarantee treatment if a woman should test positive. A study of publicly funded HIV test sites found that almost half of all clients had no health insurance, and racial minorities were more likely to be uninsured.¹⁴ Lack of insurance may block many women from preventive services such as prenatal care.

Prevention programs that have been evaluated and shown to be effective are sometimes perceived as too complicated or expensive to work "in the field." Researchers and service providers can collaborate to better understand how to adapt effective programs to different populations, and to determine the cost-effectiveness of programs.

what can we do?

The federal government needs to repeal the ban on funding for needle exchange programs. State governments need to repeal needle prescription and paraphernalia laws. Federal and state governments need to dramatically increase methadone maintenance programs, as well as drug treatment programs for cocaine and crack.

State governments should pass laws requiring all children to receive explicit and age-appropriate sexuality, drug, and HIV/AIDS education in schools that includes discussions of homosexuality and contraception.

State health departments and their Community Planning groups need to prioritize funding for prevention programs that more accurately reflect the epidemiology of HIV in their communities. Highest priority should be given to programs for populations with the greatest need: IDUs in and out of treatment; gay and bisexual men who are young, substance users, and men of color; female partners of IDUs; and high-risk youth.

The federal government needs to ensure early access to care and treatment for those who test positive. New medications and therapies can be prohibitively expensive for those without health insurance. Recent advances in HIV treatment can dramatically lower the amount of HIV virus during early phases of infection, which may reduce the risk of transmission. In the future, good HIV treatment may be key for HIV prevention.

A comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. Prevention does not have to be perfect to make a difference. We know what works in HIV prevention. We need to apply that knowledge more completely, more fairly, and more consistently.

PREPARED BY THOMAS J. COATES, PHD AND PAMELA DECARLO

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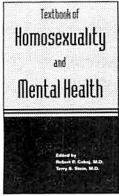
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**This month's
Highlighted Reading...**

**TEXTBOOKS AVAILABLE
FROM AGLP**

Textbook of Homosexuality and Mental Health

Edited by Robert P. Cabaj, M.D., and Terry S. Stein, M.D.
American Psychiatric Press



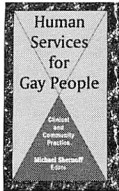
Textbook of Homosexuality and Mental Health brings together in one volume the entire range of material and variety of perspectives concerning homosexuality and mental health. With more than 50 chapters written by leaders in the field, this book is the most complete review of the topics of homosexuality and mental health and treatment of gay men, lesbians, bisexuals, and transsexuals to date.

Starting from the belief that homosexuality is a normal variation of human sexuality and not a mental illness, this revolutionary book presents current information on homosexuality from a mental health and medical perspective. Sections focus on demographic, cultural, genetic, biological, and psychological perspectives; development throughout the life cycle; relationships and families; psychotherapy; multicultural identities and communities; professional education; and medical care. A variety of special issues, such as sexuality, substance abuse, violence, suicide, religion, and HIV/AIDS are discussed. Also included are several unique chapters that cover material not readily available elsewhere, among them transsexuality, minority gay, lesbian, or bisexual people, the impact of the sexual orientation of the therapist, latency development in prehomosexual boys, and clinical issues specific to psychotherapy with gay, lesbian, and bisexual patients.

AGLPB001-1996/1016 pages/ISBN 0-88048-716-X/hardcover/\$89.95

Human Services for Gay People CLINICAL AND COMMUNITY PRACTICE

Michael Shernoff, CSW, ACSW, Editor
Harrington Park Press



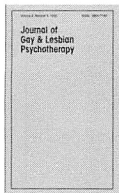
Human Services for Gay People: Clinical and Community Practice explores the social service and mental health needs of various subpopulations of the diverse lesbian and gay male communities. It demonstrates for readers how multiple issues in the lives of lesbians and gay men force them to seek out social services and presents a sophisticated approach for working with these clients.

AGLPB002-1996/139 pages/ISBN 1-56023-075-4/softcover/\$12.95

JOURNAL OF GAY & LESBIAN PSYCHOTHERAPY

VOLUME 2, NUMBER 3 1995

David Scasta, M.D., Editor
The Haworth Medical Press



The *Journal of Gay and Lesbian Psychotherapy* is the official journal of the Association of Gay and Lesbian Psychiatrists (AGLP). Offered free of charge to Full and Associate members of the AGLP, the *Journal* is available in limited quantities to the general public. This issue includes articles written by members of our Editorial Board that will serve as the basis of a book on affirmative psychotherapy with gay men. It is offered in direct opposition to Joseph's Nicolosi's book, *Reparative Therapy of Male Homosexuality*, whose underlying assumption that homosexuality is something to be cured or "repaired" was found repugnant by the Psychotherapy Book Club.

AGLPB003-1995/134 pages/softcover/\$12.95

Gay and Gray

Raymond M. Berger, PhD
Haworth Press

In the absence of accurate information, American culture has upheld a distorted view of what it means to be an older gay man. *Gay and Gray* is the first and only scholarly full-length treatment of older gay men in America today. It breaks the stereotype that older gay men are strange, lonely creatures and reveals that most older gay men are well-adjusted to their homosexuality and the aging process.

AGLPB004-1995/333 pages/ISBN 1-56024-986-2/hardcover/\$29.95

AGLPB004-S-1995/333 pages/ISBN 1-56023-875-5/softcover/\$14.95

Addiction and Recovery in Gay and Lesbian Persons

Edited by Robert J. Kus, PhD
Haworth Press

With the overview of seven research studies, this book provides chemical dependency clinicians a sampling of the work being done in the fields chemical dependency to enable clinicians to provide better care for their gay and lesbian clients.

AGLPB005-1995/118 pages/ISBN 1-56024-668-5/hardcover/\$29.95

AGLPB005-S-1995/118 pages/ISBN 1-56023-055-X/softcover/\$9.95

Lesbian Therapists and their Therapy

Edited by Nancy D. Davis, M.D., Ellen Cole, PhD, Esther D. Rothblum, PhD
Haworth Press

An important anthology for therapists who want to enhance their sensitivity and effectiveness in working with lesbians. The contributors give accounts of how being a lesbian has affected their own therapy—as a client and as a therapist.

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AGLPB006-S-1996/130 pages/ISBN 1-56023-082-7/softcover/\$9.95

The Bisexual Option SECOND EDITION

Fritz Klein, M.D.
Haworth Press

The *Bisexual Option* explores bisexuality, explains the bisexual, and explodes myths surrounding this large "unseen" segment of the population. With the limited amount of information available on the subject, this book is must reading for establishing contemporary views.

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VIDEO TAPES

Anatomy of Desire

Directed by Jean-Francois Monette and Peter T. Boullata
The Cinema Guild, Inc.

What makes us gay? Straight? Bisexual? Is sexual orientation a lifestyle choice or is scientist Simon LeVay correct when he argues that there is a part of the brain that determines sexual preference? These and other issues are examined this provocative documentary on the long-standing debate. Incisive interviews with leading historians, psychiatrists and writers are blended with rare archival footage to illuminate the growing debate on the origins of sexual preference and how it impacts on lesbian and gay rights.

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See You in
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