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## AGLP Fall Meeting

### Roy Harker



As summer draws to an end, and our thoughts turn from languid wanderings of the mind to the sanguine, we anxiously anticipate the AGLP Fall Meeting. As AGLP continues to expand its influence and presence nationally—even internationally—the input of the Board, Council, and membership becomes increasingly critical. This year's Fall Meeting will be held in Washington, DC, in conjunction with the APA component workshops. Saturday, September 13, 1997 marks the date for this important business and planning meeting, which will run from 9:00am to 5:00pm. The Council Meeting is an open meeting which any member can attend. (Only Council Members can vote, however.) The Bylaws allow the president of AGLP to appoint task forces whose chairs serve on the Council. If you have an issue that you feel needs to be brought to the attention of the Council, this is your opportunity! Your concerns should be made known to Dan Hicks, AGLP President, at least two weeks before the meeting date to allow for proper agenda scheduling.

The meeting itself will be in the Omni Shoreham Hotel, 2500 Calvert Street, NW, Washington, DC 20008 (202)234-0700 (the room assignment will be posted in the lobby). Lunch is on your own, but beverage service will be provided during the course of the meeting.

A dinner party will follow the meeting at 7:00pm in the home of Dan Hicks, 1309 T Street, NW, #2, in Washington, DC. The cost for this catered affair will be \$25 per person. Please reserve your place now by returning the form on the back page of this *Newsletter*, or by calling the National Office at (215)925-5008.

A block of rooms is reserved for AGLP members at the Governor's House Hotel, 1615 Rhode Island Avenue, NW, Washington, DC. The discounted room rate is \$99.00 per person (with a \$15.00 extra person charge). Parking is available in the hotel for \$14 per day. Call (202)296-2100 and ask for Aaron Jensen, the hotel's Conference Services Manager. The cut-off date for this special rate is August 15 and there are a limited number of rooms reserved, so call today.

As always, I am available to answer any questions you may have, or assist you with arrangements. National Office hours have been expanded to Monday through Thursday, 1:00pm to 6:00pm Eastern Time. I will look forward to seeing you there.



**CONVENTION HIGHLIGHTS**  
BEGIN ON PAGE 10

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, 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 word 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 September 30, 1997.

**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:  
An Interview with Bert Schaffner**  
Guy Glass, M.D.

**A**s promised in the April *Newsletter*, August's Editor's Column focuses on Bert Schaffner, M.D., our 1997 choice for Janssen's James Paulsen Award for Distinguished Service to AGLP. Not long ago I spent an evening with Bert at his elegant Central Park South apartment. Bert's place is filled with Asian objets d'art, and the mementos of an eventful and productive lifetime. The results of that interview are, I think, most engaging, and give a flavor of Bert's charming style which a simple biographical sketch would not:

*Guy Glass: Bert, how did it feel to receive AGLP's Distinguished Service Award? Were you surprised?*

**Bert Schaffner:** I was really surprised and delighted. I was delighted because of what AGLP stands for and to feel that I had made a worthwhile contribution. I am glad that my efforts have made it somewhat easier for gay and lesbian psychiatrists to live and work more openly and productively.

I was also pleased to receive an award bearing James Paulsen's name, since we had had a very close personal relationship and I had always wanted our names to be connected officially. I was sad that he could not be present, though I was happy that his niece, also a psychiatrist, was able to attend. Throughout his life, he was indignant over man's inhumanity to man, but particularly so over man's inhumanity to gay men. He was the first chairperson of the American Psychiatric Association's Committee on Gay Issues, which came into being largely because of his efforts.

One of the lowest points in my life as a gay psychiatrist was the conference called in 1983 at New York Medical College, entitled "Homosexuality: Ten Years Later," referring to the 1973 declaration by the American Psychiatric Association that homosexuality was not an illness. To our dismay, not a single homosexual person was included in the panel of discussants. In the opening session, an anti-gay group called the Aesthetic Realists broke in and tried to disrupt the Conference. They were successfully ejected, but the largely gay audience, to whom the outcome of this Conference was extraordinarily important, was left profoundly glum, wondering how to cope with the indignity of not being deemed worthy of presenting their own perspectives on the past ten years.

Fortunately, Dr. Stuart Nichols, Associate Professor of Psychiatry at Mt. Sinai Medical School, a man much on the order of James Paulsen, leapt to his feet and obtained the chairman's permission to address the Conference. He pointed out the unacceptable situation and demanded the addition of a gay representative on the panel, making it clear that the Conference should not continue without such a change. To his credit, Dr. Alfred Friedman, the Conference organizer, admitted the seriousness of the oversight (an obvious manifestation of the degree of anti-homosexual bias in the academic world). Dr. Richard Pillard, Director of the Family Clinic at Boston University, was invited and was able to participate in the afternoon session. The moment of his arrival was one of the high points during my work for the gay and lesbian community, and the Conference took a decidedly different turn thereafter.

*GG: I first became acquainted with you in your roles as president of GLPNY (Gay and Lesbian Psychiatrists of New York). You have really been the glue that has held that group together. How did you get involved with that organization?*

**BS:** In 1982 Dr. Nichols recruited me to carry on the leadership of a fledgling organization, then known as GPNY and now called the Gay and Lesbian Psychiatrists of New York. He asked me to help continue its development and lead its program. The GPNY was the brainchild of a small group of pioneers led by Stu Nichols and the now-famous founders of the Harvey Milk Public High



*Bertram Schaffner*

Continued on page 14

## President's Column

Dan Hicks, M.D.

Coming back from the Annual Meeting always leaves me with such a high, from meeting with old friends (I mean, friends I have known for awhile), to sharing ideas, learning new information, and being deluged with all sorts of fabulous new ideas and inspirations. Unfortunately, burying into the pile of work that accumulated while you were gone tends to dampen the enthusiasm somewhat; it also seems like I have a second job with the presidency. Thanks to everyone for their support and kind words; many people came up to me in San Diego with new ideas and also volunteering to pitch in to help in various ways. I look forward to working with all of you and appreciate any new thoughts or feedback.

The main purpose of this column is to remind people of our next important meetings and encourage you to attend one or both. On September 13th, we will be having our fall meeting in conjunction with the component meetings of the APA. The board and committees will meet on Saturday, starting at 9:00 AM; members of APA components can join us during the course of the day when free, or at the end of the day. At 7:00, we will meet at my home, 1309 T St. NW #2, for dinner and socializing. Please call Roy Harker to make reservations and send checks for \$25 /person.

On Thursday, October 23rd and Friday, October 24th, we will be conducting our program "Treating Gay Men and Lesbians in Psychiatric Practice." I am excited about the program and the faculty who have agreed to participate; it is similar to last year's course, but with more practical applications and hopefully more time for case discussions. The audience we had in Chicago was fairly sophisticated, so I think it mainly draws people who are doing therapy and want to talk about common issues and how we can be more effective in our work. I encourage you to attend. In addition, for only \$150 more, you can attend the whole Institute of Psychiatric Services meeting. If you look through their brochure, there are several very good programs offered, including HIV in the mentally ill, homophobia, gay-bashing, and a special program for gay and lesbian chronic patients. We will also have a brief business meeting over that weekend, probably on Saturday morning, October 25th.

Steve Atkinson has many good ideas about our meeting in Toronto, including already having a hotel with meeting space, and a good committee to work with; see his report for more information. We are planning a special celebration of our 20th year of AGLP: Our Past and Our Future.

We are looking into developing an interactive web site, where we can keep each other posted on timely articles, programs, etc. as well as react quickly to issues affecting gay and lesbian mental health, such as anti-gay legislation, actions, court decisions, etc. We are also looking into developing a more systematic way of fund-raising and development, as we take on more and more projects, such as the web-site, and a half-time office. Please continue to come forward with any new ideas, or to volunteer to help out in any of these areas.

I also want to encourage everyone to let Roy know if they are planning to present at the Annual Meeting on any relevant topic. The gay/lesbian committees of the local branches did an excellent job of covering several important areas, but we are becoming so big and so active, that we can't keep track of what everyone is doing, and much of our work is being mainstreamed into other workshops and symposia. It is important that we know what different people are doing, to avoid duplication, and to keep each other informed.

Another area that I want to emphasize is getting involved in the APA in other areas: one of the most important is to join the Caucus of Lesbian, Gay, and Bisexual Psychiatrists, the official political body of the APA. Margie Sved and Jim Krajewski are our representatives, serving with the other minority caucuses, which gives us some presence in the APA Assembly. Networking in the group can help us be more visible and give us power to raise our issues in the Assembly if needed. Please contact me to join if you are not already a member. Also, look into becoming a Fellow, if you have been a general member for over 7 years, and have been fairly active in your work or community. If you need help with this process (you have to go through your district branch) contact me or others who have done it for support and ideas. Also let us

### DC Gay and Lesbian Film Festival

October 16-26

(while the Institute and the Gay and Lesbian Psychotherapy course are happening)

Festival passes will be available through Lambda Rising bookstore. Individual tickets will be available through the Box Office. The Program will be available in October; films will be at the Embassy Theatre (Dupont Circle) and at the West End Theater. This is usually a great event, and the closing reception after the final film, will be on Sunday, October 26th, also a good time.

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## Psychoanalytic Committee Column

Paul E. Lynch, M.D.

In the last issue of the *Newsletter* I reported on the progress made in opening up the training institutes and the minds of the American Psychoanalytic Association. I reported that one sign of such progress was a statement from the Executive Committee of the American to be published in their newsletter, *The American Psychoanalyst* (TAP). The statement was published this spring (TAP, 31/1). I believe it shows that the American has turned a corner, and is headed in the direction of greater appreciation of the lives and contributions of gay men and lesbians. We still have our work cut out for us to overcome decades of prejudice reinforced by unexamined theories, but as I said in the last issue, we are on the move! The statement of the American's Executive Committee is reprinted below, and you are encouraged to share it with anyone who may be interested.

Another sign of progress in the American was the very visible cluster of gay men and lesbians found at the social events of the American's meetings in San Diego. These same faces were visible, and when appropriate they were very "out" at the various scientific meetings. As an official function of the American, there was a reception held to welcome gay participants to the meetings, and over 100 members and officers were present to welcome about 15 gay and lesbian participants. For the meetings in New York we're planning a reception to provide a little less formal welcoming, and a little more time for ourselves. Please join us!

Not limiting our work to the American, Paul Lynch and Ralph Roughton have put out a call to the international gay community, looking to get together any who may be attending the upcoming International Psychoanalytic Congress in Barcelona, Spain. Paul will be presenting a paper dealing with separation and integration of affection and sexuality in gay men to the International Psychoanalytic Studies Organization, and Ralph will be presenting "(Re)Conceptualizing Homosexuality" in a panel on homosexuality at the meeting of the International Psychoanalytic Association.

Ralph, as a member of the House of Delegates of the IPA, plans to introduce a resolution for a nondiscrimination policy for vote at the meeting in 1998. As background for presenting such a resolution, he needs information from a number of countries about experiences or attitudes toward applying for psychoanalytic training. For example, no one is known to have ever applied in Spain or in Australia, and there is a fierce debate going on in England now about whether to accept homosexual candidates. We hope to gather more information from gay participants at the Congress in Barcelona. Please send any related information you may have to Ralph Roughton, M.D., 1175 Peachtree Street, N.E., Atlanta, GA 30361, or by e-mail at 76501.2034@compuserve.com.ia

The AGLP Committee on Psychoanalysis welcomes all who have an interest in psychoanalysis to join us. We meet when the AGLP meets, and we also sponsor a clinical and theoretical discussion group annually during the May meetings. Please contact Paul Lynch at (617) 247-0630 for more information, or just come to our meetings listed in the annual program.

### **Statement from the Executive Committee:**

*A small group of our members, who are also officers of NARTH, have repeatedly written letters to TAP, criticizing the work of our Committee on Issues of Homosexuality. The Executive Committee takes this opportunity to state clearly and definitely its approval and support for the work of this Joint Committee of Board and Council. It is carrying out official policy of the American, directed by and fully supported by the Executive Committee, the*

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Psychoanalytic Committee  
Paul E. Lynch, M.D.  
Continued from previous page

*Executive Council, and the Board on Professional Standards. To further demonstrate the support of the Committee by Board and Council, the Committee's designation was changed in December from Ad Hoc to Standing.*

*Dr. Marvin Margolis, as President, has elsewhere acknowledged the incorrectness of past psychoanalytic a priori assumptions that homosexuality is pathological, a view that undoubtedly resulted in many potential psychoanalysts being denied acceptance for training, directly or indirectly, because of their sexual orientation (New York Times, October 10, 1996). Attitudes toward gay and lesbian candidates are now changing, catalyzed by the efforts of Dr. Ralph Roughton and the Committee on Issues of Homosexuality. In fact, it is this success that evokes letters of criticism from those who also opposed the American's nondiscrimination statement.*

*Although there are many errors both of fact and assumption in letters from Dr. Charles Socarides and Dr. C. Downing Tait in TAP 30/4, one point must be clarified. After considering factual evidence of Dr. Socarides' written misrepresentations of the American's position on homosexuality, the Executive Committee, not Dr. Roughton, instructed the attorney for the American to inform Dr. Socarides in writing that such misrepresentations must cease.*

*Conflicts involving sexuality remain central to our psychoanalytic approach to understanding and ameliorating mental distress. Clearly such conflicts may be core issues in the treatment of heterosexual or homosexual patients. Our clinical and personal experience does not allow us to uphold simplistic notions that would associate any sexual preference with primitive, narcissistic pathology. The capacity to love, to be loyal, to be honest, to be committed in deep friendships is associated with both homosexual and heterosexual individuals. This does not mean that we have all the answers needed to fully understand sexuality. We still have much to learn and understand about sexuality.*

*In fact, our Committee on Issues of Homosexuality has served to enhance our scientific discussion of these issues by helping us become acquainted with a growing clinical and experimental body of scientific knowledge dealing with sexuality. The Committee has also supported our efforts to recruit gay and lesbian candidates who are today in training in more than half of our institutes. Our experience with this new effort at inclusion repeats our experience when we dropped the barriers to training of non-medical colleagues. It also repeats our current nascent attempts at augmenting the recruitment of candidates from all racial and ethnic groups. Each effort at broadening the base of recruitment brings a new vital segment of our society to psychoanalysis who enhance the field with their energy, intelligence, and often special perspectives that contribute to our science and profession.*

*We end as we began. The Executive Committee voices its strong support of the Joint Committee on Issues of Homosexuality. We believe our membership-at-large is equally supportive.*

2/24/97

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**Membership Column**

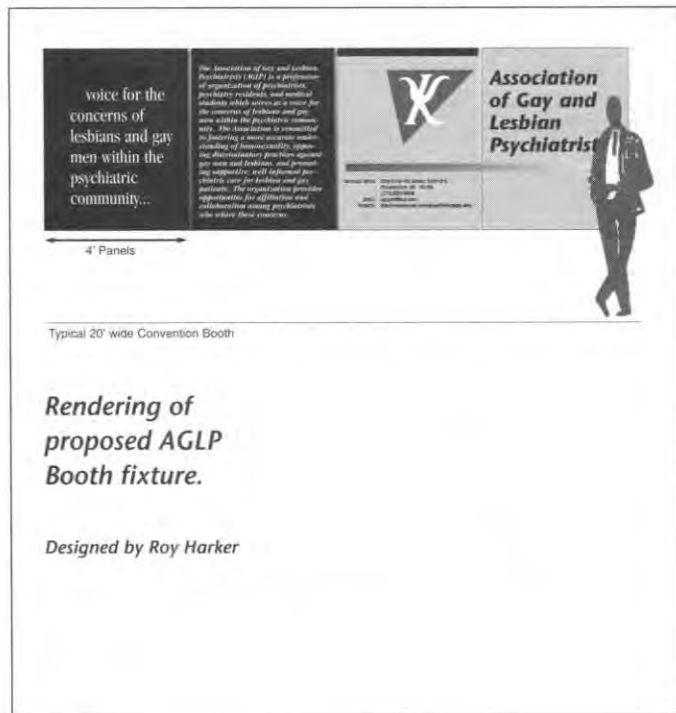
Laura Bernay, M.D. and  
Todd W. Mandell, M.D.

**G**reetings everyone. It was nice to see such a large turnout at the APA. Once again, time seems to be slipping by and we are already planning for the fall meetings. We'd like to thank you all for the eager and effective staffing of the AGLP booth at the convention. It appears that we will be able to maintain the booth for future meetings due to the staffing participation. Great! We are currently looking at options for making the booth even more inviting and current ideas include obtaining funding for the new AGLP banner (see design). Thanks again, but don't forget, we will have to keep up the booth staffing in the future, so you'll be hearing from us again as the spring meeting approaches.

Roy has informed us that this was a "banner year" for membership. Twenty-two new members signed up at the APA and there have been 11 new members since the conference. Our total membership, including those who only receive the *Newsletter*, is 608, which is a 6% increase since May. This represents the largest growth we have had in some time, especially since we had lost members by attrition and new membership was down. We have had some of our lost members sign back on (welcome back). New members made up the difference from previous membership totals. The current breakdown of membership is as follows: Full members - 372, Associate members - 26, International - 17, Medical Students - 28, Patrons - 1, Residents -94, Sponsoring members -7.

Hope that you all are having a good summer. Thanks again and we look forward to seeing as many of you as possible at the fall meetings.

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**Pre-convention Symposium and Hospitality Suite Events**

Philip Bialer, M.D.

**P**lanning has already begun for the next APA Annual Meeting in Toronto, Canada. We are now accepting proposals for the pre-convention symposium and other hospitality suite events.

The pre-convention symposium is tentatively scheduled for Saturday, May 30, 1998 from 10 AM to 1 PM. Proposals should include a brief overview of the symposium as well as the proposed presenters and their topics. Please indicate if you would also be willing to do an abridged version of the proposal in the form of a workshop or discussion in the hospitality suite if it is not selected for the pre-convention symposium.

Hospitality suite events during convention week can include discussions, workshops, media presentations, component group meetings, or just about anything else that might be of interest to the AGLP membership. Please submit the name of the event, the chair or point-person, total time required, and preferred dates/times.

Send all correspondence to:

Philip A. Bialer, M.D.  
Beth Israel Medical Center  
First Avenue and 16th Street  
New York, NY 10003  
Phone: (212) 420-4352

Deadline for pre-convention symposium: October 1, 1997

Deadline for hospitality suite events: December 31, 1997

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**President's Column**  
Continued from page 3

know if you are a Fellow; it is a significant achievement. Get involved in your district branch, as an officer, on a committee, or on your gay and lesbian committee (or start one!). People are generally happy to have other people willing to work, and it does lead to changing attitudes in our colleagues and in our association. Or get involved on the national level, on committees, or in your specialty area. The more visible we are, the more we change opinions and make progress in the world (as well as feeling better about ourselves).

As long as you are volunteering, consider working on one of our committees, such as resident, early career, women, people of color, membership, child and adolescent, HIV, planning committee for the Annual Meeting or local arrangements, development (fund-raising). We need people to step forward and volunteer to become officers, to take over planning and teaching the psychotherapy course next year, and to help in planning future meetings. We are making progress in the APA and in the world, but it will take all of us working together to help make to world a safer place for gay men and lesbians and our families, now and in the future.

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## AIDS TRAUMA AND SUPPORT GROUP THERAPY: MUTUAL AID, EMPOWERMENT, CONNECTION.

Gabriel, Martha; Free Press, New York, 1996

*Robert Williams, D.O. and Stephen McCutcheon, Ph.D.*

Dr. Martha Gabriel certainly has the credentials and experience to write an authoritative guide for therapists facilitating HIV support groups. Gabriel, a social worker and Associate Professor at NYU, also practiced as a group leader and supervisor at GMHC from 1987-1995. Given this background, we had high expectations as we started this book. However, *AIDS Trauma and Support Group Therapy* fell very short of our expectations. It provides little more than an introduction to some basic concepts in HIV, trauma and group therapy, and makes dull reading of what should be intrinsically interesting and important subjects.

Dr. Gabriel sets out to make the not unreasonable argument that HIV illness is a traumatizing event, which can create the well-known psychiatric consequences which befall many traumatized persons. The notion that a diagnosis of a life-threatening illness, or the repeated and invasive medical procedures which often accompany such a diagnosis, can precipitate PTSD-like symptoms has been well-documented in a variety of medical conditions (most clearly in breast cancer). The threat to one's life is underscored by the repeated loss of friends and acquaintances, and Dr. Gabriel rightly points out that the repetitive death of loved ones is traumatizing in itself. Anyone familiar with the PTSD literature will know the debate that surrounds the whole question of "what is traumatizing?" At some point, for the concept of a "trauma disorder" to be meaningful (ie. help us know what to do in treatment), a line has to be drawn between what is truly traumatizing and what is truly horrible but short of traumatic.

For ourselves, we agree with Dr. Gabriel that it is helpful to conceptualize HIV illness and AIDS in this framework. At the same time, for reasons having to do with her apparent perspective that all things physical and emotional are rooted in the political, Dr. Gabriel frequently confuses what is truly traumatic from what is essentially stressful. Casting the PTSD net so broadly as to include "chronic physical illness or a chronic mental disorder" as a traumatizing event is to make the PTSD concept meaningless. It is a well-intentioned, but significant error, since much of the book rests on the assumption that trauma therapy provides a model for effective HIV therapy. The easy application of the "trauma" label confuses more than clarifies, and places the traumas of rape or combat on the same footing with a chronic physical illness. They really are different matters, with different consequences, which require different treatments. However, apart from this blurring of important difference, the broad application of the PTSD label reveals what seems to be an implicit viewpoint of the author: a tendency to see patients as victims of social and political forces, who need the support of a tolerant group to weather the stresses of their illness and a victimizing outside world.

For the sake of argument, let's grant that this is so. What's wrong with providing protection and support to the weak? Dr. Gabriel frequently cites personal empowerment as one of the most important goals of supportive therapy, and certainly most therapists of any persuasion would agree. However, to the extent that we see our patients as weak in the face of trauma, and to the extent that we see them as victimized by their history (however true this may be), we also communicate to them our sense of their smallness in the midst of an overpowering outside agency, whether that agency is as large as their personal history or as "small" as a virus.

Following her cursory discussion of PTSD and trauma therapy, Dr. Gabriel attempts to demonstrate how the precepts of trauma theory and group therapy can be integrated in a supportive therapy approach which she has found to be particularly helpful in treatment of PWA's. Notably, her approach is supportive, consistent with her view that group members are not psychiatric patients in need of "treatment," but rather traumatized persons in need of an accepting environment. She starts with some simple guidelines for the initial formation and structuring of a group, and

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... provides little more than an introduction to some basic concepts in HIV, trauma and group therapy, and makes dull reading of what should be intrinsically interesting and important subjects.

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## BOOK REVIEW

## Book Review

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then proceeds to briefly discuss a handful of issues that arise in such group therapy, including confidentiality, dementia, TB, "rational suicide" and death of members.

Repeatedly, we took issue with many of Dr. Gabriels's advisements, but then again, there are very many ways to successfully lead a group. What we found bothersome was the lack of complexity in the arguments and the simplistic solutions that seemed to ignore potential consequences for the group. For example, Dr. Gabriel mentions that it is reasonable for HIV support groups to suspend the common prohibition on out-of-group relationships. Indeed, it makes sense to allow or even encourage the "safety net" of the group to expand outside the boundaries of the group's times, and Dr. Gabriel gives examples of how this has in fact been helpful. However, the discussion ends here; no acknowledgement that "helpful" violations of a group boundary typically have other consequences which impact the group, and no discussion of how such consequences can be addressed. How is a support group affected by subgrouping? How to deal with jealousy? Envy? Feeling left out? How is the group affected by romantic relationships that may develop? Sexual contact? Alliances? Triangulated communication? The failure to raise and discuss such likelihoods is a common failing of the book.

Even more surprising is the omission of a number of obvious and serious issues that are likely to arise in an HIV group. Despite the claim that such a group is not intended as psychiatric treatment, it is almost a sure bet that a number of members will have serious disorders as they enter the group, or will certainly develop them as they progress in their illness. This is especially true given Dr. Gabriel's discouragement of screening members for inclusion. While she gives mention to the problem presented by the patient who develops dementia, she seems to have little help to offer the therapist managing this patient and the attendant reactions among group members. And what of the member who develops a serious depression or anxiety disorder, or the suicidal member? Reaffirming a patient's right to rational suicide misses the boat by a mile. The sections of the book which address such group issues are so weak as to be of little use to any therapist with more than a beginner's acquaintance with group therapy.

In contrast to the superficial treatment given to these patient issues, fully a half of the book is devoted to issues relevant only to the therapist, including countertransference and vicarious traumatization. Much of the discussion is rooted in a formulaic analytic approach, and makes reference to articles older than either of the reviewers. Some of the advisements, such as how the therapist might best cope with the personal impact of listening to traumatized patients, border on the bizarre. And finally, we have to wonder at a book which gives short shrift to important patient issues and still finds room to fill half of the book with therapist concerns.

Although Dr. Gabriel acknowledges that *AIDS Trauma and Support Group Therapy* is not a comprehensive reference for leaders of PWA groups, she fails to provide even some of the fundamentals necessary for establishing and facilitating HIV groups. Her discussion of PTSD and trauma therapies fails to demonstrate much understanding of the field, and her approach to groups belies her years of experience. We also have to mention that this book deserved an editor with a sharp red pencil: it is filled with convoluted sentences, words that obscure meaning, and numerous typos and misspellings, all of which make for frustrating reading. At this time, the book's hope for success rides on the absence of an alternative guidebook or manual that does better justice to this topic. When such a book arrives, Dr. Gabriel's work is unlikely to find a readership. In all respect to her experience and efforts, this is not the resource for any but the most novice therapists.

*Robert Williams, D.O., practices inpatient psychiatry in Seattle. He formerly had a family practice specializing in HIV care, and completed a residence in psychiatry at the University of Washington, where he conducted HIV therapy groups at the Madison Clinic.*

*Stephen McCutcheon, Ph.D., is a clinical psychologist and director of the PTSD Inpatient Program at the Seattle VA Medical Center.*



## TRUE SELVES: UNDERSTANDING TRANSSEXUALISM - FOR FAMILIES, FRIENDS, COWORKERS, AND HELPING PROFESSIONALS.

Brown, Mildred L. and Rounsley, Chloe Ann; Jossey-Bass: San Francisco, 1996

Wynelle Snow, M.D.

Understanding the transgender experience is a challenge for most people simply because they have experienced no conflict between their sense of gender identity and their anatomical sex from birth. Although individuals who identify as being transgendered make up a very small minority of the general population, it is important for physicians to be familiar with this situation in order to avoid the current situation in which transgendered individuals fail to receive appropriate, necessary medical treatment due to lack of understanding on the part of providers and associated prejudices.

The question of how one can easily obtain some fundamental background in the understanding of the transgendered experience has posed somewhat of a challenge. Most individuals who are transsexual would prefer that the information not be obtained by the watching of daytime television talk shows. In the book *True Selves*, authored by Mildred Brown drawing from her experiences working with transgendered individuals as a clinical sexologist assisted by Chloe Rounsley, a San Francisco-based writer, one is presented with a good basic introduction to the transgender experience with in-depth focus on those who are transsexual.

The book begins with an overview that covers the diversity of the transgender community prior to narrowing the focus to the population who are transsexual. They avoid an etiologic approach to their subject, choosing instead to focus phenomenologically. Although they clearly view transsexualism as a medical condition, they also avoid discussing it as a mental disorder despite using the definition of Gender Identity Disorder from DSM IV in developing their definition. This perspective enables them to present a perspective on transsexualism that is empathic and useful for those interested in understanding the experience without prejudice.

By making use of her clinical experience, Ms. Brown is able to provide a description of the experience of growing up as a transsexual through childhood, adolescence, and adulthood. One weakness in this description is the emphasis that is placed on the experiences of those who ultimately identify as being heterosexual following their transition. Although there is mention made of those who are homosexual, it does not reflect the reality that following completion of transition about one-third of individuals identify as being heterosexual, one-third identify as being bisexual, and the remaining one-third are homosexual. The discussion is well balanced with vignettes reflecting both individuals who are male to female as well as female to male.

Following this description of the vicissitudes of growing up as a member of a sexual minority, the book moves to a general section covering evaluation and treatment issues. The section devoted to therapy might be difficult for someone expecting to see a discussion of traditional psychotherapy in that it describes an approach that might be best described as supportive counselling although it does serve to provide some insight into some of the experiences that one might have in a support group associated with a formal gender identity clinic. This could be quite useful for someone evaluating an individual who is transsexual in an area where there is not such a support network available. Useful for the psychiatrist who might be called on to provide one of the necessary presurgical evaluations for someone seeking sexual reassignment surgery is a list of individuals who might seek such surgery who are not truly transsexual. There is also a good basic discussion of the transitioning process, hormonal treatment, and the different surgeries for those who are not familiar with these aspects of the treatment of transsexual individuals.

There is a useful list of available resources that forms an appendix to the book; this listing covers various national organizations as well as computer accessible supports and some local support groups for transgendered indi-

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**W**hile this book is written to appeal to a large population, as indicated by its subtitle, it provides a useful introduction to the transsexual phenomenon for the practicing psychiatrist who may be unfamiliar with this particular sexual minority

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David Scasta, M.D. departing President, presents the new official AGLP gavel to Dan Hicks, M.D.



Laura Perri, M.D. in front of the AGLP booth



Cary Friedman, M.D. shown here with Dr. Todd Mandell's S.O. Richard Wizansky, Ph.D.



Who could forget sound effects produced for our awards banquet by the flamingos at the San Diego Zoo?



Dr. Melvin Sabshin, APA Medical Director, receives an award from David Scasta



AGLP's new officers include Phil Bialer, M.D. (Vice-President), Jim Slayton, M.D. (Treasurer), and Dan Hicks, M.D. (President)



**AGLP Council Meeting Minutes**

May 18, 1997

St. James Hotel, San Diego

Members present: Steve Atkinson, M.D., Laura Bernay, M.D., Ken Campos, M.D., Debbie Carter, M.D., Jack Drescher, M.D., Guy Glass, M.D., John Gosling, M.D., Dan Hicks, M.D., Dan Karasic, M.D., Diana Miller, M.D., John O'Donnell, M.D., Gene Nakajima, M.D., Larry Prater, M.D., David Scasta, M.D., Adrienne Schlang, Chris Sekaer, M.D., Julie Schulman, M.D. Staff present: Roy Harker.

Meeting called to order by Dr. Scasta. David welcomed council members and noted that the council did not have a quorum in October and that officer nominations would occur at the business meetings. He appointed the following members to the Nominating Committee: Gene Nakajima (chair), Laura Bernay, and Debbie Carter. Gene advised all who wished to run for vice-president, secretary, treasurer and newsletter editor to come forward quickly.

Journal Report: David reported that the Executive Board had named Jack Drescher editor of the *Journal of Gay and Lesbian Psychotherapy* on May 17. Jack reported that he and four associate editors would begin work in 1998. He expected the Journal will be published quarterly. Jack thanked the current editorial board, and said that, while he would be choosing a new board, he welcomed any member of the previous board to apply for a position on the new one. He said that the Journal would remain both multi-disciplinary and clinically focused.

Finance Report (given by Roy): Roy reported that we have received only 75% of the 1997 dues payments. He asked the Council for ideas about encouraging members to renew quickly. We currently have a deficit of 8-10K, in part due to cost-overruns at the San Diego meeting. He said that book sales have not raised money for the organization. David reported that expenses at this meeting were higher than anticipated. For example, he said that the closing reception was expected to run \$40 per person, not the present \$55-60. He also said we lost comped rooms because not enough people registered at the St. James, which lost 1-2K for the organization. He said the deficit might prevent us from expanding our national office.

David reported that the Executive Board's recommendation was to make the office of treasurer responsible for fundraising development. In addition, the Board recommended we create two new dues categories: "sponsoring member" at \$250 and "patron" at \$500. He reported that the Board is not recommending a dues increase at this time. David also reported that membership has risen somewhat, after a long period of stasis.

David asked the Council to respond to the above fiscal problems. Consensus of Council was that AGLP should develop incentives for members to rejoin promptly. In addition, the Council recommended that AGLP charge a registration fee for non-members attending the Saturday pre-convention, as well as recommending the dues cycle begin Jan. 1. Council members also recommended we tell general members about the \$20 extra that the closing reception actually costs, to encourage their making up the difference.

Committee of Medical Students: Adrienne Schlang reported that only \$1400 was available this year, while ten students had expressed interest. The Council recommended that when funds are scarce, priority should be given to the AMSA/LGBTM liaisons.

Web Site Report: Roy said that the AOL server in Philadelphia is providing free space. David said we need our own site: [www.aglp.com](http://www.aglp.com). AOL offered a web-server for \$75/month, but no funding is presently available. Dan said he would put off the web site until we determine financing.

Committee of HIV-affected Psychiatrists: John O'Donnell reported that, like other AGLP committees, he found little membership continuity from year to year. He said that the Committee would try to set up an on-line support group.

Committee of Women: Laura Bernay reported that more than twenty people attended the lesbian dinner on Saturday night. She said the pre-reception for lesbians would occur an hour before the Opening Reception begins, and that another activity is planned for Monday.

Committee of People of Color: Debbie Carter reported that a reception for LGBT POC would be held Monday at Ken Campos's house. She said that cohesiveness has been a problem because the group changes members from year to year and because of the 80 POC on the mailing list, only 20 are members of AGLP.

LAGCAP: Chris Sekaer discussed highlights of the Academy meeting last fall. She said that AGLP should collaborate with LAGCAP on a symposium regarding treating transgender youth. She also said that LAGCAP is becoming more involved with the media.

Committee of Early Career Psychiatrists: Dan Karasic said the group had had lunch with itself yesterday. He noted that many Committee members joined more or less simultaneously approximately 10 years ago, and encouraged the Council to help develop the Early Career membership. He reiterated that that meant one was five years or less beyond residency training, or age 40, whichever comes last.

Committee of Psychoanalysts: John Gosling reported that a brunch would occur that day. The Committee was also sponsoring a workshop this meeting in the Hospitality Suite.

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Committee of Members-in-Training: Julie Schulman asked that the Council work to bring in more members, and that the Committee itself was working toward increasing members in residency training. She said that the Committee was looking for both male and female co-chairs.

Local Arrangements Committee: Steve Atkinson reported that the Best Western Primrose was our best bet in Toronto: it's very near the heart of the GL community and at an APA bus stop. He said the hotel had 150 rooms, was suitable for the opening reception, and had a penthouse hospitality suite with big views. He suggested that AGLP should be planning for the 1999 meeting now, and asked that a Washington Local Arrangements Committee is formed ASAP.

David closed the Council meeting by announcing that APA has moved this year's elections earlier by one month. Guy said that therefore the next few Newsletter deadlines would have to be a month earlier. David then reiterated that if we do not cover the booth throughout the meeting we might not be invited back.

**AGLP Business Meeting Minutes**

May 19-20, 1997

Clarion Hotel Bay View, San Diego

**Part I**

President David Scasta opened the meeting by introducing the Nominating Committee (see Council notes). He informed the membership that he would accept nominations for the Executive Committee until the elections, at the business meeting on May 20. He said he expected the next Council to appoint a nominating committee in the fall.

David then led us into recess so that he could conduct CGLBP business.

Meeting of CGLBP: David began by explaining CGLBP is the official APA caucus. He encouraged the membership to either sign up through APA or give him their names and he will do it. He explained that it is the usual tradition that we nominate the president of AGLP to be CGLBP president. Paul Lynch nominated President-Elect Dan Hicks, who was elected by acclamation.

CLGBT representative's report: Jim Krajewski reported that managed care issues were main topic of the Assembly. He said that APA is joining in lawsuit against several managed care companies regarding restraint of trade issues and that the Action Paper on the use of marijuana was referred back to the Commission on AIDS. He also related that incoming APA President Munoz is asking for an action plan for minority issues and needs input from all minority groups. Jim said that Dr. Munoz needs our suggestions regarding LGBT mental health and discrimination against LGBT psychiatrists by APA. He said he will also be on the Task Force for Strategic Planning.

Nominations: David then ended recess and turned the floor over to Gene Nakajima, Nominating Committee chair. Gene announced the nominees for office: newsletter editor, Guy Glass; treasurer, Jim Slayton; secretary, Mary Barber; vice-president Phil Bialer and Todd Mandell. Each candidate then made a short presentation.

**Committee Reports**

Committee on Psychoanalysis: Paul Lynch said that the Committee's discussion group was well-attended. He said the Committee is working to complete a bibliography, and he asked AGLP members to send Chris Sekaer any materials regarding psychotherapy and homosexuality. He reported that the American Psychoanalytic Association had its first reception for LGB attendees, which was well-attended, and that its leadership has banned NARTH advertisements from its newsletter.

Commission on AIDS: Marshall Forstein reported a first-ever meeting with the Council on Addiction Psychiatry about establishing protocols for the medical use of marijuana. He said that the Commission would write a proposal supporting medical MJ use that will be acceptable to the Council. He said that the idea of publishing Practice Guidelines for HIV has been approved and that a work group will begin. In addition, the Commission is concerned about the rationing of triple antiviral therapy and is working to address it. He asked that AGLP members strongly support the Commission because funding is so tight, and that they contact individual members of the APA Board to prevent a reduction in the Committee's funding.

The Council Report was presented by Secretary Mark Townsend.

The Committee of Members-in-Training announced that Petros Lavounis had become the Committee's male representative to the Council. Petros said that the Committee had had a successful brown bag lunch.

David ended the meeting by announcing the two new membership categories, and said that six members had already become Sponsoring members (\$250) and that one had become a Patron (\$500).

**Part II**

David began the meeting by announcing that elections would occur immediately. He asked for further nominations from the floor. The voting was taken by secret ballot.

Mary Barber, Jim Slayton, and Guy Glass were unanimously elected secretary, treasurer, and newsletter editor, respectively. Phil Bialer became vice-president by a vote of 26 to 15.

Office Director's Report: Roy Harker reported that his time has expanded by five hours a week. He said that his responsibilities include producing a newsletter with Guy Glass, selling books from the office, which has not generated a net profit, moving our bank accounts to Philadelphia, and performing our accounting needs. He urged that members renew as soon as possible. He said that AGLP currently has \$17802.59 in cash and \$27706.00 in the Endowment Fund. He said that our new web site attracts 2-3 new members a month. In addition, Roy gets two to three referral requests each week using our referral directory to respond. He keeps office hours on Tuesday, Wednesday and Thursday from 1-6PM Eastern Time.

Membership Report: Todd Mandell reported that current AGLP membership was as follows: twenty-three newsletter members, 369 general members, one patron, seven sponsors, 28 students, 87 members-in training, and 17 international members. He said the Committee wants to make the significant others' group a formal AGLP auxiliary. Todd then asked for suggestions from the general membership, which suggested the following: place ads in the APA newspaper, perform "exit" surveys on people who decide not to join, investigate whether AGLP is losing members due to the overall downturn in APA membership, and write a column-length history of what AGLP has done to send to district branch newsletters.

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Newsletter report: Guy Glass reported that the deadline for receiving submissions for the next few issues would be earlier than in the past, in order to provide statements from candidates for the now earlier APA elections.

Journal of Gay and Lesbian Psychotherapy: Jack Drescher discussed the changes taking at JGLP. Two AGLP members, Chris Sekaer and Joseph Marino, and two clinical psychologists--all psychoanalysts--are associate editors. He assured the membership that JGLP is not exclusively psychoanalytic in focus! The new editorial board will begin work in 1998 and will return the journal to being a prompt quarterly. He said that the journal would be thoroughly interdisciplinary and that the articles will be as clinically relevant as possible.

Committee on Gay, Lesbian, and Bisexual Issues: Lowell Tong reported that the Committee's workshop attracted an SRO crowd --100 people plus--and that it had attracted mainly people who had not attended the Saturday pre-convention. He said the Committee was pursuing several goals: educating the APA on the uses and misuses of Gender Identity Disorder and on the mental health benefits of same-sex marriage. He said the Committee had tabled its reparative therapy work for now. He reported that Dr. Allen Tasmin addressed the Committee as a member of the Workforce Task Force and discussed the Committee's suggestions at length.

Committee of Medical Students Report: Adrienne Schlang reported that six LGBT medical students had participated this year, and that the opinions were extremely positive. She thanked those who had donated to the Scholarship Fund. In addition, she said the group had found the discussions with members-in-training helpful. She suggested that AGLP communicate better with AMSA.

Local Arrangements '98: Steve Atkinson reported that the Best Western Primrose is the AGLP hotel. He said it was a somewhat luxurious Best Western, with 300 rooms and near the gay areas, and was close to the Convention Center. He suggested that we book now. Rates are \$129 CN and the reception and the hospitality suites will be there, as well as two suites for Roy and President Hicks, which are also available for meetings. Julie Schulman encouraged residents to get in touch with their Council representative to coordinate room sharing.

Committee of Women: Laura Bernay reported that the Committee had had three activities, all well-received. The Committee is planning to send out a women's newsletter to ask the membership just what activities they'd like to have during APA week, including educational programming. The Committee is also planning a "Bring a Non-member Party" for Toronto.

Task Force on Long-Range Planning: Dan Hicks said the Task Force wants to see increasing numbers of members-in-training and early career psychiatrists at AGLP. He said the fall meeting is the second weekend in September, concurrent with APA Components meetings. He announced that AGLP's course on the psychiatric treatment of gay men and lesbians will be October 23-24, in Washington, DC. He said the course does not yet have the funding to provide transportation or housing to speakers. He announced the location of the next Task Force meeting, during this Convention.

Meeting adjourned.  
Respectfully submitted,  
Mark Townsend, M.D.,  
Secretary, AGLP



Stephen Atkinson, M.D., Local Arrangements Committee Chairperson, Toronto, 1998 poses here with Ken Campos, M.D., Local Arrangements Committee Chairperson, San Diego, 1997

## Toronto Meeting Planning Well Underway!

Stephen R. Atkinson, M.D.  
Local Arrangements Chairperson, 1998

**A**GLP will be meeting next year during the APA meeting from May 30 to June 4, 1998 in Toronto, Ontario, Canada. Please make note now that the dates are a bit later than usual. One advantage of that will be that June is the loveliest month of the year in Toronto with mild temperatures and moderate humidity.

Toronto is a very popular destination for gay/lesbian tourists. Besides being a clean, safe, vibrant city with a compact downtown that doesn't require having a car, it has a surprisingly active legitimate theatre and live music scene. As well, our gay neighborhood, variously called The Village, The Ghetto or just Church and Wellesly (the main cross streets), is distinctive, festive, safe, bustling, and lots of fun, besides being civically encouraged! Our Mayor has walked in our Pride Parade for a number of years now, and talked often about the example to the city that gay and lesbian citizens have been in showing how to build community, care for each other, and help to create a livable central core. We are sure that you'll enjoy Toronto for a week almost as much as we enjoy it throughout the year.

We have chosen the best hotel that is closest to the gay/lesbian neighborhood. It has very attractive, comfortable rooms. Our Saturday pre-convention will be held in one of their penthouse conference rooms, and the other penthouse room will be our hospitality suite for meetings and discussions through the week. It has a lovely view of the city to both south and north. Our opening reception will be held in this hotel, which is also an official APA hotel, as half of the 300 rooms will be available to us, and half to others at the APA. This will put it on the APA shuttle route to the Convention Centre, although for the hardy, it is an interesting 25-30 minute walk away through the centre of Toronto. We are starting to select a site for the awards dinner/dance.

In the next issue of the *Newsletter*, we'll start to give you information on reserving your rooms. Please be prepared to make your reservations early, perhaps even by the fall or early winter, as this year in San Diego there were those who lost out by waiting. Also please consider our AGLP hotel FIRST, as it does support our organization to stay in our block of rooms, helping towards reducing our costs for the Annual Meeting.

We're getting ready for you!



**Editor's Column**  
Continued from page 2

School in New York City, Emery Hetrick and Damien Martin. They liked sparking ideas, getting things going and then moving on to new gay-oriented projects. When they asked me to help with the new organization I gladly took on the responsibility.

*GG: What made you want to get involved?*

BS: It was a natural sequence in my coming out, even though it came late in life when I was nearing 70. In 1980, at a meeting of the APA Gay Caucus (the predecessor of AGLP), I had my first consciousness-raising experience. At the same time I learned of the work of Dr. Ronald Grossman, the first openly gay physician I'd become aware of. I wrote him a "fan letter." We came to know each other well, and began to consult and advise each other in the treatment of our gay patients. It was actually he who introduced me to Emery, Damien and Stu. The time must have been right, because

within a very short time 80 gay psychiatrists came forward for the first time to reveal themselves to the world and to each other. There are now over 200 members in New York City alone. When you said that I was the glue that held it together, I tend to think that I was the one who stuck to it, and kept writing letters that seemed to express the needs that others were also feeling.



*GG: At the awards dinner, David Scasta did a good job enumerating your many achievements and accomplishments. What are some that stand out for you?*

BS: I've been in so many different kinds of fields that it's hard for me to select! I see my life as being divided into different phases: right after my psychiatric residency training, I served five and a half years in the Army, which I regard as a kind of achievement in itself, to be able to survive Army life as a gay man, as well as finding ways to protect other gay men from the Army system. I was proud of the fact that I could help those gay men who might not have been able to withstand conditions of military service and combat. In this way they were able to legitimately circumvent conscription without being stigmatized. I was also proud that I could help gay men to enter military service when they strongly wished to, and when I felt that they were capable and mentally prepared for the rigors of military life.

*GG: What exactly was your function in the Army?*

BS: I worked as a psychiatrist. For four years I screened people in the Selective Service System for their psychological acceptability as soldiers. In my fifth Army year I spent 3 months in active combat. Among my many duties during that period, I again tried to assist soldiers charged with homosexuality to be released from the Army on a different basis which would not result in a dishonorable discharge with all its terrible implications. Naturally, this had to be done very quietly and discreetly.

In the last year of my military service, I was transferred to post-War Military Government in Germany in the section devoted to de-

Nazification. My assignment was to help select future German intellectual and cultural leaders who would be at the helm of the information media, eg. newspaper editing, book publishing, radio and television, theater and opera, etc. It was my job to interview applicants for these positions, from a psychiatric perspective, analyzing their histories, family background, personal values and their ability to influence the opinions of others. The candidates were also studied by political and economic analysts.

After the War I wrote a book based upon that experience on authoritarianism in the German family and its relationship to German political history (*Fatherland*, 1948, for which Margaret Mead wrote a preface).

This book generated a number of important positive consequences for my life. Margaret Mead introduced me to a group of research anthropologists at Columbia University. It also generated an invitation from the Virgin Islands Government to become Consultant in formulating their mental health policies. This may seem strange, but their invitation was based upon the perception that my observations about German culture closely paralleled the Danish cultural patterns in the population of the U.S. Virgin Islands. My consultant work there led to my co-founding and becoming Executive Director of the Caribbean Federation for Mental Health.

The same book on Germany led to my editing the 5 Josiah Macy Jr. Foundation Conferences on Group Process (1954-58). The book resulted in my being asked by Trivie Lie, Secretary-General of the U.N., to serve on its Expert Committee on Mental Health, where I deepened my interest in cross-cultural psychiatry, a subject which I have been teaching ever since at the William Alanson White Institute of Psychoanalysis in New York City.

Finally, it led to my inclusion in the International Relations Committee of the Group for the Advancement of Psychiatry, which has for many years published ground-breaking reports on highly controversial psychiatric issues. It is from this forum that I am currently carrying out a project that may be of great interest to AGLP members.

*GG: I hope you will tell us more about that project, but first, tell me what it was like working with Margaret Mead.*

BS: Very stimulating. A remarkable friend. Her interest and curiosity about human nature and sexuality were wide-ranging and deep. She was one of the first anthropologists to look for applications and confirmations of psychiatric theory in other cultures. Margaret was always very helpful to young people, enormously generous with time and encouragement. She was an excellent literary critic; we frequently edited each other's writing. We had an intense personal relationship that was quite important to both of us. We confided in each other about her bisexuality and my homosexuality. In those days it was a great luxury to be able to talk openly and confidentially about these dangerous matters.

*GG: What was it like as a gay psychiatrist practicing in those days: I understand that as of 1997 you have been in private practice for fifty years! Did you know many gay psychiatrists or physicians? Did you have many gay patients?*

BS: One could lose his medical license very easily for what was known as "moral turpitude," so it became quite important not to be known to be gay. That was 1947, but it wasn't until the seventies

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Editor's Column

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that I was able to be comfortably open. In the early days one was actually afraid to be known even to another gay psychiatrist, who might inadvertently reveal it to others.

Yet I had many gay patients who came to me more through social contacts rather than from professional referrals. Nevertheless I continued to be cautious about revealing my own gay sexuality; however when I felt it was necessary to the therapy of the patient I was willing to have him know about myself. In time, I came to realize that one must develop the courage to risk letting people know, come what may. My analyst at that time supported me by saying, with a smile, "You really can't conceal it. The more you try, the more obvious it is that you have a secret!" Shortly afterward I received a call from the editor of the NY State Psychiatric Institute Bulletin, Jim Cattell, who said matter-of-factly "Bert, I want you to see a patient who is asking for a homosexual psychiatrist." Then I realized that "the jig was up!"

That was the final stage in my coming to terms with the fact that now everyone knew.

*GG: What was it like applying for analytic training at that time?*

BS: I was rejected by both the New York (orthodox) and the Columbia Psychoanalytic Institutes, without an explanation. This was a severe disappointment, since I felt these psychoanalytic tools were essential to become a good psychiatrist.

*GG: Yes, that was considered the sine qua non in psychiatry at the time.*

BS: I was fairly depressed about it until I learned that the William Alanson White Psychoanalytic Institute was willing to accept gay candidates.

*GG: Do you think you were turned down specifically because of your homosexuality?*

BS: Yes, I knew. When I asked my first analyst, a member of the New York Psychoanalytic, for a letter of recommendation to apply for training at his Institute, he informed me that I could never be trained or considered a psychoanalyst because of my homosexuality. No interviewer asked me any specific questions. Possibly the Columbia Institute gathered from the Rorschach test they required that I was gay. Neither one asked me directly, "Are you gay?"

Later when I was interviewed by the William Alanson White, I did not wait to be asked. I was rather defiantly open about it from the beginning. They made it quite clear to me that I was evaluated solely on the basis of my abilities, and not on my sexuality.

*GG: I know that you've also been very involved with providing psychotherapy to people with HIV. I wonder how you began to get interested in working with that population.*

BS: Stu Nichols, as Director of the Addiction Service at Beth Israel Hospital, was one of the first people to work with AIDS patients, and stimulated my interest in them. Because almost all were gay, and because guaranteeing them confidentiality was vitally important, he referred many such patients to me. It took much courage to see them in my private practice, since at that time, almost nothing was known about the transmission of AIDS, let alone any treatment or cure.

In 1985, when public hysteria was at its height and HIV+ doctors were in a panic about being discovered, there was nowhere for them to go for medical, including psychiatric, help without fear of being exposed. Stu Nichols and I felt the need to establish a totally secret, protective support group for these physicians, without fee. Since it was not safe to hold such a meeting in any hospital or other public facility, we met in my home where they could go unrecognized. The support group has met every 2 weeks since 1985, and continues to this day.

*GG: Have you encountered resistance from the psychoanalytic community for your work with HIV infected patients?*

BS: At first, there was the usual reaction of fear of coming close to AIDS patients. It was often expressed as "What's the use of treating people who are going to die?" To which I would always say, "They're going to live quite awhile, and the quality of their life is important to them." Significantly, many AIDS patients, although they knew they had limited time, still felt a strong motivation to resolve their personal and psychological problems. In 1994, the William Alanson White Institute opened its HIV Service, of which I am the Medical Director.

*GG: Do you have any projects that you're working on at the present time that you wanted to share with us?*

BS: Yes, the project at the Group for the Advancement of Psychiatry, commonly known as GAP. GAP began as a rather revolutionary group with the courage to deal with current controversial, sexual issues. It had lately turned more academic and conservative, and had not addressed important areas of gender and homosexuality. In 1987 I enlisted the strategic help of Drs. John Spiegel (who as President of the APA in 1973 supported the removal of homosexuality from the list of illnesses), James Paulsen and Stu Nichols, and in 1989 we succeeded in persuading GAP to form a Committee on Human Sexuality. Dr. Richard C. Friedman, author of *Male Homosexuality*, and AGLP members Dr. Jack Drescher, author and "creative spark" at the White Institute, Dr. Joseph Merlino and Dr. Chris Sekaer are also members of the Committee. We have nearly completed a position paper entitled "The Effects of Anti-Homosexual Bias on Psychiatry," which hopefully will appear in book form in 1998. If successful, it may affect the way academic psychiatric textbooks deal with homosexuality, improve residency training programs and supervision, identify the difficulties inherent in having to keep one's homosexual identity secret, both in psychiatric training and in psychotherapy.

**W**hen I think of the tortures of being gay and the scheming and conniving I had to do to protect my sexuality, the fact that I now can be open, even though it is still not entirely safe, is like a breath of fresh air to me!

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ANNOUNCEMENTS

**S**ection of Psychiatry of the Royal Society of Medicine presents a conference on Gay and Lesbian Mental Health to be held on Tuesday, October 14, 1997. Booking forms are available from Tim Hoof, Academic Department, Royal Society of Medicine, 1 Wimpole St., London, W1M 8AE, United Kingdom. Phone: 0171 290 2985, Fax: 0171 290 2989.

**J**ob opportunity at Carrier Institute in New Jersey: Medical director of the substance abuse and PRIDE units. Please contact Dr. Goldberg at (908) 281-1603.

**S**outhern California Psychiatric Society will be sponsoring a full-day CME symposium: "Contemporary Perspectives on Working with Gay, Bisexual and Lesbian Patients." Symposium will be held on Saturday, November 8, 1997 at the Hotel Inter-Continental in Los Angeles. Anyone interested in speaking, please contact Daniel Fast, M.D. at (310) 829-7204. Anyone interested in more information or to receive a brochure, contact Mindi Thelen at the Society at (310) 815-3650.

**T**he Sydney Gay, Lesbian and Bisexual Interest Group in Psychiatry hosts a two day conference in Sydney, Australia during the Gay and Lesbian Mardi Gras. The fourth annual conference will be held on February 27-28, 1998 and will parallel the conference of the Australian College of Sexual Health Physicians, New South Wales Chapter. There will be overlapping sessions. For information please contact Dr. Michael S. Armstrong: Phone: +61 2 9231 3230, Fax: +61 2 9231 3117, e-mail: msa@ozemail.com.au, www.ozemail.com.au/~msa.

Book Review  
Continued from page 6

viduals. As a consequence of the authors' locations, there are more listings available for the West Coast, but there are resources listed for the whole of the United States.

While this book is written to appeal to a large population as indicated by its subtitle, it provides a useful introduction to the transsexual phenomenon for the practicing psychiatrist who may be unfamiliar with this particular sexual minority and looking for a good general introduction to the subject. As its title suggests, it would be a useful volume to have as a reference for those trying to gain some understanding of being transsexual for those desiring to understand this in a friend or family member. For one who would like a more theoretical discussion of transsexualism, there are a number of useful volumes mentioned in the included bibliography or there is the chapter on transsexualism in *The Textbook of Homosexuality and Mental Health*. However, if I were to select a single book for a course entitled "Transgender 101" this might well be the one that I would choose.

*Wynelle Snow, M.D. is a psychiatrist in private practice in Bristol, Connecticut. She has thus far managed to maintain a full-time psychotherapy outpatient practice. She is also a member of the Mercy of God Community.*

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Editor's Column  
Continued from page 15

*GG: Getting back to your life, what was it like growing up in rural Pennsylvania? I don't expect you had many role models as far as your sexuality?*

**BS:** That is quite correct. Even when I discovered someone with whom I might discuss being gay, my family had a way of specifically warning me to stay away from him. One such person was a church organist. Naturally I felt compelled to meet and talk to him. He was helpful, although he stressed the importance of hiding my secret in our small town. It was painful to be his friend and also have to pretend that it was not so. This basically sums up my isolation and extreme loneliness during my adolescence. Fortunately I was able to leave that repressive atmosphere at an early age when I went off to college.

*GG: Bert, I don't have any other questions for you. Do you have anything else to add?*

**BS:** It's still an amazing experience to have lived through this period. It has stretched from kerosene lights to the world of electronics. I am still excited every time I take off and land in a plane! Much of it feels unbelievable. It is so dramatically different from the time when I was a child. When I think of the tortures of being gay and the scheming and conniving I had to do to protect my sexuality, the fact that I now can be open, even though it is still not entirely safe, is like a breath of fresh air to me! I am thrilled and delighted when I think about the improvement in living conditions and freedoms for the entire gay and lesbian community.

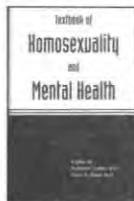
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# TEXTBOOKS AVAILABLE FROM AGLP

## 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

## Two Spirit People AMERICAN INDIAN LESBIAN WOMEN AND GAY MEN

Edited by Lester B. Brown, PhD  
Haworth Press

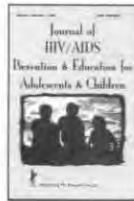


Two Spirit People is the first-ever look at social science research exploration into the lives of American Indian lesbian women and gay men. The Editor brings together chapters that emphasize American Indian spirituality, present new perspectives, and provide readers with a beginning understanding of the place of lesbian, gay, and bisexual Indians within American Indian culture and within American society. This beginning will help you understand these unique people and the special challenges and multiple prejudices they face.

AGLPB0015-1997/116 pages/ISBN 1-56023-089-4/softcover/\$12.95

## Journal of HIV/AIDS Prevention & Education for Adolescents & Children VOLUME 1, NUMBER 1

Edited by Julio Morales, PhD and Marcia Bok, PhD  
Haworth Press



"Eye-opening, painfully accurate, informative, and ethnically sensitive... A must read for school personnel, youth service agencies, policy-makers, and medical staff."  
-Catina Caba-Owen, MPA, ACSW, CADC, Social Worker, Windham Public Schools, CT

The first edition of a new journal that focuses on AIDS and children.

AGLPB016-S-1997/119 pages/ISSN 1069-837X/softcover

SUBSCRIPTION RATE: INDIVIDUALS: \$34 (Per Volume)

## 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

This month's  
Highlighted Reading...

## 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. It is offered in direct opposition to Joseph's Nicolosi's book, Reproductive 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

## 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

## 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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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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\* 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

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