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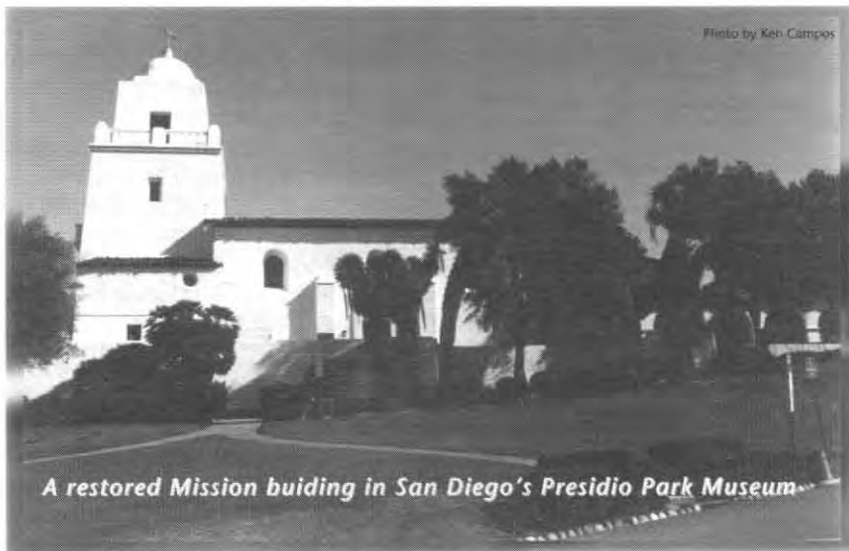
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*A restored Mission building in San Diego's Presidio Park Museum*

**AGLP in San Diego: May 1997**

**Ken Campos, M.D.**

**Local Arrangements Committee Chairperson**

**T**his year's Annual APA Meeting will be held in San Diego, May 17-22. There are many pleasant aspects to this coastal town with a thriving gay and lesbian community. It is the home of Balboa Park, a horticultural wonder near downtown, and across the street from one of the AGLP hotels. Some consider it the best urban park in North America. The 1,400 acre park contains San Diego's Old Globe theater, an outdoor pipe organ pavilion, a number of museums and art galleries, and it is the meeting place for about fifty different plant and garden clubs. Balboa Park also contains the San Diego Zoo, which will be the site for the AGLP awards dinner and dance. For information on the Internet about other things to do and see in the area go to <http://www.planetearth.net/SanDiego/index.html>

The AGLP rooms will be in two hotels again this year. The St. James, located at 830 6th Ave. by F St., in the 16-block historic and very popular Gaslamp district will have rooms at the following rates:

- 65 standard rooms with one bed, bath or shower, \$89;
- 17 double rooms with two beds (one in each room), one full bathroom at \$89;
- 11 suites with one bed, living room area with TV, and kitchenette from \$129 to \$169;

Continued on page 10



**BEFORE YOU VOTE!**

Be sure to read the APA Candidates' replies to Newsletter questions in this issue.

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 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 15, 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 Guy Glass, M.D.

In a break from tradition, I wish to dedicate this column to a non-"gay" topic, and say a few words about the closing this month of the institution where I completed my residency training, the Institute of Pennsylvania Hospital, in Philadelphia. The Institute, psychiatric division of the nation's first hospital, founded by Benjamin Franklin in the 18th century, has fallen victim to fiscal realities; the kind of labor-intensive treatment which it specialized in is no longer in fashion in this era of cost-cutting and "quick fix" therapies. Now that dealing with managed care companies has become an almost daily reality for me, I have to strive to remind myself that psychiatry used to be practiced in a very different way, and not that long ago (I graduated in 1991) - I am eternally grateful that I completed my training at the tail end of another era in which I could experience the kind of unrushed and humanistic treatment that we soon will be enviously hearing about from our psychiatric grandparents.

When I moved to New York, before my private practice, I went through several jobs, and was appalled by the level of treatment - or nontreatment - that was apparently common in inpatient settings. Patients appeared to spend the vast majority of their time watching TV and in other unstructured activities; overburdened psychiatrists were lucky if they had a few minutes to spare per patient several times a week; social workers were too busy to bother with psychosocial assessments or family therapy. The richness of human experience which drew me to psychiatry in the first place, and which had attracted me to the Institute when I was a medical student at Penn, was in short supply; I felt like an assembly-line worker.

As a resident, I was expected to spend a minimum of three forty-five minute sessions a week with my inpatients; many of them I met with for full-length sessions five days a week. Extensive family treatment in which I collaborated with unit social workers was the norm, sometimes several sessions per week for many months. I witnessed a number of schizophrenic and character-disordered patients gradually emerge from deeply regressed states, able to live outside of the hospital on their own. I still get postcards from one of my patients, a young borderline woman, who was essentially mute for the first few months of our treatment, and who is currently doing good work for the Red Cross. And I had the experience of doing psychotherapy with several patients twice a week for more than two years and supervised by psychoanalysts.

The Institute was also the place where I "came out" professionally (although New York was my finishing school). Memories of outing myself in the residents' "t-group" elicit a grin, and getting the residency director to include articles by Richard Isay in the curriculum for the course on perversions was a small personal victory. The only other gay resident in my small program when I was there was minimally helpful to me because he lived in terror of anyone finding out about him (although everyone knew). But I managed to find a number of supportive supervisors, Dick Limoges and Fran Marcus among them. And I was encouraged by my therapist, a training analyst for one of the major institutes in Philadelphia, to apply as probably the first openly gay candidate in their history. When I graduated from the residency program, I won the award for the best paper (we were required to write a kind of "thesis") for a piece on AIDS phobia, a paper which I managed to get published some time later by the *Journal of Gay and Lesbian Psychotherapy* - it gave me great satisfaction to know that the status quo analytic establishment had approved of and encouraged my work, and that I was well-liked and respected; some of them attempted to refer gay patients to me, which I had to decline because I had already made plans to move to New York City.

After deliberating with fellow residents from my class, I have decided not to return this month for a farewell dinner - it would feel too much like a wake - and to try to keep the image of the place at its apex in my mind: crystal chandeliers, custom china dinnerware, and the kind of thoughtful psychiatric care which I will always hold as a kind of ideal... I like to hope that I bring a little piece of the Institute with me each time I walk into my office with a patient.



*The Institute of Pennsylvania Hospital, Philadelphia, Pennsylvania*

## President's Column

David Scasta, M.D.

I want to give special thanks to Bill Cohen and his publishing company, The Haworth Press, Inc., which publishes our *Journal*. We came close to wiping out the entire treasury when we paid all the faculty expenses for our two day course on gay and lesbian psychotherapy at the Institute of Psychiatric Services (IPS) in Chicago in October. Although we had a grant from Janssen and were due tuition revenue, our check through the APA was a little slow in coming. Bill came to the rescue with a \$2000 grant which kept us solvent until the check from the APA came in. We need to keep in mind that AGLP's subscription to the *Journal* does not create \$2000 of direct profit for Haworth Press. Thus, other than creating good will for Haworth's other publications, it is truly a grant from the heart. Thank you, Bill.

I am sure all of you read the minutes of the Fall Meeting in close detail. Actually, I want to correct one item which may be misread just in case some of you actually did read the minutes. The minutes indicated that the IPS course was put together by Roy Harker and myself. While Roy and I did a lot of work behind the scenes managing the nuts and bolts of the course, keeping it on track, I do not want to take away from Marshall Forstein's work as the director. He chose the faculty, set up the topics and ran the course itself. Marshall received universally outstanding marks for his lectures and for his ability to handle questions and other audience interactions. Thank you, Marshall.

As I indicated in my last column, we did not have our usual meeting with the candidates for President-Elect of the APA because we held our Fall Meeting at the IPS in October instead of the APA Annual Meeting in Washington in September. Please read the candidates' answers to questions from the *Newsletter* closely before you vote. Their responses are published in this issue. We are over 600 members strong; we are APA members; we vote. An informed vote helps insure that we continue to receive the support we traditionally have had from the APA officers over the years.

One of the services we received last year from the APA was a training program for our own leadership on managing media and public relations. This year we will offer a similar program to the general membership of AGLP. If you are interested in being a part of our public relations efforts and would like to undergo training during our Annual Meeting in San Diego this May, please let me or Shelly Klinger, M.D. know. Shelly is the head of the Task Force on Public Relations and Education.

The Council will meet for the first time this year before the regular membership meeting. The Council has the responsibility of appointing the Nominating Committee to recommend officers for the coming year to the membership. If you are a member of the Council, please plan to attend this important meeting or to send a representative in your place. The Council is composed of the following representatives: women, medical students, residents & fellows, early career psychiatrists, ethnic minority members, psychoanalysts, child & adolescent psychiatrists, HIV-affected members, Journal Editor, Local Arrangements Director, Membership Director, Preconvention Director and Task Force Chairs (e.g., Exhibits Booth, Public Relations and Education).

I am looking forward to the meeting in San Diego. I am particularly pleased with the selections for our Distinguished Service Award and Jim Paulsen Award. Since I do not know if the selections are going to be announced in this issue of the *Newsletter* or the next, I will stay mum about who they are. Plan on attending the Awards Banquet and Closing Party on Wednesday night.

Questions, comments? 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.

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**I want to give special thanks to Bill Cohen and his publishing company, The Haworth Press, Inc., which publishes our Journal.**

## A Tribute to Evelyn Hooker

Olli Stålström

**E**velyn Hooker, the psychologist whose 1950's research showing that homosexuality is not a mental illness gave inspiration to the modern gay and lesbian liberation movement around the world, died on November 18, 1996 at the age of 89. Her death was noted in leading newspapers in the United States and Europe.

In a report in 1957 called "The Adjustment of the Male Overt Homosexual," Hooker challenged the then-prevailing psychoanalytic beliefs about homosexuality as a mental disorder. Her landmark study of gay men showed that homosexuals were not inherently abnormal and that there were no differences in the mental health of non-patient homosexual and heterosexual men, although signs of discrimination could be seen in gay men. Hooker's methodology was simple and logical. She paired thirty gay individuals who "seemed to have an average adjustment" with the same number of like heterosexual subjects. A panel of experts analyzed the battery of projective techniques and attitude scales. What was revolutionary in her approach was that she did not assume pathology on the part of her research subjects, an important difference from nearly all predecessors in the fields of psychology and psychiatry.

She formulated her conclusions very carefully but their effect was extraordinary. She tentatively concluded that "Homosexuality as a clinical entity does not exist. Its forms are as varied as those of heterosexuality. Homosexuality may be a deviation in sexual pattern which is within normal range, psychologically." Hooker's message was ignored by the leading psychoanalysts of the time, but others picked up the new, non-pathological paradigm. The notorious Bieber (1962) study of gay men in psychoanalysis noted Hooker's study but dismissed it by claiming that "All psychoanalytic theories assume that adult homosexuality is psychopathologic."

Throughout the 1960's Hooker contributed several important papers. In 1965 she wrote that "many homosexuals are beginning to think of themselves as a minority group, sharing many of the problems of other minority groups and having to struggle for their rights against the prejudices of a dominant heterosexual majority." This prophetic paper was reprinted in Judd Marmor's *Sexual Inversion* (1965) which started a critical discussion of the sickness label of homosexuality. Hooker's writing radicalized the American homophile movement. In 1965 a new generation of militant activists was led by Frank Kameny of the Mattachine Society: "The entire homophile movement is going to stand or fall upon the question of whether homosexuality is a sickness". They started to criticize the Bieber study for its "appallingly loose reasoning, poor research and non-representative sampling".

Evelyn Hooker became internationally known when her article on homosexuality was published in *The International Encyclopedia of the Social Sciences* in 1968. This coincided with the rise of the radical student and sexual-political groups in Europe. This sociological textbook very much influenced a new generation of leaders of the new European gay and lesbian liberation movement and pioneers of social constructionism, who were mainly sociologists, like Mary McIntosh in Essex, Jeffrey Weeks in London and Rob Tielman in Utrecht. Hooker's message radicalized new groups even in far-away places like Finland, where the first homophile group already published news about her research in 1968, leading to the foundation of the modern gay lib movement (SETA) in 1974 and the declassification of homosexuality as a mental illness in 1981.

Hooker's pioneering work culminated in the "Hooker Report" which she chaired for the National Institute of Mental Health in 1969. The appearance of this quasi-official study coincided with the Stonewall riots in 1969 and contributed to the launching of the gay liberation movement in the United States. According to Laud Humphreys, sociologist of the gay liberation movement: "The American Psychiatric Association's action in 1973 to remove homosexual-

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**H**ooker's  
writing  
radical-  
ized  
the American  
homophile  
movement.

Continued on following page 12



## American Psychiatric Association:

### *The Candidates Respond*

#### Candidates for President-Elect:



William H. Ayres, M.D.

1. *What are your views regarding same-sex marriage, and what steps, if any, should the APA take in endorsing it?*

Same-sex marriage is not a psychiatric issue. Marriage is a concept of religion and of civil process. As psychiatrists we know that there is no scientific data that would exclude a gay couple from successfully rearing children. There is nothing that would preclude the love, the commitment, the bond of two people, of whatever sex, being considered as sacred in a religious sense or reliable and responsible contractually in a civil sense, as far as the science of psychiatry could ascertain. I see no reason for psychiatry to promote changes in the religious or civil law apart from

expressing the fact that there is no scientific reason to object to it. Psychiatry can appropriately function in a role of education of the public and legislators.

In a personal sense, quite apart from my role as a psychiatrist, I would welcome the same-sex marriage of a member of my immediate family, would celebrate it and defend it, in or out of religion, recognized or not by civil law and might write my legislators to argue to extend civil law to protect and recognize such a commitment as equal to any marriage. I do not see the medical specialty of psychiatry as an instrument to correct, change or modify all of the social problems of our culture. We can do that as citizens, and not imply that the science of medicine should dictate social changes beyond its scientific bases. That would only weaken the basis of the science of psychiatry. We certainly can speak forcefully to correct misconceptions and state the facts as we understand them to be.

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 would expect to have a close and friendly relationship, as I have always enjoyed with my gay and lesbian colleagues. I would be happy to receive advice, appoint gay and lesbian psychiatrists and promote programs of education. I am aware that there are segments of the gay and lesbian community that are underserved by the psychiatric community. As a psychiatrist who sees many high school and middle school students as patients, I am aware of the intense pain, confusion and danger of suicide in this age group around issues of sexual orientation. We need to educate our colleagues to be sensitive to the complexities and stresses in family and peer relationships in gay and lesbian patients, and the problems in collegial relationships for gay and lesbian colleagues.



Rodrigo A. Muñoz, M.D.

1. *What are your views regarding same-sex marriage, and what steps, if any, should the APA take in endorsing it?*

My position on same-sex marriage is the same as that of Hawaii Circuit Court Judge Kevin S.C. Chang. Judge Chang failed to find legal reasons to oppose same-sex marriage. He said the state has failed to prove that allowing gay couples to marry would harm children, and also said that the state's own witnesses testified that gay couples can make fine parents. He chided the state's attorneys for introducing little or no evidence on the benefits of traditional marriage to society or on the implications of nonrecognition of Hawaii's marriages by other states.

In my opinion, this is a matter of human rights. I do not believe society should have any right to prevent two willing individuals from entering an agreement that protects their well-deserved benefits, their retirement plans, and fringe benefits that cannot be obtained otherwise. I certainly do not see any implication that represents a problem to the rest of the community.

Considering that this is a matter of human rights, and the APA has taken strong positions in defense of private choice and in defense of the protection of the individual when encroached upon by unfair government decisions, I would see us supporting a position paper that would further define the implications of our stand on human rights, including the rights of individuals of the same sex to enter the legal status associated with marriage.

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 have been very supportive of gay and lesbian psychiatrists, even before they had any representation in the APA. I am proud that some of my best friends are leaders of the gays and lesbians, I have often sought their advice, and I have done my best to promote their careers in the APA. As President, I am certain I will continue the very good relationship we have had for so many years.

### Candidates for Vice-President:



Daniel B. Borenstein, M.D.

1. *What are your views regarding same-sex marriage, and what steps, if any, should the APA take in endorsing it?*

I appreciate the opportunity to present my perspective. Same-sex marriages, like all marriages, document a serious commitment between partners and help facilitate long-term relationships. These marriages are especially important in helping to stabilize the gay and lesbian community which has been severely affected by such things as societal homophobia and AIDS. Furthermore, people with loving and caring relationships experience better physical and mental health in general and tend to live longer.

In addition to these general considerations, society's recognition of same-sex marriages is another important step in decreasing stigma toward homosexuality, in lessening homophobia and in ending prejudice toward gay and lesbian individuals.

Continued from preceding page (Borenstein)

My longstanding interest in combating discrimination in all settings and APA's 1973 position statement on homosexuality and civil rights are consonant in their support of same-sex marriages.

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?*

Throughout the years, I have worked actively with gay and lesbian leaders in the APA Assembly and on the Board of Trustees. My close relationships with these individuals and others provides me with an ongoing understanding of and sensitivity to the issues of concern to the Association of Gay and Lesbian Psychiatrists and the Caucus of Gay, Lesbian and Bisexual Psychiatrists. Being well informed on these issues by the erudite AGLP and Caucus representatives is extremely important when formulating APA policies which affect the gay community.

While serving on the Board of Trustees for the past eight years, I observed that, in addition to my support, the Board consistently backed AGLP issues following formal, comprehensive and well-reasoned presentations by AGLP representatives. Two years ago, to help assure that all members of the Board of Trustees receive adequate and timely information on all issues, I recommended that one of the Trustee-at-Large positions be designated for a member from the minority/underrepresented groups.

If elected APA Vice-President, I intend to continue my close working relationships and communications with the AGLP and Caucus, as well as with other minority/underrepresented groups.



Arthur Meyerson, M.D.

1. *What are your views regarding same-sex marriage, and what steps, if any, should the APA take in endorsing it?*

My views of same-sex marriage are based on my long-standing relationships and principles in re civil liberties for gays and lesbians who should be entitled to all the same rights and privileges as other citizens. I believe the state's involvement in marriage should be limited to providing a license which entitles the licensees (married couple) to all of the privileges and responsibilities implied by the marriage contract. Gays and lesbians should be allowed to marry, adopt children, qualify for rights under state divorce laws, federal tax and inheritance laws, health care benefits, etc.

The APA, to my knowledge, does not endorse conventional marital status and there are pros and cons to any official position which would have to be clearly thought through by a committee of the Board and Assembly with appropriate representation from a variety of groups including the gay and lesbian Caucus and Association. As an example, an important question would be: does endorsement of any marital status implicitly involve the APA labeling marriage as "healthy" as opposed to couples (gay or straight) who have long-term live-in relationships? However, I would recommend and support some component of the APA studying this question and making recommendations to the Board.

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?*

If elected, I would expect a close working relationship with the Association of Gay and Lesbian Psychiatrists. Two of your recent past presidents, Jim Krajewski and Stuart Nichols, have been friends and working associates who I think will vouch for my openness and sensitivity to issues of concern to the Association and its members. As President of the New York District Branch, I created the DB Committee on Gay and Lesbian Issues and appointed Stuart Nichols its Chair, despite considerable opposition from members of the DB council. I believe that action speaks to my long-standing commitment to an active voice for this significant and underappreciated resource within the APA.

## Some Thoughts from a Transsexual Psychiatrist

Wynelle Snow, M.D.

**W**ithin the transsexual component of the transgendered community, it has generally been assumed that one component of transitioning involves a geographic relocation or change in employment in order to completely establish a new identity. In a sense, it has been expected that one becomes a person who has no past, or at least, a past that has been fabricated to coincide with the change in sex. When I decided to continue with my private practice in a predominantly blue collar community outside of Hartford, Connecticut, the psychologist who is the president of the New England Gender Identity Clinic expressed his surprise by indicating that he had not previously encountered anyone willing to maintain their identity of being openly transsexual.

While I am tempted to focus primarily on the circumstances surrounding my transition, I believe that it is important to understand the implications of this situation within the transsexual community because it goes far towards an understanding of why the experience of "transgendered pride" is so much more elusive than the experience of "gay, lesbian, bisexual pride." Some people suggest that the "coming out" process for someone who is transsexual is much more difficult than for others who are gay, lesbian, or bisexual. Given the reality of subjective differences in the experience of "coming out," I believe that it is at least fair to say that the transitioning experience is much more dramatic. A colleague in the department of psychiatry at the hospital where I work who is gay admitted that he had no idea of how to be supportive of me during my transition since my experience necessitated everyone in the medical community being aware of my circumstances and having this awareness all at once. Overall, however, I was fortunate in having the support of the department of psychiatry, the hospital administration, as well as other members of the medical and nursing staff at the hospital.

Of course, there are other differences in the coming out process for transsexuals, especially for those who are seeking sexual reassignment surgery. While it varies from state to state, there are some states that require documentation of surgical reassignment prior to making changes of gender on driver's licenses, and almost all require this documentation in order to make these changes on birth certificates. The surgeons who do this surgery, and who are reputable, adhere to varying degrees to what are termed "Benjamin Standards." These are the guidelines forwarded by the Harry Benjamin International Gender Dysphoria Association. Highpoints of these guidelines include the requirement for two psychological evaluations, at least one of which must be done by a psychiatrist, living in the preferred gender role for at least one year, and ongoing psychotherapy during the period of transitioning. One psychological evaluation is required to begin the hormonal therapy.

The requirement of these evaluations has given rise to some concern within the transsexual community. Clearly, it is necessary to establish that a person is truly transsexual, able to successfully function in the desired gender role, and psychologically capable of handling the stresses attendant to transitioning prior to having genital surgery, which is the only step in the transitioning process that is not potentially reversible. One concern is the expense involved, especially for the ongoing therapy, given the fact that there are other expenses - including the surgical fees - which are not usually covered by medical insurances being regarded as cosmetic and, therefore, not medically necessary. In addition, this "gatekeeper" function has given rise to some abuses in requiring that the individual fulfill some of the evaluators' perceptions of masculinity or femininity. These have included ideas of gender presentation, heterosexuality, divorce if one is married, and the process of "losing" one's past. These factors have certainly resulted in some of the animosity that transgendered individuals have had with respect to psychiatry and related disciplines as well as not contributing to the open disclosure necessary for the successful process of psychotherapy.

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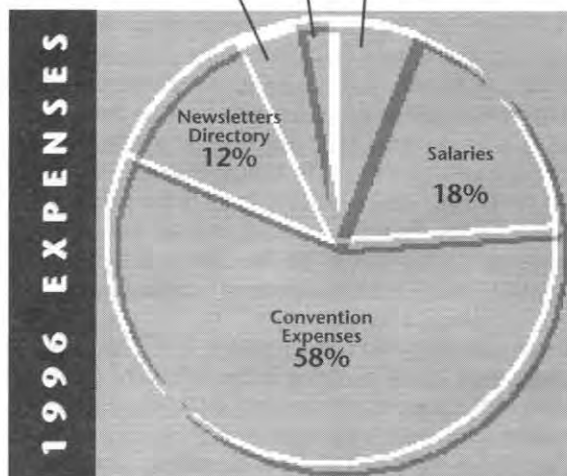
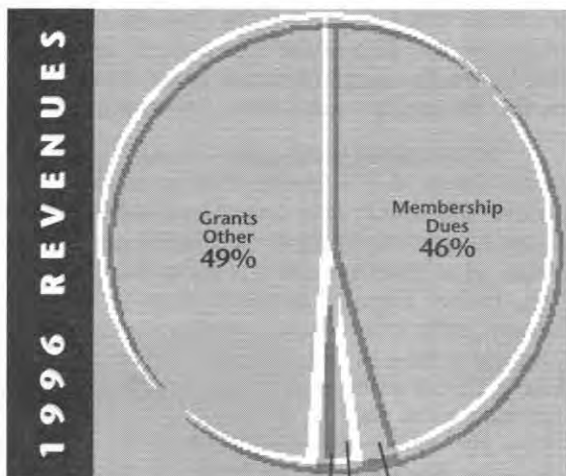
**S**ome people suggest that the "coming out" process for someone who is transsexual is much more difficult than for others who are gay, lesbian, or bisexual.

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**Association of Gay and Lesbian Psychiatrists  
1996 Account Ledger Summary Sheet**

Larry Prater, Treasurer



Membership Dues 1%  
Book Sales 3%  
Travel Donations 2%

	1995		1996		Variance from 1995	
<b>Revenues</b>						
Membership Dues	\$38,043.30	92%	\$38,221.16	46%	\$177.86	0%
Student Travel Donations	\$835.00	2%	\$1,845.00	2%	\$1,010.00	121%
Book Sales	\$0.00	0%	\$2,256.70	3%	\$2,256.70	
Interest Income	\$654.66	2%	\$684.09	1%	\$29.43	4%
Grants/Other	\$1,767.36	4%	\$40,834.44	49%	\$39,067.08	2210%
	<b>\$41,300.32</b>	<b>100%</b>	<b>\$83,841.39</b>	<b>100%</b>		<b>203%</b>
<b>Expenses</b>						
Office Expenses	\$4,361.31	12%	\$3,465.02	4%	(\$896.29)	-21%
Telephone/Communications	\$323.61	1%	\$1,203.55	1%	\$879.94	272%
Postage	\$1,745.44	5%	\$424.13	1%	(\$1,321.31)	-76%
Salaries	\$5,700.00	15%	\$15,124.00	18%	\$9,424.00	165%
Convention Expenses	\$12,486.08	34%	\$48,873.26	58%	\$36,387.18	291%
Newsletter/Directories	\$10,438.27	28%	\$9,876.36	12%	(\$561.91)	-5%
Miscellaneous	\$2,034.00	5%	\$3,371.97	4%	\$1,337.97	66%
Book Debit	\$0.00	0%	\$2,281.16	3%	\$2,281.16	
	<b>\$37,088.71</b>	<b>100%</b>	<b>\$84,619.45</b>	<b>100%</b>		<b>228%</b>
<b>Cash Balances (12/31/96)</b>						
Crusader Bank	\$13,122.39					
Liberty Bank Bond	\$5,623.57					
<b>Total Cash Assets</b>	<b>\$18,745.96</b>					

## Membership Committee Column

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

**Y**es, now that the holidays are over (hope yours were pleasant), it's time to talk about AGLP membership. We spent a great deal of time at the Chicago meeting discussing strategies for maintaining and improving AGLP's membership, and have come up with two target areas, in addition to the mailings that Roy Harker is handling so well. The first are the parties: the opening and closing receptions at the Annual Meeting. We found that "working the crowd," that is, talking to all of the guests about the benefits of AGLP membership, resulted in more new sign-ups than had the phone "blitzes" of last fall. We plan to redouble these efforts, and could certainly use the support of current members.

The second area, don't be surprised, is the booth at the Annual Meeting. Part of our planning is the staffing of the booth with a focus on maintaining more constant, active presence in the convention center. The booth is too visible a place to let slide and it is too expensive to keep if it isn't going to be staffed. Even worse, the APA will not allow us to have a booth at future conventions unless it is staffed most of the hours the convention center is open. For our booth to be really effective, passersby should be able to talk to gay and lesbian psychiatrists who are active AGLP members.

Please help us out when we begin our campaign for booth staffers and party "workers." We know that the APA meetings are busy, but a small amount of time from a few of us will accomplish a great deal, and it's also a lot of fun.

Thanks. We're looking forward to seeing you in San Diego!!!

• • •

St. James Hotel, site of the  
Hospitality Suite



Photo by Ken Campos

### AGLP in San Diego Continued from page 1

- two large suites featuring one bedroom, living room area, dining table, kitchen area, both bath and shower, and large TV for \$229.

Reservations can be made by calling sales director Marc Delvaux at (619) 531-8877, or ask for AGLP convention rate. All rooms have queen-size beds and cable TV with HBO. There is an exercise room available, along with massage service and valet parking. It is within walking distance to the Convention Center, and a nearby trolley stop, and the hotel features wonderful views of San Diego harbor, the Pacific Ocean, Coronado Island, and Mexico from many rooms. The rooftop terrace offers a 360-degree view of the skyline.

The other hotel is one-and-a-half miles to the north, the Park Manor Suites, at 525 Spruce Street at 5th Ave., on the edge of Balboa Park, a short drive to downtown and the Convention Center. It is within walking distance to Hillcrest, the gay section of San Diego. Most suites have views of Balboa Park, downtown and San Diego harbor. There is a restaurant piano bar downstairs, in-house laundry facility, cable TV and complimentary continental breakfast. For those arriving on Friday afternoon, there is a popular gay happy hour in the bar or the rooftop "Top of the Park" room and terrace. The AGLP room rates are through sales director Ed Delehanty at (619) 291-0999 or (800) 874-2649 or by asking for the AGLP convention rate and are as follows:

- 45 junior suites, with 525 sq. ft. and 1 or 2 queen beds, kitchenette at \$79;
- 10 full suites with either a king or a queen bed, sleeper sofa, full living room, and kitchenette for \$109;
- 5 two bedroom suites (1045 sq.ft) with 2 king beds or 1 king & 1 queen, or 1 king & two twin beds at \$159.

The main Hospitality Suite will be located in the St. James Hotel, a 1300 sq.ft. apartment called the "Presidential Suite" on the top floor. There will be a secondary hospitality suite available at the Park Manor Suites hotel as well. The Saturday morning AGLP activities will be at the "Top of the Park" rooms.

The next *Newsletter* will contain more information about this year's closing party at the San Diego Zoo, including an optional twilight bus tour of the grounds before dinner. So be sure to pack your safari chic attire for this exotic outdoor dining experience and dance!!!

• • •

Park Manor  
Suites, the other  
AGLP hotel in San  
Diego



Photo by Ken Campos

ANNOUNCEMENTS

**A** GLP is pleased to announce that the Haworth Press, Inc. (publishers of our own Journal of Gay and Lesbian Psychotherapy) have generously offered a donation of \$2000 to further the efforts of our organization to reach out to gay and lesbian people and insure that their psychological needs are being met in an affirmative and competent manner by psychiatrists.

**T**he Gay and Lesbian Medical Association (GLMA) is calling for submissions for their 15th Annual Symposium to be held from August 21-23 in San Francisco. All submissions must be received by February 14. Please contact GLMA for further information at: 211 Church Street, Suite C, San Francisco, CA 94114, by phone at (415) 255-4547, by fax at (415) 255-4784, or by e-mail at gaylesmed@aol.com.

**G**ay and Lesbian Psychiatrists of New York has resumed its ongoing case discussion seminar. Chris Sekaer, M.D. and Gerald Perlman, Ph.D., are the group leaders. The group is open to psychiatric residents, psychology interns, medical students and graduate students in the mental health fields, and psychoanalytic candidates. The focus of the clinical discussions will be gay, lesbian, bisexual and transgendered issues in the psychotherapy setting. Confidential case material is presented. For information, contact Dr. Sekaer at (212) 807-0793.

**P**osition available for a psychiatrist, 20 hours per week, beginning approximately March 1, with Team II Clinic, a San Francisco Dept. of Mental Health outpatient clinic serving the seriously mentally ill with a specialty focus on the lesbian/gay community. California license required. Board eligible or certified necessary. Resumes to Dr. Stan Lipsitz, 298 Monterey Blvd., San Francisco, CA 94131. (415) 337-4795, fax (415) 337-4816.

**A** GLP Editor is looking for AGLP members who would be interested and available to review new books for this Newsletter. I will supply and send reviewers copies to you in return for producing a column at least twice a year. (You get to keep the books - pretty good deal). Please contact Guy Glass, M.D. at (212) 982-0328 or GFGMD@aol.com.

**Medical Student Column**  
Bill Resnick

**S**hould I or shouldn't I? That was the first question I needed to answer as I was compiling my applications for psychiatry residency programs; that is, should I be "out" on my applications. After some consideration of the pros and cons, I realized I would be shortchanging myself if I did not come out. First of all, most of my leadership positions had involved working in gay organizations, and secondly, I realized that the programs' handling of my sexuality during the application and interview process would be a good gauge of the level of acceptance at each program. Perhaps if I was applying in a specialty which held more prejudicial views overall I would have chosen not to come out, but I felt confident that being gay would not be a hindrance to my success as a psychiatry applicant.

My first interview was at a program which I knew to be gay-friendly (25% of the PGYI's are gay or lesbian - and out) but I was still very impressed by the fact that all three of my interviewers were very comfortable bringing up my gay leadership activities; so comfortable, in fact, that I'm fairly certain they were all gay men. That sent me a strong message of acceptance, and I felt very welcomed by the department. It was no accident that I had these interviewers, and the leadership of the department, by setting me up with these faculty, were letting me know that I would be very comfortable as an openly gay resident. The experience there left me with very positive feelings about the program.

The next interview was at my home institution, which, though I knew it had an open attitude toward gay men and lesbians, and a history of lesbian and gay chief residents, did not make an effort to set up any interviews for me with gay or lesbian faculty. Empowered by my first series of interviews, I brought up this omission with two of the residents and a lesbian faculty member who had gone through the program. I also let them know that a gay friend had interviewed the year before, and that no one then had brought up gay issues, despite the fact that he was out on his application, and that this put him off the program, which he might otherwise have ranked highly. It was apparent that this was not an intentional omission, but rather a sort of oversight. Being gay was considered a non-issue. I understood the reasoning, but let them understand how important it is to a gay applicant to know that he or she is entering a safe and supportive environment. They seemed to appreciate my point of view, and will hopefully review their procedures in the future.

Continued on following page 12

**Medical Student column**  
Continued from page 11

I have been on several other interviews since then, and most programs have arranged for me to interview with at least one gay resident or faculty member. It is always an excellent opportunity to get a sense of the program from a gay point of view. I don't want to be in a program where I have to wonder how safe it is to be out to the faculty and my fellow residents.

My last interview was at a program about which I knew nothing concerning acceptance of gay and lesbian residents. I carefully read the brochure looking for any evidence of gay visibility, but found none. I spent some time with the program director early in the day, but he never brought up my activities in gay organizations. I met a couple of residents, neither of whom was gay or lesbian, and my first two faculty interviews were equally uninformative (in this arena). Despite the fact that the program had a lot to offer in many areas that I think are important, I began to feel put off, fearing very conservative attitudes. This proved to be unfair. The faculty interviewers didn't have my file, so didn't bring up gay issues. During my third interview, with a faculty member who did a lot of HIV/AIDS work, I got up the courage to broach the subject gingerly. "So, how did you get interested in working with AIDS patients?" I asked. As it turned out, the interviewer was not gay, but was able to tell me that there were openly lesbian and gay faculty, and even gave me the names of two gay residents. I suddenly felt very relieved, and my whole picture of the program - or at least my comfort about it - changed. During my exit interview, I told the program director that I was sorry I didn't get to meet with any lesbian or gay faculty, to which he replied that most were on vacation. He volunteered some more names and numbers of residents and faculty who were out and would be willing to talk to me. I left feeling that it was a program where I could be very happy and comfortable.

I still don't know where I want to end up for residency; I have a few interviews left. However, I do know that being in a program where I am able to be out and not feel threatened is very important. I know that this is important for other gay and lesbian applicants as well, and I urge any readers of this article who are attached to residency programs to encourage their admissions committees to directly deal with gay and lesbian issues with these applicants. After all, as I keep hearing, it's a buyer's market out there.

• • •

**Transsexual Psychiatrist...**  
Continued from page 8

My personal experience with psychotherapy was primarily with psychoanalysis with a training analyst for the Western New England Psychoanalytic Institute. In addition to learning early on that I would never be approved for analytic training if honest, I also learned that my analyst did not have a clue about what being transgendered involved. (With respect to being transsexual, this is also a problem in the gay, lesbian, and bisexual community whose previous contacts with transgendered individuals has primarily been with drag queens.) After his reference to my being transgendered as delusional, it was a topic that I brought up only with caution. While my initial hope for psychoanalysis was that it would enable me to be "cured" of being transgendered and in this respect it was a failure, the analytic process was for me very useful overall in terms of my ultimate acceptance of being transsexual and resolving the guilt and shame that I attached to this circumstance. In fairness to my analyst, I believe that the experience was ultimately useful for him since he recently told me that he would regard my analysis as having been successful in terms of my personal sense of well-being and successful adaptation, having completed my transition five years after terminating my analysis. While this is encouraging, I do not think that he intends to present it as a successful analysis at any analytic meetings.

While I do recognize that there is much more that I might say about the actual process of my transition, my personal experiences, the impact of my transition on my practice, the impact on my patients in terms of their experience and the transference, and how it has shaped my contacts within the medical community, these are things that may be profitably discussed at a later date. I would like to close with a quote from Simone de Beauvoir: "I wish that every human life might be pure transparent freedom." The process of my transition has helped to realize a measure of this in my life which has enabled me to more productively work with my patients in their attempts to realize this goal in theirs.

• • •

**Evelyn Hooker**  
Continued from previous page 4

ity from its DSM-III was due, in no small part, to years of persistence and careful social science practiced by Evelyn Hooker". Evelyn Hooker taught psychology at UCLA from 1939 to 1970 and then continued her private practice for another decade.

Hooker has told how controversial her findings seemed at first. She described delivering her first paper to a hostile audience: "The air was electric. Of course there were some people, not too many, who were saying: 'That can't be true'. And they set off to prove that I was crazy. At the time, the hardliners among the psychoanalysts, like Irving Bieber, would as soon shoot me as look at me". Hooker summarized the more common response from colleagues in very different fields, however, as - "My God, for the first time, somebody has empirical data".

In an interview by historian Eric Marcus, Evelyn Hooker described how grateful both lesbians and gay men have been to her. Whenever she went to a gay gathering of some kind, people would come up to her and say: "I wanted to meet you because I wanted to tell you what you saved me from". Hooker concluded: "I know that wherever I go, there are men and women for whom my little bit of work and my caring enough to do it has made an enormous difference in their lives". In 1990 The Association of Gay and Lesbian Psychiatrists honored Evelyn Hooker with an award in recognition of her "pioneering research, courageous advocacy, and enduring friendship."

Reference: Hooker, Evelyn (1957) "The Adjustment of the Male Overt Homosexual." *Journal of Projective Techniques*, pp. 18-31.

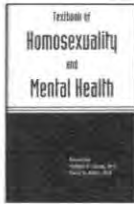
(Editor's Note: The author is finishing his Ph.D. dissertation on the history of the sickness label and the gay liberation movement in the United States and Finland. He resides in Helsinki, Finland)

• • •

**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.

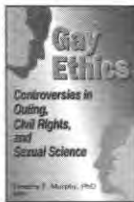
Starting from the belief that homosexuality is a normal variation of human sexuality and not a mental illness, this revolutionary book presents current information on homosexuality from a mental health and medical perspective. Sections focus on demographic, cultural, genetic, biological, and psychological 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**

**Gay Ethics** CONTROVERSIES IN OUTING, CIVIL RIGHTS, AND SEXUAL SCIENCE

*Edited by Timothy F. Murphy, PhD*  
Harrington Park Press



*Gay Ethics* is an anthology that addresses ethical questions involving key moral issues of today—sexual morality, outing, gay and lesbian marriages, military service, anti-discrimination laws, affirmative action policies, the moral significance of sexual orientation research, and the legacy of homophobia in health care.

**AGLPB0013-1996/365 pages/ISBN 1-56023-013-/softcover/\$17.95**

**Journal of Lesbian Studies** VOLUME 1, NUMBER 1

*Edited by Esther D. Rothblum, PhD*  
Harrington Park Press



*"Esther Rothblum has brought lesbian scholarship to critical mass with this journal..."*  
—April Martin, PhD, Clinical Psychologist in Private Practice, New York, NY

The new *Journal of Lesbian Studies* is the only professional journal devoted exclusively to the lesbian experience. The content of articles will focus primarily on women who identify as lesbians. The journal serves as a vehicle for the promotion of scholarship and commentary on lesbianism from an international perspective.

**AGLPB014-S-1997/147 pages/ISSN 1089-4160/softcover/\$9.95**

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**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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**AGLPB007-S-1993/215 pages/ISBN 1-56023-033-90/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. 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**

**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.

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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.)*

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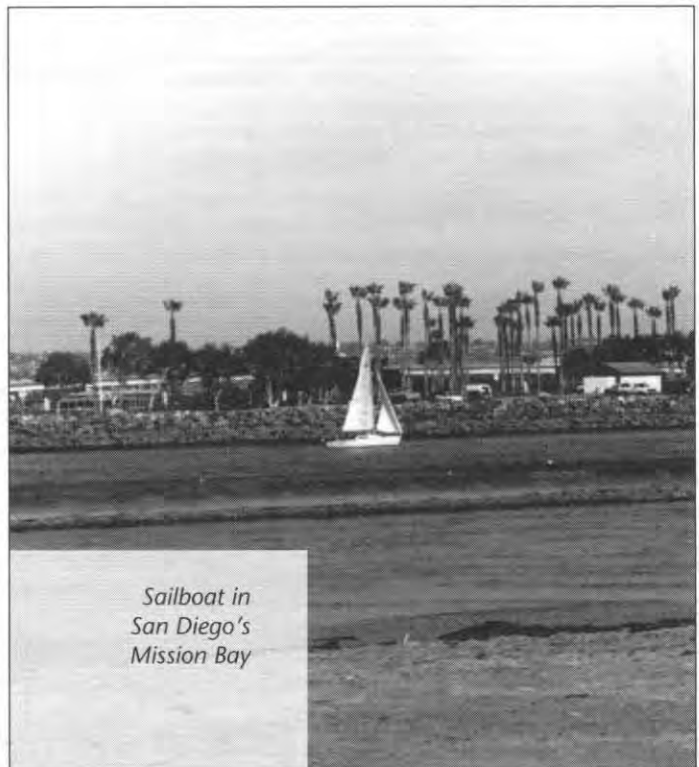
\* APA Membership Status: \_\_\_\_\_

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



Sailboat in San Diego's Mission Bay

Photo by Ken Campos